

Lista de medicamentos recetados disponibles para planes comerciales de una Organización de Proveedores Exclusivos (EPO)/EPO con deducible (DEPO) (planes autofinanciados) de California para 2024

(Lista de medicamentos cubiertos)

LEA LO SIGUIENTE: ESTE DOCUMENTO CONTIENE INFORMACIÓN ACERCA DE LOS MEDICAMENTOS QUE CUBRIMOS CUANDO USTED PARTICIPA EN UN PLAN AUTOFINANCIADO DE UNA ORGANIZACIÓN DE PROVEEDORES EXCLUSIVOS (EXCLUSIVE PROVIDER ORGANIZATION, EPO) O DE UNA ORGANIZACIÓN DE PROVEEDORES EXCLUSIVOS CON DEDUCIBLE (DEDUCTIBLE EPO, DEPO) DE KAISER PERMANENTE.

La lista de medicamentos recetados disponibles se actualizó el 1.º de abril de 2024 y tiene vigencia a partir del 5 de abril de 2024. Este documento con la lista de medicamentos recetados disponibles está sujeto a cambios y puede variar según su plan de salud. No proporciona información con respecto a una cobertura específica, lo que incluye exclusiones, copagos o coseguros específicos. Podrá encontrar dicha información en su *Descripción Resumida del Plan* u otros documentos del plan. Para conocer información más reciente sobre qué lista de medicamentos recetados disponibles se aplica a su plan, visite kp.org/formulary (cambie el idioma a español) o, en caso de tener preguntas sobre sus beneficios de medicamentos recetados, comuníquese con el número de atención al cliente que aparece en su tarjeta de identificación.

¿Qué es la lista de medicamentos recetados disponibles para planes comerciales autofinanciados de una EPO/DEPO de Kaiser Permanente en California? La lista de medicamentos recetados disponibles para planes comerciales autofinanciados de una EPO/DEPO de California es una lista de medicamentos cubiertos elegidos por un grupo de médicos y farmacéuticos de Kaiser Permanente, conocidos como el Comité de Farmacia y Terapéutica. Este comité se reúne con regularidad para evaluar y elegir los medicamentos más seguros y eficaces para nuestros miembros. Esta lista de medicamentos recetados disponibles cumple con los requisitos de la legislación, los reglamentos y las guías estatales para planes comerciales.

¿Qué medicamentos están cubiertos?

La lista de medicamentos recetados disponibles de Kaiser Permanente incluye medicamentos de marca, genéricos y especializados, necesarios desde el punto de vista médico, que aparecen en la lista de medicamentos recetados disponibles para planes comerciales de California, siempre y cuando la receta se surta en una farmacia de Kaiser Permanente o en una farmacia afiliada y se cumplan otras reglas del plan.

Si se le receta un medicamento que se encuentra en la lista de medicamentos recetados disponibles para planes comerciales de California, el medicamento estará cubierto de acuerdo con los términos de su beneficio de medicamentos.

Cómo obtener una excepción a la lista de medicamentos recetados disponibles

Los medicamentos que no aparecen en la lista de medicamentos recetados disponibles se llaman medicamentos no incluidos en la lista de medicamentos cubiertos. Cuando un médico de Kaiser Permanente determina que un medicamento no incluido en la lista de medicamentos cubiertos es apropiado y necesario desde el punto de vista médico, ese medicamento estará cubierto de acuerdo con

los términos de sus beneficios de medicamentos recetados. Si no recibe sus beneficios de medicamentos recetados por medio de Kaiser Permanente, se le cobrará el precio de venta al por menor completo.

Puede consultar con su médico si se necesita hacer una excepción a la lista de medicamentos recetados disponibles. Usted y su médico son las personas más indicadas para determinar sus necesidades de medicamentos.

Si desea recibir un medicamento no incluido en la lista de medicamentos cubiertos que su médico determina que no es necesario desde el punto de vista médico, puede presentar una apelación ante Servicio al cliente. Llame al número que se encuentra al reverso de su tarjeta de identificación.

¿Hay alguna restricción sobre los medicamentos cubiertos en la lista de medicamentos recetados disponibles?

Algunos medicamentos cubiertos pueden tener requisitos o límites de cobertura adicionales, como los límites de cantidad. En el caso de algunos medicamentos, Kaiser Permanente puede limitar la cantidad del medicamento entregado a un suministro de ciertos días. Por ejemplo, medicamentos con una alta probabilidad de que se les dé un uso inapropiado o de que se desperdicien.

¿Qué es un medicamento de marca?

Por lo general, la fabricación y venta de los medicamentos de marca están a cargo de la compañía farmacéutica que primero realizó la investigación y desarrolló el medicamento. Cuando vence la patente de un medicamento de marca, otras compañías farmacéuticas pueden fabricar y vender una versión genérica del medicamento, aprobada por la Administración de Medicamentos y Alimentos (Food and Drug Administration, FDA) con los mismos principios activos a precios más bajos.

¿Qué es un medicamento genérico?

Un medicamento genérico está aprobado por la FDA como un medicamento que contiene el mismo principio activo que el medicamento de marca. Por lo general, los medicamentos genéricos cuestan menos que los de marca.

¿Qué es un medicamento especializado?

Los medicamentos especializados son medicamentos aprobados por la FDA que tienen un costo muy alto, que están incluidos en nuestra lista de medicamentos recetados disponibles y que se usan para tratar condiciones crónicas complejas, tales como artritis reumatoide, esclerosis múltiple o cáncer.

¿Cuáles son los medicamentos elegibles para enviarse con el servicio de farmacia por correo?

La mayoría de los medicamentos se pueden enviar con nuestro servicio de farmacia por correo. Algunos medicamentos (por ejemplo, los que tienen un costo extremadamente alto o que requieren un manejo especial) no son elegibles para enviarse por correo. Los medicamentos no se pueden enviar por correo fuera de los Estados Unidos.

Puede pedir resurtidos por medio de nuestro servicio de pedidos por correo en línea en kp.org/refill (cambie el idioma a español), por teléfono o en la aplicación móvil. Los pedidos por correo no tienen un costo adicional. Se aplicará el costo compartido correspondiente (de acuerdo con su beneficio de medicamentos recetados).

Su beneficio de medicamento recetado tal vez tenga un menor costo compartido si utiliza el servicio de farmacia por correo.

Consulte su *Descripción Resumida del Plan u otros documentos del plan* para conocer la información completa de su beneficio de medicamentos recetados.

Lista de medicamentos recetados disponibles para planes autofinanciados de Kaiser Permanente en California para 2024 •

Lista de medicamentos recetados disponibles para planes comerciales de Kaiser Permanente en California

Kaiser Permanente puede agregar o eliminar medicamentos de la lista de medicamentos recetados disponibles para planes comerciales de California a lo largo del año. Estos cambios a la lista de medicamentos recetados disponibles se basan en información nueva o medicamentos nuevos disponibles.

NOTA: Esta lista de medicamentos recetados disponibles se actualiza con frecuencia y está sujeta a cambios. Después de la revisión, todas las versiones anteriores de la lista dejan de estar vigentes.

¿Cómo uso la lista de medicamentos recetados disponibles?

Hay dos maneras de buscar su medicamento en la lista de medicamentos recetados disponibles:

Afección médica

La lista de medicamentos recetados disponibles comienza en la página 5. Los medicamentos de esta lista de medicamentos recetados disponibles están agrupados en categorías según el tipo de afección médica para la que se use el medicamento. Por ejemplo, los medicamentos que se usan para tratar enfermedades cardíacas figuran bajo la categoría “Cardiovascular Drugs” (Medicamentos cardiovasculares). Si sabe para qué se usa el medicamento que toma, busque el nombre de la categoría en la lista que comienza en la página 5. Luego, busque el medicamento bajo el nombre de la categoría.

Listado en orden alfabético

Si no sabe en qué categoría debe buscar, busque su medicamento en el índice que comienza en la página 108. El índice ofrece una lista en orden alfabético de todos los medicamentos que figuran en este documento. Consulte el índice y busque su medicamento. Junto a su medicamento, verá el número de la página donde encontrará la información de la cobertura. Pase a la página señalada en el índice y busque el nombre de su medicamento en la primera columna de la lista.

La primera columna de la tabla contiene el nombre del medicamento. Los medicamentos de marca aparecen con letras mayúsculas (p. ej. CAYSTON) y los genéricos con letras minúsculas y en cursiva (p. ej., *amoxicilina*).

Es posible que no aparezcan todas las **dosificaciones** y **concentraciones** para un medicamento en particular incluido en la **lista de medicamentos recetados disponibles**. Algunos medicamentos pueden tener múltiples formas de dosificación. En esos casos, algunas dosificaciones pueden estar incluidas en la lista de medicamentos recetados disponibles, mientras que otras no. **Nota:** Algunos de estos medicamentos pueden estar disponibles únicamente en un entorno clínico y puede aplicarse su costo compartido correspondiente.

La segunda columna, “Nivel del medicamento”, indica a qué nivel pertenece el medicamento. Los medicamentos incluidos en la lista de medicamentos recetados disponibles para planes comerciales autofinanciados de una EPO/DEPO de California se categorizan de la siguiente manera:

Nivel 1: Medicamentos genéricos preferidos

Nivel 2: Medicamentos de marca preferidos

Nivel 3: Medicamentos no preferidos (genéricos y de marca) ** no aparecen en la lista **

Nivel 4: Medicamentos especializados

Nota: Es posible que su plan no incluya beneficios para cada nivel designado. Además, se requiere que algunos medicamentos se proporcionen sin costo a los miembros. Consulte su *Descripción Resumida del Plan u otros documentos del plan* para obtener información sobre la cobertura de medicamentos específicos para su plan.

La tercera columna del cuadro indicará cualquier requisito o límite para ese medicamento:

QL = Límites de cantidad. Es posible que limitemos la cantidad que puede obtener de algunos medicamentos. Además, cuando hay escasez de un medicamento en el país, es posible que limitemos la cantidad del medicamento suministrado.

LD = Los medicamentos de distribución limitada solo se pueden obtener en ciertas farmacias especializadas. Para localizar una farmacia especializada, comuníquese con Servicio al cliente.

MB = Medicamento de un beneficio médico. Por lo general, estos medicamentos no pueden ser autoadministrados, y en cambio, un profesional de la atención médica los administra en un consultorio médico.

OC = Medicamentos de quimioterapia (contra el cáncer) administrados de manera oral.

PREV = Medicamentos de salud preventiva.

En su guía electrónica para miembros en kp.org/eguidebook (cambie el idioma a español), encontrará una lista completa de farmacias de Kaiser Permanente (KP) disponibles para usted, o puede comunicarse con Servicio al cliente.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIHISTAMINE DRUGS - Drugs for Allergy		
ANTIHISTAMINE DRUGS - Drugs for Allergy		
<i>promethazine hcl oral tablet 25 mg</i>	PV	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	1	
<i>allergy oral capsule 25 mg</i>	1	
<i>allergy relief oral capsule 25 mg</i>	1	
<i>allergy relief oral tablet 25 mg</i>	1	
<i>banophen oral capsule 25 mg</i>	1	
<i>banophen oral tablet 25 mg</i>	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (<i>diphenhydramine hcl</i>)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	3	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (<i>clemastine fumarate</i>)	3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>ft allergy relief oral capsule 25 mg</i>	1	
<i>ft allergy relief oral tablet 25 mg</i>	1	
<i>ft nighttime sleep aid oral tablet 25 mg</i>	1	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>geri-dryl oral tablet 25 mg</i>	1	
<i>goodsense allergy relief oral capsule 25 mg</i>	1	
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	1	
<i>goodsense sleeptime oral capsule 25 mg</i>	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	3	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	1	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	1	
MM ALLER-BEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	3	
NYTOL QUICKCAPS ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
<i>ryvent oral tablet 6 mg</i>	1	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	1	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
SOMINEX MAX ST ORAL TABLET 50 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
SOMINEX ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	1	
<i>allergy oral capsule 25 mg</i>	1	
<i>allergy relief oral capsule 25 mg</i>	1	
<i>allergy relief oral tablet 25 mg, 4 mg</i>	1	
ANTIVERT ORAL TABLET 50 MG (<i>meclizine hcl</i>)	PV	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	PV	
<i>banophen oral capsule 25 mg</i>	1	
<i>banophen oral tablet 25 mg</i>	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (<i>diphenhydramine hcl</i>)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	3	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	1	
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cvs motion sickness oral tablet 50 mg</i>	PV	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (<i>clemastine fumarate</i>)	3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	1	
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>ft allergy relief oral capsule 25 mg</i>	1	
<i>ft allergy relief oral tablet 25 mg, 4 mg</i>	1	
<i>ft motion sickness oral tablet 50 mg</i>	PV	
<i>ft nighttime sleep aid oral tablet 25 mg</i>	1	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	1	
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>geri-dryl oral tablet 25 mg</i>	1	
<i>goodsense allergy relief oral capsule 25 mg</i>	1	
<i>goodsense allergy relief oral tablet 4 mg</i>	1	
<i>goodsense motion sickness oral tablet 50 mg</i>	PV	
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	1	
<i>goodsense sleeptime oral capsule 25 mg</i>	1	
HISTEX PD ORAL LIQUID 1.25 MG/ML (<i>triprolidine hcl</i>)	3	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	1	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>meclizine hcl oral tablet chewable 25 mg</i>	PV	
MICLARA LQ ORAL LIQUID 1.25 MG/5ML (<i>triprolidine hcl</i>)	3	
MM ALLER-BEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	3	
<i>motion sickness relief oral tablet 50 mg</i>	PV	
<i>motion sickness relief oral tablet chewable 25 mg</i>	PV	
NYTOL QUICKCAPS ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML (<i>triprolidine hcl</i>)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	PV	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	PV	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	PV	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PV	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>ryvent oral tablet 6 mg</i>	1	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	1	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
SOMINEX MAX ST ORAL TABLET 50 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
SOMINEX ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
<i>triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml</i>	1	
VISTARIL ORAL CAPSULE 25 MG (<i>hydroxyzine pamoate</i>)	3	
OTHER ANTIHISTAMINES - Drugs for Allergy		
<i>acid reducer oral tablet 10 mg</i>	PV	
ALAWAY OPHTHALMIC SOLUTION 0.035 % (<i>ketotifen fumarate</i>)	3	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	PV	
<i>eye itch relief ophthalmic solution 0.035 %</i>	1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	PV	
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	PV	
<i>famotidine orig st oral tablet 10 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ft acid reducer oral tablet 10 mg</i>	PV	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>ketotifen fumarate ophthalmic solution 0.025 %, 0.035 %</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PV	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	
<i>olopatadine hcl ophthalmic solution 0.1 %, 0.2 %</i>	1	
PATADAY OPHTHALMIC SOLUTION 0.1 % (<i>olopatadine hcl</i>)	1	
PATADAY OPHTHALMIC SOLUTION 0.2 % (<i>olopatadine hcl</i>)	3	
PEPCID ORAL TABLET 20 MG, 40 MG (<i>famotidine</i>)	PV	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	
TAGAMET HB 200 ORAL TABLET 200 MG (<i>cimetidine</i>)	PV	
VISTARIL ORAL CAPSULE 25 MG (<i>hydroxyzine pamoate</i>)	3	
ZADITOR OPHTHALMIC SOLUTION 0.035 % (<i>ketotifen fumarate</i>)	3	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	PV	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	PV	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PV	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	PV	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
<i>allergy relief oral tablet 4 mg</i>	1	
APRODINE ORAL TABLET 2.5-60 MG (<i>triprolidine-pseudoephedrine</i>)	3	
BRANTUSSIN DM ORAL LIQUID 7.5-2-15 MG/5ML	3	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (<i>pseudoeph-bromphen-dm</i>)	3	
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cold & cough childrens oral liquid 1-5-2.5 mg/5ml</i>	1	
<i>dimaphen dm cold/cough oral liquid 2.5-1-5 mg/5ml</i>	1	
<i>ft allergy relief oral tablet 4 mg</i>	1	
<i>goodsense allergy relief oral tablet 4 mg</i>	1	
HISTEX PD ORAL LIQUID 1.25 MG/ML (<i>triprolidine hcl</i>)	3	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	
MICLARA LQ ORAL LIQUID 1.25 MG/5ML (<i>triprolidine hcl</i>)	3	
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML (<i>triprolidine hcl</i>)	3	
<i>phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5ML (<i>dexchlorpheniramine maleate</i>)	3	
<i>triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	
<i>wal-tap cold/allergy oral elixir 1-15 mg/5ml</i>	1	
<i>westussin dm nf oral liquid 2-15-7.5 mg/5ml</i>	1	
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
<i>12 hour allergy-d oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>12hr allergy relief oral tablet 60 mg</i>	1	
<i>24hr allergy & congestion reli oral tablet extended release 24 hour 180-240 mg</i>	1	
<i>24hr allergy relief oral tablet 180 mg</i>	1	
<i>all day allergy d oral tablet extended release 12 hour 5-120 mg</i>	1	
ALLEGRA ALLERGY ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	3	
ALLEGRA HIVES 24HR ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	3	
<i>allergy (cetirizine) oral tablet 10 mg</i>	1	
<i>allergy 24hour indoor/outdoor oral tablet 10 mg</i>	1	
<i>allergy 24-hr oral tablet 180 mg</i>	1	
<i>allergy childrens oral solution 5 mg/5ml</i>	1	
<i>allergy childrens oral suspension 30 mg/5ml</i>	1	
<i>allergy rel child (cetirizine) oral tablet dispersible 10 mg</i>	3	
<i>allergy rel child (loratadine) oral solution 5 mg/5ml</i>	1	
<i>allergy relief (cetirizine) oral capsule 10 mg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>allergy relief (cetirizine) oral tablet 10 mg</i>	1	
<i>allergy relief (loratadine) oral capsule 10 mg</i>	1	
<i>allergy relief (loratadine) oral tablet 10 mg</i>	1	
<i>allergy relief cetirizine oral tablet 10 mg, 5 mg</i>	1	
<i>allergy relief d oral tablet extended release 24 hour 180-240 mg</i>	1	
<i>allergy relief d-12 oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>allergy relief d12 oral tablet extended release 12 hour 60-120 mg</i>	1	
<i>allergy relief oral tablet 10 mg, 180 mg</i>	1	
<i>allergy relief indoor/outdoor oral tablet 10 mg, 180 mg</i>	1	
<i>allergy relief nasal decongest oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	1	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (Iodoxamide tromethamine)	3	
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	1	
<i>cetirizine hcl oral tablet chewable 10 mg</i>	1	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	1	
CHLOHUX EXTERNAL SHAMPOO 0.05-2 %	3	
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	3	
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	3	
CLARITIN REDITABS JUNIORS ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	3	
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	3	
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	3	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 5 mg</i>	1	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	1	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	1	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ft all day allergy 24 hour oral tablet 10 mg</i>	1	
<i>ft all day allergy oral tablet 10 mg</i>	1	
<i>ft all day allergy relief oral tablet 10 mg</i>	1	
<i>ft all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>ft allergy & congestion-d 12hr oral tablet extended release 12 hour 60-120 mg</i>	1	
<i>ft allergy childrens oral solution 5 mg/5ml</i>	1	
<i>ft allergy relief 12 hour oral tablet 60 mg</i>	1	
<i>ft allergy relief 24 hour oral tablet 180 mg</i>	1	
<i>ft allergy relief childrens oral tablet chewable 5 mg</i>	1	
<i>ft allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	1	
<i>goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>goodsense aller-ease oral tablet 180 mg</i>	1	
<i>goodsense allergy relief child oral solution 5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
<i>loratadine childrens oral solution 5 mg/5ml</i>	1	
<i>loratadine childrens oral tablet chewable 5 mg</i>	1	
<i>loratadine oral solution 5 mg/5ml</i>	1	
<i>loratadine oral tablet 10 mg</i>	1	
<i>loratadine oral tablet dispersible 10 mg</i>	1	
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	1	
QUIHOXAXIA EXTERNAL GEL 5-1-2 %	3	
QUIHOXVAR EXTERNAL GEL 5-1-0.05 %	3	
<i>sm fexofenadine hcl oral tablet 180 mg</i>	1	
ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	3	
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG (<i>cetirizine hcl</i>)	3	
ZYRTEC ORAL TABLET CHEWABLE 10 MG (<i>cetirizine hcl</i>)	3	
ZYRTEC-D ALLERGY & SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (<i>cetirizine-pseudoephedrine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm</i>	1	
<i>cefazolin sodium-dextrose intravenous solution 2-4 gm/100ml-%</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	1	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>tazicef injection solution reconstituted 1 gm</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	
4TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
5TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (<i>ceftaroline fosamil</i>)	3	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
<i>amantadine hcl oral capsule 100 mg</i>	PV	
<i>amantadine hcl oral solution 50 mg/5ml</i>	PV	
<i>amantadine hcl oral tablet 100 mg</i>	PV	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	PV	DSL = 30 days
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (<i>amantadine hcl</i>)	PV	
<i>rimantadine hcl oral tablet 100 mg</i>	PV	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	1	
AMEBICIDES - Drugs for the Mouth and Throat		
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	3	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	3	
VANAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	3	
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
<i>amikacin sulfate injection solution 500 mg/2ml</i>	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	3	DSL = 30 days
BETHKIS INHALATION NEBULIZATION SOLUTION 300 MG/4ML (<i>tobramycin</i>)	3	
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KITABIS PAK INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	3	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	
TOBI NEBULIZER INHALATION NEBULIZATION SOLUTION 300 MG/5ML (<i>tobramycin</i>)	3	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	3	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	3	
<i>tobramycin nebulization solution 300 mg/5ml inhalation</i>	1	
TOBRAMYCIN NEBULIZATION SOLUTION 300 MG/5ML INHALATION	3	
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML (<i>plazomicin sulfate</i>)	3	
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	3	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	3	DSL = 30 days
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	1	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>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</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 3 (2-1) gm</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	3	
AUGMENTIN ORAL TABLET 500-125 MG (<i>amoxicillin-pot clavulanate</i>)	3	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	3	
UNASYN INJECTION SOLUTION RECONSTITUTED 3 (2-1) GM (<i>ampicillin-sulbactam sodium</i>)	3	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3	
ANTHELMINTICS - Drugs for Parasites		
<i>albendazole oral tablet 200 mg</i>	1	DSL = 30 days
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	2	
EGATEN ORAL TABLET 250 MG (<i>triclabendazole</i>)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	3	
<i>ivermectin oral tablet 3 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
STROMECTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	3	
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
BREXAFEMME ORAL TABLET 150 MG (<i>ibrexafungerp citrate</i>)	3	
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	PV	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	PV	
<i>avidoxy oral tablet 100 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	PV	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	PV	DSL = 30 days
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (<i>doxycycline hyclate</i>)	3	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (<i>doxycycline hyclate</i>)	3	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	PV	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	PV	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	PV	
<i>mefloquine hcl oral tablet 250 mg</i>	PV	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>monodoxyne nl oral capsule 100 mg</i>	1	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	PV	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	PV	
<i>pyrimethamine oral tablet 25 mg</i>	PV	DSL = 30 days
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE 12.5-2.5 MG, 25-10 MG, 25-5 MG, 50-10 MG, 50-20 MG, 50-25 MG, 75-25 MG	PV	
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	PV	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	PV	
TARGADOX ORAL TABLET 50 MG (<i>doxycycline hyclate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	3	
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	2	
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	2	
<i>atovaquone oral suspension 750 mg/5ml</i>	PV	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	3	DSL = 30 days
LAMPIT ORAL TABLET 120 MG, 30 MG (<i>nifurtimox</i>)	3	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3	
MEPRON ORAL SUSPENSION 750 MG/5ML (<i>atovaquone</i>)	PV	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	PV	
<i>nitazoxanide oral tablet 500 mg</i>	1	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	PV	
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	PV	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	3	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (<i>lenacapavir sodium</i>)	3	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	3	
ANTITUBERCULOSIS AGENTS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	2	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
MYAMBUTOL ORAL TABLET 400 MG (<i>ethambutol hcl</i>)	3	
MYCOBUTIN ORAL CAPSULE 150 MG (<i>rifabutin</i>)	3	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>rifabutin oral capsule 150 mg</i>	3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (<i>rifampin</i>)	3	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	3	DSL = 30 days
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	2	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
<i>foscarnet sodium intravenous solution 6000 mg/250ml</i>	PV	
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML (<i>foscarnet sodium</i>)	PV	
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	PV	DSL = 30 days
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	2	
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	2	
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML (<i>Ietermovir</i>)	PV	DSL = 30 days
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>Ietermovir</i>)	PV	DSL = 30 days
TPOXX ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	3	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	3	
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	3	
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG (<i>isavuconazonium sulfate</i>)	3	DSL = 30 days
CRESEMBA ORAL CAPSULE 186 MG (<i>isavuconazonium sulfate</i>)	3	DSL = 30 days
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (<i>fluconazole</i>)	3	
DIFLUCAN ORAL TABLET 100 MG, 150 MG, 200 MG (<i>fluconazole</i>)	3	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
HIXDEFRIMA EXTERNAL SOLUTION 8-1-1 %	3	
<i>itraconazole oral capsule 100 mg</i>	1	
<i>itraconazole oral solution 10 mg/ml</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	3	DSL = 30 days
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	3	DSL = 30 days
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	3	
<i>posaconazole oral suspension 40 mg/ml</i>	1	DSL = 30 days
<i>posaconazole oral tablet delayed release 100 mg</i>	3	
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	3	
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	2	
TOLSURA ORAL CAPSULE 65 MG	3	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	PV	
VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>)	PV	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG (<i>oteseconazole</i>)	3	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	PV	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	PV	
CARBAPENEM ANTIBIOTICS - Antibiotics		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	3	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg</i>	1	
<i>meropenem intravenous solution reconstituted 500 mg</i>	1	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML	3	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM (<i>imipenem-cilastatin-relebactam</i>)	3	DSL = 30 days
CEPHAMYCIN ANTIBIOTICS - Antibiotics		
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted 10 gm</i>	1	
CHLORAMPHENICOL ANTIBIOTICS - Antibiotics		
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	1	
CYCLIC LIPOPEPTIDE ANTIBIOTICS - Antibiotics		
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>daptomycin</i>)	3	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	1	
ECHINOCANDIN ANTIFUNGALS - Drugs for Fungus		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 70 MG (<i>caspofungin acetate</i>)	3	
<i>caspofungin acetate intravenous solution reconstituted 70 mg</i>	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>anidulafungin</i>)	3	
<i>miconazole sodium intravenous solution reconstituted 100 mg</i>	3	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>miconazole sodium</i>)	3	
REZZAYO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>rezafungin acetate</i>)	3	
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	3	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (<i>erythromycin base</i>)	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	3	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
EXTENDED-SPECTRUM PENICILLINS - Antibiotics		
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 4-0.5 gm, 4.5 (4-0.5) gm</i>	1	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	3	
VANOCOCIN ORAL CAPSULE 250 MG (<i>vancomycin hcl</i>)	3	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%</i>	1	
<i>vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	3	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml</i>	1	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML (<i>vancomycin hcl</i>)	3	
GLYCYLCYCLINE ANTIBIOTICS - Antibiotics		
<i>tigecycline intravenous solution reconstituted 50 mg</i>	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>tigecycline</i>)	3	
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	DSL = 30 days
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	DSL = 30 days
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	3	
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	3	DSL = 30 days
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	3	DSL = 30 days
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	DSL = 30 days
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	
SOVALDI ORAL PACKET 150 MG, 200 MG (<i>sofosbuvir</i>)	3	DSL = 30 days
SOVALDI ORAL TABLET 200 MG, 400 MG (<i>sofosbuvir</i>)	3	DSL = 30 days
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	3	DSL = 30 days
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	3	DSL = 30 days
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	3	DSL = 30 days
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	3	DSL = 30 days
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	3	DSL = 30 days
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG, 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	DSL = 30 days
EPCLUSA ORAL TABLET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	3	DSL = 30 days
EPCLUSA ORAL TABLET 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	3	DSL = 30 days
HARVONI ORAL TABLET 45-200 MG, 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	3	DSL = 30 days
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	3	DSL = 30 days
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	3	DSL = 30 days
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	3	DSL = 30 days
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	3	
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	3	DSL = 30 days
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	3	DSL = 30 days
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG, 5 X 300 MG (<i>lenacapavir sodium</i>)	3	
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	3	
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	2	DSL = 30 days
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	3	
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	3	
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	2	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML (<i>ibalizumab-uiyk</i>)	3	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (<i>cabotegravir</i>)	3	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofof</i>)	2	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (<i>cabotegravir & rilpivirine</i>)	3	
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	2	
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	3	
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	2	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	2	
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	2	
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	2	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	2	
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	
VOCABRIA ORAL TABLET 30 MG (<i>cabotegravir sodium</i>)	3	
HIV NONNUCLEOSIDE REV.TRANScriP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	2	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML, 600 & 900 MG/3ML (<i>cabotegravir & rilpivirine</i>)	3	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	2	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	3	
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	2	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
INTELENCE ORAL TABLET 100 MG, 200 MG (<i>etravirine</i>)	3	
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	2	
<i>methocarbamol oral tablet 500 mg</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	
<i>nevirapine oral suspension 50 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nevirapine oral tablet 200 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofov af</i>)	2	
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	3	
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	
<i>abacavir sulfate oral tablet 300 mg</i>	1	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	2	
CIMDUO ORAL TABLET 300-300 MG (<i>lamivudine-tenofovir</i>)	2	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofovir</i>)	2	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	3	
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	2	
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	PV	
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	2	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg</i>	1	
EMTRIVA ORAL CAPSULE 200 MG (<i>emtricitabine</i>)	2	
EMTRIVA ORAL SOLUTION 10 MG/ML (<i>emtricitabine</i>)	2	
EPIVIR ORAL SOLUTION 10 MG/ML (<i>lamivudine</i>)	3	
EPIVIR ORAL TABLET 150 MG, 300 MG (<i>lamivudine</i>)	3	
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	2	
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofovir af</i>)	2	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (<i>zidovudine</i>)	2	
RETROVIR ORAL CAPSULE 100 MG (<i>zidovudine</i>)	3	
RETROVIR ORAL SYRUP 50 MG/5ML (<i>zidovudine</i>)	3	
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	2	
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofovir</i>)	2	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	2	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG (<i>emtricitabine-tenofovir df</i>)	2	
TRUVADA ORAL TABLET 200-300 MG (<i>emtricitabine-tenofovir df</i>)	PV	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	3	
VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	3	
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfata</i>)	2	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 50 mg/5ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	2	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	2	
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir-ritonavir</i>)	3	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	3	
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	3	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	3	
PREZISTA ORAL TABLET 150 MG, 600 MG (<i>darunavir</i>)	3	
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	2	
PREZISTA ORAL TABLET 800 MG (<i>darunavir</i>)	3	
REYATAZ ORAL CAPSULE 200 MG, 300 MG (<i>atazanavir sulfate</i>)	3	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	3	
<i>ritonavir oral tablet 100 mg</i>	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-entricit-tenofaf</i>)	2	
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nefinavir mesylate</i>)	2	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	3	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	3	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	3	DSL = 30 days
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	3	DSL = 30 days
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	2	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
LINCOCIN INJECTION SOLUTION 300 MG/ML (<i>lincomycin hcl</i>)	3	
<i>lincomycin hcl injection solution 300 mg/ml</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MONOBACTAM ANTIBIOTICS - Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (<i>aztreonam lysine</i>)	3	DSL = 30 days
MONOCLONAL ANTIBODY ANTIVIRALS - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>nirsevimab-alip</i>)	2	
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	3	
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML (<i>penicillin g benzathine</i>)	2	
<i>penicillin g potassium injection solution reconstituted 5000000 unit</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 5000000 UNIT (<i>penicillin g potassium</i>)	3	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	PV	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	PV	
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML (<i>peramivir</i>)	PV	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	PV	
TAMIFLU ORAL CAPSULE 30 MG, 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	PV	
TAMIFLU ORAL SUSPENSION RECONSTITUTED 6 MG/ML (<i>oseltamivir phosphate</i>)	PV	
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
<i>acyclovir oral capsule 200 mg</i>	PV	
<i>acyclovir oral suspension 200 mg/5ml</i>	PV	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	PV	
ACYCLOVIX COMBINATION THERAPY PACK 200-10 MG-%	3	
<i>adefovir dipivoxil oral tablet 10 mg</i>	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	3	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (<i>entecavir</i>)	3	
<i>cidofovir intravenous solution 75 mg/ml</i>	PV	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	3	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	PV	
LAGEVRIO ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	PV	
<i>ribavirin inhalation solution reconstituted 6 gm</i>	3	
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
SITAVIG BUCCAL TABLET 50 MG (<i>acyclovir</i>)	PV	
TEMBEXA ORAL SUSPENSION 10 MG/ML (<i>brincidofovir</i>)	3	
TEMBEXA ORAL TABLET 100 MG (<i>brincidofovir</i>)	3	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	PV	
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	PV	DSL = 30 days
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	PV	DSL = 30 days
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	PV	DSL = 30 days
<i>valganciclovir hcl oral tablet 450 mg</i>	PV	DSL = 30 days
VALTREX ORAL TABLET 1 GM, 500 MG (<i>valacyclovir hcl</i>)	PV	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>remdesivir</i>)	3	DSL = 30 days
VEMLIDY ORAL TABLET 25 MG (<i>tenofovir alafenamide fumarate</i>)	3	DSL = 30 days
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (<i>ribavirin</i>)	3	
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	1	
<i>azithromycin oral packet 1 gm</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	3	DSL = 30 days
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3	
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	2	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	3	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	3	
<i>linezolid intravenous solution 600 mg/300ml</i>	3	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	3	
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>tedizolid phosphate</i>)	3	
SIVEXTRO ORAL TABLET 200 MG (<i>tedizolid phosphate</i>)	3	
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML (<i>linezolid</i>)	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	3	
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	3	
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
<i>nafcillin sodium injection solution reconstituted 1 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
<i>oxacillin sodium injection solution reconstituted 1 gm</i>	1	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	1	
POLYENE ANTIFUNGALS - Drugs for Fungus		
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (<i>colistimethate sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	1	
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	3	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	3	
QUINOLONE ANTIBIOTICS - Antibiotics		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>delafloxacin meglumine</i>)	3	
BAXDELA ORAL TABLET 450 MG (<i>delafloxacin meglumine</i>)	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	2	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	3	
MYCOBUTIN ORAL CAPSULE 150 MG (<i>rifabutin</i>)	3	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	2	
<i>rifabutin oral capsule 150 mg</i>	3	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML (<i>rifampin</i>)	3	
XIFAXAN ORAL TABLET 200 MG (<i>rifaximin</i>)	3	DSL = 30 days
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	2	DSL = 30 days
SIDEROPHORE CEPHALOSPORINS - Antibiotics		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (<i>cefiderocol sulfate tosylate</i>)	3	DSL = 30 days
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
AVIDOXY DK COMBINATION KIT 100 MG (<i>doxycycline-sunscreen-sal acid</i>)	3	
<i>avidoxy oral tablet 100 mg</i>	1	
BENZODOX COMBINATION THERAPY PACK 30 X 100 MG & 4.4%, 60 X 100 MG & 4.4% (<i>doxycycline-benzoyl peroxide</i>)	3	
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (<i>doxycycline hyclate</i>)	3	
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (<i>doxycycline hyclate</i>)	3	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	3	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline oral capsule delayed release 40 mg</i>	1	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (<i>minocycline hcl</i>)	3	
<i>mondoxyne nl oral capsule 100 mg</i>	1	
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (<i>minocycline hcl</i>)	3	
TARGADOX ORAL TABLET 50 MG (<i>doxycycline hyclate</i>)	3	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	3	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	3	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	3	
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
<i>fosfomycin tromethamine oral packet 3 gm</i>	1	
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	3	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohydrate macro</i>)	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	3	
<i>me/naphos/mb/lyo1 oral tablet 81.6 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystals oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1	
NITROFURANTOIN ORAL SUSPENSION 50 MG/5ML	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
URIBEL ORAL CAPSULE 118 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
URIBEL ORAL TABLET 81.6 MG (<i>meth-hyo-m bl-benz acd-ph sal</i>)	3	
URIMAR-T ORAL CAPSULE 120 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>urin ds oral tablet 81.6 mg</i>	1	
URNEVA ORAL CAPSULE 120 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (<i>methen-hyosc-meth blue-na phos</i>)	3	
URO-MP ORAL CAPSULE 118 MG	3	
VILAMIT MB ORAL CAPSULE 118 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
VILEVEV MB ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	3	OC
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (<i>paclitaxel protein-bound part</i>)	3	
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>brentuximab vedotin</i>)	2	
<i>adriamycin intravenous solution reconstituted 50 mg</i>	1	
ADSTILADRIN INTRAVESICAL SUSPENSION 300000000000 VP/ML	3	DSL = 30 days
AFINITOR DISPERZ ORAL TABLET SOLUBLE 2 MG, 3 MG, 5 MG (<i>everolimus</i>)	3	DSL = 30 days; OC
AFINITOR ORAL TABLET 10 MG (<i>everolimus</i>)	3	DSL = 30 days; OC
AFINITOR ORAL TABLET 2.5 MG, 5 MG, 7.5 MG (<i>everolimus</i>)	3	DSL = 30 days; OC
AKEEGA ORAL TABLET 100-500 MG, 50-500 MG (<i>niraparib-abiraterone acetate</i>)	3	DSL = 30 days
ALECENSA ORAL CAPSULE 150 MG (<i>alectinib hcl</i>)	3	DSL = 30 days; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	3	
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>pemetrexed disodium</i>)	3	DSL = 30 days
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>pemetrexed disodium</i>)	3	DSL = 30 days
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG (<i>copanlisib hcl</i>)	3	DSL = 30 days
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (<i>brigatinib</i>)	3	DSL = 30 days; OC
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	3	DSL = 30 days; OC
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-maly</i>)	3	DSL = 30 days
<i>anastrozole oral tablet 1 mg</i>	PV	OC
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	PV	OC
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	PV	OC
ARRANON INTRAVENOUS SOLUTION 5 MG/ML (<i>nelarabine</i>)	3	
<i>arsenic trioxide intravenous solution 10 mg/10ml</i>	3	
<i>arsenic trioxide intravenous solution 12 mg/6ml</i>	3	DSL = 30 days
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML (<i>ofatumumab</i>)	3	DSL = 30 days
ARZERRA INTRAVENOUS CONCENTRATE 1000 MG/50ML (<i>ofatumumab</i>)	3	DSL = 30 days
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (<i>calaspargase pegol-mknl</i>)	3	DSL = 30 days
AUGTYRO ORAL CAPSULE 40 MG (<i>repotrectinib</i>)	3	DSL = 30 days
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab</i>)	3	
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	3	DSL = 30 days
<i>azacitidine injection suspension reconstituted 100 mg</i>	1	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	3	DSL = 30 days
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML (<i>avelumab</i>)	3	DSL = 30 days
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>belinostat</i>)	3	DSL = 30 days
BELRAPZO INTRAVENOUS SOLUTION 100 MG/4ML (<i>bendamustine hcl</i>)	2	DSL = 30 days
BENDAMUSTINE HCL INTRAVENOUS SOLUTION 100 MG/4ML	2	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	1	
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML (<i>bendamustine hcl</i>)	2	DSL = 30 days
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG (<i>inotuzumab ozogamicin</i>)	3	DSL = 30 days
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	3	DSL = 30 days
BEVACIZUMAB INTRAOCCULAR SOLUTION PREFILLED SYRINGE 2.75 MG/0.11ML	3	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2 MG/0.08ML	3	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML	3	
<i>bexarotene oral capsule 75 mg</i>	3	OC
<i>bicalutamide oral tablet 50 mg</i>	3	OC
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	1	
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG (<i>blinatumomab</i>)	3	DSL = 30 days
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg</i>	1	
<i>bortezomib intravenous solution 3.5 mg/1.4ml</i>	1	
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED 3.5 MG	3	
BOSULIF ORAL CAPSULE 100 MG, 50 MG (<i>bosutinib</i>)	3	DSL = 30 days
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	3	DSL = 30 days; OC
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	3	DSL = 30 days
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (<i>lisocabtagene maraleuce</i>)	3	
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	3	DSL = 30 days
<i>busulfan intravenous solution 6 mg/ml</i>	3	
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML (<i>busulfan</i>)	3	
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	3	DSL = 30 days; OC
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	3	DSL = 30 days
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (<i>leuprolide mesylate (6 month)</i>)	3	
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 40 MG/2ML (<i>irinotecan hcl</i>)	2	
CAMPTOSAR INTRAVENOUS SOLUTION 300 MG/15ML (<i>irinotecan hcl</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>capecitabine oral tablet 150 mg, 500 mg</i>	3	DSL = 30 days; OC
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	3	OC
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	1	
<i>carmustine intravenous solution reconstituted 100 mg, 300 mg, 50 mg</i>	1	
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (<i>ciltacabtagene autoleucl</i>)	3	
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	3	OC
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml</i>	1	
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	3	
<i>cisplatin solution 50 mg/50ml intravenous</i>	1	
CISPLATIN SOLUTION 50 MG/50ML INTRAVENOUS	3	
<i>cladribine intravenous solution 10 mg/10ml</i>	1	
<i>clofarabine intravenous solution 1 mg/ml</i>	1	
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML (<i>clofarabine</i>)	3	
COLUMVI INTRAVENOUS SOLUTION 10 MG/10ML, 2.5 MG/2.5ML (<i>glofitamab-gxbm</i>)	3	DSL = 30 days
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG (<i>cabozantinib s-malate</i>)	3	DSL = 30 days; OC
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	3	DSL = 30 days
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	3	DSL = 30 days; OC
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 2 GM/10ML	3	DSL = 30 days
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	3	DSL = 30 days
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	OC
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	OC
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>ramucirumab</i>)	3	DSL = 30 days
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	1	
<i>cytarabine injection solution 20 mg/ml</i>	1	
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>	1	
<i>dactinomycin intravenous solution reconstituted 0.5 mg</i>	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML (<i>naxitamab-gqqk</i>)	3	DSL = 30 days
DARZALEX FASPRO SUBCUTANEOUS SOLUTION 1800-30000 MG-UT/15ML (<i>daratumumab-hyaluronidase-fihj</i>)	3	DSL = 30 days
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (<i>daratumumab</i>)	3	DSL = 30 days
<i>daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml</i>	1	
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	3	
<i>decitabine intravenous solution reconstituted 50 mg</i>	3	
<i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml</i>	1	
<i>docetaxel intravenous concentrate 80 mg/4ml</i>	3	
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	1	
DOXIL INTRAVENOUS INJECTABLE 2 MG/ML (<i>doxorubicin hcl liposomal</i>)	3	
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	1	
<i>doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg</i>	1	
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	1	
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	3	
ELAHERE INTRAVENOUS SOLUTION 100 MG/20ML (<i>mirvetuximab soravtansine-gynx</i>)	3	DSL = 30 days
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	2	
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	2	
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	2	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	2	
ELLENCES INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML (<i>epirubicin hcl</i>)	3	
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML (<i>elranatamab-bcmm</i>)	3	DSL = 30 days
ELZONRIS INTRAVENOUS SOLUTION 1000 MCG/ML (<i>tagraxofusp-erzs</i>)	3	DSL = 30 days
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	3	DSL = 30 days; OC
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG (<i>elotuzumab</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>fam-trastuzumab deruxtec-nxki</i>)	2	DSL = 30 days
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML (<i>epcoritamab-bysp</i>)	3	DSL = 30 days
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML (<i>cetuximab</i>)	3	
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	3	DSL = 30 days; OC
ERLEADA ORAL TABLET 240 MG (<i>apalutamide</i>)	3	DSL = 30 days
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	3	DSL = 30 days; OC
<i>erlotinib hcl oral tablet 100 mg, 150 mg, 25 mg</i>	3	DSL = 30 days; OC
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>etoposide phosphate</i>)	3	DSL = 30 days
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	1	
<i>etoposide oral capsule 50 mg</i>	3	OC
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	3	DSL = 30 days; OC
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	DSL = 30 days; OC
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	3	DSL = 30 days; OC
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>melphalan hcl</i>)	3	DSL = 30 days
<i>exemestane oral tablet 25 mg</i>	PV	OC
EXKIVITY ORAL CAPSULE 40 MG (<i>mobocertinib succinate</i>)	3	DSL = 30 days
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	PV	OC
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (<i>fulvestrant</i>)	3	DSL = 30 days
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	PV	OC
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	3	
<i>floxuridine injection solution reconstituted 0.5 gm</i>	1	
<i>fludarabine phosphate intravenous solution 25 mg/ml, 50 mg/2ml</i>	1	
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	1	
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	1	
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML (<i>pralatrexate</i>)	3	
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG (<i>tivozanib hcl</i>)	3	DSL = 30 days
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (<i>fruquintinib</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	3	DSL = 30 days
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (<i>sirolimus protein-bound part</i>)	3	DSL = 30 days
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	3	DSL = 30 days
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML (<i>obinutuzumab</i>)	3	DSL = 30 days
<i>gefitinib oral tablet 250 mg</i>	1	DSL = 30 days; OC
<i>gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml</i>	1	
<i>gemcitabine hcl intravenous solution reconstituted 1 gm</i>	3	
<i>gemcitabine hcl intravenous solution reconstituted 2 gm, 200 mg</i>	1	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (<i>afatinib dimaleate</i>)	3	DSL = 30 days; OC
GLEEVEC ORAL TABLET 100 MG, 400 MG (<i>imatinib mesylate</i>)	3	DSL = 30 days; OC
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (<i>Iomustine</i>)	3	OC
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML (<i>eribulin mesylate</i>)	3	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML (<i>trastuzumab-hyaluronidase-oysk</i>)	3	
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>trastuzumab</i>)	3	DSL = 30 days
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-pkrb</i>)	3	DSL = 30 days
HYCANTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (<i>topotecan hcl</i>)	3	
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan hcl</i>)	3	DSL = 30 days; OC
HYDREA ORAL CAPSULE 500 MG (<i>hydroxyurea</i>)	3	OC
<i>hydroxyurea oral capsule 500 mg</i>	3	OC
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	3	DSL = 30 days; OC
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (<i>palbociclib</i>)	3	DSL = 30 days
ICLUSIG ORAL TABLET 10 MG, 30 MG (<i>ponatinib hcl</i>)	3	
ICLUSIG ORAL TABLET 15 MG, 45 MG (<i>ponatinib hcl</i>)	3	DSL = 30 days; OC
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML (<i>idarubicin hcl</i>)	2	
<i>idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IDHIFA ORAL TABLET 100 MG, 50 MG (<i>enasidenib mesylate</i>)	3	DSL = 30 days; OC
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM (<i>ifosfamide</i>)	3	
<i>ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml</i>	1	
<i>ifosfamide intravenous solution reconstituted 1 gm, 3 gm</i>	1	
<i>imatinib mesylate oral tablet 100 mg, 400 mg</i>	3	OC
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (<i>ibrutinib</i>)	3	DSL = 30 days; OC
IMBRUVICA ORAL SUSPENSION 70 MG/ML (<i>ibrutinib</i>)	3	DSL = 30 days
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG (<i>ibrutinib</i>)	3	DSL = 30 days; OC
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML (<i>durvalumab</i>)	3	DSL = 30 days
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML (<i>tremelimumab-actl</i>)	3	DSL = 30 days
IMLYGIC INTRALESIONAL SUSPENSION 1000000 UNIT/ML, 100000000 UNIT/ML (<i>talimogene laherparepvec</i>)	3	
INLYTA ORAL TABLET 1 MG, 5 MG (<i>axitinib</i>)	3	DSL = 30 days; OC
INQOVI ORAL TABLET 35-100 MG (<i>decitabine-cedazuridine</i>)	3	DSL = 30 days
INREBIC ORAL CAPSULE 100 MG (<i>fedratinib hcl</i>)	3	DSL = 30 days
IRESSA ORAL TABLET 250 MG (<i>gefitinib</i>)	3	DSL = 30 days; OC
<i>irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml</i>	1	
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>romidepsin</i>)	3	
IWILFIN ORAL TABLET 192 MG (<i>eflornithine hcl</i>)	PV	DSL = 30 days
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG (<i>ixabepilone</i>)	3	DSL = 30 days
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (<i>ruxolitinib phosphate</i>)	3	DSL = 30 days; OC
JAYPIRCA ORAL TABLET 100 MG, 50 MG (<i>pirtobrutinib</i>)	3	DSL = 30 days
JELMYTO SOLUTION RECONSTITUTED 80 (2 X 40) MG (<i>mitomycin</i>)	3	DSL = 30 days
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML (<i>dostarlimab-gxly</i>)	3	
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML (<i>cabazitaxel</i>)	3	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG (<i>ado-trastuzumab emtansine</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>trastuzumab-anns</i>)	3	DSL = 30 days
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 420 MG (<i>trastuzumab-anns</i>)	3	DSL = 30 days
KEMOPLAT INTRAVENOUS SOLUTION 50 MG/50ML	3	
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML (<i>pembrolizumab</i>)	3	DSL = 30 days
KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML (<i>tebentafusp-tebn</i>)	3	DSL = 30 days
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	3	DSL = 30 days; OC
KISQALI ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	3	DSL = 30 days; OC
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (<i>selumetinib sulfate</i>)	3	DSL = 30 days
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	3	DSL = 30 days
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG (<i>carfilzomib</i>)	3	DSL = 30 days
<i>lapatinib ditosylate oral tablet 250 mg</i>	3	DSL = 30 days; OC
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	DSL = 30 days; OC
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 (<i>lenvatinib mesylate</i>)	3	DSL = 30 days; OC
LENVIMA ORAL CAPSULE THERAPY PACK 3 X 4 MG, 4 MG (<i>lenvatinib mesylate</i>)	3	DSL = 30 days
<i>letrozole oral tablet 2.5 mg</i>	PV	OC
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	3	OC
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	3	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML (<i>cemiplimab-rwlc</i>)	3	DSL = 30 days
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine-tipiracil</i>)	3	DSL = 30 days; OC
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML (<i>toripalimab-tpzi</i>)	3	DSL = 30 days
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	3	DSL = 30 days
LUMAKRAS ORAL TABLET 120 MG, 320 MG (<i>sotorasib</i>)	3	DSL = 30 days
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML (<i>mosunetuzumab-axgb</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	2	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	3	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	2	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	2	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	2	
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML (<i>lutetium lu 177 dotatate</i>)	3	
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	3	DSL = 30 days; OC
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	3	DSL = 30 days; OC
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	3	DSL = 30 days
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	3	DSL = 30 days
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	3	DSL = 30 days
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML (<i>margetuximab-cmkb</i>)	3	DSL = 30 days
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	3	DSL = 30 days; OC
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	PV	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	3	OC
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	3	DSL = 30 days
MEKINIST ORAL TABLET 0.5 MG, 2 MG (<i>trametinib dimethyl sulfoxide</i>)	3	DSL = 30 days; OC
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	3	DSL = 30 days
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	1	
<i>melphalan oral tablet 2 mg</i>	3	OC
<i>mercaptopurine oral tablet 50 mg</i>	3	OC
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	3	OC
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	1	
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>	1	
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>tafasitamab-cxix</i>)	3	DSL = 30 days
<i>mutamycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	1	
MVASI INTRAVENOUS SOLUTION 100 MG/4ML (<i>bevacizumab-awwb</i>)	3	DSL = 30 days
MVASI INTRAVENOUS SOLUTION 400 MG/16ML (<i>bevacizumab-awwb</i>)	3	DSL = 30 days
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	3	OC
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG (<i>gemtuzumab ozogamicin</i>)	3	DSL = 30 days
<i>nelarabine intravenous solution 5 mg/ml</i>	3	
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	3	DSL = 30 days; OC
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	3	DSL = 30 days; OC
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	3	OC
<i>nilutamide oral tablet 150 mg</i>	3	OC
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	3	DSL = 30 days; OC
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>pentostatin</i>)	3	
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	3	DSL = 30 days
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	3	DSL = 30 days; OC
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-dkst</i>)	3	DSL = 30 days
OGSIVEO ORAL TABLET 50 MG (<i>nirogacestat hydrobromide</i>)	3	DSL = 30 days
OJJAARA ORAL TABLET 100 MG, 150 MG, 200 MG (<i>momelotinib dihydrochloride</i>)	3	DSL = 30 days
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (<i>pegaspargase</i>)	3	
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML (<i>irinotecan hcl liposome</i>)	3	DSL = 30 days
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-dttb</i>)	3	DSL = 30 days
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML (<i>nivolumab</i>)	3	DSL = 30 days
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML (<i>nivolumab-relatlimab-rmbw</i>)	3	DSL = 30 days
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	3	DSL = 30 days
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hydrochloride</i>)	3	DSL = 30 days
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	3	
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	1	
<i>paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml</i>	1	
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	3	
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG (<i>enfortumab vedotin-ejfv</i>)	3	DSL = 30 days
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML (<i>carboplatin</i>)	3	
<i>pazopanib hcl oral tablet 200 mg</i>	1	DSL = 30 days; OC
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG (<i>pemigatinib</i>)	3	DSL = 30 days
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML	3	DSL = 30 days
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 100 MG/4ML, 500 MG/20ML	2	DSL = 30 days
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 850 MG/34ML	3	
<i>pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg</i>	1	DSL = 30 days
PEMETREXED DITROMETHAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	3	DSL = 30 days
PEMETREXED INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	3	DSL = 30 days
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML (<i>pemetrexed</i>)	3	DSL = 30 days
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML (<i>pertuzumab</i>)	3	DSL = 30 days
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML (<i>pertuz-trastuz-hyaluron-zzxf</i>)	3	DSL = 30 days
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG (<i>porfimer sodium</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG (<i>alpelisib</i>)	3	
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML (<i>lutetium lu 177 vipivotide tet</i>)	3	
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG (<i>polatuzumab vedotin-piiq</i>)	3	
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 30 MG (<i>polatuzumab vedotin-piiq</i>)	3	DSL = 30 days
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	3	DSL = 30 days; OC
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML (<i>necitumumab</i>)	3	DSL = 30 days
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML (<i>mogamulizumab-kpkc</i>)	3	DSL = 30 days
PRALATREXATE INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML	3	
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (<i>aldesleukin</i>)	3	DSL = 30 days
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS (<i>sipuleucel-t</i>)	3	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	3	DSL = 30 days; OC
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	3	DSL = 30 days
RETEVMO ORAL CAPSULE 40 MG, 80 MG (<i>selpercatinib</i>)	3	DSL = 30 days
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	3	DSL = 30 days; OC
REZLIDHIA ORAL CAPSULE 150 MG (<i>olutasidenib</i>)	3	DSL = 30 days
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-arrx</i>)	3	DSL = 30 days
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML (<i>rituximab-hyaluronidase human</i>)	3	DSL = 30 days
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab</i>)	2	
ROMIDEPSIN INTRAVENOUS SOLUTION 27.5 MG/5.5ML <i>romidepsin intravenous solution reconstituted 10 mg</i>	3 1	
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	3	DSL = 30 days
ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	3	
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (<i>rucaparib camsylate</i>)	3	DSL = 30 days; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML (<i>rituximab-pvvr</i>)	3	DSL = 30 days
RUXIENCE INTRAVENOUS SOLUTION 500 MG/50ML (<i>rituximab-pvvr</i>)	3	
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML (<i>amivantamab-vmjw</i>)	3	DSL = 30 days
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	3	DSL = 30 days; OC
RYLAZE INTRAMUSCULAR SOLUTION 10 MG/0.5ML (<i>asparaginase erwinia chry-rywn</i>)	3	DSL = 30 days
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML (<i>isatuximab-irfc</i>)	3	DSL = 30 days
SCEMBLIX ORAL TABLET 20 MG, 40 MG (<i>asciminib hcl</i>)	3	DSL = 30 days
SIKLOS ORAL TABLET 100 MG (<i>hydroxyurea</i>)	3	
SIKLOS ORAL TABLET 1000 MG (<i>hydroxyurea</i>)	3	DSL = 30 days
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	PV	OC
<i>sorafenib tosylate oral tablet 200 mg</i>	1	DSL = 30 days; OC
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 70 MG, 80 MG (<i>dasatinib</i>)	3	DSL = 30 days; OC
SPRYCEL ORAL TABLET 50 MG (<i>dasatinib</i>)	3	OC
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	3	DSL = 30 days; OC
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	DSL = 30 days; OC
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib malate</i>)	3	DSL = 30 days; OC
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG (<i>siltuximab</i>)	3	DSL = 30 days
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	3	OC
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	3	DSL = 30 days
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	3	DSL = 30 days; OC
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	3	DSL = 30 days
TAGRISSO ORAL TABLET 40 MG, 80 MG (<i>osimertinib mesylate</i>)	3	DSL = 30 days; OC
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML (<i>talquetamab-tgvs</i>)	3	DSL = 30 days
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 1 MG (<i>talazoparib tosylate</i>)	3	DSL = 30 days
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG (<i>talazoparib tosylate</i>)	3	DSL = 30 days
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	PV	OC

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (<i>erlotinib hcl</i>)	3	DSL = 30 days; OC
TARGRETIN ORAL CAPSULE 75 MG (<i>bexarotene</i>)	3	OC
TASIGNA ORAL CAPSULE 150 MG, 200 MG (<i>nilotinib hcl</i>)	3	DSL = 30 days; OC
TASIGNA ORAL CAPSULE 50 MG (<i>nilotinib hcl</i>)	3	DSL = 30 days
TAZVERIK ORAL TABLET 200 MG (<i>tazemetostat hbr</i>)	3	DSL = 30 days
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS (<i>brexucabtagene autoleucl</i>)	3	
TECARTUS INTRAVENOUS SUSPENSION 200000000 CELLS (<i>brexucabtagene autoleucl</i>)	3	
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML (<i>atezolizumab</i>)	3	DSL = 30 days
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML (<i>atezolizumab</i>)	3	
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML (<i>teclistamab-cqyv</i>)	3	DSL = 30 days
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>temozolomide</i>)	3	
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	3	OC
<i>temsirolimus intravenous solution 25 mg/ml</i>	3	
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG (<i>thiotepa</i>)	3	DSL = 30 days
TEPMETKO ORAL TABLET 225 MG (<i>tepotinib hcl</i>)	3	DSL = 30 days
<i>thiotepa injection solution reconstituted 100 mg, 15 mg</i>	3	DSL = 30 days
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	3	DSL = 30 days
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (<i>bcg live</i>)	2	
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>tisotumab vedotin-tftv</i>)	3	DSL = 30 days
<i>topotecan hcl intravenous solution 4 mg/4ml</i>	1	
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	3	
<i>toremifene citrate oral tablet 60 mg</i>	PV	OC
TORISEL INTRAVENOUS SOLUTION 25 MG/ML (<i>temsirolimus</i>)	3	
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>trastuzumab-qyyp</i>)	3	
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 420 MG (<i>trastuzumab-qyyp</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>bendamustine hcl</i>)	3	
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>bendamustine hcl</i>)	3	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	3	
<i>tretinoin oral capsule 10 mg</i>	3	DSL = 30 days; OC
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	3	OC
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML (<i>arsenic trioxide</i>)	3	DSL = 30 days
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG (<i>sacituzumab govitecan-hziy</i>)	3	DSL = 30 days
TRUQAP ORAL TABLET 160 MG, 200 MG (<i>capivasertib</i>)	3	DSL = 30 days
TRUXIMA INTRAVENOUS SOLUTION 100 MG/10ML (<i>rituximab-abbs</i>)	3	DSL = 30 days
TRUXIMA INTRAVENOUS SOLUTION 500 MG/50ML (<i>rituximab-abbs</i>)	2	DSL = 30 days
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	3	DSL = 30 days
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	3	DSL = 30 days
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	3	DSL = 30 days; OC
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML (<i>dinutuximab</i>)	3	DSL = 30 days
<i>valrubicin intravesical solution 40 mg/ml</i>	3	
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (<i>valrubicin</i>)	3	
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	3	DSL = 30 days
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (<i>panitumumab</i>)	3	
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-adcd</i>)	3	DSL = 30 days
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG (<i>bortezomib</i>)	3	
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	3	DSL = 30 days; OC
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	3	DSL = 30 days; OC
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	3	DSL = 30 days; OC

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG (<i>azacitidine</i>)	3	
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	1	
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	1	
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	1	
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	3	DSL = 30 days
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	3	DSL = 30 days
VIVIMUSTA INTRAVENOUS SOLUTION 100 MG/4ML	2	DSL = 30 days
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	3	DSL = 30 days
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	3	DSL = 30 days
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	3	DSL = 30 days; OC
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG (<i>daunorubicin-cytarabine lipo</i>)	3	DSL = 30 days
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	3	DSL = 30 days
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	3	DSL = 30 days; OC
XALKORI ORAL CAPSULE SPRINKLE 150 MG, 20 MG, 50 MG (<i>crizotinib</i>)	3	DSL = 30 days
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	DSL = 30 days; OC
XELODA ORAL TABLET 150 MG, 500 MG (<i>capecitabine</i>)	3	DSL = 30 days; OC
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	3	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	3	DSL = 30 days
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	3	DSL = 30 days
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	3	DSL = 30 days
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	3	DSL = 30 days
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	3	DSL = 30 days
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	3	DSL = 30 days
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	3	DSL = 30 days
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	3	DSL = 30 days; OC
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	3	DSL = 30 days
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML (<i>ipilimumab</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (<i>axicabtagene ciloleucef</i>)	3	
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG (<i>trabectedin</i>)	3	DSL = 30 days
YONSA ORAL TABLET 125 MG (<i>abiraterone acetate micronized</i>)	3	DSL = 30 days
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML (<i>ziv-aflibercept</i>)	3	DSL = 30 days
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (<i>streptozocin</i>)	3	
ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG (<i>niraparib tosylate</i>)	3	DSL = 30 days
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	3	DSL = 30 days; OC
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (<i>lurbinectedin</i>)	3	DSL = 30 days
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML (<i>ibritumomab tiuxetan for y-90</i>)	3	
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML (<i>bevacizumab-bvzr</i>)	3	DSL = 30 days
ZIRABEV INTRAVENOUS SOLUTION 400 MG/16ML (<i>bevacizumab-bvzr</i>)	3	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin acetate</i>)	3	
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	3	OC
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	3	DSL = 30 days; OC
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	3	DSL = 30 days
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>loncastuximab tesirine-lpyl</i>)	3	DSL = 30 days
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML (<i>retifanlimab-dlwr</i>)	3	DSL = 30 days
ZYTIGA ORAL TABLET 250 MG, 500 MG (<i>abiraterone acetate</i>)	3	DSL = 30 days; OC
ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM		
ACACIA SUBCUTANEOUS SOLUTION 1:20	3	
ALDER SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN BEECH POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN BEECH SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMERICAN ELM SUBCUTANEOUS SOLUTION 1:20	3	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION 1:20	3	
BAHIA SUBCUTANEOUS SOLUTION 1:20	3	
BALD CYPRESS SUBCUTANEOUS SOLUTION 1:20	3	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION 1:20	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
BROME SUBCUTANEOUS SOLUTION 1:20	3	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION 1:20	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	3	
CEDAR ELM SUBCUTANEOUS SOLUTION 1:20	3	
COCKLEBUR SUBCUTANEOUS SOLUTION 1:20	3	
CORN POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
DANDELION SUBCUTANEOUS SOLUTION 1:20	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
DOG FENNEL SUBCUTANEOUS SOLUTION 1:20	3	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION 1:20	3	
FIRE ANT SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	3	
GOLDENROD SUBCUTANEOUS SOLUTION 1:20	3	
GRASSTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU (<i>timothy grass pollen allergen</i>)	2	
HACKBERRY SUBCUTANEOUS SOLUTION 1:20	3	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
JOHNSON GRASS SUBCUTANEOUS SOLUTION 1:20	3	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
KOCHIA SUBCUTANEOUS SOLUTION 1:20	3	
LENSCALE SUBCUTANEOUS SOLUTION 1:20	3	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MELALEUCA SUBCUTANEOUS SOLUTION 1:20	3	
MESQUITE SUBCUTANEOUS SOLUTION 1:20	3	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
MIXED FEATHERS SUBCUTANEOUS SOLUTION 1:20	3	
MIXED RAGWEED SUBCUTANEOUS SOLUTION 1:20	3	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION 1:20	3	
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	3	
MUGWORT SUBCUTANEOUS SOLUTION 1:20	3	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM (<i>dust mite mixed allergen ext</i>)	2	
OLIVE TREE SUBCUTANEOUS SOLUTION 1:20	3	
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	3	
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR (<i>grass mix pollens allergen ext</i>)	3	
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR (<i>grass mix pollens allergen ext</i>)	3	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
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 (<i>peanut powder-dnfp</i>)	3	DSL = 30 days
PALFORZIA ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	2	
PALFORZIA ORAL PACKET 300 MG (<i>peanut powder-dnfp</i>)	3	DSL = 30 days
PRIVET SUBCUTANEOUS SOLUTION 1:20	3	
QUEEN PALM SUBCUTANEOUS SOLUTION 1:20	3	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U (<i>short ragweed pollen ext</i>)	3	
RED MAPLE SUBCUTANEOUS SOLUTION 1:20	3	
RED MULBERRY SUBCUTANEOUS SOLUTION 1:20	3	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION 1:20	3	
ROUGH PIGWEED SUBCUTANEOUS SOLUTION 1:20	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION 1:20	3	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION 1:20	3	
SHEEP SORREL SUBCUTANEOUS SOLUTION 1:20	3	
SHEEP SORREL-YELLOW DOCK SUBCUTANEOUS SOLUTION 1:20	3	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION 1:20	3	
SORREL/DOCK MIX SUBCUTANEOUS SOLUTION 1:20	3	
SPINY PIGWEED SUBCUTANEOUS SOLUTION 1:20	3	
SPRING BIRCH POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
SWEET GUM SUBCUTANEOUS SOLUTION 1:20	3	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
TALL RAGWEED SUBCUTANEOUS SOLUTION 1:20	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
TRICHOPHYTON MENTAGROPHYTES SUBCUTANEOUS SOLUTION 1:20	3	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION 1:20	3	
WHITE BIRCH SUBCUTANEOUS SOLUTION 1:20	3	
WHITE MULBERRY SUBCUTANEOUS SOLUTION 1:20	3	
WHITE OAK SUBCUTANEOUS SOLUTION 1:20	3	
WHITE PINE SUBCUTANEOUS SOLUTION 1:20	3	
YELLOW DOCK SUBCUTANEOUS SOLUTION 1:20	3	
ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant		
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
ASCENIV INTRAVENOUS SOLUTION 5 GM/50ML (<i>immune globulin (human)-slra</i>)	3	DSL = 30 days
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	2	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae polyval immune fab</i>)	2	
CUTAQUIG SUBCUTANEOUS SOLUTION 1 GM/6ML, 2 GM/12ML, 3.3 GM/20ML, 4 GM/24ML, 8 GM/48ML (<i>immune globulin (human)-hipp</i>)	3	
CUTAQUIG SUBCUTANEOUS SOLUTION 1.65 GM/10ML (<i>immune globulin (human)-hipp</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	3	DSL = 30 days
CUVITRU SUBCUTANEOUS SOLUTION 10 GM/50ML (<i>immune globulin (human)</i>)	2	DSL = 30 days
CYTOGAM INTRAVENOUS INJECTABLE 50 MG/ML (<i>cytomegalovirus immune glob</i>)	2	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>digoxin immune fab</i>)	2	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	2	
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	2	
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	2	
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	2	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	2	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	2	
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	2	
GAMUNEX-C INJECTION SOLUTION 40 GM/400ML (<i>immune globulin (human)</i>)	3	
HEPAGAM B INJECTION SOLUTION 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	3	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	3	DSL = 30 days
HIZENTRA SUBCUTANEOUS SOLUTION 10 GM/50ML (<i>immune globulin (human)</i>)	2	DSL = 30 days
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	3	
HYPERHEP B INTRAMUSCULAR SOLUTION 220 UNIT/ML (<i>hepatitis b immune globulin</i>)	2	
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 110 UNIT/0.5ML, 220 UNIT/ML (<i>hepatitis b immune globulin</i>)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 900 UNIT/3ML (<i>rabies immune globulin</i>)	3	
HYPERRAB INJECTION SOLUTION 300 UNIT/ML (<i>rabies immune globulin</i>)	2	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (<i>rho d immune globulin</i>)	2	
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT/ML (<i>tetanus immune globulin</i>)	2	
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	3	DSL = 30 days
IMOGAM RABIES-HT INJECTION SOLUTION 300 UNIT/2ML (<i>rabies immune globulin</i>)	2	
KEDRAB INJECTION SOLUTION 1500 UNIT/10ML, 300 UNIT/2ML	2	
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	2	
NABI-HB INTRAMUSCULAR SOLUTION 312 UNIT/ML (<i>hepatitis b immune globulin</i>)	2	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	2	
OCTAGAM INTRAVENOUS SOLUTION 2 GM/20ML, 30 GM/300ML (<i>immune globulin (human)</i>)	3	
PANZYGA INTRAVENOUS SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)-ifas</i>)	3	
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	2	
PRIVIGEN INTRAVENOUS SOLUTION 40 GM/400ML (<i>immune globulin (human)</i>)	3	
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	2	
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	2	
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2ML (<i>varicella-zoster immune glob</i>)	3	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	3	DSL = 30 days
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML (<i>bezlotoxumab</i>)	3	
TOXOIDS - Vaccines		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	2	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (<i>diphth-acell pertussis-tetanus</i>)	3	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (<i>diphth-acell pertussis-tetanus</i>)	2	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	2	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	3	
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	2	
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML (<i>tetanus-diphtheria toxoids td</i>)	2	
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (<i>tetanus-diphtheria toxoids td</i>)	3	
TETANUS-DIPHTHERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML	2	
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recmb</i>)	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recmb</i>)	3	
VACCINES - Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (<i>rsv pre-fusion f a&b vac rcmb</i>)	3	
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>haemophilus b polysac conj vac</i>)	2	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	2	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	PV	
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (<i>rsvpref3 vac recomb adjuvanted</i>)	2	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED 50 MG	3	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b recomb omv adj</i>)	PV	
BIOTHRAX INTRAMUSCULAR SUSPENSION (<i>anthrax vaccine adsorbed</i>)	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	3	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (<i>tetanus-diphth-acell pertussis</i>)	3	
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	3	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	3	
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 (<i>diphth-acell pertussis-tetanus</i>)	3	
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>dengue virus vaccine live tetr</i>)	3	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	2	
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (<i>hepatitis b vac recombinant</i>)	2	
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML (<i>influenza vac a&b sa adj quad</i>)	PV	
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	PV	
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (<i>influenza vac recomb ha quad</i>)	PV	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac subunit quad</i>)	PV	
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac subunit quad</i>)	PV	
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUMIST QUADRIVALENT NASAL SUSPENSION (<i>influenza virus vac live quad</i>)	PV	
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML (<i>influenza vac high-dose quad</i>)	PV	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	PV	
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>influenza vac split quad</i>)	PV	
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>)	2	DSL = 30 days
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hpv 9-valent recomb vaccine</i>)	2	
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML (<i>hepatitis a vaccine</i>)	2	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (<i>hepatitis b vac recomb adj</i>)	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (<i>haemophilus b polysac conj vac</i>)	2	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (<i>rabies virus vaccine, hdc</i>)	2	
INFANRIX INTRAMUSCULAR SUSPENSION 25-58-10 (<i>diphth-acell pertussis-tetanus</i>)	2	
IPOL INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	2	
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	2	
MENQUADFI INTRAMUSCULAR SOLUTION (<i>mening acy&w-135 tetanus conj</i>)	3	
MENVEO INTRAMUSCULAR SOLUTION (<i>meningococcal a c y&w-135 olig</i>)	2	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>meningococcal a c y&w-135 olig</i>)	2	
M-M-R II INJECTION SOLUTION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	2	
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML (<i>covid-19 mrna virus vaccine</i>)	3	
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 5 MCG/0.5ML	3	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-hepatitis b recomb-ipv</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML (<i>haemophilus b polysac conj vac</i>)	3	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>mening acyw(tet conj)-b(rcmb)</i>)	3	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>dtap-ipv-hib vaccine</i>)	3	
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML (<i>covid-19 mrna virus vaccine</i>)	3	
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML	3	
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML (<i>pneumococcal vac polyvalent</i>)	2	
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML (<i>hepatitis b vac 3-antigen rcmb</i>)	3	
PREVNAR 13 INTRAMUSCULAR SUSPENSION (<i>pneumococcal 13-val conj vacc</i>)	2	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 20-val conj vacc</i>)	3	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles, mumps & rubella vac</i>)	3	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>measles-mumps-rubella-varicell</i>)	2	
QUADRACEL INTRAMUSCULAR SUSPENSION (<i>dtap-ipv vaccine</i>)	2	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies vaccine, pcec</i>)	2	
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	2	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (<i>hepatitis b vac recombinant</i>)	2	
ROTARIX ORAL SUSPENSION (<i>rotavirus vaccine live oral</i>)	2	
ROTATEQ ORAL SOLUTION (<i>rotavirus vac live pentavalent</i>)	2	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (<i>zoster vac recomb adjuvanted</i>)	2	
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML (<i>covid-19 mrna virus vaccine</i>)	3	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (<i>covid-19 mrna virus vaccine</i>)	3	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (<i>bcg live</i>)	2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>meningococcal b vac (recomb)</i>)	PV	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (<i>hepatitis a-hep b recomb vac</i>)	2	
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5ML (<i>typhoid vi polysaccharide vacc</i>)	2	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (<i>typhoid vi polysaccharide vacc</i>)	2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML (<i>hepatitis a vaccine</i>)	2	
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML (<i>varicella virus vaccine live</i>)	2	
VAXCHORA ORAL SUSPENSION RECONSTITUTED (<i>cholera vac live attenuated</i>)	2	
VAXELIS INTRAMUSCULAR SUSPENSION (<i>dtap-ipv-hib-hepatitis b recomb</i>)	3	
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>dtap-ipv-hib-hepatitis b recomb</i>)	3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (<i>pneumococcal 15-val conj vacc</i>)	3	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (<i>typhoid vaccine</i>)	3	
YF-VAX SUBCUTANEOUS INJECTABLE (<i>yellow fever vaccine</i>)	2	
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
12 hour allergy-d oral tablet extended release 12 hour 5-120 mg	1	
24hr allergy & congestion reli oral tablet extended release 24 hour 180-240 mg	1	
ADRENALIN INJECTION SOLUTION 1 MG/ML (<i>epinephrine</i>)	3	
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	3	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (<i>ephedrine sulfate (pressors)</i>)	3	
all day allergy d oral tablet extended release 12 hour 5-120 mg	1	
allergy relief d oral tablet extended release 24 hour 180-240 mg	1	
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>allergy relief d12 oral tablet extended release 12 hour 60-120 mg</i>	1	
<i>allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>allergy relief-d oral tablet extended release 12 hour 5-120 mg</i>	1	
APRODINE ORAL TABLET 2.5-60 MG (<i>triprolidine-pseudoephedrine</i>)	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	3	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (<i>pseudoeph-bromphen-dm</i>)	3	
<i>cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg</i>	1	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG (<i>desloratadine-pseudoephedrine</i>)	3	
CLARITIN-D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (<i>loratadine-pseudoephedrine</i>)	3	
<i>cold & sinus oral tablet 30-200 mg</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	3	DSL = 30 days
<i>ephedrine sulfate (pressors) intravenous solution 50 mg/ml</i>	1	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml</i>	1	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML	3	
EPINEPHRINESNAP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	3	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	3	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	3	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	3	
EPISNAP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	3	
<i>fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg</i>	1	
<i>fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ft all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>ft allergy & congestion-d 12hr oral tablet extended release 12 hour 60-120 mg</i>	1	
<i>ft allergy relief-d oral tablet extended release 24 hour 10-240 mg</i>	1	
<i>ft mucus relief d 12 hour oral tablet extended release 12 hour 60-600 mg</i>	1	
<i>ft nasal decongestant max str oral tablet 30 mg</i>	1	
<i>ft nasal decongestant max str oral tablet extended release 12 hour 120 mg</i>	1	
<i>goodsense all day allergy-d oral tablet extended release 12 hour 5-120 mg</i>	1	
LETS KIT	3	
<i>loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg</i>	1	
<i>loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg</i>	1	
<i>mucus relief d oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i>	1	
<i>nasal decongestant oral tablet 30 mg</i>	1	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (droxidopa)	3	DSL = 30 days
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i>	1	
<i>sinus 12 hour oral tablet extended release 12 hour 120 mg</i>	1	
SUDAFED SINUS CONGESTION ORAL TABLET 30 MG (pseudoephedrine hcl)	3	
<i>sudogest 12 hour oral tablet extended release 12 hour 120 mg</i>	1	
<i>sudogest maximum strength oral tablet 30 mg</i>	1	
<i>sudogest oral tablet 30 mg</i>	1	
<i>wal-tap cold/allergy oral elixir 1-15 mg/5ml</i>	1	
ZYRTEC-D ALLERGY & SINUS ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (cetirizine-pseudoephedrine)	3	
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
BRANTUSSIN DM ORAL LIQUID 7.5-2-15 MG/5ML	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	3	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>cold & cough childrens oral liquid 1-5-2.5 mg/5ml</i>	1	
<i>cold & flu relief daytime oral capsule 10-5-325 mg</i>	1	
<i>cold/flu daytime relief oral capsule 10-5-325 mg</i>	1	
<i>daytime cold/flu relief oral capsule 10-5-325 mg</i>	1	
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml</i>	1	
<i>dexmedetomidine hcl intravenous solution 200 mcg/2ml</i>	1	
<i>dimaphen dm cold/cough oral liquid 2.5-1-5 mg/5ml</i>	1	
<i>ft nasal decongestant pe oral tablet 10 mg</i>	1	
<i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i>	1	
<i>goodsense day time cold & flu oral capsule 10-5-325 mg</i>	1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (<i>dexmedetomidine hcl</i>)	3	
LUCEMYRA ORAL TABLET 0.18 MG (<i>lofexidine hcl</i>)	3	DSL = 30 days
<i>maxi-tuss pe max oral liquid 5-100 mg/5ml</i>	1	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	3	
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	3	
<i>nasal decongestant pe oral tablet 10 mg</i>	1	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine hcl</i>)	3	
PHENYLEPHRINE HCL INTRACAVERNOSAL SOLUTION 2 MG/2ML	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
<i>phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml</i>	1	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML (<i>dexmedetomidine hcl in nacl</i>)	3	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (<i>dexmedetomidine hcl</i>)	2	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (<i>dexmedetomidine hcl in nacl</i>)	3	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	1	
<i>westussin dm nf oral liquid 2-15-7.5 mg/5ml</i>	1	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	3	
<i>atropine sulfate injection solution 8 mg/20ml</i>	1	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	1	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	PV	
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	1	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	3	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	3	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	PV	
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	3	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2 MG/5ML (<i>pb-hyoscy-atropine-scopolamine</i>)	2	
DONNATAL ORAL TABLET 16.2 MG (<i>pb-hyoscy-atropine-scopolamine</i>)	1	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium bromoterol fumarate</i>)	3	DSL = 30 days
GLYCATATE ORAL TABLET 1.5 MG (<i>glycopyrrolate</i>)	3	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	3	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	3	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML (<i>glycopyrrolate</i>)	3	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (<i>hydrocodone bitartrate</i>)	3	
HYCODAN ORAL TABLET 5-1.5 MG (<i>hydrocodone bitartrate</i>)	3	
<i>hydrocodone bitartrate oral solution 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bitartrate oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	
<i>hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hyosyne oral solution 0.125 mg/ml</i>	1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (<i>umeclidinium bromide</i>)	3	
<i>ipratropium bromide inhalation solution 0.02 %</i>	PV	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PV	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG (<i>hyoscyamine sulfate</i>)	1	
LEVSIN ORAL TABLET 0.125 MG (<i>hyoscyamine sulfate</i>)	1	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG (<i>hyoscyamine sulfate</i>)	1	
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	3	
<i>me/naphos/mb/hyo1 oral tablet 81.6 mg</i>	1	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	3	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (<i>hyoscyamine sulfate</i>)	1	
OSCIMIN ORAL TABLET 0.125 MG	1	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	1	
<i>pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml</i>	1	
<i>pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg</i>	1	
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML (<i>pb-hyoscy-atropine-scopolamine</i>)	2	
PHENOHYTRO ORAL TABLET 16.2 MG (<i>pb-hyoscy-atropine-scopolamine</i>)	1	
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	3	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
ROBINUL ORAL TABLET 1 MG (<i>glycopyrrolate</i>)	3	
ROBINUL-FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	3	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PV	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	2	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	PV	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400 MCG/ACT (<i>aclidinium bromide</i>)	3	
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
URIBEL ORAL CAPSULE 118 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
URIBEL ORAL TABLET 81.6 MG (<i>meth-hyo-m bl-benz acd-ph sal</i>)	3	
URIMAR-T ORAL CAPSULE 120 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>urin ds oral tablet 81.6 mg</i>	1	
URNEVA ORAL CAPSULE 120 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (<i>methen-hyosc-meth blue-na phos</i>)	3	
URO-MP ORAL CAPSULE 118 MG	3	
VILAMIT MB ORAL CAPSULE 118 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
VILEVEV MB ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	3	
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	1	
<i>allergy oral capsule 25 mg</i>	1	
<i>allergy relief oral capsule 25 mg</i>	1	
<i>allergy relief oral tablet 25 mg</i>	1	
<i>banophen oral capsule 25 mg</i>	1	
<i>banophen oral tablet 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (<i>diphenhydramine hcl</i>)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	3	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	1	
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>ft allergy relief oral capsule 25 mg</i>	1	
<i>ft allergy relief oral tablet 25 mg</i>	1	
<i>ft nighttime sleep aid oral tablet 25 mg</i>	1	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	1	
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>geri-dryl oral tablet 25 mg</i>	1	
<i>goodsense allergy relief oral capsule 25 mg</i>	1	
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	1	
<i>goodsense sleeptime oral capsule 25 mg</i>	1	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	1	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	1	
MM ALLER-BEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	3	
NYTOL QUICKCAPS ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	1	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
SOMINEX MAX ST ORAL TABLET 50 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
SOMINEX ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
<i>ft nicotine mouth/throat lozenge 2 mg, 4 mg</i>	PV	
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	PV	
<i>habitrol transdermal patch 24 hour 21 mg/24hr</i>	PV	
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG (<i>nicotine polacrilex</i>)	PV	
NICORETTE MOUTH/THROAT GUM 2 MG (<i>nicotine polacrilex</i>)	PV	
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG (<i>nicotine polacrilex</i>)	PV	
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	PV	
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	PV	
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	PV	
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	PV	
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	PV	
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	PV	
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	PV	
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	PV	
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	PV	
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	PV	
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	PV	
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	PV	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	PV	
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	PV	
BOTULINUM TOXINS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>onabotulinumtoxina (cosmetic)</i>)	2	
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT (<i>onabotulinumtoxina (cosmetic)</i>)	3	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxina</i>)	2	
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxina-lanm</i>)	3	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	3	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT (<i>incobotulinumtoxina</i>)	3	
CENTRALLY ACTING SKELETAL MUSCLE RELAXNT - Drugs for Relaxing Muscles		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR 15 MG, 30 MG (<i>cyclobenzaprine hcl</i>)	3	
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>chlorzoxazone oral tablet 250 mg</i>	1	DSL = 30 days
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	
ENOVARX-CYCLOBENZAPRINE HCL TRANSDERMAL CREAM 20 MG/GM	3	
FEXMID ORAL TABLET 7.5 MG (<i>cyclobenzaprine hcl</i>)	3	
LORZONE ORAL TABLET 375 MG, 750 MG (<i>chlorzoxazone</i>)	3	
METAXALL CP COMBINATION KIT 800 & 0.025 MG & % (<i>metaxalone-capsaicin</i>)	3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
SOMA ORAL TABLET 250 MG, 350 MG (<i>carisoprodol</i>)	3	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML (<i>cyclobenzaprine hcl-msm</i>)	3	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
VP FC KIT EXTERNAL CREAM	3	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (<i>tizanidine hcl</i>)	3	
ZANAFLEX ORAL TABLET 4 MG (<i>tizanidine hcl</i>)	3	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM ORAL CAPSULE 25 MG (<i>dantrolene sodium</i>)	3	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>baclofen intrathecal solution prefilled syringe 50 mcg/ml</i>	1	
BACLOFEN ORAL SOLUTION 10 MG/5ML	3	DSL = 30 days
BACLOFEN ORAL SOLUTION 5 MG/5ML	3	
<i>baclofen oral suspension 25 mg/5ml</i>	1	DSL = 30 days
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
ENOVARX-BACLOFEN EXTERNAL CREAM 1 %	3	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	
FLEQSUVY ORAL SUSPENSION 25 MG/5ML (<i>baclofen</i>)	3	DSL = 30 days
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 40000 MCG/20ML (<i>baclofen</i>)	3	
GABLOFEN INTRATHECAL SOLUTION 20000 MCG/20ML (<i>baclofen</i>)	2	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML (<i>baclofen</i>)	2	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/5ML (<i>baclofen</i>)	3	
LIORESAL INTRATHECAL SOLUTION 10 MG/20ML, 40 MG/20ML (<i>baclofen</i>)	3	
LYVISPAH ORAL PACKET 10 MG, 5 MG (<i>baclofen</i>)	3	
LYVISPAH ORAL PACKET 20 MG (<i>baclofen</i>)	3	DSL = 30 days
OZOBAX DS ORAL SOLUTION 10 MG/5ML (<i>baclofen</i>)	3	DSL = 30 days
NEUROMUSCULAR BLOCKING AGENTS - Drugs for Relaxing Muscles		
SUCCINYLBCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 140 MG/7ML	3	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/10ML	3	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
CORGARD ORAL TABLET 20 MG, 40 MG (<i>nadolol</i>)	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	3	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5 MG	3	
DIBENZYLIN ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	3	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	DSL = 30 days
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	DSL = 30 days
<i>ergoloid mesylates oral tablet 1 mg</i>	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML (<i>papaverine-phentolamine</i>)	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	2	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	3	DSL = 30 days
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>	1	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10 MG	3	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-100 MG-MG-MCG	3	
TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5-50 MG-MG-MCG	3	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	3	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY (<i>donepezil hcl</i>)	3	
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (<i>donepezil hcl</i>)	3	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>cevimeline hcl oral capsule 30 mg</i>	1	
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	3	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	3	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	2	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG (<i>memantine hcl-donepezil hcl</i>)	3	DSL = 30 days
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML	3	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	1	
<i>pyridostigmine bromide oral tablet 30 mg, 60 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	3	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLOMAX ORAL CAPSULE 0.4 MG (<i>tamsulosin hcl</i>)	3	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	3	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	3	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (<i>fluticasone-salmeterol(sensor)</i>)	3	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	PV	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	PV	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	PV	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	PV	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	PV	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PV	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	3	
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	1	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT (<i>glycopyrrolate-formoterol</i>)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	3	
<i>breynga inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	3	
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML (<i>arformoterol tartrate</i>)	3	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	PV	
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED 400-12 MCG/ACT (<i>aclidinium bromide-formoterol fumarate</i>)	3	DSL = 30 days
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (<i>mometasone furoate-formoterol fumarate</i>)	3	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate (sensor)</i>)	PV	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PV	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PV	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	2	
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	2	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	3	
<i>terbutaline sulfate injection solution 1 mg/ml</i>	PV	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PV	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PV	
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	3	
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	3	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>onabotulinumtoxin</i> (<i>cosmetic</i>))	2	
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT (<i>onabotulinumtoxin</i> (<i>cosmetic</i>))	3	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxin</i>)	2	
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxin-lanm</i>)	3	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxin</i>)	3	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	2	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (<i>incobotulinumtoxin</i>)	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT (<i>incobotulinumtoxin</i>)	3	
BLOOD DERIVATIVES - Drugs for the Blood		
BLOOD DERIVATIVES - Drugs for the Blood		
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED 350 MG (<i>hemin</i>)	3	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG (<i>plasminogen human-tvmh</i>)	3	DSL = 30 days
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 (<i>darbepoetin alfa</i>)	PV	DSL = 30 days
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	PV	DSL = 30 days
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	PV	DSL = 30 days
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>daprodustat</i>)	3	DSL = 30 days
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	PV	DSL = 30 days
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PV	DSL = 30 days
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (<i>anticoagulant cit dext soln a</i>)	2	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	3	DSL = 30 days
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>protein c concentrate (human)</i>)	3	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	DSL = 30 days
REGIOCIT EXTRACORPOREAL SOLUTION 0.529 % (<i>region citrate anticoag (crrt)</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>antithrombin iii (human)</i>)	3	
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>antithrombin iii (human)</i>)	2	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	3	
ANTHEMORRHAGIC AGENTS, MISCELLANEOUS - Drugs to Prevent Bleeding		
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>coag fact xa inactivated-zhzo</i>)	3	
PRAXBIND INTRAVENOUS SOLUTION 2.5 GM/50ML (<i>idarucizumab</i>)	3	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	3	DSL = 30 days
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	3	
BLOOD FORM., COAG, THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML (<i>crizanlizumab-tmca</i>)	3	DSL = 30 days
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML (<i>sutimlimab-jome</i>)	3	DSL = 30 days
OXBRYTA ORAL TABLET 300 MG, 500 MG (<i>voxelotor</i>)	3	DSL = 30 days
OXBRYTA ORAL TABLET SOLUBLE 300 MG (<i>voxelotor</i>)	3	DSL = 30 days
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	3	DSL = 30 days
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 (<i>mitapivat sulfate</i>)	3	DSL = 30 days
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	3	DSL = 30 days
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	3	
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	3	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	3	DSL = 30 days
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (<i>rivaroxaban</i>)	3	
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	3	
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	1	
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	2	
PRADAXA ORAL PACKET 110 MG, 150 MG, 20 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	3	DSL = 30 days
HEMATOPOIETIC AGENTS - Drugs for Anemia		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (<i>eltrombopag choline</i>)	3	
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG (<i>motixafortide acetate</i>)	3	DSL = 30 days
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	PV	DSL = 30 days
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	PV	DSL = 30 days
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	3	DSL = 30 days
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (<i>epoetin alfa</i>)	PV	DSL = 30 days
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-jmdb</i>)	PV	DSL = 30 days
FYLNTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-pbbk</i>)	PV	DSL = 30 days
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>tbo-filgrastim</i>)	PV	DSL = 30 days
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>tbo-filgrastim</i>)	PV	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JESDUVROQ ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG, 8 MG (daprodustat)	3	DSL = 30 days
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (sargramostim)	PV	DSL = 30 days
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (methoxy peg-epoetin beta)	PV	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (plerixafor)	3	DSL = 30 days
MULPLETA ORAL TABLET 3 MG (lusutrombopag)	3	DSL = 30 days
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (pegfilgrastim)	PV	
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (pegfilgrastim)	PV	
NEUPOGEN INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (filgrastim)	PV	DSL = 30 days
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (filgrastim)	PV	DSL = 30 days
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (filgrastim-aafi)	PV	DSL = 30 days
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (filgrastim-aafi)	PV	DSL = 30 days
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG (romiplostim)	3	DSL = 30 days
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (romiplostim)	3	DSL = 30 days
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (pegfilgrastim-apgf)	PV	DSL = 30 days
plerixafor subcutaneous solution 24 mg/1.2ml	1	DSL = 30 days
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (epoetin alfa)	PV	DSL = 30 days
PROMACTA ORAL PACKET 12.5 MG, 25 MG (eltrombopag olamine)	3	DSL = 30 days
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (eltrombopag olamine)	3	DSL = 30 days
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (luspatercept-aamt)	3	DSL = 30 days
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML	PV	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	PV	DSL = 30 days
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 13.2 MG/0.6ML (<i>eflapegrastim-xnst</i>)	PV	DSL = 30 days
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-fpgk</i>)	PV	DSL = 30 days
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	PV	
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	PV	DSL = 30 days
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	PV	DSL = 30 days
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	PV	DSL = 30 days
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-bmez</i>)	PV	DSL = 30 days
HEMORRHOLOGIC AGENTS - Drugs for Blood Flow		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ACTIFOAM COLLAGEN SPONGE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	3	
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 4000 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	3	DSL = 30 days
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	3	
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	3	DSL = 30 days
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	3	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	3	
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALTUVIII INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-eh1</i>)	3	
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	1	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (<i>ferric subsulfate</i>)	3	
AVITENE EXTERNAL PAD (<i>microfibrillar coll hemostat</i>)	3	
AVITENE FLOUR EXTERNAL POWDER (<i>microfibrillar coll hemostat</i>)	3	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	3	
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	3	
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	3	
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML (<i>tranexamic acid</i>)	3	
DDAVP INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	3	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	3	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiiic)</i>)	3	
ENDO AVITENE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	3	
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cplx</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (fibrinogen concentrate (human))	3	DSL = 30 days
GELFILM EXTERNAL FILM (gelatin absorbable)	3	
GELFILM OPHTHALMIC FILM (gelatin adsorbable)	2	
GEL-FLOW EXTERNAL KIT (gelatin absorb-thrombin)	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE (gelatin absorbable)	3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL (gelatin absorbable)	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL (gelatin absorbable)	3	
GELFOAM MOUTH/THROAT POWDER (gelatin absorbable)	3	
GELFOAM SPONGE EXTERNAL 12-7 MM (gelatin absorbable)	2	
GELFOAM SPONGE SIZE 100 EXTERNAL (gelatin absorbable)	2	
GELFOAM SPONGE SIZE 200 EXTERNAL (gelatin absorbable)	3	
GELFOAM SPONGE SIZE 50 EXTERNAL (gelatin absorbable)	2	
GELFOAM-JMI POWDER EXTERNAL KIT (gelatin absorb-thrombin)	3	
GELFOAM-JMI SPONGE EXTERNAL KIT (gelatin absorb-thrombin)	3	
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML (etranacogene dezaparvovec-drlb)	3	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML (emicizumab-kxwh)	3	DSL = 30 days
HEMLIBRA SUBCUTANEOUS SOLUTION 300 MG/2ML (emicizumab-kxwh)	3	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (antihemophilic factor)	3	
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (antihemophilic factor-vwf)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	3	
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 3500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	3	
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	3	
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucI)</i>)	3	DSL = 30 days
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	3	
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	3	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	3	DSL = 30 days
KOGENATE FS INTRAVENOUS KIT 2000 UNIT, 3000 UNIT (<i>antihem factor recomb (rfviii)</i>)	3	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	3	
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	3	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	3	
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	3	DSL = 30 days
NUWIQ INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	2	DSL = 30 days
NUWIQ INTRAVENOUS KIT 1500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	3	
NUWIQ INTRAVENOUS KIT 2000 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	3	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	3	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT, 3000 UNIT, 4000 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	3	
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	3	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	3	DSL = 30 days
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	3	
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT (<i>coagulation factor ix glycopeg</i>)	3	
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>)	3	DSL = 30 days
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 220-400 UNIT, 401-800 UNIT (<i>antihem factor recomb (rfviii)</i>)	3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT (<i>thrombin (recombinant)</i>)	2	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (<i>thrombin (recombinant)</i>)	2	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	3	DSL = 30 days
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	
ROCTAVIAN INTRAVENOUS SUSPENSION 2000000000000000 VG/ML (<i>valoctocogene roxaparvov-rvox</i>)	3	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG (<i>coagulation factor viia-jncw</i>)	3	DSL = 30 days
SYRINGE AVITENE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
THROMBI-GEL 10 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	3	
THROMBI-GEL 100 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	3	
THROMBI-GEL 40 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	3	
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT (<i>thrombin</i>)	2	
THROMBIN-JMI EXTERNAL KIT 5000 UNIT (<i>thrombin</i>)	3	
THROMBI-PAD EXTERNAL PAD 3"X3" (<i>thrombin-cmc-cacl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THROMBOGEN EXTERNAL KIT 10000 UNIT (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT (<i>thrombin</i>)	3	
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
<i>tranexamic acid-nacl intravenous solution 1000-0.7 mg/100ml-%</i>	1	
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (<i>coagulation factor xiii a-sub</i>)	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	3	DSL = 30 days
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (<i>beremagene geperpavec-svdt</i>)	3	DSL = 30 days
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	3	
XYNTHA INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	3	DSL = 30 days
XYNTHA INTRAVENOUS KIT 2000 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	3	
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	3	DSL = 30 days
XYNTHA SOLOFUSE INTRAVENOUS KIT 2000 UNIT, 3000 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	3	
HEPARINS - Drugs to Prevent Blood Clots		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	DSL = 30 days
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	DSL = 30 days
ENOXILUV KIT INJECTION PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>enoxaparin sodium</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML (<i>dalteparin sodium</i>)	3	
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	3	DSL = 30 days
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	3	DSL = 30 days
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%</i>	1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 4000-0.9 UNIT/L-%	3	
<i>heparin na (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>	1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i>	1	
HEPMED COMBINATION KIT 100&0.9&2.5-2.5 UT/ML	3	
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	2	DSL = 30 days
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	2	DSL = 30 days
IRON PREPARATIONS - Vitamins and Minerals		
ACCRUFER ORAL CAPSULE 30 MG (<i>ferric maltol</i>)	3	
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	3	
AZESCO ORAL TABLET 13-1 MG	3	
BENTIVITE ORAL TABLET 35-1 MG (<i>ferrous sulfate-folic acid</i>)	3	
CENTRATEX ORAL CAPSULE 106-1 MG (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	3	
CHROMAGEN ORAL CAPSULE (<i>iron combinations</i>)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	3	
<i>corvita 150 oral tablet 150-1.25 mg</i>	1	
CORVITE 150 ORAL TABLET (<i>iron combinations</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORVITE FE ORAL TABLET	3	
DERMACINRX PRETRATE ORAL TABLET 1 MG (<i>prenatal multivit-min-fe-fa</i>)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	3	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
FEONYX ORAL TABLET	3	
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML (<i>ferumoxytol</i>)	PV	
FERIVA 21/7 ORAL TABLET 75-1 MG (<i>feasp-b12-fa-c-dss-succac-zn</i>)	3	
<i>ferocon oral capsule</i>	PV	
<i>ferotrinsic oral capsule</i>	PV	
FERRALET 90 ORAL TABLET 90-1 MG (<i>fe cbn-fe gluc-fa-b12-c-dss</i>)	3	
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML (<i>na ferric gluc cplx in sucrose</i>)	3	
<i>ferrocite plus oral tablet 106-1 mg</i>	1	
FERRO-PLEX ORAL TABLET 115-1 MG (<i>fe fum-fa-c-e-b12-intrins fact</i>)	3	
<i>ferrous fumarate oral tablet 324 mg</i>	1	
<i>ferrous sulfate oral solution 220 (44 fe) mg/5ml, 300 (60 fe) mg/5ml</i>	1	
<i>ferrous sulfate oral tablet 325 (65 fe) mg</i>	1	
<i>ferrous sulfate oral tablet delayed release 324 (65 fe) mg, 325 (65 fe) mg</i>	1	
<i>ferumoxytol intravenous solution 510 mg/17ml</i>	PV	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	3	
FOLIVANE-F ORAL CAPSULE 125-1 MG (<i>fe fum-fepoly-fa-vit c-vit b3</i>)	3	
FOLIVANE-PLUS ORAL CAPSULE (<i>fefum-fepoly-fa-b cmp-c-biot</i>)	3	
<i>foltrin oral capsule</i>	PV	
FUSION PLUS ORAL CAPSULE (<i>iron-fa-b cmp-c-biot-probiotic</i>)	3	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	1	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (<i>fe fum-vit c-vit b12-fa</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEMATOGEN ORAL CAPSULE (<i>iron combinations</i>)	3	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	3	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG (<i>iron-vit c-vit b12-folic acid</i>)	3	
<i>iferex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
INFED INJECTION SOLUTION 50 MG/ML (<i>iron dextran</i>)	2	
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML (<i>ferric carboxymaltose</i>)	3	
INTEGRA F ORAL CAPSULE 125-1 MG (<i>fe fum-fepoly-fa-vit c-vit b3</i>)	3	
INTEGRA PLUS ORAL CAPSULE (<i>fefum-fepoly-fa-b cmp-c-biot</i>)	3	
IRON FOLATE PLUS ORAL CAPSULE	3	
IRON FOLATE-F ORAL CAPSULE	3	
IROSPAN 24/6 ORAL (<i>fe-succ ac-b cmplx-c-ca-fa</i>)	3	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	
<i>k-tan plus oral capsule 162-115.2-1 mg</i>	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML (<i>ferric derisomaltose</i>)	3	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (<i>fe asp gly-succ-c-thre-b12-fa</i>)	PV	
MULTIGEN ORAL TABLET 70 MG (<i>fe-succ-c-thre-b12-des stomach</i>)	PV	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (<i>feasp-fefum -suc-c-thre-b12-fa</i>)	3	
<i>multi-vitamin/fluorideliron oral solution 0.25-10 mg/ml</i>	1	
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	1	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	3	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NIFEREX ORAL TABLET (<i>iron combinations</i>)	3	
NUTRIVIT ORAL LIQUID (<i>b complex-lysine-min-fe-fa</i>)	3	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	3	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (<i>prenatal-fe cbn-fa-dha w/o a</i>)	3	
ONE VITE FERROUS SULFATE ORAL SOLUTION 220 (44 FE) MG/5ML (<i>ferrous sulfate</i>)	3	
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	1	
PNV TABS 20-1 ORAL TABLET 20-1 MG	3	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	3	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREGENNA ORAL TABLET 20-1 MG	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	3	
PRENATAL ESSENTIALS ORAL CAPSULE 0.272 MG (<i>prenatal multivit-min-fe-fa</i>)	3	
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feaspgly-methylfol-fa</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATRIX ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
PRENATRYL ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
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 (<i>pren-fe-meth-fa-omeg w/o a</i>)	3	
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	1	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	3	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
RENATABS WITH IRON ORAL 1 & 100 MG (<i>b complex-c-biotin-e-fa-fe cbn</i>)	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	3	
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	1	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG (<i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i>)	3	
TARON FORTE ORAL CAPSULE	3	
TRICON ORAL CAPSULE (<i>fe fumarate-b12-vit c-fa-ifc</i>)	PV	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRUE FERROUS SULFATE ORAL TABLET DELAYED RELEASE 324 MG	3	
TULIVITE ORAL TABLET 35-1 MG	3	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (<i>iron sucrose</i>)	2	
VINATE ONE ORAL TABLET 60-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (<i>prenatal-fe fum-methf-fa w/o a</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
VITA-PAC ORAL CAPSULE 0.9 MG	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/oa</i>)	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTAB PLUS ORAL TABLET 27-1 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
ZALVIT ORAL TABLET 13-1 MG	3	
ZIPHEX ORAL TABLET 13-1 MG	3	
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG (<i>cyanocobalamin-methylcobalamin</i>)	3	
<i>b-12 oral tablet 1000 mcg</i>	1	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	1	
DODEX INJECTION SOLUTION 1000 MCG/ML (<i>cyanocobalamin</i>)	3	
MULTIGEN ORAL TABLET 70 MG (<i>fe-succ-c-thre-b12-des stomach</i>)	PV	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	3	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	3	
PHYSICIANS EZ USE B-12 INJECTION KIT 1000 MCG/ML	3	
TRUE VITAMIN B12 ORAL TABLET 1000 MCG, 500 MCG	3	
VITAMIN DEFICIENCY SYSTEM-B12 INJECTION KIT 1000 MCG/ML	3	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
<i>aspirin 81 oral tablet delayed release 81 mg</i>	PV	
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	PV	
<i>aspirin childrens oral tablet chewable 81 mg</i>	PV	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec oral tablet delayed release 325 mg</i>	PV	
<i>aspirin low dose oral tablet chewable 81 mg</i>	PV	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin oral tablet 325 mg</i>	PV	
<i>aspirin oral tablet chewable 81 mg</i>	PV	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	PV	
<i>aspirin rectal suppository 300 mg</i>	1	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	PV	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	PV	
BRILINTA ORAL TABLET 60 MG (<i>ticagrelor</i>)	3	
BRILINTA ORAL TABLET 90 MG (<i>ticagrelor</i>)	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	2	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>ft aspirin oral tablet 325 mg</i>	PV	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	PV	
<i>goodsense aspirin adults oral tablet 325 mg</i>	PV	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>mm aspirin oral tablet delayed release 81 mg</i>	PV	
PLAVIX ORAL TABLET 75 MG (<i>clopidogrel bisulfate</i>)	3	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	PV	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	3	
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	3	
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>alteplase</i>)	2	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	PV	
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	PV	
<i>aspirin childrens oral tablet chewable 81 mg</i>	PV	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec oral tablet delayed release 325 mg</i>	PV	
<i>aspirin low dose oral tablet chewable 81 mg</i>	PV	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin oral tablet 325 mg</i>	PV	
<i>aspirin oral tablet chewable 81 mg</i>	PV	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	PV	
<i>aspirin rectal suppository 300 mg</i>	1	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	PV	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	PV	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG (<i>alteplase</i>)	2	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>ft aspirin oral tablet 325 mg</i>	PV	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	PV	
<i>goodsense aspirin adults oral tablet 325 mg</i>	PV	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>mm aspirin oral tablet delayed release 81 mg</i>	PV	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	PV	
CARDIOVASCULAR DRUGS		
SODIUM-GLUC (SGLT) COTRANSPORTER INHIB		
INPEFA ORAL TABLET 200 MG, 400 MG (<i>sotagliflozin</i>)	3	DSL = 30 days
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	3	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (<i>prazosin hcl</i>)	3	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	3	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	3	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	3	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	3	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
VALSARTAN ORAL SOLUTION 4 MG/ML	3	DSL = 30 days
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	3	
ATACAND ORAL TABLET 16 MG, 32 MG, 4 MG, 8 MG (<i>candesartan cilexetil</i>)	3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	3	
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (<i>irbesartan</i>)	3	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	3	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	3	
BENICAR ORAL TABLET 20 MG, 40 MG, 5 MG (<i>olmesartan medoxomil</i>)	3	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (<i>losartan potassium</i>)	3	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	3	
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (<i>valsartan</i>)	3	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	3	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	2	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	3	
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	3	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	3	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	3	
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (<i>telmisartan</i>)	3	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	3	
VALSARTAN ORAL SOLUTION 4 MG/ML	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
ANGIOTENSIN-CONVERT. ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	3	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	3	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	3	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	3	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	3	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	3	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (<i>quinapril-hydrochlorothiazide</i>)	3	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	3	
<i>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</i>	1	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML (<i>enalapril maleate</i>)	3	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	3	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
QBRELIS ORAL SOLUTION 1 MG/ML (<i>lisinopril</i>)	3	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	3	
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (<i>lisinopril</i>)	3	
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
<i>digoxin oral solution 0.05 mg/ml</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	PV	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (<i>digoxin</i>)	PV	
<i>magnesium sulfate injection solution 50 %</i>	PV	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	PV	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML (<i>evinacumab-dgnb</i>)	3	DSL = 30 days
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG (<i>lomitapide mesylate</i>)	3	DSL = 30 days
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inclisiran sodium</i>)	3	
LOVAZA ORAL CAPSULE 1 GM (<i>omega-3-acid ethyl esters</i>)	3	
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	3	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	3	
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
SURE RESULT O3D3 SYSTEM ORAL KIT 1 & 1000 GM & UNIT	3	
VASCEPA ORAL CAPSULE 0.5 GM (<i>icosapent ethyl</i>)	3	
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	3	
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for Abnormal Heart Rhythms		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	3	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>nebivolol hcl</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
CORGARD ORAL TABLET 20 MG, 40 MG (<i>nadolol</i>)	3	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	3	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
CORGARD ORAL TABLET 20 MG, 40 MG (<i>nadolol</i>)	3	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	

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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 (<i>metoprolol succinate</i>)	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gm/dose</i>	1	
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gm/dose</i>	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (<i>clindamycin-tretinoin-cholesty</i>)	3	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
COLESTID FLAVORED ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	3	
COLESTID FLAVORED ORAL PACKET 5 GM (<i>colestipol hcl</i>)	3	
COLESTID ORAL GRANULES 5 GM (<i>colestipol hcl</i>)	3	
COLESTID ORAL PACKET 5 GM (<i>colestipol hcl</i>)	3	
COLESTID ORAL TABLET 1 GM (<i>colestipol hcl</i>)	3	
<i>colestipol hcl oral granules 5 gm</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>prevalite oral packet 4 gm</i>	1	
<i>prevalite oral powder 4 gm/dose</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE (<i>cholestyramine light</i>)	3	
QUESTRAN ORAL PACKET 4 GM (<i>cholestyramine</i>)	3	
QUESTRAN ORAL POWDER 4 GM/DOSE (<i>cholestyramine</i>)	3	
WELCHOL ORAL PACKET 3.75 GM (<i>colesevelam hcl</i>)	3	
WELCHOL ORAL TABLET 625 MG (<i>colesevelam hcl</i>)	3	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG (<i>ranolazine</i>)	3	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG (<i>mavacamten</i>)	3	
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	3	DSL = 30 days
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	3	DSL = 30 days
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	3	
CARDIOTONIC AGENTS - Drugs for Angina		
<i>digoxin oral solution 0.05 mg/ml</i>	PV	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (<i>digoxin</i>)	PV	
<i>milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%</i>	1	
<i>milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml</i>	1	
CENTRAL ALPHA-AGONISTS - Drugs for High Blood Pressure & Angina		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24HR (<i>clonidine</i>)	3	
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24HR (<i>clonidine</i>)	3	
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24HR (<i>clonidine</i>)	3	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
CLONIDINE HCL ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG	3	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.17 MG (<i>clonidine hcl</i>)	3	
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	3	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (<i>ezetimibe-rosuvastatin</i>)	3	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	3	
ZETIA ORAL TABLET 10 MG (<i>ezetimibe</i>)	3	
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	3	
<i>procainamide hcl injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	3	
DILANTIN ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	3	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	2	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>atenolol</i>)	3	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG, 80 MG (<i>carvedilol phosphate</i>)	3	
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	
ESMOLOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (<i>atenolol</i>)	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>metoprolol succinate</i>)	3	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (<i>amiodarone hcl</i>)	3	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG (<i>dofetilide</i>)	3	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadyt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	3	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>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</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-20 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	3	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	3	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	3	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	3	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	3	
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (<i>amlodipine besy-benazepril hcl</i>)	3	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	3	DSL = 30 days
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	3	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	3	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	3	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	3	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	3	
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	3	DSL = 30 days
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	3	
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	3	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg, 37.5-20 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
OXOPID EXTERNAL SOLUTION 0.05-5 %	3	
OXOPOD EXTERNAL SOLUTION 0.05-7 %	3	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PV	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PV	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (<i>fenofibrate</i>)	3	
FIBRICOR ORAL TABLET 105 MG, 35 MG (<i>fenofibric acid</i>)	3	
<i>gemfibrozil oral tablet 600 mg</i>	1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (<i>fenofibrate</i>)	3	
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	3	
TRICOR ORAL TABLET 145 MG, 48 MG (<i>fenofibrate</i>)	3	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (<i>choline fenofibrate</i>)	3	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG (<i>lovastatin</i>)	PV	
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	
ATORVALIQ ORAL SUSPENSION 20 MG/5ML (<i>atorvastatin calcium</i>)	3	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PV	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	3	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	PV	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (<i>rosuvastatin calcium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	3	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	3	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	PV	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	PV	
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 80 MG (<i>fluvastatin sodium</i>)	PV	
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (<i>atorvastatin calcium</i>)	PV	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (<i>pitavastatin calcium</i>)	PV	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	PV	
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	PV	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	PV	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	PV	
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG (<i>ezetimibe-rosuvastatin</i>)	3	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg, 80 mg</i>	PV	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG (<i>ezetimibe-simvastatin</i>)	3	
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG (<i>simvastatin</i>)	PV	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG (<i>pitavastatin magnesium</i>)	3	
HYPOTENSIVE AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	3	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>	1	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	3	DSL = 30 days
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
EDECIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	3	
<i>ethacrynic acid oral tablet 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	3	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	3	
SOAANZ ORAL TABLET 20 MG, 40 MG, 60 MG (<i>torseamide</i>)	3	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	3	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
NITRATES AND NITRITES - Drugs for the Heart		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate- hydralazine</i>)	3	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	3	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg, 37.5-20 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	2	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>nitroglycerin</i>)	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	2	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG (<i>nitroglycerin</i>)	2	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (<i>nitroglycerin</i>)	1	
PCSK9 INHIBITORS - Drugs for Cholesterol		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inclisiran sodium</i>)	3	
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	3	DSL = 30 days
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	3	
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	3	
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	3	
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	3	DSL = 30 days
CIALIS ORAL TABLET 10 MG, 20 MG (<i>tadalafil</i>)	3	
CIALIS ORAL TABLET 5 MG (<i>tadalafil</i>)	3	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	3	
LIQREV ORAL SUSPENSION 10 MG/ML (<i>sildenafil citrate</i>)	3	DSL = 30 days
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	3	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	3	DSL = 30 days
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	3	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	DSL = 30 days
<i>sildenafil citrate oral tablet 100 mg, 50 mg</i>	3	
<i>sildenafil citrate oral tablet 20 mg</i>	3	
<i>sildenafil citrate oral tablet 25 mg</i>	1	
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG (<i>avanafil</i>)	3	
<i>tadalafil (pah) oral tablet 20 mg</i>	3	DSL = 30 days
<i>tadalafil oral tablet 10 mg, 20 mg</i>	3	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	3	DSL = 30 days
<i>vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	3	
<i>vardenafil hcl oral tablet dispersible 10 mg</i>	1	
VIAGRA ORAL TABLET 100 MG, 50 MG (<i>sildenafil citrate</i>)	3	
VIAGRA ORAL TABLET 25 MG (<i>sildenafil citrate</i>)	3	
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>amiloride hcl oral tablet 5 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	2	
<i>epplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>epplerenone</i>)	3	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
RENIN INHIBITORS - Drugs for the Heart		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	3	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	2	
SCLEROSING AGENTS - Drugs for Varicose Veins		
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM (<i>talc</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	3	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	3	DSL = 30 days
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>amlodipine besylate</i>)	3	
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5 MG	3	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	3	DSL = 30 days
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (<i>diltiazem hcl coated beads</i>)	3	
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl</i>)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	3	
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	
CONJUPRI ORAL TABLET 2.5 MG, 5 MG (<i>levamlodipine maleate</i>)	3	
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	3	DSL = 30 days
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	1	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	3	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML (<i>papaverine-phentolamine</i>)	3	
KATERZIA ORAL SUSPENSION 1 MG/ML (<i>amlodipine benzoate</i>)	3	
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	3	DSL = 30 days
LEVAMLODIPINE MALEATE ORAL TABLET 2.5 MG, 5 MG	3	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG (<i>alprostadil (vasodilator)</i>)	3	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>amlodipine besylate</i>)	3	
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	3	DSL = 30 days
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	3	DSL = 30 days
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	3	DSL = 30 days
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	3	DSL = 30 days
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	3	DSL = 30 days
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	3	DSL = 30 days
<i>papaverine hcl injection solution 30 mg/ml</i>	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	3	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	3	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10 MG	3	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
SUPER TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-100 MG-MG-MCG	3	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadyt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	3	DSL = 30 days
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	3	DSL = 30 days
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	3	
TRI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5-50 MG-MG-MCG	3	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	3	DSL = 30 days
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (<i>treprostinil</i>)	3	DSL = 30 days
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	DSL = 30 days
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	DSL = 30 days
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	DSL = 30 days
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	3	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	3	DSL = 30 days
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	3	
CELLULAR AND GENE THERAPY - Drugs for Cancer		
CELLULAR THERAPY - Drugs for Cancer		
LANTIDRA INTRAVENOUS SUSPENSION (<i>donislecel-jujn</i>)	3	
OMISIRGE INTRAVENOUS SUSPENSION (<i>omidubicel-onlv</i>)	3	
PROVENGE INTRAVENOUS SUSPENSION 50000000 CELLS (<i>sipuleucel-t</i>)	3	
RETHYMIC INTRAMUSCULAR IMPLANT (<i>allogeneic thymus tissue-agdc</i>)	3	
GENE THERAPY - Drugs for Cancer		
ABECMA INTRAVENOUS SUSPENSION 460000000 CELLS (<i>idecabtagene vicleucel</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BREYANZI INTRAVENOUS SUSPENSION 70000000 CELLS/ML (<i>lisocabtagene maraleucel</i>)	3	
CARVYKTI INTRAVENOUS SUSPENSION 100000000 CELLS (<i>ciltacabtagene autoleucel</i>)	3	
CASGEVY INTRAVENOUS SUSPENSION (<i>exagamglogene autotemcel</i>)	3	
ELEVIDYS 10.0-10.4 KG INTRAVENOUS KIT 10 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 10.5-11.4 KG INTRAVENOUS KIT 11 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 11.5-12.4 KG INTRAVENOUS KIT 12 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 12.5-13.4 KG INTRAVENOUS KIT 13 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 13.5-14.4 KG INTRAVENOUS KIT 14 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 14.5-15.4 KG INTRAVENOUS KIT 15 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 15.5-16.4 KG INTRAVENOUS KIT 16 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 16.5-17.4 KG INTRAVENOUS KIT 17 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 17.5-18.4 KG INTRAVENOUS KIT 18 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 18.5-19.4 KG INTRAVENOUS KIT 19 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 19.5-20.4 KG INTRAVENOUS KIT 20 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 20.5-21.4 KG INTRAVENOUS KIT 21 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 21.5-22.4 KG INTRAVENOUS KIT 22 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 22.5-23.4 KG INTRAVENOUS KIT 23 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 23.5-24.4 KG INTRAVENOUS KIT 24 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 24.5-25.4 KG INTRAVENOUS KIT 25 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 25.5-26.4 KG INTRAVENOUS KIT 26 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
ELEVIDYS 26.5-27.4 KG INTRAVENOUS KIT 27 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELEVIDYS 27.5-28.4 KG INTRAVENOUS KIT 28 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 28.5-29.4 KG INTRAVENOUS KIT 29 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 29.5-30.4 KG INTRAVENOUS KIT 30 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 30.5-31.4 KG INTRAVENOUS KIT 31 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 31.5-32.4 KG INTRAVENOUS KIT 32 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 32.5-33.4 KG INTRAVENOUS KIT 33 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 33.5-34.4 KG INTRAVENOUS KIT 34 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 34.5-35.4 KG INTRAVENOUS KIT 35 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 35.5-36.4 KG INTRAVENOUS KIT 36 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 36.5-37.4 KG INTRAVENOUS KIT 37 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 37.5-38.4 KG INTRAVENOUS KIT 38 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 38.5-39.4 KG INTRAVENOUS KIT 39 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 39.5-40.4 KG INTRAVENOUS KIT 40 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 40.5-41.4 KG INTRAVENOUS KIT 41 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 41.5-42.4 KG INTRAVENOUS KIT 42 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 42.5-43.4 KG INTRAVENOUS KIT 43 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 43.5-44.4 KG INTRAVENOUS KIT 44 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 44.5-45.4 KG INTRAVENOUS KIT 45 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 45.5-46.4 KG INTRAVENOUS KIT 46 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 46.5-47.4 KG INTRAVENOUS KIT 47 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 47.5-48.4 KG INTRAVENOUS KIT 48 X 10 ML (delandistrogene moxeparvo-rokl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELEVIDYS 48.5-49.4 KG INTRAVENOUS KIT 49 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 49.5-50.4 KG INTRAVENOUS KIT 50 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 50.5-51.4 KG INTRAVENOUS KIT 51 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 51.5-52.4 KG INTRAVENOUS KIT 52 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 52.5-53.4 KG INTRAVENOUS KIT 53 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 53.5-54.4 KG INTRAVENOUS KIT 54 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 54.5-55.4 KG INTRAVENOUS KIT 55 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 55.5-56.4 KG INTRAVENOUS KIT 56 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 56.5-57.4 KG INTRAVENOUS KIT 57 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 57.5-58.4 KG INTRAVENOUS KIT 58 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 58.5-59.4 KG INTRAVENOUS KIT 59 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 59.5-60.4 KG INTRAVENOUS KIT 60 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 60.5-61.4 KG INTRAVENOUS KIT 61 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 61.5-62.4 KG INTRAVENOUS KIT 62 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 62.5-63.4 KG INTRAVENOUS KIT 63 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 63.5-64.4 KG INTRAVENOUS KIT 64 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 64.5-65.4 KG INTRAVENOUS KIT 65 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 65.5-66.4 KG INTRAVENOUS KIT 66 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 66.5-67.4 KG INTRAVENOUS KIT 67 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 67.5-68.4 KG INTRAVENOUS KIT 68 X 10 ML (delandistrogene moxeparvo-rokl)	3	
ELEVIDYS 68.5-69.4 KG INTRAVENOUS KIT 69 X 10 ML (delandistrogene moxeparvo-rokl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELEVIDYS 69.5 KG PLUS INTRAVENOUS KIT 70 X 10 ML (<i>delandistrogene moxeparvo-rokl</i>)	3	
HEMGENIX INTRAVENOUS SUSPENSION THERAPY PACK 10 X 10 ML, 11 X 10 ML, 12 X 10 ML, 13 X 10 ML, 14 X 10 ML, 15 X 10 ML, 16 X 10 ML, 17 X 10 ML, 18 X 10 ML, 19 X 10 ML, 20 X 10 ML, 21 X 10 ML, 22 X 10 ML, 23 X 10 ML, 24 X 10 ML, 25 X 10 ML, 26 X 10 ML, 27 X 10 ML, 28 X 10 ML, 29 X 10 ML, 30 X 10 ML, 31 X 10 ML, 32 X 10 ML, 33 X 10 ML, 34 X 10 ML, 35 X 10 ML, 36 X 10 ML, 37 X 10 ML, 38 X 10 ML, 39 X 10 ML, 40 X 10 ML, 41 X 10 ML, 42 X 10 ML, 43 X 10 ML, 44 X 10 ML, 45 X 10 ML, 46 X 10 ML, 47 X 10 ML, 48 X 10 ML (<i>etranacogene dezaparvovec-drlb</i>)	3	
KYMRIAH INTRAVENOUS SUSPENSION 250000000 CELLS, 600000000 CELLS (<i>tisagenlecleucel</i>)	3	
LUXTURNA INTRAOCULAR SUSPENSION 5000000000000 VG/ML (<i>voretigene neparvovec-rzyl</i>)	3	
LYFGENIA INTRAVENOUS SUSPENSION (<i>lovotibeglogene autotemcel</i>)	3	
ROCTAVIAN INTRAVENOUS SUSPENSION 2000000000000 VG/ML (<i>valoctocogene roxaparvov-rvox</i>)	3	
SKYSONA INTRAVENOUS SUSPENSION (<i>elivaldogene autotemcel</i>)	3	DSL = 30 days
TECARTUS INTRAVENOUS SUSPENSION 100000000 CELLS (<i>brexucabtagene autoleucel</i>)	3	
TECARTUS INTRAVENOUS SUSPENSION 200000000 CELLS (<i>brexucabtagene autoleucel</i>)	3	
VYJUVEK EXTERNAL GEL 5000000000 PFU/2.5ML (<i>beremagene geperpavec-svdt</i>)	3	DSL = 30 days
YESCARTA INTRAVENOUS SUSPENSION 200000000 CELLS (<i>axicabtagene ciloleucel</i>)	3	
ZOLGENSMA INTRAVENOUS KIT 10X8.3 ML, 11X8.3 ML, 12X8.3 ML, 13X8.3 ML, 14X8.3 ML, 1X5.5ML & 10X8.3ML, 1X5.5ML & 11X8.3ML, 1X5.5ML & 12X8.3ML, 1X5.5ML & 13X8.3ML, 1X5.5ML & 9X8.3ML, 2X5.5ML & 10X8.3ML, 2X5.5ML & 11X8.3ML, 2X5.5ML & 12X8.3ML, 2X5.5ML & 8X8.3ML, 2X5.5ML & 9X8.3ML (<i>onasemnogene abeparvovec- xioi</i>)	3	
ZOLGENSMA INTRAVENOUS KIT 1X5.5ML & 2X8.3ML, 1X5.5ML & 3X8.3ML, 1X5.5ML & 4X8.3ML, 1X5.5ML & 5X8.3ML, 1X5.5ML & 6X8.3ML, 1X5.5ML & 7X8.3ML, 1X5.5ML & 8X8.3ML, 2X5.5ML & 1X8.3ML, 2X5.5ML & 2X8.3ML, 2X5.5ML & 3X8.3ML, 2X5.5ML & 4X8.3ML, 2X5.5ML & 5X8.3ML, 2X5.5ML & 6X8.3ML, 2X5.5ML & 7X8.3ML, 2X8.3 ML, 3X8.3 ML, 4X8.3 ML, 5X8.3 ML, 6X8.3 ML, 7X8.3 ML, 8X8.3 ML, 9X8.3 ML (<i>onasemnogene abeparvovec-xioi</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZYNTEGLO INTRAVENOUS SUSPENSION (<i>betibeglogene autotemcel</i>)	3	
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	PV	
<i>amantadine hcl oral solution 50 mg/5ml</i>	PV	
<i>amantadine hcl oral tablet 100 mg</i>	PV	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG, 68.5 MG (<i>amantadine hcl</i>)	PV	DSL = 30 days
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG, 193 MG (<i>amantadine hcl</i>)	PV	
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
ADIPEX-P ORAL TABLET 37.5 MG (<i>phentermine hcl</i>)	3	
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	1	
<i>diethylpropion hcl oral tablet 25 mg</i>	1	
LOMAIRA ORAL TABLET 8 MG (<i>phentermine hcl</i>)	3	
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	1	
<i>phendimetrazine tartrate oral tablet 35 mg</i>	1	
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	
<i>phentermine hcl oral tablet 37.5 mg</i>	1	
AMPHETAMINES - Drugs for the Nervous System		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 30 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	3	DSL = 30 days
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	3	DSL = 30 days
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (<i>amphetamine</i>)	3	DSL = 30 days
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	DSL = 30 days
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	DSL = 30 days
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	DSL = 30 days
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	DSL = 30 days
<i>benzphetamine hcl oral tablet 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	3	
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (<i>dextroamphetamine sulfate</i>)	3	DSL = 30 days
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	DSL = 30 days
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	DSL = 30 days
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	DSL = 30 days
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML (<i>amphetamine</i>)	3	DSL = 30 days
DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine</i>)	3	DSL = 30 days
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>amphetamine sulfate</i>)	3	DSL = 30 days
EVEKEO ORAL TABLET 10 MG, 5 MG (<i>amphetamine sulfate</i>)	3	DSL = 30 days
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	DSL = 30 days
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	DSL = 30 days
<i>methamphetamine hcl oral tablet 5 mg</i>	1	
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>amphetamine-dextroamphetamine</i>)	3	DSL = 30 days
PROCENTRA ORAL SOLUTION 5 MG/5ML (<i>dextroamphetamine sulfate</i>)	3	DSL = 30 days
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	2	DSL = 30 days
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	3	DSL = 30 days
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 4.5 MG/9HR, 9 MG/9HR (<i>dextroamphetamine</i>)	3	
ZENZEDI ORAL TABLET 10 MG, 15 MG, 20 MG, 30 MG, 5 MG (<i>dextroamphetamine sulfate</i>)	3	DSL = 30 days
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG (<i>dextroamphetamine sulfate</i>)	3	DSL = 30 days
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
<i>8 hour arthritis pain oral tablet extended release 650 mg</i>	1	
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	1	
<i>8 hr arthritis pain relief oral tablet extended release 650 mg</i>	1	
<i>acetaminophen 8 hour oral tablet extended release 650 mg</i>	1	
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	1	
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	1	
<i>acetaminophen er oral tablet extended release 650 mg</i>	1	
<i>acetaminophen extra strength oral tablet 500 mg</i>	1	
<i>acetaminophen oral liquid 160 mg/5ml</i>	1	
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	1	
<i>acetaminophen oral suspension 160 mg/5ml</i>	1	
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	1	
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	3	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	3	DSL = 30 days
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	
<i>arthritis pain relief oral tablet extended release 650 mg</i>	1	
<i>arthritis pain reliever oral tablet extended release 650 mg</i>	1	
<i>bac oral tablet 50-325-40 mg</i>	1	
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	DSL = 30 days
BUPAP ORAL TABLET 50-300 MG (<i>butalbital-acetaminophen</i>)	3	
<i>butalbital-acetaminophen capsule 50-300 mg oral</i>	1	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
<i>cold & flu relief daytime oral capsule 10-5-325 mg</i>	1	
<i>cold/flu daytime relief oral capsule 10-5-325 mg</i>	1	
<i>cvs acetaminophen ex st oral tablet 500 mg</i>	1	
<i>daytime cold/flu relief oral capsule 10-5-325 mg</i>	1	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ESGIC ORAL CAPSULE 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	
EXCEDRIN EXTRA STRENGTH ORAL TABLET 250-250-65 MG (<i>aspirin-acetaminophen-caffeine</i>)	3	
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG (<i>aspirin-acetaminophen-caffeine</i>)	3	
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG (<i>acetaminophen-caffeine</i>)	3	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (<i>gabapentin</i>)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	3	
<i>ft 8 hour pain relief oral tablet extended release 650 mg</i>	1	
<i>ft arthritis pain reliever oral tablet extended release 650 mg</i>	1	
<i>ft children's pain/fever oral tablet chewable 160 mg</i>	1	
<i>ft migraine relief oral tablet 250-250-65 mg</i>	1	
<i>ft pain & fever childrens oral suspension 160 mg/5ml</i>	1	
<i>ft pain relief adult extra st oral tablet 500 mg</i>	1	
<i>ft pain relief oral tablet 325 mg</i>	1	
<i>ft pain reliver extra st adult oral tablet 500 mg</i>	1	
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	3	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>goodsense day time cold & flu oral capsule 10-5-325 mg</i>	1	
<i>goodsense pain & fever child oral suspension 160 mg/5ml</i>	1	
<i>goodsense pain relief oral tablet 325 mg</i>	1	
GRALISE ORAL 300 (9) & 600(24) MG (<i>gabapentin (once-daily)</i>)	3	
GRALISE ORAL TABLET 300 MG, 600 MG (<i>gabapentin (once-daily)</i>)	3	
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	3	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	3	DSL = 30 days
<i>liquid acetaminophen oral liquid 160 mg/5ml</i>	1	
LOTREXONE ORAL CAPSULE 1.5 MG, 4.5 MG (<i>naltrexone hcl</i> (<i>pain</i>))	3	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	3	
MAX RELIEF JUNIOR ORAL ELIXIR 160 MG/5ML (<i>acetaminophen</i>)	3	
<i>migraine relief oral tablet 250-250-65 mg</i>	1	
<i>mm acetaminophen ex str oral tablet 500 mg</i>	1	
<i>m-pap oral liquid 160 mg/5ml</i>	1	
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	3	
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5- 325 MG (<i>dm-phenylephrine-acetaminophen</i>)	3	
NALOCET ORAL TABLET 2.5-300 MG	3	DSL = 30 days
NALTREX ORAL CAPSULE 1.5 MG, 4.5 MG (<i>naltrexone hcl</i> (<i>pain</i>))	3	
NEURAPTINE EXTERNAL CREAM 10 % (<i>gabapentin</i>)	3	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	3	
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	DSL = 30 days
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	DSL = 30 days
<i>pain & fever childrens oral suspension 160 mg/5ml</i>	1	
<i>pain & fever infants oral suspension 160 mg/5ml</i>	1	
<i>pain relief childrens oral elixir 160 mg/5ml</i>	1	
<i>pain relief extra strength oral capsule 500 mg</i>	1	
<i>pain relief extra strength oral tablet 500 mg</i>	1	
<i>pain relief oral liquid 500 mg/15ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pain relief regular strength oral tablet 325 mg</i>	1	
<i>pain reliever extra strength oral tablet 250-250-65 mg, 500 mg</i>	1	
PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	3	
PANADOL EXTRA ORAL TABLET 500-65 MG (<i>acetaminophen-caffeine</i>)	3	
PANADOL EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>)	3	
PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	3	
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	3	DSL = 30 days
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	1	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (<i>diclofenac-omeprazole-capsicum</i>)	3	
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (<i>ziconotide acetate</i>)	3	
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	3	DSL = 30 days
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	3	DSL = 30 days
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	
TREXIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	
TYLENOL 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>)	3	
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>)	3	
TYLENOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	3	
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>)	3	
TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	3	
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	3	
TYLENOL ORAL TABLET 325 MG (<i>acetaminophen</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
URIBEL ORAL CAPSULE 118 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
URIBEL ORAL TABLET 81.6 MG (<i>meth-hyo-m bl-benz acd-ph sal</i>)	3	
URIMAR-T ORAL CAPSULE 120 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>urin ds oral tablet 81.6 mg</i>	1	
URNEVA ORAL CAPSULE 120 MG	3	
URO-MP ORAL CAPSULE 118 MG	3	
VILAMIT MB ORAL CAPSULE 118 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
VILEVEV MB ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
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 (<i>phentermine-topiramate</i>)	3	
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (<i>naltrexone-bupropion hcl</i>)	3	
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	3	DSL = 30 days
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-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 (<i>tirzepatide-weight management</i>)	3	
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	1	
<i>allergy oral capsule 25 mg</i>	1	
<i>allergy relief oral capsule 25 mg</i>	1	
<i>allergy relief oral tablet 25 mg</i>	1	
<i>banophen oral capsule 25 mg</i>	1	
<i>banophen oral tablet 25 mg</i>	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (<i>diphenhydramine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (diphenhydramine hcl)	3	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (diphenhydramine hcl)	3	
diphenhydramine hcl childrens oral liquid 12.5 mg/5ml	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml	1	
diphenhydramine hcl oral tablet 25 mg	1	
diphenhydramine hcl oral tablet chewable 12.5 mg	1	
ft allergy relief childrens oral liquid 12.5 mg/5ml	1	
ft allergy relief oral capsule 25 mg	1	
ft allergy relief oral tablet 25 mg	1	
ft nighttime sleep aid oral tablet 25 mg	1	
ft sleep-aid maximum strength oral capsule 50 mg	1	
geri-dryl oral liquid 12.5 mg/5ml	1	
geri-dryl oral tablet 25 mg	1	
goodsense allergy relief oral capsule 25 mg	1	
goodsense sleep-aid max str oral capsule 50 mg	1	
goodsense sleeptime oral capsule 25 mg	1	
liquid allergy relief oral liquid 12.5 mg/5ml	1	
m-dryl oral liquid 12.5 mg/5ml	1	
MM ALLER-BEN ORAL TABLET 25 MG (diphenhydramine hcl)	3	
NYTOL QUICKCAPS ORAL TABLET 25 MG (diphenhydramine hcl (sleep))	3	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	
sleep-aid oral capsule 25 mg, 50 mg	1	
sm allergy relief childrens oral liquid 12.5 mg/5ml	1	
SOMINEX MAX ST ORAL TABLET 50 MG (diphenhydramine hcl (sleep))	3	
SOMINEX ORAL TABLET 25 MG (diphenhydramine hcl (sleep))	3	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3	
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	3	
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	3	
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML (<i>brivaracetam</i>)	3	DSL = 30 days
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	3	DSL = 30 days
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	3	DSL = 30 days
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	3	
CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & % (<i>gabapentin & lidocaine</i>)	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	PV	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	PV	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	PV	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	3	DSL = 30 days
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	3	DSL = 30 days
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PV	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PV	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PV	
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 1500 MG (<i>levetiracetam</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	3	DSL = 30 days
<i>epitol oral tablet 200 mg</i>	1	
EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	3	DSL = 30 days
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	3	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG (<i>carbamazepine (antipsychotic)</i>)	2	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML (<i>gabapentin</i>)	3	
<i>felbamate oral suspension 600 mg/5ml</i>	3	
<i>felbamate oral tablet 400 mg, 600 mg</i>	3	
FELBATOL ORAL TABLET 400 MG, 600 MG (<i>felbamate</i>)	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (<i>fenfluramine hcl</i>)	3	DSL = 30 days
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (<i>perampanel</i>)	3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>perampanel</i>)	3	DSL = 30 days
<i>gabapentin (once-daily) oral tablet 300 mg, 600 mg</i>	1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
GABAPENTIN ORAL TABLET 25 MG, 50 MG	3	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL 300 (9) & 600(24) MG (<i>gabapentin (once-daily)</i>)	3	
GRALISE ORAL TABLET 300 MG, 600 MG (<i>gabapentin (once-daily)</i>)	3	
GRALISE ORAL TABLET 450 MG, 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	3	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (<i>gabapentin enacarbil</i>)	3	
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (<i>levetiracetam</i>)	3	
KEPPRA ORAL SOLUTION 100 MG/ML (<i>levetiracetam</i>)	3	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG (<i>levetiracetam</i>)	3	
<i>lacosamide intravenous solution 200 mg/20ml</i>	1	
<i>lacosamide oral solution 10 mg/ml</i>	1	
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	PV	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	PV	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	PV	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	PV	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	PV	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	PV	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	PV	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	PV	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	PV	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PV	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PV	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	PV	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PV	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PV	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PV	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	2	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	2	
<i>magnesium sulfate injection solution 50 %</i>	PV	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	PV	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (<i>gabapentin</i>)	3	
NEURONTIN ORAL SOLUTION 250 MG/5ML (<i>gabapentin</i>)	3	
NEURONTIN ORAL TABLET 600 MG, 800 MG (<i>gabapentin</i>)	3	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	3	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	3	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	
SABRIL ORAL PACKET 500 MG (<i>vigabatrin</i>)	3	
SABRIL ORAL TABLET 500 MG (<i>vigabatrin</i>)	3	DSL = 30 days
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG (<i>levetiracetam</i>)	3	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PV	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	PV	
<i>subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PV	
<i>subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PV	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	3	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	3	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	3	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML (<i>oxcarbazepine</i>)	3	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (<i>oxcarbazepine</i>)	3	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>vigabatrin oral packet 500 mg</i>	3	
<i>vigabatrin oral tablet 500 mg</i>	1	DSL = 30 days
<i>vigadrone oral packet 500 mg</i>	3	
<i>vigadrone oral tablet 500 mg</i>	1	DSL = 30 days
<i>vigpoder oral packet 500 mg</i>	3	
VIMPAT INTRAVENOUS SOLUTION 200 MG/20ML (<i>lacosamide</i>)	3	
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	3	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	3	
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>cenobamate</i>)	3	
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 (<i>cenobamate</i>)	3	
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (<i>zonisamide</i>)	3	
ZONISADE ORAL SUSPENSION 100 MG/5ML (<i>zonisamide</i>)	3	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	3	DSL = 30 days
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG, 348 MG, 522 MG (<i>bupropion hbr</i>)	PV	
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG (<i>dextromethorphan-bupropion</i>)	3	DSL = 30 days
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	PV	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	PV	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	PV	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	PV	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG (<i>bupropion hcl</i>)	PV	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	PV	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	PV	
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	PV	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG (<i>mirtazapine</i>)	PV	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	3	
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	3	
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG (<i>bupropion hcl</i>)	PV	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (<i>bupropion hcl</i>)	PV	
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML (<i>brexanolone</i>)	3	
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (<i>zuranolone</i>)	3	
ANTIMANIC AGENTS - Drugs for Personality Disorder		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	PV	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	PV	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	PV	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	PV	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	PV	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	PV	
<i>aripiprazole oral solution 1 mg/ml</i>	PV	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PV	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	PV	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	PV	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	PV	
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine</i>)	3	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (<i>divalproex sodium</i>)	PV	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (<i>divalproex sodium</i>)	PV	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (<i>divalproex sodium</i>)	PV	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PV	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PV	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PV	
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	3	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 200 MG (<i>carbamazepine (antipsychotic)</i>)	2	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	PV	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	PV	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (<i>lamotrigine</i>)	PV	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG (<i>lamotrigine</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (<i>lamotrigine</i>)	PV	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG (<i>lamotrigine</i>)	PV	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (<i>lamotrigine</i>)	PV	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	PV	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (<i>lamotrigine</i>)	PV	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	PV	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	PV	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PV	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	PV	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	PV	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	PV	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PV	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PV	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	PV	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	PV	
<i>lithium carbonate oral tablet 300 mg</i>	PV	
<i>lithium oral solution 8 meq/5ml</i>	PV	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	PV	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	PV	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	PV	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	PV	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	3	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	PV	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	PV	
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	PV	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	PV	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	PV	
<i>risperidone oral solution 1 mg/ml</i>	PV	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PV	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PV	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	PV	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	3	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	PV	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	PV	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	PV	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	PV	
<i>subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	PV	
<i>subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	PV	
TEGRETOL ORAL SUSPENSION 100 MG/5ML (<i>carbamazepine</i>)	3	
TEGRETOL ORAL TABLET 200 MG (<i>carbamazepine</i>)	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG (<i>carbamazepine</i>)	3	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PV	
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	PV	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	PV	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	PV	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	PV	
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
<i>8 hour arthritis pain oral tablet extended release 650 mg</i>	1	
<i>8 hour pain reliever oral tablet extended release 650 mg</i>	1	
<i>8 hr arthritis pain relief oral tablet extended release 650 mg</i>	1	
<i>acetaminophen 8 hour oral tablet extended release 650 mg</i>	1	
<i>acetaminophen childrens oral solution 160 mg/5ml</i>	1	
<i>acetaminophen childrens oral suspension 160 mg/5ml</i>	1	
<i>acetaminophen childrens oral tablet chewable 160 mg</i>	1	
<i>acetaminophen er oral tablet extended release 650 mg</i>	1	
<i>acetaminophen extra strength oral tablet 500 mg</i>	1	
<i>acetaminophen oral liquid 160 mg/5ml</i>	1	
<i>acetaminophen oral solution 160 mg/5ml, 325 mg/10.15ml, 650 mg/20.3ml</i>	1	
<i>acetaminophen oral suspension 160 mg/5ml</i>	1	
<i>acetaminophen oral tablet 325 mg, 500 mg</i>	1	
<i>acetaminophen rectal suppository 120 mg, 650 mg</i>	1	
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG (<i>ibuprofen</i>)	PV	
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (<i>ibuprofen</i>)	PV	
ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	PV	
ADVIL MIGRAINE ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	PV	
ADVIL ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	PV	
ADVIL ORAL TABLET 200 MG (<i>ibuprofen</i>)	PV	
ALEVE ORAL TABLET 220 MG (<i>naproxen sodium</i>)	PV	
<i>all day pain relief oral tablet 220 mg</i>	PV	
<i>all day relief oral tablet 220 mg</i>	PV	
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	PV	
<i>arthritis pain relief oral tablet extended release 650 mg</i>	1	
<i>arthritis pain reliever oral tablet extended release 650 mg</i>	1	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	PV	
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	PV	
<i>aspirin childrens oral tablet chewable 81 mg</i>	PV	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec oral tablet delayed release 325 mg</i>	PV	
<i>aspirin low dose oral tablet chewable 81 mg</i>	PV	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin oral tablet 325 mg</i>	PV	
<i>aspirin oral tablet chewable 81 mg</i>	PV	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	PV	
<i>aspirin rectal suppository 300 mg</i>	1	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	PV	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (aspirin)	PV	
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	
CAMBIA ORAL PACKET 50 MG (diclofenac potassium(migraine))	3	
<i>cvs acetaminophen ex st oral tablet 500 mg</i>	1	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG (divalproex sodium)	PV	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG (divalproex sodium)	PV	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG (divalproex sodium)	PV	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	DSL = 30 days
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	DSL = 30 days
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	PV	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	PV	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	PV	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (naproxen)	PV	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	PV	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (celecoxib (migraine))	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPRONTIA ORAL SOLUTION 25 MG/ML (<i>topiramate</i>)	3	DSL = 30 days
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	2	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>ft 8 hour pain relief oral tablet extended release 650 mg</i>	1	
<i>ft all day pain relief oral tablet 220 mg</i>	PV	
<i>ft arthritis pain reliever oral tablet extended release 650 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>ft aspirin oral tablet 325 mg</i>	PV	
<i>ft children's pain/fever oral tablet chewable 160 mg</i>	1	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	PV	
<i>ft ibuprofen ib childrens oral tablet chewable 100 mg</i>	PV	
<i>ft ibuprofen minis oral capsule 200 mg</i>	PV	
<i>ft ibuprofen oral capsule 200 mg</i>	PV	
<i>ft ibuprofen oral tablet 200 mg</i>	PV	
<i>ft pain & fever childrens oral suspension 160 mg/5ml</i>	1	
<i>ft pain relief adult extra st oral tablet 500 mg</i>	1	
<i>ft pain relief oral tablet 325 mg</i>	1	
<i>ft pain reliver extra st adult oral tablet 500 mg</i>	1	
<i>goodsense aspirin adults oral tablet 325 mg</i>	PV	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>goodsense ibuprofen oral capsule 200 mg</i>	PV	
<i>goodsense ibuprofen oral tablet 200 mg</i>	PV	
<i>goodsense naproxen sodium oral tablet 220 mg</i>	PV	
<i>goodsense pain & fever child oral suspension 160 mg/5ml</i>	1	
<i>goodsense pain relief oral tablet 325 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	
IBUPAK ORAL KIT 600 MG (<i>ibuprofen</i>)	PV	
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	PV	
<i>ibuprofen oral capsule 200 mg</i>	PV	
<i>ibuprofen oral suspension 100 mg/5ml</i>	PV	
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	PV	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG (<i>propranolol hcl</i>)	3	
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 80 MG (<i>propranolol hcl sr beads</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	PV	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	PV	
<i>liquid acetaminophen oral liquid 160 mg/5ml</i>	1	
MAX RELIEF JUNIOR ORAL ELIXIR 160 MG/5ML (<i>acetaminophen</i>)	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	2	
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	3	DSL = 30 days
<i>mm acetaminophen ex str oral tablet 500 mg</i>	1	
<i>mm aspirin oral tablet delayed release 81 mg</i>	PV	
<i>mm ibuprofen oral tablet 200 mg</i>	PV	
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG (<i>ibuprofen</i>)	PV	
MOTRIN IB ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	PV	
<i>m-pap oral liquid 160 mg/5ml</i>	1	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	PV	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	PV	
NAPROSYN ORAL TABLET 500 MG (<i>naproxen</i>)	PV	
<i>naproxen dr oral tablet delayed release 500 mg</i>	PV	
<i>naproxen oral suspension 125 mg/5ml</i>	PV	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PV	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	PV	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	PV	
<i>naproxen sodium oral tablet 220 mg, 275 mg, 550 mg</i>	PV	
<i>pain & fever childrens oral suspension 160 mg/5ml</i>	1	
<i>pain & fever infants oral suspension 160 mg/5ml</i>	1	
<i>pain relief childrens oral elixir 160 mg/5ml</i>	1	
<i>pain relief extra strength oral capsule 500 mg</i>	1	
<i>pain relief extra strength oral tablet 500 mg</i>	1	
<i>pain relief oral liquid 500 mg/15ml</i>	1	
<i>pain relief regular strength oral tablet 325 mg</i>	1	
<i>pain reliever extra strength oral tablet 500 mg</i>	1	
PANADOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	3	
PANADOL EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PANADOL INFANTS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	3	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sm naproxen sodium oral tablet 220 mg</i>	PV	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	PV	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG (<i>topiramate</i>)	3	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	
TRUDHESA NASAL AEROSOL SOLUTION 0.725 MG/ACT (<i>dihydroergotamine mesylate hfa</i>)	3	
TYLENOL 8 HOUR ARTHRITIS PAIN ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>)	3	
TYLENOL 8 HOUR ORAL TABLET EXTENDED RELEASE 650 MG (<i>acetaminophen</i>)	3	
TYLENOL CHILDRENS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	3	
TYLENOL EXTRA STRENGTH ORAL TABLET 500 MG (<i>acetaminophen</i>)	3	
TYLENOL FOR CHILDREN + ADULTS ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	3	
TYLENOL INFANTS PAIN+FEVER ORAL SUSPENSION 160 MG/5ML (<i>acetaminophen</i>)	3	
TYLENOL ORAL TABLET 325 MG (<i>acetaminophen</i>)	3	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (<i>loxapine</i>)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	PV	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	PV	
<i>pimozide oral tablet 1 mg, 2 mg</i>	PV	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	1	
<i>allergy oral capsule 25 mg</i>	1	
<i>allergy relief oral capsule 25 mg</i>	1	
<i>allergy relief oral tablet 25 mg</i>	1	
AMBIEN CR ORAL TABLET EXTENDED RELEASE 12.5 MG, 6.25 MG (<i>zolpidem tartrate</i>)	3	DSL = 30 days
AMBIEN ORAL TABLET 10 MG, 5 MG (<i>zolpidem tartrate</i>)	3	DSL = 30 days
<i>banophen oral capsule 25 mg</i>	1	
<i>banophen oral tablet 25 mg</i>	1	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	3	DSL = 30 days
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (<i>diphenhydramine hcl</i>)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	3	
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	PV	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	3	DSL = 30 days
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml</i>	1	
<i>dexmedetomidine hcl intravenous solution 200 mcg/2ml</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	1	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (<i>zolpidem tartrate</i>)	3	DSL = 30 days
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>ft allergy relief oral capsule 25 mg</i>	1	
<i>ft allergy relief oral tablet 25 mg</i>	1	
<i>ft nighttime sleep aid oral tablet 25 mg</i>	1	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	1	
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>geri-dryl oral tablet 25 mg</i>	1	
<i>goodsense allergy relief oral capsule 25 mg</i>	1	
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	1	
<i>goodsense sleeptime oral capsule 25 mg</i>	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML (<i>tasimelteon</i>)	3	DSL = 30 days
HETLIOZ ORAL CAPSULE 20 MG (<i>tasimelteon</i>)	3	DSL = 30 days
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (<i>dexmedetomidine hcl</i>)	3	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	1	
LUNESTA ORAL TABLET 1 MG, 2 MG, 3 MG (<i>eszopiclone</i>)	3	DSL = 30 days
<i>m-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	PV	
MM ALLER-BEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	3	
NYTOL QUICKCAPS ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	PV	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML (<i>dexmedetomidine hcl in nacl</i>)	3	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (<i>dexmedetomidine hcl</i>)	2	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (<i>dexmedetomidine hcl in nacl</i>)	3	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	PV	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PV	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ramelteon oral tablet 8 mg</i>	1	
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	3	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	1	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
SOMINEX MAX ST ORAL TABLET 50 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
SOMINEX ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
<i>tasimelteon oral capsule 20 mg</i>	1	DSL = 30 days
VISTARIL ORAL CAPSULE 25 MG (<i>hydroxyzine pamoate</i>)	3	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	DSL = 30 days
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	DSL = 30 days
ZOLPIDEM TARTRATE ORAL CAPSULE 7.5 MG	3	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	DSL = 30 days
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	1	DSL = 30 days
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	PV	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	PV	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	PV	
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	PV	
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole w/ sens-strip-pod</i>)	PV	
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (<i>aripiprazole</i>)	PV	
<i>aripiprazole oral solution 1 mg/ml</i>	PV	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	PV	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	PV	
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	PV	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	PV	
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	3	DSL = 30 days
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	PV	DSL = 30 days
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	PV	DSL = 30 days
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (<i>clozapine</i>)	PV	DSL = 30 days
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	PV	
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	PV	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	PV	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	PV	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (<i>paliperidone palmitate</i>)	PV	
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 6 MG, 9 MG (<i>paliperidone</i>)	PV	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	PV	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (<i>paliperidone palmitate</i>)	PV	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>lurasidone hcl</i>)	PV	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	PV	
LYBALVI ORAL TABLET 10-10 MG, 15-10 MG, 20-10 MG, 5-10 MG (<i>olanzapine-samidorphan</i>)	3	
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	3	DSL = 30 days
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	3	DSL = 30 days
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	PV	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	PV	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	PV	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3- 25 mg, 6-25 mg, 6-50 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 6 mg, 9 mg</i>	PV	
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	3	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	PV	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	PV	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexipiprazole</i>)	PV	
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	PV	
RISPERDAL ORAL SOLUTION 1 MG/ML (<i>risperidone</i>)	PV	
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>risperidone</i>)	PV	
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	PV	
<i>risperidone oral solution 1 mg/ml</i>	PV	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PV	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	PV	
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG, 2.5 MG, 5 MG (<i>asenapine maleate</i>)	PV	
SECUADO TRANSDERMAL PATCH 24 HOUR 3.8 MG/24HR, 5.7 MG/24HR, 7.6 MG/24HR (<i>asenapine</i>)	3	
SEROQUEL ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	PV	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG (<i>quetiapine fumarate</i>)	PV	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	PV	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML (<i>risperidone</i>)	3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	PV	DSL = 30 days
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	PV	DSL = 30 days
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG (<i>cariprazine hcl</i>)	PV	DSL = 30 days
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	PV	
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED 10 MG (<i>olanzapine</i>)	PV	
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	PV	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	PV	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	PV	
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	3	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
ALLZITAL ORAL TABLET 25-325 MG (<i>butalbital-acetaminophen</i>)	3	
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>bac oral tablet 50-325-40 mg</i>	1	
BUPAP ORAL TABLET 50-300 MG (<i>butalbital-acetaminophen</i>)	3	
<i>butalbital-acetaminophen capsule 50-300 mg oral</i>	1	
BUTALBITAL-ACETAMINOPHEN CAPSULE 50-300 MG ORAL	3	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
DONNATAL ORAL ELIXIR 16.2 MG/5ML (<i>pb-hyoscy-atropine-scopolamine</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DONNATAL ORAL TABLET 16.2 MG (<i>pb-hyoscy-atropine-scopolamine</i>)	1	
ESGIC ORAL CAPSULE 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	3	
<i>pb-hyoscy-atropine-scopolamine oral elixir 16.2 mg/5ml</i>	1	
<i>pb-hyoscy-atropine-scopolamine oral tablet 16.2 mg</i>	1	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
PHENOHYTRO ORAL ELIXIR 16.2 MG/5ML (<i>pb-hyoscy-atropine-scopolamine</i>)	2	
PHENOHYTRO ORAL TABLET 16.2 MG (<i>pb-hyoscy-atropine-scopolamine</i>)	1	
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
BARBITURATES (GENERAL ANESTHETICS) - Anesthetics		
METHOHEXITAL SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (<i>lorazepam</i>)	3	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	PV	DSL = 30 days
<i>clobazam oral suspension 2.5 mg/ml</i>	1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PV	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	PV	
<i>diazepam oral concentrate 5 mg/ml</i>	PV	
<i>diazepam oral solution 5 mg/5ml</i>	PV	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PV	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	PV	DSL = 30 days
<i>lorazepam oral concentrate 2 mg/ml</i>	PV	DSL = 30 days
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PV	DSL = 30 days
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG (<i>lorazepam</i>)	3	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG (<i>lorazepam</i>)	3	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	DSL = 30 days
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	3	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	3	
SYMPAZAN ORAL FILM 10 MG, 20 MG (<i>clobazam</i>)	3	
SYMPAZAN ORAL FILM 5 MG (<i>clobazam</i>)	3	
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	PV	
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML (<i>diazepam</i>)	3	DSL = 30 days
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (<i>diazepam</i>)	3	DSL = 30 days
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	PV	DSL = 30 days
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	PV	DSL = 30 days
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PV	DSL = 30 days
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	PV	DSL = 30 days
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	PV	DSL = 30 days
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (<i>lorazepam</i>)	3	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>lorazepam</i>)	PV	DSL = 30 days
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	PV	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	PV	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	PV	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	PV	
<i>diazepam oral concentrate 5 mg/ml</i>	PV	
<i>diazepam oral solution 5 mg/5ml</i>	PV	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	PV	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
DORAL ORAL TABLET 15 MG (<i>quazepam</i>)	3	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	1	DSL = 30 days
HALCION ORAL TABLET 0.25 MG (<i>triazolam</i>)	3	DSL = 30 days
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>clonazepam</i>)	3	
LIBRAX ORAL CAPSULE 5-2.5 MG (<i>chlordiazepoxide-clidinium</i>)	3	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	PV	DSL = 30 days
<i>lorazepam oral concentrate 2 mg/ml</i>	PV	DSL = 30 days
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	PV	DSL = 30 days
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 2 MG, 3 MG (<i>lorazepam</i>)	3	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1.5 MG (<i>lorazepam</i>)	3	
<i>midazolam hcl oral syrup 2 mg/ml</i>	1	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 100-0.9 MG/100ML-%, 50-0.8 MG/50ML-%, 50-0.9 MG/50ML-%	3	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML (<i>midazolam</i>)	3	
ONFI ORAL SUSPENSION 2.5 MG/ML (<i>clobazam</i>)	3	
ONFI ORAL TABLET 10 MG, 20 MG (<i>clobazam</i>)	3	
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	PV	DSL = 30 days
<i>quazepam oral tablet 15 mg</i>	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (<i>temazepam</i>)	3	DSL = 30 days
SYMPAZAN ORAL FILM 10 MG, 20 MG (<i>clobazam</i>)	3	
SYMPAZAN ORAL FILM 5 MG (<i>clobazam</i>)	3	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	DSL = 30 days
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	DSL = 30 days
VALIUM ORAL TABLET 10 MG, 2 MG, 5 MG (<i>diazepam</i>)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XANAX ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (<i>alprazolam</i>)	PV	DSL = 30 days
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 2 MG, 3 MG (<i>alprazolam</i>)	PV	DSL = 30 days
BUTYROPHENONES - Drugs for Depression & Psychosis		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (<i>haloperidol decanoate</i>)	PV	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	PV	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	PV	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	PV	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>erenumab-aooe</i>)	3	
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	3	DSL = 30 days
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	3	
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	3	
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	3	DSL = 30 days
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	3	
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	3	DSL = 30 days
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	3	DSL = 30 days
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	3	DSL = 30 days
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	3	DSL = 30 days
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (<i>eptinezumab-jjmr</i>)	3	
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	3	DSL = 30 days
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5- 150-200 mg, 50-200-200 mg</i>	1	
COMTAN ORAL TABLET 200 MG (<i>entacapone</i>)	3	
<i>entacapone oral tablet 200 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	3	
STALEVO 100 ORAL TABLET 25-100-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 200 ORAL TABLET 50-200-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 75 ORAL TABLET 18.75-75-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	3	
<i>tolcapone oral tablet 100 mg</i>	3	
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	3	DSL = 30 days
ADUHELM INTRAVENOUS SOLUTION 170 MG/1.7ML, 300 MG/3ML (<i>aducanumab-avwa</i>)	3	DSL = 30 days
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	
DAYBUE ORAL SOLUTION 200 MG/ML (<i>trofinetide</i>)	3	DSL = 30 days
EXSERVAN ORAL FILM 50 MG (<i>riluzole</i>)	3	DSL = 30 days
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG, 3 MG, 4 MG (<i>guanfacine hcl</i>)	3	
LEQEMBI INTRAVENOUS SOLUTION 200 MG/2ML, 500 MG/5ML (<i>lecanemab-irmb</i>)	3	DSL = 30 days
LUMRYZ ORAL PACKET 4.5 GM, 6 GM, 7.5 GM, 9 GM (<i>sodium oxybate</i>)	3	DSL = 30 days
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	1	
NAMENDA ORAL TABLET 5 MG (<i>memantine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	2	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	3	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 28-10 MG (<i>memantine hcl-donepezil hcl</i>)	3	DSL = 30 days
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	3	
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	3	DSL = 30 days
NUEDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	3	DSL = 30 days
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (<i>tofersen</i>)	3	DSL = 30 days
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>viloxazine hcl</i>)	3	
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML (<i>edaravone</i>)	3	DSL = 30 days
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	3	DSL = 30 days
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	3	DSL = 30 days
RELYVRIO ORAL PACKET 3-1 GM (<i>phenylbutyrate-aurursodiol</i>)	3	DSL = 30 days
RILUTEK ORAL TABLET 50 MG (<i>riluzole</i>)	3	
<i>riluzole oral tablet 50 mg</i>	3	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	3	DSL = 30 days
STRATTERA ORAL CAPSULE 10 MG, 100 MG, 18 MG, 25 MG, 40 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	3	
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	3	
VEOZAH ORAL TABLET 45 MG (<i>fezolinetant</i>)	3	
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	3	DSL = 30 days
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	3	DSL = 30 days
XYREM ORAL SOLUTION 500 MG/ML (<i>sodium oxybate</i>)	3	DSL = 30 days
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (<i>celecoxib</i>)	3	
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	
ELYXYB ORAL SOLUTION 120 MG/4.8ML (<i>celecoxib (migraine)</i>)	3	DSL = 30 days
NUDROXIPAK COMBINATION THERAPY PACK 200 MG (<i>celecoxib-capsaic-men-methsal</i>)	3	
SEGLENTIS ORAL TABLET 56-44 MG (<i>celecoxib-tramadol hcl</i>)	3	
DOPAMINE PRECURSORS - Drugs for Parkinson		
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
DHIVY ORAL TABLET 25-100 MG (<i>carbidopa-levodopa</i>)	1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	3	
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	3	DSL = 30 days
LODOSYN ORAL TABLET 25 MG (<i>carbidopa</i>)	3	
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	3	
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	3	
STALEVO 100 ORAL TABLET 25-100-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 125 ORAL TABLET 31.25-125-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 200 ORAL TABLET 50-200-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 50 ORAL TABLET 12.5-50-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STALEVO 75 ORAL TABLET 18.75-75-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
PARLODEL ORAL CAPSULE 5 MG (<i>bromocriptine mesylate</i>)	3	
PARLODEL ORAL TABLET 2.5 MG (<i>bromocriptine mesylate</i>)	3	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	PV	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PV	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG (<i>pregabalin</i>)	2	
LYRICA ORAL SOLUTION 20 MG/ML (<i>pregabalin</i>)	2	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	3	
GENERAL ANESTHETICS, MISCELLANEOUS - Anesthetics		
KETAMINE HCL SUBLINGUAL TROCHE 100 MG	3	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/5ML-%	3	
HYDANTOINS - Drugs for Seizures		
CEREBYX INJECTION SOLUTION 500 MG PE/10ML (<i>fosphenytoin sodium</i>)	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG (<i>phenytoin</i>)	3	
DILANTIN ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	3	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	2	
DILANTIN ORAL SUSPENSION 125 MG/5ML (<i>phenytoin</i>)	3	
<i>fosphenytoin sodium injection solution 500 mg pel 10ml</i>	1	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
INHALATION ANESTHETICS - Anesthetics		
<i>desflurane inhalation solution</i>	1	
FORANE INHALATION SOLUTION (<i>isoflurane</i>)	2	
<i>isoflurane inhalation solution</i>	1	
<i>sevoflurane inhalation solution</i>	1	
SUPRANE INHALATION SOLUTION (<i>desflurane</i>)	3	
<i>terrell inhalation solution</i>	1	
ULTANE INHALATION SOLUTION (<i>sevoflurane</i>)	3	
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	3	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	3	
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	PV	
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	PV	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	PV	
<i>phenelzine sulfate oral tablet 15 mg</i>	PV	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XADAGO ORAL TABLET 100 MG, 50 MG (<i>safinamide mesylate</i>)	3	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG (<i>selegiline hcl</i>)	3	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	3	DSL = 30 days
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	1	DSL = 30 days
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	3	
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
OPIATE AGONISTS - Drugs for Pain		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (<i>benzhydrocodone-acetaminophen</i>)	3	DSL = 30 days
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	1	
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	DSL = 30 days
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	DSL = 30 days
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>tramadol hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEMEROL INJECTION SOLUTION 50 MG/ML (<i>meperidine hcl</i>)	3	DSL = 30 days
DILAUDID ORAL LIQUID 1 MG/ML (<i>hydromorphone hcl</i>)	3	DSL = 30 days
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (<i>hydromorphone hcl</i>)	3	DSL = 30 days
DSUVIA SUBLINGUAL TABLET SUBLINGUAL 30 MCG (<i>sufentanil citrate</i>)	3	
DURAMORPH INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	3	
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	DSL = 30 days
FENTANYL CITRATE (BULK) SOLUTION 500 MG/50ML	3	
<i>fentanyl citrate (pf) injection solution 100 mcg/2ml, 1000 mcg/20ml, 250 mcg/5ml, 2500 mcg/50ml, 50 mcg/ml, 500 mcg/10ml</i>	1	DSL = 30 days
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	DSL = 30 days
FENTANYL CITRATE BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	3	DSL = 30 days
FENTANYL CITRATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MCG/2ML	3	
FENTANYL CITRATE-NACL INJECTION SOLUTION 1-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	DSL = 30 days
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 2.5-0.9 MG/100ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 500-0.9 MCG/50ML-%	3	
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	1	DSL = 30 days
<i>fentanyl transdermal patch 72 hour 37.5 mcg/hr, 62.5 mcg/hr, 87.5 mcg/hr</i>	1	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.5-0.04-0.9 MG/100ML-%, 0.5-0.075-0.9 MG/100ML-%, 1-0.125-0.9 MG/250ML-%	3	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>fentanyl citrate</i>)	3	DSL = 30 days
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	3	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	DSL = 30 days
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	DSL = 30 days
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg</i>	1	DSL = 30 days
<i>hydromorphone hcl injection solution 2 mg/ml</i>	1	DSL = 30 days
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	DSL = 30 days
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	DSL = 30 days
<i>hydromorphone hcl rectal suppository 3 mg</i>	1	DSL = 30 days
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 25-0.9 MG/50ML-%, 50-0.9 MG/50ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%	3	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>hydrocodone bitartrate</i>)	3	DSL = 30 days
INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML) (<i>morphine sulfate microinfusion</i>)	2	DSL = 30 days
INFUMORPH 500 INJECTION SOLUTION 500 MG/20ML (25 MG/ML) (<i>morphine sulfate microinfusion</i>)	2	DSL = 30 days
<i>levorphanol tartrate oral tablet 2 mg</i>	1	DSL = 30 days
<i>levorphanol tartrate oral tablet 3 mg</i>	1	
<i>meperidine hcl injection solution 50 mg/ml</i>	1	DSL = 30 days
<i>meperidine hcl oral solution 50 mg/5ml</i>	1	DSL = 30 days
<i>meperidine hcl oral tablet 50 mg</i>	1	DSL = 30 days
<i>methadone hcl injection solution 10 mg/ml</i>	1	DSL = 30 days
<i>methadone hcl intensol oral concentrate 10 mg/ml</i>	1	DSL = 30 days
<i>methadone hcl oral concentrate 10 mg/ml</i>	1	DSL = 30 days
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	DSL = 30 days
<i>methadone hcl oral tablet soluble 40 mg</i>	1	DSL = 30 days
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	3	DSL = 30 days
<i>methadose oral tablet soluble 40 mg</i>	1	DSL = 30 days
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	3	DSL = 30 days
<i>mitigo injection solution 200 mg/20ml (10 mg/ml), 500 mg/20ml (25 mg/ml)</i>	1	DSL = 30 days
MORPHINE SULFATE (BULK) SOLUTION 7812.5 MG/125ML	3	
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>	1	
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate (pf) intravenous solution 1 mg/ml</i>	3	
<i>morphine sulfate (pf) intravenous solution 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	3	DSL = 30 days
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>morphine sulfate injection solution 50 mg/ml</i>	1	DSL = 30 days
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML	3	
MORPHINE SULFATE INTRAVENOUS SOLUTION 1 MG/ML	1	
<i>morphine sulfate intravenous solution 10 mg/ml</i>	1	DSL = 30 days
<i>morphine sulfate intravenous solution 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/50ML-%	3	
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	3	
NALOCET ORAL TABLET 2.5-300 MG	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (<i>tapentadol hcl</i>)	3	DSL = 30 days
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (<i>tapentadol hcl</i>)	3	DSL = 30 days
OXYCODONE HCL ER ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 20 MG, 40 MG, 80 MG	3	DSL = 30 days
<i>oxycodone hcl oral capsule 5 mg</i>	1	DSL = 30 days
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	DSL = 30 days
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	DSL = 30 days
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	DSL = 30 days
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 2.5-300 MG, 5-300 MG, 7.5-300 MG	3	DSL = 30 days
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	DSL = 30 days
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	3	DSL = 30 days
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	DSL = 30 days
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	1	DSL = 30 days
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	3	DSL = 30 days
PROLATE ORAL SOLUTION 10-300 MG/5ML (<i>oxycodone-acetaminophen</i>)	3	DSL = 30 days
PROLATE ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (<i>oxycodone-acetaminophen</i>)	3	DSL = 30 days
QDOLO ORAL SOLUTION 5 MG/ML (<i>tramadol hcl</i>)	3	DSL = 30 days
ROXICODONE ORAL TABLET 15 MG, 30 MG (<i>oxycodone hcl</i>)	3	DSL = 30 days
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG, 5 MG (<i>oxycodone hcl</i>)	3	DSL = 30 days
SEGLENTIS ORAL TABLET 56-44 MG (<i>celecoxib-tramadol hcl</i>)	3	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>tramadol hcl</i>)	3	
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	
TRAMADOL HCL ORAL SOLUTION 5 MG/ML	3	DSL = 30 days
<i>tramadol hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (<i>oxycodone</i>)	3	
OPIATE ANTAGONISTS - Drugs for Overdose or Poisoning		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	DSL = 30 days
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (<i>naloxone hcl</i>)	3	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naloxone hcl liquid 4 mg/0.1ml nasal (otc)</i>	3	
<i>naloxone hcl liquid 4 mg/0.1ml nasal (rx)</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NARCAN LIQUID 4 MG/0.1ML NASAL (OTC) (<i>naloxone hcl</i>)	3	
NARCAN LIQUID 4 MG/0.1ML NASAL (RX) (<i>naloxone hcl</i>)	3	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (<i>nalmefene hcl</i>)	3	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	3	DSL = 30 days
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	DSL = 30 days
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	DSL = 30 days
OPIATE PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (<i>buprenorphine hcl</i>)	3	
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML (<i>buprenorphine</i>)	3	DSL = 30 days
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML (<i>buprenorphine</i>)	3	DSL = 30 days
<i>buprenorphine hcl injection solution 0.3 mg/ml</i>	1	
<i>buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg</i>	1	
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg</i>	1	DSL = 30 days
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg, 8-2 mg</i>	1	
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr</i>	1	DSL = 30 days
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	
BUTRANS TRANSDERMAL PATCH WEEKLY 10 MCG/HR, 15 MCG/HR, 20 MCG/HR, 5 MCG/HR, 7.5 MCG/HR (<i>buprenorphine</i>)	3	DSL = 30 days
<i>nalbuphine hcl injection solution 20 mg/ml</i>	1	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (<i>buprenorphine</i>)	3	DSL = 30 days
SUBOXONE SUBLINGUAL FILM 12-3 MG, 2-0.5 MG, 4-1 MG, 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	DSL = 30 days
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	DSL = 30 days
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	3	DSL = 30 days
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	3	DSL = 30 days
QUVIVIQ ORAL TABLET 25 MG, 50 MG (<i>daridorexant hcl</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Pain		
ADVIL JUNIOR STRENGTH ORAL TABLET 100 MG (<i>ibuprofen</i>)	PV	
ADVIL JUNIOR STRENGTH ORAL TABLET CHEWABLE 100 MG (<i>ibuprofen</i>)	PV	
ADVIL LIQUI-GELS MINIS ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	PV	
ADVIL MIGRAINE ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	PV	
ADVIL ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	PV	
ADVIL ORAL TABLET 200 MG (<i>ibuprofen</i>)	PV	
ALEVE ORAL TABLET 220 MG (<i>naproxen sodium</i>)	PV	
<i>all day pain relief oral tablet 220 mg</i>	PV	
<i>all day relief oral tablet 220 mg</i>	PV	
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	PV	
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	3	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML (<i>ibuprofen</i>)	PV	
CAMBIA ORAL PACKET 50 MG (<i>diclofenac potassium(migraine)</i>)	3	
CAPSINAC EXTERNAL THERAPY PACK 0.025-1.5 %	3	
<i>cold & sinus oral tablet 30-200 mg</i>	1	
COXANTO ORAL CAPSULE 300 MG (<i>oxaprozin</i>)	PV	DSL = 30 days
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	PV	
DERMACINRX LEXITRAL PHARMAPAK EXTERNAL THERAPY PACK 1.5 & 0.025 % (<i>diclofenac sodium-capsaicin</i>)	3	
DFS DR/MS/MENTH/CAP PAK COMBINATION KIT 75 MG	PV	
DICLAREAL EXTERNAL THERAPY PACK 2 & 0.025 %	3	
DICLOFENAC PATCH EXTERNAL PATCH 1.3 %	PV	
<i>diclofenac potassium oral capsule 25 mg</i>	PV	
<i>diclofenac potassium oral tablet 25 mg, 50 mg</i>	PV	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	PV	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	PV	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 % (diclofenac sodium-capsaicin)	3	
<i>diflunisal oral tablet 500 mg</i>	1	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	PV	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	PV	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	PV	
<i>etodolac oral capsule 200 mg, 300 mg</i>	PV	
<i>etodolac oral tablet 400 mg, 500 mg</i>	PV	
FELDENE ORAL CAPSULE 10 MG, 20 MG (<i>piroxicam</i>)	PV	
<i>fenoprofen calcium oral capsule 200 mg, 400 mg</i>	PV	
<i>fenoprofen calcium oral tablet 600 mg</i>	PV	
FLECTOR EXTERNAL PATCH 1.3 % (<i>diclofenac epolamine</i>)	PV	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	PV	
<i>ft all day pain relief oral tablet 220 mg</i>	PV	
<i>ft ibuprofen ib childrens oral tablet chewable 100 mg</i>	PV	
<i>ft ibuprofen minis oral capsule 200 mg</i>	PV	
<i>ft ibuprofen oral capsule 200 mg</i>	PV	
<i>ft ibuprofen oral tablet 200 mg</i>	PV	
<i>goodsense ibuprofen oral capsule 200 mg</i>	PV	
<i>goodsense ibuprofen oral tablet 200 mg</i>	PV	
<i>goodsense naproxen sodium oral tablet 220 mg</i>	PV	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
IBUPAK ORAL KIT 600 MG (<i>ibuprofen</i>)	PV	
<i>ibuprofen infants oral suspension 50 mg/1.25ml</i>	PV	
<i>ibuprofen oral capsule 200 mg</i>	PV	
<i>ibuprofen oral suspension 100 mg/5ml</i>	PV	
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	PV	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	
ICLOFENAC CP EXTERNAL THERAPY PACK 0.025-1.5 % (diclofenac sodium-capsaicin)	3	
<i>inavix combination therapy pack 75 & 0.025 mg-%</i>	1	
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	PV	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	PV	DSL = 30 days
<i>indomethacin er oral capsule extended release 75 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PV	
<i>indomethacin oral suspension 25 mg/5ml</i>	PV	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	PV	
<i>indomethacin rectal suppository 50 mg</i>	PV	DSL = 30 days
INFLAMMACIN COMBINATION THERAPY PACK 75 & 0.025 MG-% (<i>diclofenac sodium-capsaicin</i>)	3	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	PV	
<i>ketoprofen oral capsule 25 mg, 50 mg</i>	PV	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	PV	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	PV	
<i>ketorolac tromethamine oral tablet 10 mg</i>	PV	
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	PV	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	PV	
LEXITRAL PHARMAPAK II EXTERNAL THERAPY PACK 1.5 & 0.025 % (<i>diclofenac sodium-capsaicin</i>)	3	
LEXTOL EXTERNAL THERAPY PACK 1.5 & 0.025 % (<i>diclofenac sodium-capsaicin</i>)	3	
LICART EXTERNAL PATCH 24 HOUR 1.3 % (<i>diclofenac epolamine</i>)	PV	
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	PV	
LOFENA ORAL TABLET 25 MG (<i>diclofenac potassium</i>)	PV	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	PV	
<i>mefenamic acid oral capsule 250 mg</i>	PV	
<i>meloxicam oral capsule 10 mg, 5 mg</i>	PV	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	PV	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	PV	
<i>mm ibuprofen oral tablet 200 mg</i>	PV	
MOTRIN CHILDRENS ORAL TABLET CHEWABLE 100 MG (<i>ibuprofen</i>)	PV	
MOTRIN IB ORAL CAPSULE 200 MG (<i>ibuprofen</i>)	PV	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	PV	
NALFON ORAL CAPSULE 400 MG (<i>fenoprofen calcium</i>)	PV	
NALFON ORAL TABLET 600 MG (<i>fenoprofen calcium</i>)	PV	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	PV	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NAPROSYN ORAL TABLET 500 MG (<i>naproxen</i>)	PV	
NAPROTIN COMBINATION KIT 500 & 0.025 MG & % (<i>naproxen-capsaicin</i>)	3	
<i>naproxen dr oral tablet delayed release 500 mg</i>	PV	
<i>naproxen oral suspension 125 mg/5ml</i>	PV	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PV	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	PV	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	PV	
<i>naproxen sodium oral tablet 220 mg, 275 mg, 550 mg</i>	PV	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	1	
NUDICLO TABPAK COMBINATION THERAPY PACK 75 & 0.025 MG-% (<i>diclofenac sodium-capsaicin</i>)	3	
NUDROXIPAK DSDR-50 COMBINATION KIT 50 MG (<i>diclofenac sodium-liniment</i>)	PV	
NUDROXIPAK DSDR-75 COMBINATION KIT 75 MG (<i>diclofenac sodium-liniment</i>)	PV	
NUDROXIPAK E-400 COMBINATION KIT 400 MG (<i>etodolac-liniment</i>)	PV	
NUDROXIPAK I-800 COMBINATION KIT 800 MG (<i>ibuprofen-liniment</i>)	PV	
NUDROXIPAK M-15 COMBINATION KIT 15 MG (<i>meloxicam-liniment</i>)	PV	
NUDROXIPAK N-500 COMBINATION KIT 500 MG (<i>nabumetone-liniment</i>)	PV	
OXAPROZIN ORAL CAPSULE 300 MG	PV	DSL = 30 days
<i>oxaprozin oral tablet 600 mg</i>	PV	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	PV	
PRASTERA ORAL KIT 200 & 400 MG (<i>prasterone & ibuprofen</i>)	3	
<i>previdolrx plus analgesic combination therapy pack 75 & 0.025 mg-%</i>	1	
RELAFEN DS ORAL TABLET 1000 MG (<i>nabumetone</i>)	PV	DSL = 30 days
<i>sm naproxen sodium oral tablet 220 mg</i>	PV	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY (<i>ketorolac tromethamine</i>)	PV	
<i>sulindac oral tablet 150 mg, 200 mg</i>	PV	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	1	
SURE RESULT DSS PREMIUM PACK EXTERNAL THERAPY PACK 1.5 & 0.025 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TORONOVA II SUIK COMBINATION KIT 30 MG/ML (<i>ketorolac trometh & anesthetic</i>)	3	
TORONOVA SUIK COMBINATION KIT 30 MG/ML (<i>ketorolac trometh & anesthetic</i>)	3	
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	3	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	3	
ZICLOPRO EXTERNAL THERAPY PACK 1.5 & 0.025 % (<i>diclofenac sodium-capsaicin</i>)	3	
ZIPSOR ORAL CAPSULE 25 MG (<i>diclofenac potassium</i>)	PV	
PHENOTHIAZINES - Drugs for Depression & Psychosis		
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	PV	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	PV	
<i>compro rectal suppository 25 mg</i>	PV	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	PV	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	PV	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	PV	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	PV	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	PV	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	PV	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	PV	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PV	
<i>prochlorperazine rectal suppository 25 mg</i>	PV	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	PV	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	PV	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	2	
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	3	
<i>bac oral tablet 50-325-40 mg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	3	DSL = 30 days
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG (<i>methylphenidate</i>)	3	DSL = 30 days
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR, 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	3	
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg</i>	1	DSL = 30 days
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	DSL = 30 days
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
ESGIC ORAL CAPSULE 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	
EXCEDRIN EXTRA STRENGTH ORAL TABLET 250-250-65 MG (<i>aspirin-acetaminophen-caffeine</i>)	3	
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG (<i>aspirin-acetaminophen-caffeine</i>)	3	
EXCEDRIN TENSION HEADACHE ORAL TABLET 500-65 MG (<i>acetaminophen-caffeine</i>)	3	
FIORICET ORAL CAPSULE 50-300-40 MG (<i>butalbital-apap-caffeine</i>)	3	
FIORICET/CODEINE ORAL CAPSULE 50-300-40-30 MG (<i>butalbital-apap-caff-cod</i>)	3	
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	3	DSL = 30 days
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	3	DSL = 30 days
<i>ft migraine relief oral tablet 250-250-65 mg</i>	1	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML (<i>methylphenidate hcl</i>)	3	DSL = 30 days
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	DSL = 30 days
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	1	DSL = 30 days
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG	3	
<i>methylphenidate hcl er (osm) oral tablet extended release 72 mg</i>	1	
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	
<i>methylphenidate hcl er oral tablet extended release 10 mg, 20 mg</i>	1	
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 36 mg, 54 mg</i>	1	
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	DSL = 30 days
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	DSL = 30 days
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	1	DSL = 30 days
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	2	
<i>migraine relief oral tablet 250-250-65 mg</i>	1	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	
<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	1	
PANADOL EXTRA ORAL TABLET 500-65 MG (<i>acetaminophen-caffeine</i>)	3	
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	3	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	3	DSL = 30 days
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML (<i>methylphenidate hcl</i>)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RELEXXII ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 36 MG, 54 MG (<i>methylphenidate hcl</i>)	3	DSL = 30 days
RELEXXII ORAL TABLET EXTENDED RELEASE 45 MG, 63 MG, 72 MG (<i>methylphenidate hcl</i>)	3	
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 30 MG, 40 MG (<i>methylphenidate hcl</i>)	3	
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (<i>methylphenidate hcl</i>)	3	DSL = 30 days
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PV	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PV	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	
SALICYLATES - Drugs for Pain		
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	PV	
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	PV	
<i>aspirin childrens oral tablet chewable 81 mg</i>	PV	
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	PV	
<i>aspirin ec oral tablet delayed release 325 mg</i>	PV	
<i>aspirin low dose oral tablet chewable 81 mg</i>	PV	
<i>aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>aspirin oral tablet 325 mg</i>	PV	
<i>aspirin oral tablet chewable 81 mg</i>	PV	
<i>aspirin oral tablet delayed release 325 mg, 81 mg</i>	PV	
<i>aspirin rectal suppository 300 mg</i>	1	
<i>aspirin regimen oral tablet delayed release 81 mg</i>	PV	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE 325 MG (<i>aspirin</i>)	PV	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
EXCEDRIN EXTRA STRENGTH ORAL TABLET 250-250-65 MG (<i>aspirin-acetaminophen-caffeine</i>)	3	
EXCEDRIN MIGRAINE ORAL TABLET 250-250-65 MG (<i>aspirin-acetaminophen-caffeine</i>)	3	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>ft aspirin oral tablet 325 mg</i>	PV	
<i>ft enteric coated aspirin oral tablet delayed release 325 mg</i>	PV	
<i>ft migraine relief oral tablet 250-250-65 mg</i>	1	
<i>goodsense aspirin adults oral tablet 325 mg</i>	PV	
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	PV	
<i>migraine relief oral tablet 250-250-65 mg</i>	1	
<i>mm aspirin oral tablet delayed release 81 mg</i>	PV	
NORGESIC FORTE ORAL TABLET 50-770-60 MG	3	
NORGESIC ORAL TABLET 25-385-30 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	1	
ORPHENGESIC FORTE ORAL TABLET 50-770-60 MG (<i>orphenadrine-aspirin-caffeine</i>)	3	
<i>pain reliever extra strength oral tablet 250-250-65 mg</i>	1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG (<i>aspirin</i>)	PV	
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG, 30 MG, 60 MG (<i>duloxetine hcl</i>)	PV	
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	PV	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	PV	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	PV	
DULOXICAIN COMBINATION KIT 30 & 4 MG & % (<i>duloxetine-lidocaine hcl</i>)	3	
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG, 37.5 MG, 75 MG (<i>venlafaxine hcl</i>)	PV	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	PV	
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	PV	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	3	
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	3	
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG	3	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	PV	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	PV	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	PV	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	1	
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	3	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	1	
IMITREX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sumatriptan succinate</i>)	3	
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	3	
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML, 6 MG/0.5ML (<i>sumatriptan succinate</i>)	3	
MAXALT ORAL TABLET 10 MG (<i>rizatriptan benzoate</i>)	3	
MIGRANOW COMBINATION THERAPY PACK 50 & 4-10 MG & % (<i>sumatriptan & camphor-menthol</i>)	3	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC (<i>sumatriptan succinate</i>)	3	
RELPAZ ORAL TABLET 20 MG, 40 MG (<i>eletriptan hydrobromide</i>)	3	
REYVOW ORAL TABLET 100 MG, 50 MG (<i>lasmiditan succinate</i>)	3	DSL = 30 days
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUMANSETRON ORAL TABLET THERAPY PACK 50 & 4 MG (<i>sumatriptan-ondansetron</i>)	3	
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	1	
TOSYMRA NASAL SOLUTION 10 MG/ACT (<i>sumatriptan</i>)	3	DSL = 30 days
TREXIMET ORAL TABLET 85-500 MG (<i>sumatriptan-naproxen sodium</i>)	3	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML (<i>sumatriptan succinate</i>)	3	
<i>zolmitriptan nasal solution 5 mg</i>	1	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	1	
ZOMIG NASAL SOLUTION 2.5 MG, 5 MG (<i>zolmitriptan</i>)	3	
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (<i>citalopram hydrobromide</i>)	PV	
CITALOPRAM HYDROBROMIDE ORAL CAPSULE 30 MG	PV	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	PV	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	PV	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	PV	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	PV	
<i>fluoxetine hcl (pmd) oral tablet 10 mg, 20 mg</i>	PV	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	PV	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	PV	
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	PV	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	PV	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	PV	
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	PV	
LEXAPRO ORAL TABLET 10 MG, 20 MG, 5 MG (<i>escitalopram oxalate</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	PV	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	PV	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	PV	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	PV	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	1	
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG, 25 MG, 37.5 MG (<i>paroxetine hcl</i>)	PV	
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	PV	
PAXIL ORAL TABLET 10 MG, 20 MG, 30 MG, 40 MG (<i>paroxetine hcl</i>)	PV	
PROZAC ORAL CAPSULE 10 MG, 20 MG, 40 MG (<i>fluoxetine hcl</i>)	PV	
SERTRALINE HCL ORAL CAPSULE 150 MG, 200 MG	3	
<i>sertraline hcl oral concentrate 20 mg/ml</i>	PV	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	PV	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	PV	
ZOLOFT ORAL CONCENTRATE 20 MG/ML (<i>sertraline hcl</i>)	PV	
ZOLOFT ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sertraline hcl</i>)	PV	
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	PV	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	PV	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	PV	
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	PV	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	PV	
SUCCINIMIDES - Drugs for Seizures		
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	3	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>methsuximide oral capsule 300 mg</i>	1	
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	3	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
THIOXANTHENES - Drugs for Depression & Psychosis		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	PV	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PV	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	PV	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	PV	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	PV	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	PV	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PV	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	PV	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	PV	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	
ENOVARX-AMITRIPTYLINE EXTERNAL KIT 2 %	PV	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	PV	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	PV	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	PV	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	PV	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	PV	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	PV	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	PV	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	PV	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	3	
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	PV	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	3	DSL = 30 days
AUSTEDO PATIENT TITRATION KIT ORAL TABLET THERAPY PACK 6 & 9 & 12 MG (<i>deutetrabenazine</i>)	3	
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG (<i>deutetrabenazine</i>)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG (<i>deutetrabenazine</i>)	3	DSL = 30 days
INGREZZA ORAL CAPSULE 40 MG, 80 MG (<i>valbenazine tosylate</i>)	3	DSL = 30 days
INGREZZA ORAL CAPSULE 60 MG (<i>valbenazine tosylate</i>)	3	
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	3	DSL = 30 days
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	3	
XENAZINE ORAL TABLET 12.5 MG, 25 MG (<i>tetrabenazine</i>)	3	
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	PV	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (<i>armodafinil</i>)	3	
PROVIGIL ORAL TABLET 100 MG, 200 MG (<i>modafinil</i>)	2	
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	3	
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	3	DSL = 30 days
DENTAL AGENTS - Oral Care		
DENTAL AGENTS - Oral Care		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK AVIVA IN VITRO SOLUTION (<i>blood glucose calibration</i>)	PV	
ACCU-CHEK FASTCLIX LANCET KIT KIT (<i>lancets misc.</i>)	2	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACCU-CHEK GUIDE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
ACCU-CHEK GUIDE ME KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	PV	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (<i>lancets misc.</i>)	2	
ACCU-CHEK TENDER 1 INFUSION KIT (<i>iv sets-tubing</i>)	3	
ACCU-CHEK ULTRAFLEX INF SET (<i>insulin infusion pump supplies</i>)	3	
ADULT AEROSOL MASK	2	
AERIVA CONCENTRATOR NEBULIZER	3	
AEROCHAMBER HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (<i>spacer/aero-holding chambers</i>)	2	
AEROECLIPSE EZ TWIST TUBING (<i>respiratory therapy supplies</i>)	2	
AEROECLIPSE II W/ELBOW ADAPTER (<i>nebulizers</i>)	3	
AEROECLIPSE II W/UNIV TUBING (<i>nebulizers</i>)	3	
AEROECLIPSE MASK LARGE (<i>respiratory therapy supplies</i>)	2	
AEROECLIPSE MASK MEDIUM (<i>respiratory therapy supplies</i>)	2	
AEROECLIPSE MASK SMALL (<i>respiratory therapy supplies</i>)	2	
AEROECLIPSE XL NEBULIZER (<i>nebulizers</i>)	3	
ALCOHOL PREP PADS PAD , 70 %	3	
ALCOHOL PREP PADS SHEET 70 %	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	PV	
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	PV	
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	PV	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	PV	
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	PV	
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	PV	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	PV	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	PV	
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	PV	
AUTOSOFT 30 INFUSION SET (<i>insulin infusion pump supplies</i>)	3	
AUTOSOFT 90 INFUSION SET (<i>insulin infusion pump supplies</i>)	3	
AUTOSOFT XC INFUSION SET (<i>insulin infusion pump supplies</i>)	3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	PV	
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" (<i>needle (disp)</i>)	3	
BD ECLIPSE NEEDLE 18G X 1-1/2" , 25G X 5/8" (<i>needle (disp)</i>)	3	
BD ECLIPSE NEEDLE 23G X 1" , 25G X 1-1/2" (<i>needle (disp)</i>)	2	
BD SHARPS COLLECTOR (<i>sharps container</i>)	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 (<i>insulin syringe-needle u-100</i>)	PV	
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (<i>insulin syringe/needle u-500</i>)	PV	
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 (<i>insulin pen needle</i>)	PV	
BIGFOOT UNITY PROGRAM KIT (<i>blood glucose monitoring suppl</i>)	3	
BLOOD GLUCOSE MONITORING 333 DEVICE	3	
BLUESTAR DEVICE (<i>blood glucose monitor software</i>)	3	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	
BREATHE COMFORT HUMIDIFIER (<i>humidifiers</i>)	3	
BREATHE EASE HUMIDIFIER	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BREATHE EASE NEB MASK/CHILD	2	
BREATHE EASE NEB MASK/INFANT	2	
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 18G X 1-1/2"	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"	3	
CAREPOINT POLY HUB NEEDLE 30G X 1/2"	3	
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 (<i>blood glucose calibration</i>)	PV	
CARESENS LANCETS 30G (<i>lancets</i>)	PV	
CARESENS N FELIZ BT DEVICE (<i>blood glucose monitoring suppl</i>)	3	
CARESENS N FELIZ DEVICE (<i>blood glucose monitoring suppl</i>)	3	
CARETOUCH 2 CPAP HOSE HANGER (<i>respiratory therapy supplies</i>)	2	
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (<i>blood glucose calibration</i>)	PV	
CARETOUCH CPAP & BIPAP HOSE (<i>respiratory therapy supplies</i>)	2	
CARETOUCH CPAP MASK WIPES (<i>respiratory therapy supplies</i>)	2	
CARETOUCH CPAP PRE-WASH SOLN (<i>respiratory therapy supplies</i>)	2	
CARETOUCH CPAP TUBE BRUSH (<i>respiratory therapy supplies</i>)	2	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 26G X 1" , 27G X 1-1/2" (<i>needle (disp)</i>)	3	
CARETOUCH LANCING/EJECTOR (<i>lancet devices</i>)	PV	
CARETOUCH UNIVERSL CPAP FILTER (<i>respiratory therapy supplies</i>)	2	
CEQUR SIMPLICITY 2U DEVICE (<i>injection device for insulin</i>)	PV	
CHEMSTRIP BG LOG BOOK (<i>blood glucose monitoring suppl</i>)	PV	
CLEVER CHOICE COMFORT EZ (<i>lancets</i>)	PV	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	PV	
COMPRESSOR NEBULIZER	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL (<i>blood glucose calibration</i>)	PV	
CONTOUR MONITOR DEVICE DEVICE (<i>blood glucose monitoring suppl</i>)	3	
CONTOUR MONITOR KIT W/DEVICE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (<i>blood glucose calibration</i>)	PV	
CONTOUR NEXT EZ KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT GEN MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	3	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT LINK KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT ONE DEVICE (<i>blood glucose monitoring suppl</i>)	3	
CONTOUR NEXT ONE KIT (<i>blood glucose monitoring suppl</i>)	3	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (<i>chlorhex-mupir-dimeth-silicone</i>)	3	
DERMACINRX SURGICAL COMBOPAK COMBINATION KIT	3	
DEXCOM G6 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	3	
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	3	
DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>)	3	
DEXCOM G7 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	3	
DEXCOM G7 SENSOR (<i>continuous blood gluc sensor</i>)	3	
DIABETES MONITOR DIGIT ADD-ON KIT	3	
DIABETES MONITOR DIGIT SOLN KIT	3	
DROPSAFE ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	3	
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 (<i>insulin syringe-needle u-100</i>)	PV	
EASIVENT (<i>spacer/aero-holding chambers</i>)	2	
EASY COMFORT SHARPS CONTAINER	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EASY TOUCH HEALTHPRO GLUCOSE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (<i>blood glucose calibration</i>)	PV	
EASYMAX CONTROL IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	PV	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID (<i>blood glucose calibration</i>)	PV	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	PV	
EMBRACE WAVE BLOOD GLUCOSE DEVICE (<i>blood glucose monitoring suppl</i>)	3	
EMBRACE WAVE GLUCOSE METER DEVICE (<i>blood glucose monitoring suppl</i>)	3	
ENLITE GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>)	3	
EVERSENSE E3 SENSOR/HOLDER (<i>continuous blood gluc sensor</i>)	3	
EVERSENSE E3 SMART TRANSMITTER (<i>continuous blood gluc transmit</i>)	3	
EVERSENSE SENSOR/HOLDER (<i>continuous blood gluc sensor</i>)	3	
EVERSENSE SMART TRANSMITTER (<i>continuous blood gluc transmit</i>)	3	
EXTENDED INFUSION SET 32"/9MM	3	
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	
FLEXICHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
FORTISCARE CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL (<i>blood glucose calibration</i>)	PV	
FORTISCARE T1 GLUCOSE SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	3	
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous blood gluc receiver</i>)	3	
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous blood gluc sensor</i>)	3	
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous blood gluc receiver</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FREESTYLE LIBRE 2 SENSOR (<i>continuous blood gluc sensor</i>)	3	
FREESTYLE LIBRE 3 READER DEVICE (<i>continuous blood gluc receiver</i>)	3	
FREESTYLE LIBRE 3 SENSOR (<i>continuous blood gluc sensor</i>)	3	
FREESTYLE LIBRE READER DEVICE (<i>continuous blood gluc receiver</i>)	3	
GUARDIAN 4 GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>)	3	
GUARDIAN 4 TRANSMITTER (<i>continuous blood gluc transmit</i>)	3	
GUARDIAN CONNECT TRANSMITTER (<i>continuous blood gluc transmit</i>)	3	
GUARDIAN LINK 3 TRANSMITTER (<i>continuous blood gluc transmit</i>)	3	
GUARDIAN SENSOR (3) (<i>continuous blood gluc sensor</i>)	3	
GUARDIAN SENSOR 3	3	
HOME PAP KIT IN VITRO KIT 2.5 %	3	
HUMATROPEN FOR 12MG DEVICE (<i>injection device</i>)	PV	
HUMATROPEN FOR 24MG DEVICE (<i>injection device</i>)	PV	
HUMATROPEN FOR 6MG DEVICE (<i>injection device</i>)	PV	
INPEN 100-BLUE-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	PV	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	PV	
INPEN 100-GREY-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	PV	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	PV	
INPEN 100-PINK-LILLY-HUMALOG DEVICE (<i>injection device for insulin</i>)	PV	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE (<i>injection device for insulin</i>)	PV	
INSPIREASE RESERVOIR BAGS (<i>spacer/aero-hold chamber bags</i>)	3	
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 31G 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 (<i>insulin pen needle</i>)	PV	
INSULIN PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 1/2" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 1 ML	PV	
INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML (<i>insulin syringe-needle u-100</i>)	PV	
LANCETS (<i>lancets</i>)	PV	
MC 300 W/UNIVERSAL TUBING (<i>nebulizers</i>)	3	
MC 300-MOUTHPIECE (<i>nebulizers</i>)	3	
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	PV	
MINIMED PUMP RESERVOIR 3ML (<i>insulin infusion pump supplies</i>)	3	
MM BLOOD GLUCOSE SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
MM BLOOD GLUCOSE SYSTEM REFILL KIT (<i>blood glucose monitoring suppl</i>)	3	
MM BLULINK GLUCOSE MONIT SYS DEVICE (<i>blood glucose monitoring suppl</i>)	3	
NEBULIZER MASK ADULT	2	
NEBULIZER MASK CHILD	2	
NEODOT THERMOMETER	3	
NORDIPEN 5 INJECTION DEVICE (<i>injection device</i>)	PV	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM (<i>insulin pen needle</i>)	PV	
NOVOFINE PEN NEEDLE 32G X 6 MM (<i>insulin pen needle</i>)	PV	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	PV	
NOVOPEN ECHO DEVICE (<i>injection device for insulin</i>)	PV	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (<i>chlorhex-mupir-dimeth-silicone</i>)	3	
NUTRIARX CREAMPAK EXTERNAL KIT 0.1 & 5 % (<i>triamcinolone-dimeth-silicone</i>)	3	
OMBRA COMPRESSOR AIR FILTERS (<i>respiratory therapy supplies</i>)	2	
OMNIPOD 5 G6 INTRO (GEN 5) KIT (<i>insulin disposable pump</i>)	3	
OMNIPOD 5 G6 PODS (GEN 5) (<i>insulin disposable pump</i>)	3	
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	PV	
ONETOUCH DELICA SAFETY LANCING (<i>lancet devices</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONETOUCH ULTRA 2 KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
ONETOUCH ULTRA IN VITRO LIQUID (<i>blood glucose calibration</i>)	PV	
ONETOUCH VERIO FLEX SYSTEM DEVICE (<i>blood glucose monitoring suppl</i>)	3	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
ONETOUCH VERIO IN VITRO LIQUID HIGH (<i>blood glucose calibration</i>)	PV	
ONETOUCH VERIO REFLECT KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
PARI ALTERA NEBULIZER HANDSET (<i>respiratory therapy supplies</i>)	2	
PARI BABY NEBULIZER SET (<i>nebulizers</i>)	3	
PARI PRONEB MAX LC PLUS (<i>nebulizers</i>)	3	
PARI PRONEB MAX LC SPRINT (<i>nebulizers</i>)	3	
PARI SMARTMASK BABY/ELBOW (<i>respiratory therapy supplies</i>)	2	
PARI TREK S COMBO PACK DEVICE (<i>respiratory therapy supplies</i>)	3	
PARI VORTEX ADULT MASK (<i>spacer/aero-hold chamber mask</i>)	2	
PEDIATRIC COMPRESSOR NEBULIZER	3	
PIP BLOOD GLUCOSE MONITORING DEVICE (<i>blood glucose monitoring suppl</i>)	3	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID (<i>blood glucose calibration</i>)	PV	
PRONEB ULTRA FILTER SET (<i>respiratory therapy supplies</i>)	2	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	PV	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	PV	
REUSABLE COMFORTSEAL MASK-LRG (<i>respiratory therapy supplies</i>)	2	
REUSABLE COMFORTSEAL MASK-MED (<i>respiratory therapy supplies</i>)	2	
REUSABLE COMFORTSEAL MASK-SML (<i>respiratory therapy supplies</i>)	2	
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	PV	
SANADERMRX SKIN REPAIR EXTERNAL KIT 0.1 & 5 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION) (<i>triamcinolone-dimeth-silicone</i>)	3	
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
SILIGENTLE FOAM DRESSING/HEEL PAD 10"X9" (<i>gauze pads & dressings</i>)	3	
SILTREX SHEET (<i>occlusive silicone sheets</i>)	3	
STRIVE DUAL ZONE PEAK FLOW MTR DEVICE (<i>peak flow meter</i>)	3	
T:SLIM X2 3ML CARTRIDGE (<i>insulin infusion pump supplies</i>)	3	
TECHLITE LANCETS 26G (<i>lancets</i>)	PV	
TEMPO REFILL KIT (<i>blood glucose monitoring suppl</i>)	3	
TEMPO SMART BUTTON (<i>blood glucose monitoring suppl</i>)	PV	
TEMPO WELCOME KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
TRIADIME EXTERNAL KIT 0.1 & 5 %	3	
TRIASIL EXTERNAL THERAPY PACK 0.1 % (<i>triamcinolone acet-silicone</i>)	3	
TRIVIX EXTERNAL KIT 0.1 & 5 % (<i>triamcinolone-dimeth-silicone</i>)	3	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	PV	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL (<i>blood glucose calibration</i>)	PV	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH (<i>blood glucose calibration</i>)	PV	
TRUE METRIX METER KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
TRUSTEEL INFUSION SET (<i>insulin infusion pump supplies</i>)	3	
ULTRA NEB ACCESSORIES KIT	2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	PV	
UNISTRIP CONTROL IN VITRO SOLUTION LOW (<i>blood glucose calibration</i>)	PV	
VARISOFT INFUSION SET (<i>insulin infusion pump supplies</i>)	3	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	PV	
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 (<i>insulin syringe-needle u-100</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	PV	
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	PV	
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	PV	
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	PV	
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	PV	
VERIFINE SHARPS CONTAINER (<i>sharps container</i>)	3	
VERSAPAP DEVICE (<i>respiratory therapy supplies</i>)	3	
VERSAPAP W/UNIVERSAL TUBING DEVICE (<i>respiratory therapy supplies</i>)	3	
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	3	DSL = 30 days
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	3	DSL = 30 days
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG (<i>cosyntropin</i>)	2	
<i>cosyntropin injection solution reconstituted 0.25 mg</i>	1	
ALLERGENIC EXTRACTS (DIAGNOSTIC)		
ACACIA SUBCUTANEOUS SOLUTION 1:20	3	
ALDER SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN BEECH POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN BEECH SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION 1:20	3	
AMERICAN ELM SUBCUTANEOUS SOLUTION 1:20	3	
BAHIA SUBCUTANEOUS SOLUTION 1:20	3	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION 1:20	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
BROME SUBCUTANEOUS SOLUTION 1:20	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION 10000 BAU/ML	3	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	3	
CEDAR ELM SUBCUTANEOUS SOLUTION 1:20	3	
COCKLEBUR SUBCUTANEOUS SOLUTION 1:20	3	
CORN POLLEN SUBCUTANEOUS SOLUTION 1:20	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DANDELION SUBCUTANEOUS SOLUTION 1:20	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
DOG FENNEL SUBCUTANEOUS SOLUTION 1:20	3	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION 1:20	3	
GOLDENROD SUBCUTANEOUS SOLUTION 1:20	3	
HACKBERRY SUBCUTANEOUS SOLUTION 1:20	3	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
JOHNSON GRASS SUBCUTANEOUS SOLUTION 1:20	3	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
KOCHIA SUBCUTANEOUS SOLUTION 1:20	3	
LENSCALE SUBCUTANEOUS SOLUTION 1:20	3	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
MELALEUCA SUBCUTANEOUS SOLUTION 1:20	3	
MESQUITE SUBCUTANEOUS SOLUTION 1:20	3	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION 10000 AU/ML	3	
MIXED FEATHERS SUBCUTANEOUS SOLUTION 1:20	3	
MIXED RAGWEED SUBCUTANEOUS SOLUTION 1:20	3	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION 1:20	3	
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION 1:20	3	
MUGWORT SUBCUTANEOUS SOLUTION 1:20	3	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
PRIVET SUBCUTANEOUS SOLUTION 1:20	3	
QUEEN PALM SUBCUTANEOUS SOLUTION 1:20	3	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION 1:10 , 1:20	3	
RED MULBERRY SUBCUTANEOUS SOLUTION 1:20	3	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION 1:20	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROUGH PIGWEED SUBCUTANEOUS SOLUTION 1:20	3	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION 1:20	3	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION 1:20	3	
SHEEP SORREL-YELLOW DOCK SUBCUTANEOUS SOLUTION 1:20	3	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION 1:20	3	
SORREL/DOCK MIX SUBCUTANEOUS SOLUTION 1:20	3	
SPINY PIGWEED SUBCUTANEOUS SOLUTION 1:20	3	
SPRING BIRCH POLLEN SUBCUTANEOUS SOLUTION 1:20	3	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
TALL RAGWEED SUBCUTANEOUS SOLUTION 1:20	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION 100000 BAU/ML	3	
TRICHOPHYTON MENTAGROPHYTES SUBCUTANEOUS SOLUTION 1:20	3	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION 1:20	3	
WHITE MULBERRY SUBCUTANEOUS SOLUTION 1:20	3	
WHITE OAK SUBCUTANEOUS SOLUTION 1:20	3	
WHITE PINE SUBCUTANEOUS SOLUTION 1:20	3	
DIABETES MELLITUS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	PV	
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	PV	
ACCU-CHEK SMARTVIEW TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	PV	
BLOOD GLUCOSE TEST STRIPS 333 IN VITRO STRIP	PV	
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	PV	
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP (<i>ketone blood test</i>)	3	
FORTISCARE G1 TEST STRIP IN VITRO STRIP (<i>glucose blood</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
MM BLULINK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	PV	
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	PV	
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (<i>glucose blood</i>)	PV	
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	PV	
PTS PANELS EGLU TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	PV	
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	PV	
DIAGNOSTIC AGENTS		
ACCUCAINE COMBINATION KIT 1 % (<i>lido-pentaf-tetrafl-ultrasound</i>)	3	
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	
CADIRAMD EXTERNAL KIT 2.5-2.5 % (<i>lido-prilocaine-blood collect</i>)	3	
CARESTART COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	
CLEARDETECT COVID-19 AG HOME IN VITRO KIT (<i>covid-19 at home test</i>)	3	
CLINITEST RAPID COVID-19 TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	
COVID-19 AT HOME ANTIGEN TEST IN VITRO KIT	3	
COVID-19 AT-HOME TEST IN VITRO KIT	3	
COVID-19 SPECIMEN COLLECTION KIT	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIATRUST COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	
ELLUME COVID-19 HOME TEST IN VITRO KIT	3	
FASTEP COVID-19 ANTIGEN TEST IN VITRO KIT	3	
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	
INDICAID COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	
LUCIRA COVID-19 & FLU TEST IN VITRO KIT (<i>influenza-sars molecular test</i>)	3	
METHACHOLINE CHLORIDE INHALATION KIT	3	
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	
PILOT COVID-19 AT-HOME TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	
PROVOCHOLINE INHALATION KIT (<i>methacholine chloride</i>)	3	
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (<i>covid-19 at home test</i>)	3	
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT (<i>covid-19 at home test</i>)	3	
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (<i>lidocaine hcl-blood collection</i>)	3	
XENOVUE INHALATION GAS 1 % (<i>xenon xe 129 hyperpolarized</i>)	3	
KETONES		
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	2	
KETONE TEST IN VITRO STRIP	2	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	2	
MYASTHENIA GRAVIS		
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 5 MG/5ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OCULAR DISORDERS		
ALTAFLUOR BENOX OPHTHALMIC SOLUTION 0.25-0.4 %	1	
BIO GLO OPHTHALMIC STRIP 1 MG (<i>fluorescein sodium</i>)	1	
FLUCAINE OPHTHALMIC SOLUTION 0.25-0.5 % (<i>fluorescein-proparacaine</i>)	3	
FLUORESCEIN SODIUM/BENOXINATE OPHTHALMIC SOLUTION 0.3-0.4 %	3	
<i>fluorescein-benoxinate ophthalmic solution 0.25-0.4 %</i>	1	
<i>fluor-i-strips a.t. ophthalmic strip 1 mg</i>	1	
FLURA-SAFE OPHTHALMIC SOLUTION 0.35-0.4 % (<i>fluorexon-benoxinate</i>)	3	
GLOSTRIPS OPHTHALMIC STRIP 1 MG (<i>fluorescein sodium</i>)	1	
GREEN GLO LISSAMINE GREEN OPHTHALMIC STRIP 1.5 MG (<i>lissamine green</i>)	3	
<i>proparacaine-fluorescein ophthalmic solution 0.5-0.25 %</i>	1	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.06 % (<i>trypan blue</i>)	3	
PH		
PH STRIPS IN VITRO DIAGNOSTIC TEST	3	
PITUITARY FUNCTION		
METOPIRONE ORAL CAPSULE 250 MG (<i>metyrapone</i>)	2	
PROTEIN		
CHEMSTRIP MICRAL IN VITRO STRIP (<i>albumin (urine) test</i>)	2	
RESPIRATORY FUNCTION		
ARIDOL INHALATION KIT 0 & 5 & 10 & 20 & 40 MG (<i>mannitol</i>)	3	
ROENTGENOGRAPHY AND OTHER IMAGING AGENTS		
GLEOLAN ORAL SOLUTION RECONSTITUTED 1.5 GM (<i>aminolevulinic acid hcl</i>)	3	
THYROID FUNCTION		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG (<i>thyrotropin alfa</i>)	2	
URINE AND FECES CONTENTS		
CHEMSTRIP 10 MD IN VITRO STRIP (<i>multiple urine tests</i>)	2	
CHEMSTRIP 10/SG IN VITRO STRIP (<i>multiple urine tests</i>)	2	
CHEMSTRIP 2 GP IN VITRO STRIP (<i>multiple urine tests</i>)	2	
CHEMSTRIP 5 OB IN VITRO STRIP (<i>multiple urine tests</i>)	2	
CHEMSTRIP 7 IN VITRO STRIP (<i>multiple urine tests</i>)	2	
CHEMSTRIP 9 IN VITRO STRIP (<i>multiple urine tests</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	2	
CVS KETONE CARE IN VITRO STRIP (<i>urine glucose-ketones test</i>)	2	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	2	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
<i>formaldehyde external solution 10 %, 37 %</i>	1	
<i>glutaraldehyde external solution 25 %</i>	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ACIDIFYING AGENTS		
K-PHOS NO 2 ORAL TABLET 305-700 MG (<i>pot & sod ac phosphates</i>)	PV	
ALKALINIZING AGENTS		
<i>cytra k crystals oral packet 3300-1002 mg</i>	1	
ORACIT ORAL SOLUTION 490-640 MG/5ML (<i>sod citrate-citric acid</i>)	3	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	1	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	1	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %</i>	1	
<i>sodium bicarbonate solution 8.4 % intravenous</i>	1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	1	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (<i>potassium citrate</i>)	3	
AMMONIA DETOXICANTS		
BUPHENYL ORAL POWDER 3 GM/TSP (<i>sodium phenylbutyrate</i>)	3	DSL = 30 days
BUPHENYL ORAL TABLET 500 MG (<i>sodium phenylbutyrate</i>)	3	DSL = 30 days
CARBAGLU ORAL TABLET SOLUBLE 200 MG (<i>carglumic acid</i>)	3	DSL = 30 days
<i>carglumic acid oral tablet soluble 200 mg</i>	1	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
KRISTALOSE ORAL PACKET 10 GM, 20 GM (<i>lactulose</i>)	3	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<i>lactulose oral packet 10 gm</i>	1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	2	
OLPRUVA (2 GM DOSE) ORAL THERAPY PACK 2 GM (<i>sodium phenylbutyrate</i>)	3	DSL = 30 days
OLPRUVA (3 GM DOSE) ORAL THERAPY PACK 3 GM (<i>sodium phenylbutyrate</i>)	3	DSL = 30 days
OLPRUVA (4 GM DOSE) ORAL THERAPY PACK 2 & 2 GM (<i>sodium phenylbutyrate</i>)	3	DSL = 30 days
OLPRUVA (5 GM DOSE) ORAL THERAPY PACK 2 & 3 GM (<i>sodium phenylbutyrate</i>)	3	DSL = 30 days
OLPRUVA (6 GM DOSE) ORAL THERAPY PACK 3 & 3 GM (<i>sodium phenylbutyrate</i>)	3	DSL = 30 days
OLPRUVA (6.67 GM DOSE) ORAL THERAPY PACK 3 & 3.67 GM (<i>sodium phenylbutyrate</i>)	3	DSL = 30 days
PHEBURANE ORAL PELLETT 483 MG/GM (<i>sodium phenylbutyrate</i>)	3	DSL = 30 days
RAVICTI ORAL LIQUID 1.1 GM/ML (<i>glycerol phenylbutyrate</i>)	3	DSL = 30 days
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	3	DSL = 30 days
<i>sodium phenylbutyrate oral tablet 500 mg</i>	3	DSL = 30 days
CALORIC AGENTS - Drugs for Nutrition		
<i>3232a infant formula oral powder</i>	3	
<i>aminoamrms oral capsule</i>	3	
AMINOPMRMS ORAL CAPSULE (<i>nutritional supplements</i>)	3	
<i>aminoreliefrms oral capsule</i>	3	
APP SLIM RMS ORAL CAPSULE (<i>nutritional supp - diet aids</i>)	3	
ARGIMENT AT ORAL PACKET (<i>amino acids</i>)	3	
ARGINAID ORAL PACKET (<i>nutritional supplements</i>)	3	
<i>asilnasalrms oral capsule</i>	1	
AXONA ORAL PACKET (<i>dietary management product</i>)	3	
BOOST GLUCOSE CTRL MAX PROTEIN ORAL LIQUID (<i>nutritional supplements</i>)	3	
BRAINSUSTAIN ORAL PACKET (<i>nutritional supplements</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CAMINO PRO COMPLETE/GLYTACTIN ORAL BAR (<i>nutritional supplements</i>)	3	
cefazolin sodium-dextrose intravenous solution 2-4 gm/100ml-%	1	
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG (<i>methyfol-algae-b12-acetylcyst</i>)	3	
COMPLEAT ORIGINAL PLANT-BASED ENTERAL LIQUID (<i>nutritional supplements</i>)	3	
COMPLEAT PEDI ORIG PLANT-BASED ENTERAL LIQUID (<i>nutritional supplements</i>)	3	
COMPLEAT STANDARD 1.4 ORAL LIQUID (<i>nutritional supplements</i>)	3	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
DOJOLVI ORAL LIQUID 100 % (<i>triheptanoin</i>)	3	DSL = 30 days
ENFAGROW NEUROPRO TODDLER ORAL LIQUID (<i>infant foods</i>)	3	
ENFAGROW PREMIUM TODDLER GENTL ORAL POWDER (<i>infant foods</i>)	3	
ENFAGROW PREMIUM TODDLER ORAL POWDER (<i>infant foods</i>)	3	
ENFAMIL A.R. INFANT ORAL POWDER (<i>infant foods</i>)	3	
ENFAMIL DHA & ARA SUPPLEMENT ORAL LIQUID (<i>infant foods</i>)	3	
ENFAMIL ENSPIRE GENTLEASE ORAL POWDER (<i>infant foods</i>)	3	
ENFAMIL ENSPIRE OPTIMUM ORAL POWDER (<i>infant foods</i>)	3	
ENFAMIL GENTLEASE ORAL LIQUID (<i>infant foods</i>)	3	
ENFAMIL GENTLEASE ORAL POWDER (<i>infant foods</i>)	3	
ENFAMIL HUMAN MILK FORTIFIER ORAL CONCENTRATE (<i>infant foods</i>)	3	
ENFAMIL INFANT ORAL POWDER (<i>infant foods</i>)	3	
ENFAMIL NEUROPRO ENFACARE ORAL LIQUID (<i>infant foods</i>)	3	
ENFAMIL NEUROPRO GENTLEASE ORAL PACKET (<i>infant foods</i>)	3	
ENFAMIL NEUROPRO GENTLEASE ORAL POWDER (<i>infant foods</i>)	3	
ENFAMIL NEUROPRO INFANT ORAL LIQUID (<i>infant foods</i>)	3	
ENFAMIL NEUROPRO INFANT ORAL PACKET (<i>infant foods</i>)	3	
ENFAMIL NEUROPRO INFANT ORAL POWDER (<i>infant foods</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ENFAMIL NEUROPRO SENSITIVE ORAL POWDER (<i>infant foods</i>)	3	
ENFAMIL NUTRAMIGEN LIPIL ORAL LIQUID (<i>infant foods</i>)	3	
ENFAMIL NUTRAMIGEN ORAL LIQUID (<i>infant foods</i>)	3	
ENFAMIL NUTRAMIGEN PROBIOT LGG ORAL POWDER (<i>infant foods</i>)	3	
ENLYTE ORAL CAPSULE (<i>dietary management product</i>)	3	
ENSURE ENLIVE ORAL LIQUID (<i>nutritional supplements</i>)	3	
ENSURE ORIGINAL/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	3	
ENSURE PLUS WITH FIBER ORAL LIQUID (<i>nutritional supplements</i>)	3	
ENSURE SURGERY ORAL LIQUID (<i>nutritional supplements</i>)	3	
ENTERADE IBS-D ORAL LIQUID (<i>nutritional supplements</i>)	3	
ENU NUTRITIONAL SHAKE ORAL LIQUID (<i>nutritional supplements</i>)	3	
ENU PRO3 PLUS ORAL POWDER (<i>nutritional supplements</i>)	3	
EQUACARE JR ORAL POWDER	3	
ESSENTIAL CARE JR ORAL POWDER (<i>nutritional supplements</i>)	3	
FITFOOD LEAN ORAL PACKET (<i>protein</i>)	3	
FOLITE ORAL TABLET	3	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (<i>genistein-zn chelate-vit d</i>)	3	
FOSTEUM PLUS ORAL CAPSULE (<i>dietary management product</i>)	3	
GERBER GOOD START GENTLEPRO ORAL POWDER (<i>infant foods</i>)	3	
GERBER GOOD START SOOTHEPRO ORAL POWDER (<i>infant foods</i>)	3	
GLYTACTIN BETTERMILK 15 ORAL PACKET (<i>nutritional supplements</i>)	3	
GLYTACTIN BETTERMILK DE-LITE ORAL PACKET (<i>nutritional supplements</i>)	3	
GLYTACTIN BUILD 10PE ORAL PACKET (<i>nutritional supplements</i>)	3	
GLYTACTIN BUILD 20/20 ORAL PACKET (<i>nutritional supplements</i>)	3	
GLYTACTIN BUILD 20/20 PKU ORAL PACKET (<i>nutritional supplements</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLYTACTIN BURST ORAL PACKET (<i>nutritional supplements</i>)	3	
GLYTACTIN COMPLETE 10PE ORAL BAR (<i>nutritional supplements</i>)	3	
GLYTACTIN RESTORE 10 ORAL LIQUID (<i>nutritional supplements</i>)	3	
GLYTACTIN RESTORE 5 ORAL PACKET (<i>nutritional supplements</i>)	3	
GLYTACTIN RESTORE LITE 10 ORAL LIQUID (<i>nutritional supplements</i>)	3	
GLYTACTIN RESTORE LITE 10PE ORAL PACKET (<i>nutritional supplements</i>)	3	
GLYTACTIN RTD 10 ORAL LIQUID (<i>nutritional supplements</i>)	3	
GLYTACTIN RTD 15 ORAL LIQUID (<i>nutritional supplements</i>)	3	
GLYTACTIN RTD LITE 15 ORAL LIQUID (<i>nutritional supplements</i>)	3	
GLYTACTIN SWIRL 15 ORAL PACKET (<i>nutritional supplements</i>)	3	
GLYTACTIN SWIRL 15PE ORAL PACKET (<i>nutritional supplements</i>)	3	
HOMACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	3	
HOMACTIN AA PLUS ORAL PACKET (<i>nutritional supplements</i>)	3	
ISOVACTIN AA PLUS ORAL PACKET (<i>nutritional supplements</i>)	3	
KATE FARMS BLENDED MEALS PED ORAL (<i>nutritional supplements</i>)	3	
KATE FARMS PED PEPTIDE 1.0 ORAL LIQUID (<i>nutritional supplements</i>)	3	
KATE FARMS STANDARD 1.4 ORAL LIQUID (<i>nutritional supplements</i>)	3	
KETOVIE 3:1 ORAL LIQUID (<i>nutritional supplements</i>)	3	
KETOVIE 4:1 ORAL LIQUID (<i>nutritional supplements</i>)	3	
KETOVIE ORAL LIQUID (<i>nutritional supplements</i>)	3	
KETOVIE PEPTIDE ORAL LIQUID (<i>nutritional supplements</i>)	3	
L-CYSTINE POWDER	3	
LIQUACEL ORAL LIQUID (<i>amino acids</i>)	3	
LIQUID HOPE PEPTIDE BERRY ORAL LIQUID (<i>nutritional supplements</i>)	3	
L-ISOLEUCINE POWDER	3	
LORMATE ORAL CAPSULE	3	
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG (<i>methylfol-methylcob-acetylcyst</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG (<i>methyfol-algae-b12-acetylcyst</i>)	3	
<i>methyfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg</i>	1	
<i>milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%</i>	1	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (<i>fe asp gly-succ-c-thre-b12-fa</i>)	PV	
MULTIGEN ORAL TABLET 70 MG (<i>fe-succ-c-thre-b12-des stomach</i>)	PV	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (<i>feasp-fefum - suc-c-thre-b12-fa</i>)	3	
NEPRO/CARBSTEADY ORAL LIQUID (<i>nutritional supplements</i>)	3	
NICAPRIN ORAL TABLET (<i>dietary management product</i>)	3	
NUTRIVIT ORAL LIQUID (<i>b complex-lysine-min-fe-fa</i>)	3	
OPTICLEANSE GHI ORAL PACKET (<i>nutritional supplements</i>)	3	
OPTICLEANSE PLUS ORAL PACKET (<i>nutritional supplements</i>)	3	
PEDIASURE GROW & GAIN/FIBER ORAL LIQUID (<i>nutritional supplements</i>)	3	
PKU EASY MICROTABS ORAL TABLET DELAYED RELEASE (<i>nutritional supplements</i>)	3	
PKU EASY SHAKE & GO ORAL POWDER (<i>nutritional supplements</i>)	3	
PKU EXPLORE10 ORAL PACKET (<i>nutritional supplements</i>)	3	
PKU EXPLORE5 ORAL PACKET (<i>nutritional supplements</i>)	3	
PKU SPHERE 20 ORAL PACKET (<i>nutritional supplements</i>)	3	
<i>pku trio oral powder</i>	3	
PREKUNIL ORAL TABLET (<i>nutritional supplements</i>)	3	
PRO-CRITIC ORAL PACKET	3	
PROLEVA ORAL TABLET	3	
PROSOURCE NO CARB ORAL LIQUID (<i>nutritional supplements</i>)	3	
PROSOURCE PLUS ORAL LIQUID (<i>nutritional supplements</i>)	3	
PROSOURCE PROTEIN ORAL PACKET (<i>protein</i>)	3	
PROSOURCE XTRACAL ORAL LIQUID (<i>nutritional supplements</i>)	3	
PROSOURCE ZAC ORAL LIQUID (<i>nutritional supplements</i>)	3	
PRO-STAT/FIBER ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	3	
<i>protein fortifier oral liquid</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROTEINEX ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	3	
PROTEINEX P18 ORAL LIQUID (<i>amino acids-protein hydrolys</i>)	3	
PURAMINO DHA/ARA ORAL POWDER (<i>infant foods</i>)	3	
RHEUMATE ORAL CAPSULE (<i>dietary management product</i>)	3	
SIMILAC 360 TOTAL CARE ORAL POWDER (<i>infant foods</i>)	3	
SIMILAC ALIMENTUM IMMUNESUPP ORAL LIQUID (<i>infant foods</i>)	3	
SIMILAC ALIMENTUM TODDLER ORAL POWDER (<i>infant foods</i>)	3	
SUPERVITE ORAL LIQUID (<i>b complex-lysine-zn-fa</i>)	3	
TOBAKIENT ORAL CAPSULE (<i>dietary management product</i>)	3	
TYLACTIN BUILD 20PE TYR ORAL PACKET (<i>nutritional supplements</i>)	3	
TYLACTIN COMPLETE 15 PE ORAL BAR (<i>nutritional supplements</i>)	3	
TYLACTIN RESTORE 10 ORAL LIQUID (<i>nutritional supplements</i>)	3	
TYLACTIN RESTORE 5PE ORAL PACKET (<i>nutritional supplements</i>)	3	
TYLACTIN RTD 15 ORAL LIQUID (<i>nutritional supplements</i>)	3	
TYROS 2 ORAL POWDER (<i>nutritional supplements</i>)	3	
<i>ucd trio oral powder</i>	3	
UTYMAX ORAL PACKET (<i>nutritional supplements</i>)	3	
VASCULERA ORAL TABLET (<i>dietary management product</i>)	3	
VILACTIN AA PLUS ORAL LIQUID (<i>nutritional supplements</i>)	3	
VILACTIN AA PLUS ORAL PACKET (<i>nutritional supplements</i>)	3	
VIVONEX PEDIATRIC ORAL PACKET (<i>nutritional supplements</i>)	3	
VIVONEX PEDIATRIC RTF ORAL LIQUID (<i>nutritional supplements</i>)	3	
VIVONEX PLUS ORAL PACKET (<i>nutritional supplements</i>)	3	
XYZBAC ORAL TABLET	3	
ZYVEXOL ORAL TABLET	3	
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PV	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PV	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
ELECTROLYTIC,CALORIC,WATER BALANCE MISC,		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (<i>burosumab-twza</i>)	3	DSL = 30 days
IRRIGATING SOLUTIONS		
<i>glycine irrigation solution 1.5 %</i>	1	
<i>glycine urologic irrigation solution 1.5 %</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION (<i>irrigation solns physiological</i>)	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION (<i>irrigation solns physiological</i>)	3	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	3	
<i>ringers irrigation irrigation solution</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gml/100ml</i>	1	
TIS-U-SOL IRRIGATION SOLUTION (<i>ringers irrigation</i>)	3	
LOOP DIURETICS - Drugs for Water Balance		
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
EDECIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	3	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML (<i>furosemide</i>)	3	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (<i>furosemide</i>)	3	
SOANZ ORAL TABLET 20 MG, 40 MG, 60 MG (<i>torseamide</i>)	3	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	
PHOSPHATE-REMOVING AGENTS		
AURYXIA ORAL TABLET 1 GM 210 MG(Fe) (<i>ferric citrate</i>)	3	DSL = 30 days
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PV	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	PV	
<i>calcium acetate oral tablet 667 mg</i>	PV	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	PV	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	PV	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	PV	
REVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	PV	
REVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	PV	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PV	
<i>sevelamer carbonate oral tablet 800 mg</i>	PV	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PV	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	3	
XPHOZAH ORAL TABLET 20 MG, 30 MG (<i>tenapanor hcl (ckd)</i>)	3	DSL = 30 days
POTASSIUM-REMOVING AGENTS		
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	3	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	3	DSL = 30 days
XPHOZAH ORAL TABLET 30 MG (<i>tenapanor hcl (ckd)</i>)	3	DSL = 30 days
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>amiloride hcl oral tablet 5 mg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML (<i>spironolactone</i>)	3	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	2	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
MAXZIDE ORAL TABLET 75-50 MG (<i>triamterene-hctz</i>)	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (<i>triamterene-hctz</i>)	3	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
REPLACEMENT PREPARATIONS		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
ALIVE MENS 50+ MULTI GUMMY ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	3	
ALIVE MENS GUMMY MULTIVITAMINS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	3	
BACMIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
<i>biocel oral tablet</i>	1	
BIOLYTE ORAL SOLUTION (<i>oral electrolytes</i>)	3	
<i>b-plex plus oral tablet</i>	1	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	PV	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	PV	
<i>calcium acetate oral tablet 667 mg</i>	PV	
CARDIOPLEGIA DEL NIDO FORMULA PERFUSION SOLUTION	3	
CARDIOPLEGIA IND PLASMA HIGH K PERFUSION SOLUTION	3	
CARDIOPLEGIA IND PLASMA-TROMET PERFUSION SOLUTION	3	
CARDIOPLEGIA INDUCTION HIGH K PERFUSION SOLUTION	3	
CARDIOPLEGIA INDUCTION LOW DEX PERFUSION SOLUTION	3	
CARDIOPLEGIA INDUCTION NON-ENR PERFUSION SOLUTION	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARDIOPLEGIA MAIN LOW DEXTROSE PERFUSION SOLUTION	3	
CARDIOPLEGIA MAIN LOW TROMETHA PERFUSION SOLUTION	3	
CARDIOPLEGIA MAIN PLASMA-TROME PERFUSION SOLUTION	3	
CARDIOPLEGIA MAINTENANCE PERFUSION SOLUTION	3	
CARDIOPLEGIA REPERFUSATE 4:1 PERFUSION SOLUTION	3	
CENTRATEX ORAL CAPSULE 106-1 MG (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	3	
<i>corvita 150 oral tablet 150-1.25 mg</i>	1	
CORVITA ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
DAYAVITE ORAL TABLET	3	
DERMACINRX MULTITAM ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
DERMACINRX PRETRATE ORAL TABLET 1 MG (<i>prenatal multivit-min-fe-fa</i>)	3	
DERMACINRX RIBOTIN-E ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
DERMACINRX ZINTREXYL-C ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
DEXATRAN ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	3	
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml</i>	1	
DIALYVITE 3000 ORAL TABLET 3 MG (<i>b complex-c-biotin-e-min-fa</i>)	3	
DIALYVITE 5000 ORAL TABLET 5 MG (<i>b complex-c-biotin-e-min-fa</i>)	3	
DIALYVITE SUPREME D ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
DIALYVITE/ZINC ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	3	
DIATROL ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	PV	
<i>effe-k oral tablet effervescent 25 meq</i>	1	
EPHEDRINE SULFATE-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
FENTANYL CITRATE-NAACL INJECTION SOLUTION 1-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 2.5-0.9 MG/100ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 500-0.9 MCG/50ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.5-0.04-0.9 MG/100ML-%, 0.5-0.075-0.9 MG/100ML-%, 1-0.125-0.9 MG/250ML-%	3	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	3	DSL = 30 days
FERIVA 21/7 ORAL TABLET 75-1 MG (<i>feasp-b12-fa-c-dss-succac-zn</i>)	3	
<i>ferrocite plus oral tablet 106-1 mg</i>	1	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	3	
FLINTSTONES GUMMIES +IMMUNITY ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	3	
FLINTSTONES-IMMUNITY SUPPORT ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	3	
FOLAGENT DHA ORAL CAPSULE	3	
FOLAMAX ORAL TABLET	3	
FOLAMED DHA ORAL CAPSULE	3	
FOLBEE PLUS CZ ORAL TABLET 5 MG (<i>b-complex-c-biotin-minerals-fa</i>)	3	
FOLGARD OS ORAL TABLET 500-1.1 MG (<i>multiple vit-min-calcium-fa</i>)	3	
FOLIFLEX ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
FOLITE ORAL TABLET	3	
FOLITIN-Z ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
GALZIN ORAL CAPSULE 25 MG, 50 MG (<i>zinc acetate (oral)</i>)	3	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	1	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	3	
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 4000-0.9 UNIT/L-%	3	
HEPMED COMBINATION KIT 100&0.9&2.5-2.5 UT/ML	3	
HYDROMORPHONE HCL-NAACL INTRAVENOUS SOLUTION 25-0.9 MG/50ML-%, 50-0.9 MG/50ML-%	3	
HYDROMORPHONE HCL-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%	3	
HYLAZINC ORAL TABLET	3	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (<i>calfactant in nacl</i>)	3	
IROSPAN 24/6 ORAL (<i>fe-succ ac-b cmplx-c-ca-fa</i>)	3	
ISOLYTE-S INTRAVENOUS SOLUTION (<i>electrolyte-s</i>)	3	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	
<i>kcl (0.149%) in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%</i>	1	
<i>kcl (0.298%) in nacl intravenous solution 40-0.9 meq/l-%</i>	1	
KCL-LIDOCAINE-NAACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	3	
KETAMINE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/5ML-%	3	
KEYFOLIC ORAL TABLET	3	
KEYLOSA ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
<i>klor-con 10 oral tablet extended release 10 meq</i>	PV	
<i>klor-con m10 oral tablet extended release 10 meq</i>	PV	
<i>klor-con m15 oral tablet extended release 15 meq</i>	PV	
<i>klor-con m20 oral tablet extended release 20 meq</i>	PV	
<i>klor-con oral packet 20 meq</i>	PV	
<i>klor-con oral tablet extended release 8 meq</i>	PV	
<i>klor-con/ef oral tablet effervescent 25 meq</i>	1	
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	PV	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	PV	
<i>k-prime oral tablet effervescent 25 meq</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ (<i>potassium chloride</i>)	PV	
<i>k-tan plus oral capsule 162-115.2-1 mg</i>	1	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIMBREL250 ORAL CAPSULE 250-50 MG (<i>flavocoxid-cit zn bisglcinate</i>)	3	
LIMBREL500 ORAL CAPSULE 500-50 MG (<i>flavocoxid-cit zn bisglcinate</i>)	3	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	3	
LIVITA ADULTS ORAL LIQUID (<i>multiple vitamins-minerals</i>)	3	
LIVITA CHILDREN ORAL LIQUID (<i>pediatric multivit-minerals</i>)	3	
<i>lysiplex plus oral tablet</i>	1	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	PV	
<i>magnesium-oxide oral tablet 400 (240 mg) mg</i>	PV	
<i>mag-oxide oral tablet 200 mg</i>	PV	
MENATROL ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	3	
MICROPLEGIA MSA-MSG PERFUSION SOLUTION	3	
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.8 MG/100ML-%, 100-0.9 MG/100ML-%, 50-0.8 MG/50ML-%, 50-0.9 MG/50ML-%	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/50ML-%	3	
<i>multiple electro type 1 ph 5.5 intravenous solution</i>	1	
<i>multiple electro type 1 ph 7.4 intravenous solution</i>	1	
MULTIPRO ORAL CAPSULE	3	
<i>mvw hi-d adek gummies oral tablet chewable</i>	1	
MVW MODULATOR FORMULATION PEDS ORAL LIQUID (<i>pediatric multivit-minerals</i>)	3	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEOVITE ORAL TABLET	3	
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	3	
NICADAN ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
NICAZEL FORTE ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
NICAZEL ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	3	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	1	
NUTRICAP ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
<i>nutrifac zx oral tablet</i>	1	
NUTRIVIT ORAL LIQUID (<i>b complex-lysine-min-fe-fa</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OCUVEL ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	3	
ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	3	
ONEVITE ORAL TABLET	3	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UNIT/L-%	3	
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	1	
<i>oyster shell calcium/d oral tablet 250-6.25 mg-mcg</i>	1	
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	1	
<i>oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg</i>	1	
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	1	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG (<i>k phos mono-sod phos di & mono</i>)	PV	
<i>phosphorous oral tablet 155-852-130 mg</i>	PV	
<i>phosphorus supplement oral packet 280-160-250 mg</i>	PV	
<i>phosphorus w/sod & potassium oral packet 280-160-250 mg</i>	PV	
<i>phospho-trin 250 neutral oral tablet 155-852-130 mg</i>	PV	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	PV	
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION 22-4-1 MEQ-MMOL/L	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5-1 MEQ-MMOL/L	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION (<i>electrolyte-148</i>)	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION (<i>electrolyte-a</i>)	3	
POKONZA ORAL PACKET 10 MEQ (<i>potassium chloride</i>)	PV	DSL = 30 days
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	PV	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	PV	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	PV	
<i>potassium chloride in nacl intravenous solution 20-0.45 meq/l-%, 20-0.9 meq/l-%, 40-0.9 meq/l-%</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>potassium chloride oral packet 20 meq</i>	PV	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	PV	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML (<i>dexmedetomidine hcl in nacl</i>)	3	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/50ML, 400 MCG/100ML, 80 MCG/20ML (<i>dexmedetomidine hcl in nacl</i>)	3	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	
PRENATAL ESSENTIALS ORAL CAPSULE 0.272 MG (<i>prenatal multivit-min-fe-fa</i>)	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PREPIV SUPPLY COMBINATION KIT 2.5-2.5 & 0.9 %	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (<i>bicarb-dextrose-k (crrt)</i>)	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (<i>bicarb-dextrose-ca (crrt)</i>)	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (<i>bicarb-dextrose-k (crrt)</i>)	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (<i>bicarb-dextrose-k-ca (crrt)</i>)	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L (<i>bicarb-dextrose-k-mg (crrt)</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (<i>bicarb-dextrose-k-ca (crrt)</i>)	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (<i>bicarb-mg (crrt)</i>)	3	
PROFOLA ORAL TABLET	3	
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	1	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	3	
REMEDIENT ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	3	
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	1	
SIDEROL ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
SLOWMAG MG MUSCLE/HEART ORAL TABLET DELAYED RELEASE 71.5-119 MG (<i>magnesium cl-calcium carbonate</i>)	3	
<i>sodium chloride (pf) injection solution 0.9 %</i>	1	
<i>sodium chloride injection solution 2.5 meq/ml</i>	1	
<i>sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %</i>	1	
<i>sodium chloride oral solution 4 meq/ml</i>	1	
<i>sodium chloride oral tablet 1 gm</i>	1	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	3	
<i>sodium chloride solution 4 meq/ml intravenous</i>	1	
STROVITE FORTE ORAL SYRUP (<i>multiple vitamins-minerals</i>)	3	
STROVITE ONE ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
SUPERVITE ORAL LIQUID (<i>b complex-lysine-zn-fa</i>)	3	
SUPPORT ORAL LIQUID	3	
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	3	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG (<i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRUE MAGNESIUM OXIDE ORAL TABLET 400 MG, 500 MG	PV	
TRUELYTE ORAL SOLUTION	3	
UDAMIN SP ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
<i>ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	1	
<i>vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%</i>	1	
<i>v-c forte oral capsule</i>	1	
VENEXA FE ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VENEXA ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VENTRIXYL FE ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VENTRIXYL ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
<i>vic-forte oral capsule</i>	1	
<i>vita s forte oral tablet</i>	1	
<i>vitacel oral tablet</i>	1	
<i>vitachew adult multi vitamin oral tablet chewable</i>	1	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
VITAJoy MULTI GUMMIES ADULT ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	3	
VITAL-D RX ORAL TABLET 1 MG (<i>b complex-c-biotin-d-zinc-fa</i>)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
VITA-PAC ORAL CAPSULE 0.9 MG	3	
VITAROCA PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VITRAMYN ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VITRANOL FE ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VITRANOL ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VITREXATE FE ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VITREXATE ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VITREXYL + IRON ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VITREXYL ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
WELLFOLA ORAL TABLET	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	PV	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
<i>zinc oral tablet 50 mg</i>	1	
SALT AND SUGAR SUBSTITUTES		
ASPARTAME (FOR COMPOUNDING) POWDER	3	
ASPARTAME (NUTRASWEET) POWDER (<i>aspartame</i>)	3	
THIAZIDE DIURETICS - Drugs for Water Balance		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (<i>quinapril-hydrochlorothiazide</i>)	3	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	3	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
BENICAR HCT ORAL TABLET 20-12.5 MG, 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	3	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	3	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	3	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (<i>amlodipine-valsartan-hctz</i>)	3	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (<i>losartan potassium-hctz</i>)	3	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	3	
MAXZIDE ORAL TABLET 75-50 MG (<i>triamterene-hctz</i>)	3	
MAXZIDE-25 ORAL TABLET 37.5-25 MG (<i>triamterene-hctz</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (<i>telmisartan-hctz</i>)	3	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
TRIBENZOR ORAL TABLET 20-5-12.5 MG, 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	3	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	3	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	3	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	3	
URICOSURIC AGENTS		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
JYNARQUE ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	3	
JYNARQUE ORAL TABLET THERAPY PACK 15 MG, 45 & 15 MG, 60 & 30 MG, 90 & 30 MG (<i>tolvaptan</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG (<i>tolvaptan</i>)	3	
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	3	
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	3	
ENZYMES		
ENZYMES		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>alteplase</i>)	2	
ADZYNMA INTRAVENOUS KIT 1500 UNIT, 500 UNIT	3	DSL = 30 days
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	3	
BRINEURA KIT 2 X 150 MG/5ML (<i>cerliponase alfa</i>)	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED 2 MG (<i>alteplase</i>)	2	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	3	DSL = 30 days
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot- amyl)</i>)	2	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	3	DSL = 30 days
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	3	DSL = 30 days
ELFABRIO INTRAVENOUS SOLUTION 20 MG/10ML (<i>pegunigalsidase alfa-iwxj</i>)	3	DSL = 30 days
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG (<i>rasburicase</i>)	3	
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	3	DSL = 30 days
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin- hyaluronidase</i>)	3	DSL = 30 days
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	3	DSL = 30 days
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>velmanase alfa-tycv</i>)	3	DSL = 30 days
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>alglucosidase alfa</i>)	3	DSL = 30 days
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML (<i>vestronidase alfa-vjbjk</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	3	DSL = 30 days
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>avalglucosidase alfa-ngpt</i>)	3	DSL = 30 days
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML, 20 MG/ML (<i>pegvaliase-pqpz</i>)	3	DSL = 30 days
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000- 54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG (<i>cipaglucosidase alfa-atga</i>)	3	DSL = 30 days
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	3	
REVCОВI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML (<i>elapegademase-lvlr</i>)	3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	2	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	3	DSL = 30 days
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	3	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	3	DSL = 30 days
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>glucarpidase</i>)	PV	DSL = 30 days
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	3	DSL = 30 days
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 20 MG (<i>olipudase alfa-rpcp</i>)	3	DSL = 30 days
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (<i>olipudase alfa-rpcp</i>)	3	DSL = 30 days
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (<i>collagenase clostrid histolyt</i>)	3	
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 (<i>pancrelipase (lip-prot-amyl)</i>)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	3	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (<i>brimonidine tartrate</i>)	3	
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC SOLUTION 0.15-2 %	3	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	3	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	3	
TIMOLOL-BRIMON-DORZOL-LATANOPR OPHTHALMIC SOLUTION 0.5-0.15-2 -0.005%	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC SOLUTION 0.5-0.15-2 %	3	
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALAWAY OPHTHALMIC SOLUTION 0.035 % (<i>ketotifen fumarate</i>)	3	
ALOCRIAL OPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	2	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>Iodoxamide tromethamine</i>)	3	
ASTEPRO CHILDRENS NASAL SOLUTION 205.5 MCG/SPRAY (<i>azelastine hcl</i>)	3	
ASTEPRO NASAL SOLUTION 205.5 MCG/SPRAY (<i>azelastine hcl</i>)	3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	1	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	1	
BEPREVE OPHTHALMIC SOLUTION 1.5 % (<i>bepotastine besilate</i>)	3	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PV	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (azelastine-fluticasone)	3	
epinastine hcl ophthalmic solution 0.05 %	1	
eye itch relief ophthalmic solution 0.035 %	1	
ketotifen fumarate ophthalmic solution 0.025 %, 0.035 %	1	
olopatadine hcl nasal solution 0.6 %	1	
olopatadine hcl ophthalmic solution 0.1 %, 0.2 %	1	
PATADAY OPHTHALMIC SOLUTION 0.1 % (olopatadine hcl)	1	
PATADAY OPHTHALMIC SOLUTION 0.2 % (olopatadine hcl)	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	3	
ZADITOR OPHTHALMIC SOLUTION 0.035 % (ketotifen fumarate)	3	
ZERVIAE OPHTHALMIC SOLUTION 0.24 % (cetirizine hcl)	3	
ANTIBACTERIALS (EENT) - Drugs for Infections		
ARESTIN DENTAL 1 MG (minocycline hcl)	3	
AZASITE OPHTHALMIC SOLUTION 1 % (azithromycin)	3	
bacitracin ophthalmic ointment 500 unit/gm	1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (besifloxacin hcl)	3	
CETRAXAL OTIC SOLUTION 0.2 % (ciprofloxacin hcl)	3	
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	
ciprofloxacin hcl otic solution 0.2 %	1	
ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	2	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	
erythromycin ophthalmic ointment 5 mg/gm	1	
gatifloxacin ophthalmic solution 0.5 %	1	
gentamicin sulfate ophthalmic solution 0.3 %	1	
KLARITY-A OPHTHALMIC SOLUTION 1 % (azithromycin)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>levofloxacin ophthalmic solution 1.5 %</i>	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (<i>neomycin-polymyxin-dexameth</i>)	3	
MITOSOL OPHTHALMIC KIT 0.2 MG (<i>mitomycin</i>)	2	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	3	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	3	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACET-MOXIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
PREDNISOLONE-GATIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION 1-0.5 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
TOBRAMYCIN-VANCOMYCIN HCL OPHTHALMIC SOLUTION 1.5-5 %	3	
TOBREX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	2	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	
VIGAMOX OPHTHALMIC SOLUTION 0.5 % (<i>moxifloxacin hcl</i>)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	2	
ANTIVIRALS (EENT) - Drugs for Infections		
<i>trifluridine ophthalmic solution 1 %</i>	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	3	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	3	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % (<i>betaxolol hcl</i>)	3	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % (<i>brimonidine tartrate-timolol</i>)	3	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	3	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	3	
LATANOPROST-TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.005-0.5 %	3	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	1	
TIMOLOL-BRIMON-DORZOL-LATANOPR OPHTHALMIC SOLUTION 0.5-0.15-2 -0.005%	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC SOLUTION 0.5-0.15-2 %	3	
TIMOLOL-DORZOLAMID-LATANOPROST OPHTHALMIC SOLUTION 0.5-0.15-0.005 %	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (<i>timolol maleate</i>)	3	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	3	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
AZOPT OPHTHALMIC SUSPENSION 1 % (<i>brinzolamide</i>)	3	
BRIMONIDINE-DORZOLAMIDE OPHTHALMIC SOLUTION 0.15-2 %	3	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	3	
COSOPT PF OPHTHALMIC SOLUTION 2-0.5 % (<i>dorzolamide hcl-timolol mal</i>)	3	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (brinzolamide-brimonidine)	3	
TIMOLOL-BRIMON-DORZOL-LATANOPR OPHTHALMIC SOLUTION 0.5-0.15-2 -0.005%	3	
TIMOLOL-BRIMONIDINE-DORZOLAMID OPHTHALMIC SOLUTION 0.5-0.15-2 %	3	
TIMOLOL-DORZOLAMID-LATANOPROST OPHTHALMIC SOLUTION 0.5-0.15-0.005 %	3	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (albuterol-budesonide)	3	
ALREX OPHTHALMIC SUSPENSION 0.2 % (loteprednol etabonate)	3	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
CIPRO HC OTIC SUSPENSION 0.2-1 % (ciprofloxacin-hydrocortisone)	3	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
CIPROFLOXACIN-FLUOCINOLONE PF OTIC SOLUTION 0.3-0.025 %	3	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (neomycin-colist-hc-thonzonium)	2	
DERMOTIC OTIC OIL 0.01 % (fluocinolone acetonide)	3	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
DEXTENZA OPHTHALMIC INSERT 0.4 MG (dexamethasone)	3	
DEXYCU INTRAOCULAR SUSPENSION 9 % (dexamethasone)	3	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	
DUREZOL OPHTHALMIC EMULSION 0.05 % (difluprednate)	3	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (azelastine-fluticasone)	3	
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (loteprednol etabonate)	3	
<i>flac otic oil 0.01 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	3	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	2	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>)	3	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (<i>fluocinolone acetonide</i>)	3	
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	3	
KLARITY-L OPHTHALMIC EMULSION 0.2 %, 0.5 % (<i>loteprednol etabonate</i>)	3	
LOTEMAX OPHTHALMIC GEL 0.5 % (<i>loteprednol etabonate</i>)	3	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (<i>loteprednol etabonate</i>)	3	
LOTEMAX OPHTHALMIC SUSPENSION 0.5 % (<i>loteprednol etabonate</i>)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	3	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	1	
<i>loteprednol etabonate ophthalmic suspension 0.2 %, 0.5 %</i>	1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	3	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (<i>neomycin-polymyxin-dexameth</i>)	3	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetonide</i>)	3	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	3	
OTOVEL OTIC SOLUTION 0.3-0.025 % (<i>ciprofloxacin-fluocinolone</i>)	3	
OZURDEX INTRAVITREAL IMPLANT 0.7 MG (<i>dexamethasone</i>)	3	
PRED FORTE OPHTHALMIC SUSPENSION 1 % (<i>prednisolone acetate</i>)	PV	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	2	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	PV	
PREDNISOLONE ACETATE P-F OPHTHALMIC SUSPENSION 1 %	PV	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.1 %	3	
PREDNISOLONE ACET-MOXIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
PREDNISOLONE-BROMFENAC OPHTHALMIC SOLUTION 1-0.075 %	3	
PREDNISOLONE-BROMFENAC OPHTHALMIC SUSPENSION 1-0.075 %	3	
PREDNISOLONE-GATIFLOXACIN OPHTHALMIC SUSPENSION 1-0.5 %	3	
PREDNISOLONE-MOXIFLOXACIN OPHTHALMIC SOLUTION 1-0.5 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
PROPEL MINI NASAL IMPLANT 370 MCG (<i>mometasone furoate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROPEL MINI SDS NASAL IMPLANT 370 MCG (<i>mometasone furoate</i>)	3	
PROPEL NASAL IMPLANT 370 MCG (<i>mometasone furoate</i>)	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
RETISERT INTRAVITREAL IMPLANT 0.59 MG (<i>fluocinolone acetonide</i>)	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	
SINUVA NASAL IMPLANT 1350 MCG (<i>mometasone furoate</i>)	3	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	2	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
<i>triamcinolone acetonide nasal aerosol 55 mcg/lact</i>	1	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	3	
XIPERE INTRAOCULAR SUSPENSION 40 MG/ML (<i>triamcinolone acetonide</i>)	3	
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (<i>fluocinolone acetonide</i>)	3	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	3	
EENT ANTI-INFECTIVES, MISCELLANEOUS - Drugs for Infections		
<i>artificial tears ophthalmic solution 0.5-0.6 %</i>	1	
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 % (<i>silver nitrate-pot nitrate</i>)	3	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (<i>povidone-iodine</i>)	3	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLINERE EARWAX REMOVAL KIT OTIC SOLUTION 6.5 % (<i>carbamide peroxide</i>)	3	
<i>ft earwax removal kit otic solution 6.5 %</i>	1	
<i>ft earwax removal otic solution 6.5 %</i>	1	
<i>goodsense eye drops adv relief ophthalmic solution 0.05-0.1-1-1 %</i>	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>perio gard mouth/throat solution 0.12 %</i>	1	
POVIDONE-IODINE OPHTHALMIC SOLUTION 5 %	3	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylonol</i>)	3	
<i>silver nitrate external solution 0.5 %</i>	1	
XDEMVY OPHTHALMIC SOLUTION 0.25 % (<i>lotilaner</i>)	3	DSL = 30 days
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
CEQUA OPHTHALMIC SOLUTION 0.09 % (<i>cyclosporine</i>)	2	
CYCLOSPORINE IN KLARITY OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	3	DSL = 30 days
<i>cyclosporine ophthalmic emulsion 0.05 %</i>	1	
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	3	
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	3	
VERKAZIA OPHTHALMIC EMULSION 0.1 % (<i>cyclosporine</i>)	3	DSL = 30 days
VEVYE OPHTHALMIC SOLUTION 0.1 % (<i>cyclosporine</i>)	3	
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	3	
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid otic solution 2 %</i>	1	
ALCON TEARS OPHTHALMIC SOLUTION 0.5 % (<i>hypromellose</i>)	3	
<i>altachlore ophthalmic ointment 5 %</i>	1	
<i>altachlore ophthalmic solution 5 %</i>	1	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
AQUORAL MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	3	
<i>artificial tears ophthalmic solution , 0.5-0.6 %</i>	1	
BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE 2.75 MG/0.11ML	3	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BION TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 % (<i>dextran 70-hypromellose</i>)	3	
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	1	
CHONDROITIN SULFATE OPHTHALMIC SOLUTION 0.25 %	3	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	3	
<i>cvs lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	3	DSL = 30 days
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	3	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (<i>sulfuric acid-sulf phenolics</i>)	3	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	3	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	3	
<i>ft lubricant eye drops ophthalmic solution 0.5 %</i>	1	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	3	
GENTEAL TEARS NIGHT-TIME OPHTHALMIC OINTMENT (<i>white petrolatum-mineral oil</i>)	3	
GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 % (<i>polyethyl glycol-propyl glycol</i>)	3	
<i>goodsense eye drops adv relief ophthalmic solution 0.05-0.1-1-1 %</i>	1	
<i>goodsense lubricating plus pf ophthalmic solution 0.5 %</i>	1	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	2	
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (<i>avacincaptad pegol</i>)	3	DSL = 30 days
LACRISERT OPHTHALMIC INSERT 5 MG (<i>artificial tear insert</i>)	2	
<i>lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %</i>	1	
<i>lubricant eye drops ophthalmic solution 0.4-0.3 %</i>	1	
<i>lubricant eye drops pf ophthalmic solution 0.5 %</i>	1	
<i>lubricant pm ophthalmic ointment</i>	1	
<i>lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	1	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	3	DSL = 30 days
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MOUTH KOTE REMINT MOUTH/THROAT SOLUTION (artificial saliva)	3	
MUCOSITISRX MOUTH/THROAT PACKET (artificial saliva)	3	
MURO 128 OPHTHALMIC OINTMENT 5 % (sodium chloride hypertonic)	3	
MURO 128 OPHTHALMIC SOLUTION 5 % (sodium chloride hypertonic)	3	
nasal moisturizing spray nasal solution 0.65 %	1	
OXERVATE OPHTHALMIC SOLUTION 0.002 % (cenegermin-bkbj)	3	DSL = 30 days
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146 & 0.146-20 % (riboflav5 & riboflav5-dextran)	2	
polyvinyl alcohol ophthalmic solution 1.4 %	1	
REFRESH RELIEVA OPHTHALMIC SOLUTION 0.5-0.9 % (carboxymethylcellul-glycerin)	3	
REFRESH RELIEVA PF OPHTHALMIC SOLUTION 0.5-0.9 % (carboxymethylcellul-glycerin)	3	
SALIVAMAX MOUTH/THROAT PACKET (artificial saliva)	3	
SENTIA OPHTHALMIC SOLUTION 0.6 %	3	
sesame oil nasal spray nasal solution	3	
sodium chloride (hypertonic) ophthalmic ointment 5 %	1	
sodium chloride (hypertonic) ophthalmic solution 5 %	1	
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (ranibizumab)	3	DSL = 30 days
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (ranibizumab)	3	
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (pegcetacoplan (ophthalmic))	3	
SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 % (propylene glycol)	3	
SYSTANE HYDRATION PF OPHTHALMIC SOLUTION 0.4-0.3 % (polyethyl glycol-propyl glycol)	3	
SYSTANE ULTRA OPHTHALMIC SOLUTION 0.4-0.3 % (polyethyl glycol-propyl glycol)	3	
SYSTANE ULTRA PF OPHTHALMIC SOLUTION 0.4-0.3 % (polyethyl glycol-propyl glycol)	3	
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (teprotumumab-trbw)	3	DSL = 30 days
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (varenicline tartrate)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ultra fresh pm ophthalmic ointment</i>	1	
<i>ultra lubricating eye drops ophthalmic solution 0.4-0.3 %</i>	1	
<i>ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %</i>	1	
VENTIVA TEARS OPHTHALMIC SOLUTION 0.5 %	3	
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	2	
XEROSTOMIA RELIEF SPRAY MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	3	
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	PV	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	PV	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (<i>ketorolac tromethamine</i>)	PV	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	PV	
<i>bromfenac sodium ophthalmic solution 0.07 %, 0.075 %</i>	PV	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (<i>bromfenac sodium</i>)	PV	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	PV	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	PV	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (<i>nepafenac</i>)	PV	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	PV	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (<i>nepafenac</i>)	PV	
PREDNISOL ACE-MOXIFLOX-BROMFEN OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.1 %	3	
PREDNISOLONE-BROMFENAC OPHTHALMIC SOLUTION 1-0.075 %	3	
PREDNISOLONE-BROMFENAC OPHTHALMIC SUSPENSION 1-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	
PREDNISOLON-GATIFLOX-BROMFENAC OPHTHALMIC SUSPENSION 1-0.5-0.075 %	3	
PREDNISOLON-MOXIFLOX-BROMFENAC OPHTHALMIC SOLUTION 1-0.5-0.075 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREDNISOLON-MOXIFLOX-NEPAFENAC OPHTHALMIC SUSPENSION 1-0.5-0.1 %	3	
PROLENSA OPHTHALMIC SOLUTION 0.07 % (<i>bromfenac sodium</i>)	PV	
TOBRAMYCIN-VANCOMYCIN HCL OPHTHALMIC SOLUTION 1.5-5 %	3	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
ACYCLONINE MUM MOUTH/THROAT AEROSOL POWDER 36.7-16.7-3.33 %	3	
AKTEN OPHTHALMIC GEL 3.5 % (<i>lidocaine hcl</i>)	2	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (<i>proparacaine hcl</i>)	2	
ALTACAIN OPHTHALMIC SOLUTION 0.5 % (<i>tetracaine hcl</i>)	2	
ALTAFLUOR BENOX OPHTHALMIC SOLUTION 0.25-0.4 %	1	
COCAINE HCL NASAL SOLUTION 40 MG/ML	3	
<i>cough drops mouth/throat lozenge , 5.4 mg</i>	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	
FLUCAINE OPHTHALMIC SOLUTION 0.25-0.5 % (<i>fluorescein-proparacaine</i>)	3	
<i>fluorescein-benoxinate ophthalmic solution 0.25-0.4 %</i>	1	
<i>goodsense cough drops mouth/throat lozenge 5.4 mg</i>	1	
<i>goodsense cough simply menthol mouth/throat lozenge 5.4 mg</i>	1	
GOPRELTO NASAL SOLUTION 40 MG/ML	3	
IHEEZO OPHTHALMIC GEL 3 % (<i>chloroprocaine hcl</i>)	3	
<i>lidocaine hcl mouth/throat solution 4 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylonol</i>)	3	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	
<i>proparacaine-fluorescein ophthalmic solution 0.5-0.25 %</i>	1	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (<i>lido-capsaicin-men-methyl sal</i>)	3	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	
MIOTICS - Drugs for the Eye		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % (<i>echothiophate iodide</i>)	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
VUITY OPHTHALMIC SOLUTION 1.25 % (<i>pilocarpine hcl</i>)	3	DSL = 30 days
MYDRIATICS - Drugs for the Eye		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
<i>atropine sulfate ophthalmic ointment 1 %</i>	1	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.01 %	3	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (<i>cyclopentolate hcl</i>)	3	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	2	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 % (<i>homatropine hbr</i>)	3	
MYDRIACYL OPHTHALMIC SOLUTION 1 % (<i>tropicamide</i>)	3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
<i>tropicamide ophthalmic solution 0.5 %, 1 %</i>	1	
TROPICAMIDE-CYCLOPENTOLATE-PE OPHTHALMIC SOLUTION 1-1-2.5 %	3	
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION 1-2.5 %	3	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	
DURYSTA INTRAOCULAR IMPLANT 10 MCG (<i>bimatoprost</i>)	3	DSL = 30 days
IDOSE TR INTRAOCULAR IMPLANT 75 MCG (<i>travoprost</i>)	3	
IYUZEH OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	3	
LATANOPROST OIL	3	
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LATANOPROST POWDER	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LATANOPROST-TIMOLOL MALEATE OPHTHALMIC SOLUTION 0.005-0.5 %	3	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	1	
TIMOLOL-BRIMON-DORZOL-LATANOPR OPHTHALMIC SOLUTION 0.5-0.15-2 -0.005%	3	
TIMOLOL-DORZOLAMID-LATANOPROST OPHTHALMIC SOLUTION 0.5-0.15-0.005 %	3	
TRAVATAN Z OPHTHALMIC SOLUTION 0.004 % (<i>travoprost</i>)	3	
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	
VYZULTA OPHTHALMIC SOLUTION 0.024 % (<i>latanoprostene bunod</i>)	3	
XALATAN OPHTHALMIC SOLUTION 0.005 % (<i>latanoprost</i>)	3	
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	3	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (<i>tafluprost</i>)	3	
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG		
ALYMSYS INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-maly</i>)	3	DSL = 30 days
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab</i>)	3	
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE 6 MG/0.05ML (<i>brolucizumab-dbll</i>)	3	
BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE 2.75 MG/0.11ML	3	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2 MG/0.08ML	3	
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML	3	
BYOOVIZ INTRAVITREAL SOLUTION 0.5 MG/0.05ML (<i>ranibizumab-nuna</i>)	2	DSL = 30 days
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab-eqrn</i>)	3	DSL = 30 days
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07ML (<i>aflibercept</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	3	
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	3	
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab</i>)	3	DSL = 30 days
MVASI INTRAVENOUS SOLUTION 100 MG/4ML (<i>bevacizumab-awwb</i>)	3	DSL = 30 days
MVASI INTRAVENOUS SOLUTION 400 MG/16ML (<i>bevacizumab-awwb</i>)	3	DSL = 30 days
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	3	DSL = 30 days
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	3	
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05ML (<i>faricimab-svoa</i>)	3	DSL = 30 days
VEGZELMA INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-adcd</i>)	3	DSL = 30 days
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML (<i>bevacizumab-bvzr</i>)	3	DSL = 30 days
ZIRABEV INTRAVENOUS SOLUTION 400 MG/16ML (<i>bevacizumab-bvzr</i>)	3	
VASOCONSTRICTORS		
12 hour nasal decongestant nasal solution 0.05 %	1	
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	3	
AFRIN ALLERGY SINUS NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	3	
AFRIN NODRIP CHILDRENS NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	3	
AFRIN NODRIP EXTRA MOISTURE NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	3	
AFRIN NODRIP NIGHT NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	3	
AFRIN NODRIP SEVERE CONGEST NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	3	
AFRIN ORIGINAL NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	3	
AFRIN SEVERE CONGESTION NASAL SOLUTION 0.05 % (<i>oxymetazoline hcl</i>)	3	
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (cyclopentolate-phenylephrine)	2	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
ft eye drops ophthalmic solution 0.05 %	1	
ft nasal spray nasal solution 0.05 %	1	
giltuss severe sinus nasal solution 0.05 %	1	
goodsense eye drops adv relief ophthalmic solution 0.05-0.1-1-1 %	1	
L.E.T. EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LIDO-EPINEPHRINE-TETRACAINE EXTERNAL SOLUTION 4-0.05-0.5 %	3	
nasal spray 12 hour nasal solution 0.05 %	1	
nasal spray no drip nasal solution 0.05 %	1	
NEO-SYNEPHRINE COLD/ALLRG MILD NASAL SOLUTION 0.25 % (phenylephrine hcl)	3	
NEO-SYNEPHRINE COLD/ALLRGY EXT NASAL SOLUTION 1 % (phenylephrine hcl)	3	
NEO-SYNEPHRINE COLD/ALLRGY REG NASAL SOLUTION 0.5 % (phenylephrine hcl)	3	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 0.18-4-0.5 % (lido-epinephrine-tetracaine)	3	
TOPICAL L.E.T. EXTERNAL GEL 4-0.09-0.5 %	3	
TROPICAMIDE-CYCLOPENTOLATE-PE OPHTHALMIC SOLUTION 1-1-2.5 %	3	
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION 1-2.5 %	3	
TROPIC-PROPARACA-PE-KETOROLAC OPHTHALMIC SOLUTION 1-0.5-2.5-0.5 %	3	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (oxymetazoline hcl)	3	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml	1	
antacid & antigas oral suspension 2400-2400-240 mg/30ml	1	
antacid calcium oral tablet chewable 500 mg	1	
antacid calcium rich oral tablet chewable 500 mg	1	
antacid extra strength oral tablet chewable 160-105 mg, 750 mg	1	
antacid maximum oral tablet chewable 1000 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>antacid maximum strength oral suspension 800-800-80 mg/10ml</i>	1	
<i>antacid oral suspension 400-400-40 mg/10ml</i>	1	
<i>antacid oral tablet chewable 500 mg, 750 mg</i>	1	
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	1	
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	1	
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	1	
<i>cvs antacid extra strength oral tablet chewable 750 mg</i>	1	
<i>diotame instydose oral suspension 262 mg/15ml</i>	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	
<i>ft antacid & antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	1	
<i>ft antacid extra strength oral tablet chewable 750 mg</i>	1	
<i>ft antacid regular strength oral tablet chewable 500 mg</i>	1	
<i>ft stomach relief oral suspension 525 mg/30ml</i>	1	
<i>ft stomach relief oral tablet chewable 262 mg</i>	1	
GELUSIL ORAL TABLET CHEWABLE 200-200-25 MG (alum & mag hydroxide-simeth)	2	
<i>goodsense advanced antacid oral suspension 200-200-20 mg/5ml</i>	1	
<i>goodsense antacid & gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	1	
<i>goodsense antacid extra str oral tablet chewable 750 mg</i>	1	
<i>goodsense antacid oral tablet chewable 500 mg, 750 mg</i>	1	
<i>goodsense omepr/sod bicarb oral capsule 20-1100 mg</i>	1	
<i>hm stomach relief oral suspension 525 mg/30ml</i>	1	
KAOPECTATE ORAL SUSPENSION 262 MG/15ML (bismuth subsalicylate)	3	
KONVOMEPR ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (omeprazole-sodium bicarbonate)	3	
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML (alum & mag hydroxide-simeth)	3	
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	1	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	PV	
<i>magnesium oxide oral tablet 400 mg, 420 mg</i>	PV	
<i>magnesium-aluminum-simethicone oral suspension 2400-2400-240 mg/30ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	1	
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	1	
<i>sm calcium antacid ex st oral tablet chewable 750 mg</i>	1	
<i>smooth antacid extra strength oral tablet chewable 750 mg</i>	1	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	1	
<i>stomach relief oral tablet 262 mg</i>	1	
<i>stomach relief oral tablet chewable 262 mg</i>	1	
TUMS CHEWY BITES ORAL TABLET CHEWABLE 750 MG (<i>calcium carbonate antacid</i>)	3	
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	3	
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	3	
IMMUNOMODULATORY AGENT		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	3	
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	3	DSL = 30 days
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	3	
VELSIPITY ORAL TABLET 2 MG (<i>etrasimod arginine</i>)	3	DSL = 30 days
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	3	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	3	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (<i>fosnetupitant-palonosetron</i>)	3	
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	2	DSL = 30 days
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	PV	DSL = 30 days
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	PV	
<i>granisetron hcl oral tablet 1 mg</i>	PV	
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	PV	
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ondansetron hcl oral solution 4 mg/5ml</i>	PV	
<i>ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg</i>	PV	
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	PV	
<i>palonosetron hcl intravenous solution 0.25 mg/2ml, 0.25 mg/5ml</i>	PV	
<i>palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml</i>	PV	
SANCUSO TRANSDERMAL PATCH 3.1 MG/24HR (<i>granisetron</i>)	PV	
SUMANSETRON ORAL TABLET THERAPY PACK 50 & 4 MG (<i>sumatriptan-ondansetron</i>)	3	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML (<i>granisetron</i>)	PV	
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
<i>acidophilus lactobacillus oral capsule</i>	1	
ACTIPHORA ORAL CAPSULE (<i>probiotic product</i>)	3	
<i>anti-diarrheal oral solution 1 mg/7.5ml</i>	1	
<i>anti-diarrheal oral tablet 2 mg</i>	1	
BACICAP ORAL CAPSULE	3	
BILAC ORAL CAPSULE	3	
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
BOLSITOL ORAL CAPSULE (<i>lactobacillus</i>)	3	
DERMACINRX PROBISOL ORAL CAPSULE (<i>probiotic product</i>)	3	
DERMACINRX PROBITRAN ORAL CAPSULE (<i>probiotic product</i>)	3	
<i>diotame instydose oral suspension 262 mg/15ml</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
FLORASTOR ORAL CAPSULE 250 MG (<i>saccharomyces boulardii</i>)	3	
FLORASTOR SELECT IMMUNITY BOOS ORAL CAPSULE (<i>probiotic product</i>)	3	
<i>ft anti-diarrheal oral solution 1 mg/7.5ml</i>	1	
<i>ft anti-diarrheal oral tablet 2 mg</i>	1	
<i>ft anti-diarrheal/anti-gas oral tablet 2-125 mg</i>	1	
<i>ft stomach relief oral suspension 525 mg/30ml</i>	1	
<i>ft stomach relief oral tablet chewable 262 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GENORAVANCE ORAL CAPSULE (<i>probiotic product</i>)	3	
<i>goodsense anti-diarrheal oral solution 1 mg/7.5ml</i>	1	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
<i>high potency probiotic oral capsule</i>	1	
<i>hm stomach relief oral suspension 525 mg/30ml</i>	1	
IMODIUM A-D ORAL TABLET 2 MG (<i>loperamide hcl</i>)	3	
IMODIUM MULTI-SYMPTOM RELIEF ORAL TABLET 2-125 MG (<i>loperamide-simethicone</i>)	3	
KAOPECTATE ORAL SUSPENSION 262 MG/15ML (<i>bismuth subsalicylate</i>)	3	
LACTEROL ORAL CAPSULE (<i>probiotic product</i>)	3	
<i>lactobacillus oral tablet , 0.05-0.05 mg</i>	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	3	
<i>loperamide hcl oral capsule 2 mg</i>	1	
<i>loperamide hcl oral solution 1 mg/7.5ml</i>	1	
<i>loperamide hcl oral tablet 2 mg</i>	1	
<i>loperamide-simethicone oral tablet 2-125 mg</i>	1	
MICROFLOR 33 ORAL CAPSULE (<i>probiotic product</i>)	3	
MOTOFEN ORAL TABLET 1-0.025 MG (<i>difenoxin-atropine</i>)	3	
MVW COMPL FORM PROBIOTIC-KIDS ORAL CAPSULE DELAYED RELEASE (<i>probiotic product</i>)	3	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	3	
NEWFLORA PROBIOTIC ORAL CAPSULE	3	
<i>opium oral tincture 10 mg/ml (1%)</i>	1	
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	1	
PRIMIDAR ORAL CAPSULE (<i>probiotic product</i>)	3	
PROBICHEW ORAL TABLET CHEWABLE	3	
PROBINATE ORAL CAPSULE (<i>probiotic product</i>)	3	
PROBIOMAX SERENITY ORAL CAPSULE 43.75 MG (<i>lactobacillus</i>)	3	
PROBIONEXX ORAL CAPSULE	3	
<i>probiotic 10 ultra strength oral capsule</i>	1	
PROBITROL ORAL CAPSULE (<i>probiotic product</i>)	3	
PROBIZEN ORAL CAPSULE	3	
PROMELLA IN PREBIOTIC ORAL CAPSULE	3	
PROMEROL ORAL CAPSULE (<i>probiotic product</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
<i>quad-probiotic oral capsule</i>	1	
REJUVAFLOR ORAL CAPSULE	3	
REPHRESH PRO-B ORAL CAPSULE (<i>lactobacillus</i>)	3	
RESTORA RX ORAL CAPSULE 60-1.25 MG (<i>lactobacillus casei-folic acid</i>)	3	
REVITAFLOL ORAL CAPSULE	3	
<i>saccharomyces boulardii oral capsule 250 mg</i>	1	
STABLEGI ORAL CAPSULE 250 MG (<i>saccharomyces boulardii</i>)	3	
<i>stomach relief oral tablet 262 mg</i>	1	
<i>stomach relief oral tablet chewable 262 mg</i>	1	
VISBIOME ORAL PACKET (<i>probiotic product</i>)	3	
WELLPRO 31 ORAL CAPSULE	3	
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	3	DSL = 30 days
XYBIOTIC ORAL CAPSULE	3	
ZELAC ORAL CAPSULE	3	
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
MARINOL ORAL CAPSULE 2.5 MG (<i>dronabinol</i>)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	PV	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	PV	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PV	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	PV	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	3	DSL = 30 days
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	PV	
ANTIFLATULENTS - Drugs for Gas		
<i>alum & mag hydroxide-simeth oral suspension 1200-1200-120 mg/30ml</i>	1	
<i>antacid & antigas oral suspension 2400-2400-240 mg/30ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>antacid maximum strength oral suspension 800-800-80 mg/10ml</i>	1	
<i>antacid oral suspension 400-400-40 mg/10ml</i>	1	
<i>antacid regular strength oral suspension 200-200-20 mg/5ml</i>	1	
<i>antacid/antigas oral suspension 400-400-40 mg/10ml</i>	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	
<i>ft antacid & antigas oral suspension 200-200-20 mg/5ml, 400-400-40 mg/5ml</i>	1	
<i>ft anti-diarrheal/anti-gas oral tablet 2-125 mg</i>	1	
<i>ft gas relief extra strength oral capsule 125 mg</i>	1	
<i>ft gas relief extra strength oral tablet chewable 125 mg</i>	1	
<i>ft gas relief infants oral suspension 20 mg/0.3ml</i>	1	
<i>ft gas relief oral tablet chewable 80 mg</i>	1	
<i>ft gas relief ultra strength oral capsule 180 mg</i>	1	
<i>gas relief extra strength oral capsule 125 mg</i>	1	
<i>gas relief infants oral suspension 20 mg/0.3ml</i>	1	
<i>gas relief oral tablet chewable 80 mg</i>	1	
GELUSIL ORAL TABLET CHEWABLE 200-200-25 MG (alum & mag hydroxide-simeth)	2	
<i>goodsense advanced antacid oral suspension 200-200-20 mg/5ml</i>	1	
<i>goodsense antacid & gas relief oral suspension 400-400-40 mg/10ml, 400-400-40 mg/5ml, 800-800-80 mg/10ml</i>	1	
<i>heartland gas relief oral tablet chewable 80 mg</i>	1	
IMODIUM MULTI-SYMPTOM RELIEF ORAL TABLET 2-125 MG (loperamide-simethicone)	3	
<i>infants gas relief oral suspension 20 mg/0.3ml</i>	1	
<i>loperamide-simethicone oral tablet 2-125 mg</i>	1	
MAALOX MULTI SYMPTOM MAX ST ORAL SUSPENSION 400-400-40 MG/5ML (alum & mag hydroxide-simeth)	3	
<i>mag-al plus oral liquid 200-200-20 mg/5ml</i>	1	
<i>magnesium-aluminum-simethicone oral suspension 2400-2400-240 mg/30ml</i>	1	
MYLICON INFANTS GAS RELIEF ORAL SUSPENSION 20 MG/0.3ML (simethicone)	3	
PHAZYME ULTRA STRENGTH ORAL CAPSULE 180 MG (simethicone)	3	
<i>simethicone drops infants oral suspension 20 mg/0.3ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>simethicone oral capsule 125 mg</i>	1	
<i>simethicone oral tablet chewable 80 mg</i>	1	
<i>simethicone ultra strength oral capsule 180 mg</i>	1	
TEENY TUMMY GAS RELIEF DROPS ORAL SUSPENSION 20 MG/0.3ML	3	
ANTI-HISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
ANTIVERT ORAL TABLET 50 MG (<i>meclizine hcl</i>)	PV	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	PV	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	3	
<i>compro rectal suppository 25 mg</i>	PV	
<i>cvs motion sickness oral tablet 50 mg</i>	PV	
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	3	DSL = 30 days
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	1	DSL = 30 days
<i>ft motion sickness oral tablet 50 mg</i>	PV	
<i>goodsense motion sickness oral tablet 50 mg</i>	PV	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>meclizine hcl oral tablet chewable 25 mg</i>	PV	
<i>motion sickness relief oral tablet 50 mg</i>	PV	
<i>motion sickness relief oral tablet chewable 25 mg</i>	PV	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	PV	
<i>prochlorperazine rectal suppository 25 mg</i>	PV	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (<i>trimethobenzamide hcl</i>)	PV	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	PV	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	3	DSL = 30 days
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	3	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
<i>balsalazide disodium oral capsule 750 mg</i>	1	
CANASA RECTAL SUPPOSITORY 1000 MG (<i>mesalamine</i>)	2	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DELZICOL ORAL CAPSULE DELAYED RELEASE 400 MG (<i>mesalamine</i>)	3	
DIPENTUM ORAL CAPSULE 250 MG (<i>olsalazine sodium</i>)	3	DSL = 30 days
LIALDA ORAL TABLET DELAYED RELEASE 1.2 GM (<i>mesalamine</i>)	3	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	3	DSL = 30 days
<i>mesalamine er oral capsule extended release 24 hour 0.375 gm</i>	1	
<i>mesalamine er oral capsule extended release 500 mg</i>	1	
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	
<i>mesalamine-cleanser rectal kit 4 gm</i>	1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	2	
ROWASA RECTAL KIT 4 GM (<i>mesalamine-cleanser</i>)	3	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	3	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	3	
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>antacid calcium oral tablet chewable 500 mg</i>	1	
<i>antacid calcium rich oral tablet chewable 500 mg</i>	1	
<i>antacid extra strength oral tablet chewable 750 mg</i>	1	
<i>antacid maximum oral tablet chewable 1000 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>antacid oral tablet chewable 500 mg, 750 mg</i>	1	
<i>bismuth subsalicylate oral tablet chewable 262 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>cvs antacid extra strength oral tablet chewable 750 mg</i>	1	
<i>diotame instydose oral suspension 262 mg/15ml</i>	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
<i>ft antacid extra strength oral tablet chewable 750 mg</i>	1	
<i>ft antacid regular strength oral tablet chewable 500 mg</i>	1	
<i>ft stomach relief oral suspension 525 mg/30ml</i>	1	
<i>ft stomach relief oral tablet chewable 262 mg</i>	1	
<i>goodsense antacid extra str oral tablet chewable 750 mg</i>	1	
<i>goodsense antacid oral tablet chewable 500 mg, 750 mg</i>	1	
<i>hm stomach relief oral suspension 525 mg/30ml</i>	1	
KAOPECTATE ORAL SUSPENSION 262 MG/15ML (<i>bismuth subsalicylate</i>)	3	
LIKMEZ ORAL SUSPENSION 500 MG/5ML (<i>metronidazole</i>)	3	
<i>magnesium oxide -mg supplement oral tablet 400 (240 mg) mg</i>	PV	
<i>magnesium oxide oral tablet 400 mg, 420 mg</i>	PV	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML (<i>metronidazole benzoate</i>)	3	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>pink bismuth maximum strength oral suspension 525 mg/15ml</i>	1	
<i>sm calcium antacid ex st oral tablet chewable 750 mg</i>	1	
<i>smooth antacid extra strength oral tablet chewable 750 mg</i>	1	
<i>sodium bicarbonate oral tablet 325 mg, 650 mg</i>	1	
<i>stomach relief oral tablet 262 mg</i>	1	
<i>stomach relief oral tablet chewable 262 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
TETRACYCLINE HCL ORAL TABLET 250 MG, 500 MG	3	
TUMS CHEWY BITES ORAL TABLET CHEWABLE 750 MG (<i>calcium carbonate antacid</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CATHARTICS AND LAXATIVES - Drugs for Constipation		
<i>antacid extra strength oral tablet chewable 160-105 mg</i>	1	
AVEDANA GLYCERIN (ADULT) RECTAL SUPPOSITORY 2 GM (<i>glycerin (laxative)</i>)	3	
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	PV	
<i>bisacodyl oral tablet delayed release 5 mg</i>	PV	
<i>bisacodyl rectal suppository 10 mg</i>	PV	
<i>chocolated laxative oral tablet chewable 15 mg</i>	1	
<i>citroma oral solution 1.745 gm/30ml</i>	PV	
<i>clearlax oral powder 17 gm/scoop</i>	PV	
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acd</i>)	PV	
<i>cvs gentle laxative rectal suppository 10 mg</i>	PV	
<i>docusate calcium oral capsule 240 mg</i>	1	
<i>docusate mini rectal enema 283 mg/5ml</i>	1	
<i>docusate sodium oral capsule 100 mg</i>	PV	
<i>docusate sodium oral capsule 250 mg</i>	1	
<i>docusate sodium oral liquid 100 mg/10ml, 50 mg/5ml</i>	1	
<i>docusate sodium oral syrup 60 mg/15ml</i>	1	
<i>docuzen oral tablet 8.6-50 mg</i>	1	
<i>dok oral tablet 100 mg</i>	1	
ENEMEEZ MINI RECTAL ENEMA 283 MG/5ML (<i>docusate sodium</i>)	3	
EX-LAX MAXIMUM STRENGTH ORAL TABLET 25 MG (<i>sennosides</i>)	3	
EX-LAX ORAL TABLET CHEWABLE 15 MG (<i>sennosides</i>)	3	
EX-LAX ULTRA ORAL TABLET DELAYED RELEASE 5 MG (<i>bisacodyl</i>)	PV	
FERIVA 21/7 ORAL TABLET 75-1 MG (<i>feasp-b12-fa-c-dss-succac-zn</i>)	3	
FERRALET 90 ORAL TABLET 90-1 MG (<i>fe cbn-fe gluc-fa-b12-c-dss</i>)	3	
<i>fiber laxative + calcium oral tablet 625 mg</i>	1	
<i>fiber laxative oral tablet 625 mg</i>	1	
<i>fiber oral powder 28.3 %</i>	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (<i>dph-lido-alhydr-mghydr-simeth</i>)	3	
FRESKARO MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ft clearlax oral powder 17 gm/scoop</i>	PV	
<i>ft fiber laxative oral tablet 500 mg, 625 mg</i>	1	
<i>ft gentle laxative rectal suppository 10 mg</i>	PV	
<i>ft laxative oral tablet delayed release 5 mg</i>	PV	
<i>ft magnesium citrate oral solution 1.745 gm/30ml</i>	PV	
<i>ft milk of magnesia oral suspension 1200 mg/15ml</i>	1	
<i>ft mineral oil oral oil</i>	1	
<i>ft senna laxatives oral tablet 8.6 mg</i>	1	
<i>ft senna-s oral tablet 8.6-50 mg</i>	1	
<i>ft stool softener oral capsule 100 mg</i>	PV	
<i>ft stool softener oral capsule 250 mg</i>	1	
<i>ft stool softener oral tablet 100 mg, 50-8.6 mg</i>	1	
<i>gavilax oral powder 17 gm/scoop</i>	PV	
<i>gavilyte-c oral solution reconstituted 240 gm</i>	PV	
<i>gavilyte-g oral solution reconstituted 236 gm</i>	PV	
<i>gentle laxative oral tablet delayed release 5 mg</i>	PV	
<i>gentle laxative rectal suppository 10 mg</i>	PV	
<i>gentlelax oral powder 17 gm/scoop</i>	PV	
<i>geri-kot oral tablet 8.6 mg</i>	1	
GIALAX ORAL KIT (polyethylene glycol 3350)	3	
<i>glycerin (adult) rectal suppository 2 gm</i>	1	
<i>glycerin adult rectal suppository 2 gm</i>	1	
<i>glycerin childrens rectal suppository 1.2 gm</i>	1	
<i>glycolax oral powder 17 gm/scoop</i>	PV	
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM (peg 3350-kcl-nabcb-nacl-nasulf)	PV	
<i>goodsense enema rectal enema 7-19 gm/118ml</i>	PV	
<i>goodsense milk of magnesia oral suspension 1200 mg/15ml</i>	1	
<i>goodsense senna laxative oral tablet 8.6 mg</i>	1	
<i>goodsense stimulant lax plus oral tablet 8.6-50 mg</i>	1	
<i>goodsense stool softener oral capsule 100 mg</i>	PV	
<i>hm stool softener oral capsule 100 mg</i>	PV	
<i>laxative max str oral tablet 25 mg</i>	1	
<i>laxative regular strength oral tablet 15 mg</i>	1	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	PV	
<i>milk of magnesia concentrate oral suspension 2400 mg/10ml</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>milk of magnesia oral suspension 1200 mg/15ml, 2400 mg/30ml, 400 mg/5ml</i>	1	
<i>mineral oil heavy oral oil</i>	1	
<i>mm clearlax oral powder 17 gm/scoop</i>	PV	
<i>mm stool softener laxative oral capsule 100 mg</i>	PV	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	PV	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	PV	
<i>natural senna laxative oral tablet 8.6 mg</i>	1	
ONELAX DOCUSATE SODIUM ORAL LIQUID 50 MG/5ML (<i>docusate sodium</i>)	3	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION 1.745 GM/30ML (<i>magnesium citrate</i>)	PV	
ONELAX RECTAL SUPPOSITORY 10 MG (<i>bisacodyl</i>)	PV	
ONELAX SENNA ORAL SYRUP 8.8 MG/5ML (<i>sennosides</i>)	3	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	PV	
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	PV	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	PV	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	PV	
PEG-PREP ORAL KIT 5-210 MG-GM (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	PV	
PERDIEM OVERNIGHT RELIEF ORAL TABLET 15 MG (<i>sennosides</i>)	3	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	PV	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	PV	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	3	
PROBICHEW ORAL TABLET CHEWABLE	3	
<i>qc magnesium citrate oral solution 1.745 gm/30ml</i>	PV	
<i>senexon-s oral tablet 8.6-50 mg</i>	1	
<i>senna oral liquid 8.8 mg/5ml</i>	1	
<i>senna oral syrup 8.8 mg/5ml</i>	1	
<i>senna oral tablet 8.6 mg</i>	1	
<i>senna plus oral tablet 8.6-50 mg</i>	1	
<i>senna s oral tablet 8.6-50 mg</i>	1	
<i>senna smooth oral tablet 15 mg</i>	1	
<i>senna-docusate sodium oral tablet 8.6-50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>senna-lax oral tablet 8.6 mg</i>	1	
<i>senna-plus oral tablet 8.6-50 mg</i>	1	
<i>senna-s oral tablet 8.6-50 mg</i>	1	
SEKOKOT EXTRA STRENGTH ORAL TABLET 17.2 MG (<i>sennosides</i>)	3	
SEKOKOT S ORAL TABLET 8.6-50 MG (<i>sennosides-docusate sodium</i>)	3	
<i>sm milk of magnesia oral suspension 1200 mg/15ml</i>	1	
<i>stimulant laxative oral tablet 8.6-50 mg</i>	1	
<i>stool softener laxative oral capsule 100 mg</i>	PV	
<i>stool softener oral capsule 100 mg</i>	PV	
<i>stool softener oral capsule 250 mg</i>	1	
<i>stool softener plus laxative oral tablet 8.6-50 mg</i>	1	
<i>stool softener/laxative oral tablet 50-8.6 mg</i>	1	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (<i>peg 3350-kcl-nacl-nasulf-mgsul</i>)	PV	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (<i>na sulfate-k sulfate-mg sulf</i>)	PV	
SUTAB ORAL TABLET 1479-225-188 MG (<i>sodium sulfate-mag sulfate-kcl</i>)	PV	
<i>vegetable lax+stool softener oral tablet 8.6-50 mg</i>	1	
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
CHENODAL ORAL TABLET 250 MG (<i>chenodiol</i>)	3	DSL = 30 days
RELSTONE ORAL CAPSULE 200 MG, 400 MG (<i>ursodiol</i>)	3	DSL = 30 days
URSO 250 ORAL TABLET 250 MG (<i>ursodiol</i>)	3	
URSO FORTE ORAL TABLET 500 MG (<i>ursodiol</i>)	2	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	DSL = 30 days
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML (<i>ursodiol</i>)	3	
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 (<i>pancrelipase (lip-prot- amyl)</i>)	2	
<i>lactase enzyme oral tablet 3000 unit, 9000 unit</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	
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 (<i>pancrelipase (lip-prot-amyl)</i>)	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	3	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	3	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	3	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	3	DSL = 30 days
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
<i>alvimopan oral capsule 12 mg</i>	1	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-atto</i>)	3	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-atto</i>)	2	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>adalimumab-atto</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-atto</i>)	2	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	2	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (<i>adalimumab-atto</i>)	3	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (<i>adalimumab-atto</i>)	2	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	3	DSL = 30 days
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	3	DSL = 30 days
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	3	DSL = 30 days
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	3	DSL = 30 days
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	3	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	3	DSL = 30 days
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	3	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	3	DSL = 30 days
ENTEREG ORAL CAPSULE 12 MG (<i>alvimopan</i>)	3	
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	3	
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	3	DSL = 30 days
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	3	DSL = 30 days
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	3	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	3	DSL = 30 days
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	3	DSL = 30 days
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
IBSRELA ORAL TABLET 50 MG (<i>tenapanor hcl</i>)	3	DSL = 30 days
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	3	DSL = 30 days
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	3	DSL = 30 days
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	3	DSL = 30 days
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	3	
LIVMARLI ORAL SOLUTION 9.5 MG/ML (<i>maralixibat chloride</i>)	3	DSL = 30 days
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	3	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol oxalate</i>)	3	
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	3	DSL = 30 days
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	3	DSL = 30 days
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	3	
ORLISTAT ORAL CAPSULE 120 MG	3	
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone bromide</i>)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (<i>methylnaltrexone bromide</i>)	3	DSL = 30 days
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (<i>methylnaltrexone bromide</i>)	3	DSL = 30 days
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	3	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	3	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	3	DSL = 30 days
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	3	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	3	DSL = 30 days
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (<i>risankizumab-rzaa</i>)	3	
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>)	3	DSL = 30 days
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	3	
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab</i>)	3	
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	3	
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	3	
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	3	DSL = 30 days
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	3	
XPHOZAH ORAL TABLET 30 MG (<i>tenapanor hcl (ckd)</i>)	3	DSL = 30 days
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	3	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	3	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	3	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-aaty</i>)	3	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	3	DSL = 30 days
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
<i>acid reducer oral tablet 10 mg</i>	PV	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	PV	
DUEXIS ORAL TABLET 800-26.6 MG (<i>ibuprofen-famotidine</i>)	3	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	PV	
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	PV	
<i>famotidine orig st oral tablet 10 mg</i>	PV	
<i>ft acid reducer oral tablet 10 mg</i>	PV	
<i>ibuprofen-famotidine oral tablet 800-26.6 mg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	PV	
PEPCID ORAL TABLET 20 MG, 40 MG (<i>famotidine</i>)	PV	
TAGAMET HB 200 ORAL TABLET 200 MG (<i>cimetidine</i>)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	3	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	3	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (<i>fosnetupitant-palonosetron</i>)	3	
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	2	DSL = 30 days
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML (<i>aprepitant</i>)	PV	DSL = 30 days
<i>aprepitant oral 80 & 125 mg</i>	PV	DSL = 30 days
<i>aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg</i>	PV	DSL = 30 days
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>fosaprepitant dimeglumine</i>)	PV	
EMEND ORAL CAPSULE 80 MG (<i>aprepitant</i>)	PV	DSL = 30 days
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	PV	DSL = 30 days
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (<i>aprepitant</i>)	PV	DSL = 30 days
<i>fosaprepitant dimeglumine intravenous solution reconstituted 150 mg</i>	PV	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	PV	
POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	3	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3	
PROKINETIC AGENTS - Drugs for the Stomach		
GIMOTI NASAL SOLUTION 15 MG/ACT (<i>metoclopramide hcl</i>)	PV	DSL = 30 days
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	PV	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	PV	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	PV	
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	PV	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG, 75-0.2 MG (<i>diclofenac-misoprostol</i>)	3	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	PV	
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucralfate</i>)	PV	
CARAFATE ORAL TABLET 1 GM (<i>sucralfate</i>)	PV	
<i>sucralfate oral suspension 1 gm/10ml</i>	PV	
<i>sucralfate oral tablet 1 gm</i>	PV	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
<i>acid reducer oral tablet delayed release 20 mg</i>	PV	
ACIPHEX ORAL TABLET DELAYED RELEASE 20 MG (<i>rabeprazole sodium</i>)	3	
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	1	
DEXILANT ORAL CAPSULE DELAYED RELEASE 30 MG, 60 MG (<i>dexlansoprazole</i>)	3	
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	1	
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	PV	
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	PV	
FIRST PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML (<i>pantoprazole sodium</i>)	PV	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (<i>lansoprazole</i>)	PV	
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (<i>omeprazole</i>)	PV	
<i>ft acid reducer oral capsule delayed release 15 mg</i>	PV	
<i>ft omeprazole oral tablet delayed release 20 mg</i>	PV	
<i>goodsense lansoprazole oral tablet delayed release dispersible 15 mg</i>	PV	
<i>goodsense omeprazole sodium bicarbonate oral capsule 20-1100 mg</i>	1	
KONVOMEPRAL ORAL SUSPENSION RECONSTITUTED 2-84 MG/ML (<i>omeprazole-sodium bicarbonate</i>)	3	
<i>lansoprazole oral capsule delayed release 15 mg</i>	PV	
<i>lansoprazole oral capsule delayed release 30 mg</i>	PV	
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	PV	
<i>naproxen-esomeprazole mg oral tablet delayed release 375-20 mg, 500-20 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEXIUM ORAL CAPSULE DELAYED RELEASE 20 MG, 40 MG (<i>esomeprazole magnesium</i>)	PV	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	PV	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	3	
<i>omeprazole magnesium oral tablet delayed release 20 mg</i>	PV	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	PV	
<i>omeprazole oral tablet delayed release 20 mg</i>	PV	
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (<i>omeprazole</i>)	PV	
<i>omeprazole-sodium bicarbonate oral capsule 20-1100 mg, 40-1100 mg</i>	1	
<i>omeprazole-sodium bicarbonate oral packet 20-1680 mg, 40-1680 mg</i>	1	
<i>pantoprazole sodium oral packet 40 mg</i>	PV	
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	PV	
PREVACID 24HR ORAL CAPSULE DELAYED RELEASE 15 MG (<i>lansoprazole</i>)	PV	
PREVACID ORAL CAPSULE DELAYED RELEASE 30 MG (<i>lansoprazole</i>)	PV	
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE 15 MG, 30 MG (<i>lansoprazole</i>)	PV	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (<i>diclofenac-omeprazole-capsicum</i>)	3	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (<i>omeprazole magnesium</i>)	PV	
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	PV	
PROTONIX ORAL TABLET DELAYED RELEASE 20 MG, 40 MG (<i>pantoprazole sodium</i>)	PV	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	3	
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	1	
<i>sm lansoprazole oral capsule delayed release 15 mg</i>	PV	
VIMOVO ORAL TABLET DELAYED RELEASE 375-20 MG, 500-20 MG (<i>naproxen-esomeprazole</i>)	3	
VOQUEZNA ORAL TABLET 10 MG, 20 MG (<i>vonoprazan fumarate</i>)	3	
YOSPRALA ORAL TABLET DELAYED RELEASE 325-40 MG, 81-40 MG (<i>aspirin-omeprazole</i>)	3	
ZEGERID ORAL CAPSULE 20-1100 MG, 40-1100 MG (<i>omeprazole-sodium bicarbonate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEGERID ORAL PACKET 20-1680 MG, 40-1680 MG (<i>omeprazole-sodium bicarbonate</i>)	3	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	2	
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	3	
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	3	
CUVRIOR ORAL TABLET 300 MG (<i>trientine tetrahydrochloride</i>)	3	DSL = 30 days
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	3	
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	3	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	3	
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	3	
<i>deferiprone oral tablet 1000 mg</i>	1	
<i>deferiprone oral tablet 500 mg</i>	3	DSL = 30 days
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	1	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	3	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	3	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	3	DSL = 30 days
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	3	DSL = 30 days
FERRIPROX ORAL TABLET 1000 MG (<i>deferiprone</i>)	3	
FERRIPROX ORAL TABLET 500 MG (<i>deferiprone</i>)	3	DSL = 30 days
FERRIPROX TWICE-A-DAY ORAL TABLET 1000 MG (<i>deferiprone</i>)	3	DSL = 30 days
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	3	DSL = 30 days
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	3	DSL = 30 days
<i>penicillamine oral capsule 250 mg</i>	3	
<i>penicillamine oral tablet 250 mg</i>	3	
SYPRINE ORAL CAPSULE 250 MG (<i>trientine hcl</i>)	3	DSL = 30 days
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	1	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR ANTAGONISTS		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML (<i>setmelanotide acetate</i>)	3	DSL = 30 days
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	3	DSL = 30 days
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	3	DSL = 30 days
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100-50 MCG/ACT, 250-50 MCG/ACT, 500-50 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230- 21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	
AGAMREE ORAL SUSPENSION 40 MG/ML (<i>vamorolone</i>)	3	
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT (<i>fluticasone-salmeterol(sensor)</i>)	3	
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 232-14 MCG/ACT (<i>fluticasone-salmeterol</i>)	3	
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED 55-14 MCG/ACT (<i>fluticasone- salmeterol</i>)	3	
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE 0.5 MG, 1 MG, 2 MG, 5 MG (<i>hydrocortisone</i>)	3	DSL = 30 days
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT, 80 MCG/ACT (<i>ciclesonide</i>)	2	
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (<i>fluticasone propionate(sensor)</i>)	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	2	
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	2	
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT (<i>mometasone furoate</i>)	2	
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (<i>mometasone furoate</i>)	2	
ASMANEX HFA INHALATION AEROSOL 100 MCG/ACT, 200 MCG/ACT (<i>mometasone furoate</i>)	2	DSL = 30 days
ASMANEX HFA INHALATION AEROSOL 50 MCG/ACT (<i>mometasone furoate</i>)	PV	DSL = 30 days
BETA 1 KIT INJECTION KIT 30 MG/5ML	3	
BETALOAN SUIK COMBINATION KIT 30 MG/5ML (<i>betameth sod phos-ace & anesth</i>)	3	
BETAMETHASONE COMBO INJECTION SUSPENSION 6 (3-3) MG/ML	1	
BETAMETHASONE COMBO INJECTION SUSPENSION 7 (4-3) MG/ML	3	
BETAMETHASONE SOD PHOS & ACET INJECTION SUSPENSION 7 (4-3) MG/ML	3	
BETAMETHASONE SOD PHOS & ACET SUSPENSION 6 (3-3) MG/ML INJECTION	1	
<i>betamethasone sod phos & acet suspension 6 (3-3) mg/ml injection</i>	1	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT (<i>fluticasone furoate-vilanterol</i>)	3	
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	3	
<i>breyna inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	3	
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	3	DSL = 30 days
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	DSL = 30 days
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act</i>	1	
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML (<i>betamethasone sod phos & acet</i>)	3	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (<i>hydrocortisone</i>)	3	
CORTISONE ACETATE ORAL TABLET 25 MG	3	
<i>deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg</i>	1	DSL = 30 days
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML (<i>methylprednisolone acetate</i>)	PV	
DEXABLISS ORAL TABLET THERAPY PACK 1.5 MG (39)	3	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	1	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	1	
<i>dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	1	
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	1	
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (<i>dexamethasone sodium phosphate</i>)	3	
DMT SUIK COMBINATION KIT 10 MG/ML (<i>dexameth sod phos & anesthetic</i>)	3	
DOUBLEDEX INJECTION KIT 10 MG/ML (<i>dexamethasone sodium phosphate</i>)	3	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (<i>mometasone furo-formoterol fum</i>)	3	
DYURAL 80-LM INJECTION KIT 80 & 0.25 & 1 MG/ML-%-% (<i>methylprednisol & bupiv & lido</i>)	3	
DYURAL-40 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (<i>methylprednisol & bupiv & lido</i>)	3	
DYURAL-80 INJECTION KIT 80 & 0.25 & 1 MG/ML-%-% (<i>methylprednisol & bupiv & lido</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DYURAL-L INJECTION KIT 40 & 1 MG/ML-% (methylprednisolone ace-lido)	3	
DYURAL-LM INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (methylprednisol & bupiv & lido)	3	
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	3	DSL = 30 days
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	3	DSL = 30 days
EOHILIA ORAL SUSPENSION 2 MG/10ML (budesonide)	3	
fludrocortisone acetate oral tablet 0.1 mg	1	
flunisolide nasal solution 25 mcg/act (0.025%)	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	3	
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	3	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
fluticasone propionate nasal suspension 50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115- 21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	3	
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	3	
HEMADY ORAL TABLET 20 MG (dexamethasone)	3	
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML (triamcinolone hexacetonide)	2	
HIDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) (dexamethasone)	3	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
INTRAROSA VAGINAL INSERT 6.5 MG (prasterone)	3	
KENALOG INJECTION SUSPENSION 10 MG/ML, 40 MG/ML (triamcinolone acetonide)	2	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (triamcinolone acetonide)	3	
MAS CARE-PAK INJECTION KIT 10 MG/ML (dexamethasone sodium phosphate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MEDROL ORAL TABLET 16 MG, 2 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	PV	
MEDROL ORAL TABLET THERAPY PACK 4 MG (<i>methylprednisolone</i>)	PV	
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML (<i>methylprednisolone & anesth</i>)	3	
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML (<i>methylprednisolone & anesth</i>)	3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	PV	
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	PV	
METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION	PV	
<i>methylprednisolone acetate suspension 80 mg/ml injection</i>	PV	
METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION	PV	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	PV	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	PV	
MLK F1 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F2 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F3 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F4 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-% (<i>triamcinolone & bupiv & lido</i>)	3	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	1	
MULTI-SPECIALTY INJECTION KIT 40 & 1 MG/ML-%	3	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (<i>prednisolone sodium phosphate</i>)	3	
P-CARE K40 INJECTION KIT 40 MG/ML	3	
P-CARE K40G COMBINATION KIT 40 MG/ML	3	
P-CARE K40MX INJECTION KIT 40 & 0.5 & 1 MG/ML-%-%	3	
P-CARE K80 INJECTION KIT 2 X 40 MG/ML	3	
P-CARE K80G COMBINATION KIT 40 MG/ML	3	
P-CARE K80MX INJECTION KIT 40 & 0.5 & 1 MG/ML-%-%	3	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (<i>prednisolone sodium phosphate</i>)	3	
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40- 1 MG/ML-%	3	
PHYSICIANS EZ USE M-PRED INJECTION KIT 40-0.5 MG/ML-%	3	
POD-CARE 100K INJECTION KIT 40 MG/ML	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
POINT OF CARE L.2 INJECTION KIT 40 & 1 MG/ML-% (methylprednisolone ace-lido)	3	
POINT OF CARE L.5 INJECTION KIT 40 & 1 MG/ML-% (methylprednisolone ace-lido)	3	
POINT OF CARE LM DEP 2 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (methylprednisol & bupiv & lido)	3	
prednisolone oral solution 15 mg/5ml	1	
prednisolone oral tablet 5 mg	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	PV	
prednisone oral solution 5 mg/5ml	PV	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	PV	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	PV	
PRO-C-DURE 5 INJECTION KIT 2 X 40 MG/ML (triamcinolone acetone)	3	
PRO-C-DURE 6 INJECTION KIT 3 X 40 MG/ML (triamcinolone acetone)	3	
PROPEL MINI NASAL IMPLANT 370 MCG (mometasone furoate)	3	
PROPEL MINI SDS NASAL IMPLANT 370 MCG (mometasone furoate)	3	
PROPEL NASAL IMPLANT 370 MCG (mometasone furoate)	3	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (budesonide)	3	
PULMICORT SUSPENSION INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (budesonide)	3	DSL = 30 days
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (beclomethasone diprop hfa)	3	
RAYOS ORAL TABLET DELAYED RELEASE 1 MG, 2 MG, 5 MG (prednisone)	PV	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	3	
SINUVA NASAL IMPLANT 1350 MCG (mometasone furoate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG (<i>hydrocortisone sod succinate</i>)	2	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	3	
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) (<i>dexamethasone</i>)	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG, 1.5 MG (21) (<i>dexamethasone</i>)	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) (<i>dexamethasone</i>)	3	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG (<i>budesonide</i>)	3	DSL = 30 days
TOPIDEX INJECTION KIT 10 MG/ML	3	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	3	
TRIAMCINOLONE ACETONIDE INJECTION SUSPENSION 50 MG/ML	3	
<i>triamcinolone acetonide suspension 40 mg/ml injection</i>	1	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	2	
TRILOAN II SUIK COMBINATION KIT 40 MG/ML (<i>triamcinolone acet & anesth</i>)	3	
TRILOAN SUIK COMBINATION KIT 40 MG/ML (<i>triamcinolone acet & anesth</i>)	3	
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>budesonide</i>)	3	DSL = 30 days
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	3	
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED ER 32 MG (<i>triamcinolone acetonide</i>)	3	
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	PV	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	PV	
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	PV	
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANDROGENS - Hormones		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	2	
ANDROGEL PUMP TRANSDERMAL GEL 20.25 MG/ACT (1.62%) (<i>testosterone</i>)	3	
AVEED INTRAMUSCULAR SOLUTION 750 MG/3ML (<i>testosterone undecanoate</i>)	3	
COVARYX HS ORAL TABLET 0.625-1.25 MG (<i>est estrogens-methyltest</i>)	1	
COVARYX ORAL TABLET 1.25-2.5 MG (<i>est estrogens-methyltest</i>)	1	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML, 200 MG/ML (<i>testosterone cypionate</i>)	2	
EC-RX TESTOSTERONE TRANSDERMAL CREAM 0.2 %, 0.4 %, 10 %, 20 %	3	
EEMT HS ORAL TABLET 0.625-1.25 MG (<i>est estrogens-methyltest</i>)	1	
EEMT ORAL TABLET 1.25-2.5 MG (<i>est estrogens-methyltest</i>)	1	
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	1	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	1	
FORTESTA TRANSDERMAL GEL 10 MG/ACT (2%) (<i>testosterone</i>)	3	
JATENZO ORAL CAPSULE 158 MG, 198 MG, 237 MG (<i>testosterone undecanoate</i>)	3	DSL = 30 days
KYZATREX ORAL CAPSULE 100 MG, 150 MG, 200 MG (<i>testosterone undecanoate</i>)	3	
METHITEST ORAL TABLET 10 MG	2	
<i>methyltestosterone oral capsule 10 mg</i>	1	
NATESTO NASAL GEL 5.5 MG/ACT (<i>testosterone</i>)	3	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	3	
TESTONE CIK INTRAMUSCULAR KIT 200 MG/ML (<i>testosterone cypionate</i>)	3	
TESTOPEL IMPLANT PELLETT 75 MG (<i>testosterone</i>)	3	
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	
TESTOSTERONE IMPLANT PELLETT 100 MG, 200 MG, 25 MG, 50 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>testosterone transdermal gel 1.62 %, 10 mg/act (2%), 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	
<i>testosterone transdermal solution 30 mg/act</i>	1	
TLANDO ORAL CAPSULE 112.5 MG (<i>testosterone undecanoate</i>)	3	
VOGELXO PUMP TRANSDERMAL GEL 12.5 MG/ACT (1%) (<i>testosterone</i>)	2	
VOGELXO TRANSDERMAL GEL 50 MG/5GM (1%) (<i>testosterone</i>)	3	
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/0.5ML, 50 MG/0.5ML, 75 MG/0.5ML (<i>testosterone enanthate</i>)	3	
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	3	
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	3	DSL = 30 days
<i>mifepristone oral tablet 300 mg</i>	1	DSL = 30 days
TZIELD INTRAVENOUS SOLUTION 2 MG/2ML (<i>teplizumab-mzww</i>)	3	
WELCHOL ORAL PACKET 3.75 GM (<i>colesevelam hcl</i>)	3	
WELCHOL ORAL TABLET 625 MG (<i>colesevelam hcl</i>)	3	
ANTIESTROGENS - Drugs for Women		
<i>anastrozole oral tablet 1 mg</i>	PV	OC
ARIMIDEX ORAL TABLET 1 MG (<i>anastrozole</i>)	PV	OC
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	PV	OC
<i>exemestane oral tablet 25 mg</i>	PV	OC
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	PV	OC
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	3	DSL = 30 days; OC
<i>letrozole oral tablet 2.5 mg</i>	PV	OC
ANTIGONADTROPINS - Hormones		
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (<i>cetorelix acetate</i>)	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	3	
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fyremadel subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>	1	
<i>ganirelix acetate subcutaneous solution prefilled syringe 250 mcg/0.5ml</i>	1	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	3	DSL = 30 days
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	3	DSL = 30 days
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	3	DSL = 30 days
ORLISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix sodium</i>)	3	DSL = 30 days
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
<i>diazoxide oral suspension 50 mg/ml</i>	3	
GLUCO TO GO 15 ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	3	
GLUCO TO GO ORAL TABLET CHEWABLE 4 GM (<i>dextrose (diabetic use)</i>)	3	
GLUTOSE 5 ORAL GEL 40 % (<i>dextrose (diabetic use)</i>)	3	
INSTA-GLUCOSE ORAL GEL 77.4 % (<i>dextrose (diabetic use)</i>)	3	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	3	
ANTIPARATHYROID AGENTS - Drugs for Bones		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	DSL = 30 days
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	3	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	3	DSL = 30 days
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (<i>etelcalcetide hcl</i>)	3	
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (<i>cinacalcet hcl</i>)	3	
ANTITHYROID AGENTS - Drugs for the Thyroid		
IOSAT ORAL TABLET 130 MG, 65 MG (<i>potassium iodide (antidote)</i>)	3	
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SODIUM IODIDE I-131 ORAL SOLUTION 1000 MCI/ML	3	
BIGUANIDES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	PV	
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DAPAGLIFLOZIN PRO-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	3	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PV	
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG, 500 MG (<i>metformin hcl</i>)	PV	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	PV	
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	3	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	3	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PV	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	3	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	3	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>saxagliptin-metformin</i>)	3	
<i>metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	PV	
<i>metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg, 500 mg</i>	PV	
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	PV	
<i>metformin hcl oral solution 500 mg/5ml</i>	PV	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	PV	
<i>metformin hcl oral tablet 625 mg</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PV	
RIOMET ORAL SOLUTION 500 MG/5ML (<i>metformin hcl</i>)	PV	
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	1	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	3	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	3	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG (<i>dapagliflozin prop-metformin</i>)	3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 2.5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	3	
CONTRACEPTIVES - Drugs for Women		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	PV	
<i>aftera oral tablet 1.5 mg</i>	PV	
<i>altavera oral tablet 0.15-30 mg-mcg</i>	PV	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>amethia oral tablet 0.15-0.03 & 0.01 mg</i>	PV	
<i>amethyst oral tablet 90-20 mcg</i>	PV	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	PV	
<i>apri oral tablet 0.15-30 mg-mcg</i>	PV	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	PV	
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	PV	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	PV	
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	PV	
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	PV	
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisp</i>)	PV	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	PV	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	PV	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	PV	
<i>camila oral tablet 0.35 mg</i>	PV	
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	PV	
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	PV	
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	PV	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	PV	
<i>curae oral tablet 1.5 mg</i>	PV	
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	PV	
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	PV	
<i>deblitane oral tablet 0.35 mg</i>	PV	
<i>delyla oral tablet 0.1-20 mg-mcg</i>	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	PV	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	PV	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>dolishale oral tablet 90-20 mcg</i>	PV	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	PV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	PV	
<i>econtra one-step oral tablet 1.5 mg</i>	PV	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	PV	
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	PV	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	PV	
<i>errin oral tablet 0.35 mg</i>	PV	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	PV	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	PV	
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>heather oral tablet 0.35 mg</i>	PV	
<i>her style oral tablet 1.5 mg</i>	PV	
<i>iclevia oral tablet 0.15-0.03 mg</i>	PV	
<i>incassia oral tablet 0.35 mg</i>	PV	
<i>introvale oral tablet 0.15-0.03 mg</i>	PV	
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	PV	
<i>jaimiess oral tablet 0.15-0.03 &0.01 mg</i>	PV	
<i>jasmiel oral tablet 3-0.02 mg</i>	PV	
<i>jencycla oral tablet 0.35 mg</i>	PV	
<i>jolessa oral tablet 0.15-0.03 mg</i>	PV	
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	PV	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	PV	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	PV	
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	PV	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	PV	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	PV	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (levonorgestrel)	PV	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	PV	
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	PV	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	PV	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	PV	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	PV	
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	PV	
<i>levonorgestrel oral tablet 1.5 mg</i>	PV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	PV	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	PV	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	PV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	PV	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	PV	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	PV	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	PV	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	PV	
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	PV	
<i>loryna oral tablet 3-0.02 mg</i>	PV	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	PV	
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	PV	
<i>lutera oral tablet 0.1-20 mg-mcg</i>	PV	
<i>lyleq oral tablet 0.35 mg</i>	PV	
<i>lyza oral tablet 0.35 mg</i>	PV	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	PV	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	PV	
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	PV	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>mili oral tablet 0.25-35 mg-mcg</i>	PV	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	PV	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	PV	
<i>my choice oral tablet 1.5 mg</i>	PV	
<i>my way oral tablet 1.5 mg</i>	PV	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	PV	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	PV	
<i>new day oral tablet 1.5 mg</i>	PV	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	PV	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	PV	
<i>nikki oral tablet 3-0.02 mg</i>	PV	
<i>nora-be oral tablet 0.35 mg</i>	PV	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	PV	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	
<i>norethindrone oral tablet 0.35 mg</i>	PV	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	PV	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	PV	
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>norlyroc oral tablet 0.35 mg</i>	PV	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	PV	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	PV	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	PV	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	PV	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	PV	
<i>ocella oral tablet 3-0.03 mg</i>	PV	
<i>opcicon one-step oral tablet 1.5 mg</i>	PV	
<i>option 2 oral tablet 1.5 mg</i>	PV	
<i>philith oral tablet 0.4-35 mg-mcg</i>	PV	
<i>pimtreea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	PV	
<i>react oral tablet 1.5 mg</i>	PV	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	PV	
<i>rivelsa oral tablet 42-21-21-7 days</i>	PV	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (drospiren-eth estrad-levomefol)	PV	
<i>setlakin oral tablet 0.15-0.03 mg</i>	PV	
<i>sharobel oral tablet 0.35 mg</i>	PV	
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	PV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (levonorgestrel)	PV	
SLYND ORAL TABLET 4 MG (drospirenone)	PV	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	PV	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	PV	
<i>syeda oral tablet 3-0.03 mg</i>	PV	
<i>take action oral tablet 1.5 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	PV	
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	PV	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	PV	
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	PV	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	3	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	PV	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	PV	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	PV	
<i>vestura oral tablet 3-0.02 mg</i>	PV	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	PV	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	PV	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	PV	
<i>wera oral tablet 0.5-35 mg-mcg</i>	PV	
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	PV	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	PV	
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	PV	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	PV	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	PV	
<i>zumandimine oral tablet 3-0.03 mg</i>	PV	
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
ALOGLIPTIN BENZOATE ORAL TABLET 12.5 MG, 25 MG, 6.25 MG	3	
ALOGLIPTIN-METFORMIN HCL ORAL TABLET 12.5-1000 MG, 12.5-500 MG	3	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	3	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	PV	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	3	
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	PV	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin-metformin hcl</i>)	3	
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	3	
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>saxagliptin-metformin</i>)	3	
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (<i>saxagliptin hcl</i>)	3	
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	3	
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	1	
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	1	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	3	
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	PV	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linaglip-metform</i>)	3	
ZITUVIO ORAL TABLET 100 MG, 25 MG, 50 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
CLOMID ORAL TABLET 50 MG (<i>clomiphene citrate</i>)	3	
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	3	
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	3	
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	PV	OC
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	PV	
<i>raloxifene hcl oral tablet 60 mg</i>	PV	
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	PV	OC
<i>tamoxifen citrate oral tablet 10 mg, 20 mg</i>	PV	OC
<i>toremifene citrate oral tablet 60 mg</i>	PV	OC
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	PV	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	PV	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	PV	
<i>altavera oral tablet 0.15-30 mg-mcg</i>	PV	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>amabelz oral tablet 0.5-0.1 mg</i>	PV	
<i>amethia oral tablet 0.15-0.03 & 0.01 mg</i>	PV	
<i>amethyst oral tablet 90-20 mcg</i>	PV	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	PV	
<i>apri oral tablet 0.15-30 mg-mcg</i>	PV	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	PV	
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	PV	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	PV	
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	PV	
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	PV	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisg)	PV	
balziva oral tablet 0.4-35 mg-mcg	PV	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (drospiren-eth estrad-levomefol)	PV	
BIJUVA ORAL CAPSULE 0.5-100 MG (estradiol-progesterone)	3	
BIJUVA ORAL CAPSULE 1-100 MG (estradiol-progesterone)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	PV	
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	PV	
blisovi fe 1/20 oral tablet 1-20 mg-mcg	PV	
briellyn oral tablet 0.4-35 mg-mcg	PV	
camrese lo oral tablet 0.1-0.02 & 0.01 mg	PV	
camrese oral tablet 0.15-0.03 & 0.01 mg	PV	
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	PV	
chateal eq oral tablet 0.15-30 mg-mcg	PV	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (estradiol-levonorgestrel)	3	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	PV	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (estradiol-norethindrone acet)	PV	
COVARYX HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	1	
COVARYX ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	1	
cryselle-28 oral tablet 0.3-30 mg-mcg	PV	
cyred eq oral tablet 0.15-30 mg-mcg	PV	
dasetta 1/35 oral tablet 1-35 mg-mcg	PV	
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	PV	
daysee oral tablet 0.15-0.03 & 0.01 mg	PV	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (estradiol valerate)	3	
delyla oral tablet 0.1-20 mg-mcg	PV	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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)	PV	
dolishale oral tablet 90-20 mcg	PV	
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	PV	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	PV	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	PV	
DUAVEE ORAL TABLET 0.45-20 MG (conj estrogens-bazedoxifene)	3	
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	
EEMT HS ORAL TABLET 0.625-1.25 MG (est estrogens-methyltest)	1	
EEMT ORAL TABLET 1.25-2.5 MG (est estrogens-methyltest)	1	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (estradiol)	PV	
elinest oral tablet 0.3-30 mg-mcg	PV	
eluryng vaginal ring 0.12-0.015 mg/24hr	PV	
enilloring vaginal ring 0.12-0.015 mg/24hr	PV	
enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg	PV	
enskyce oral tablet 0.15-30 mg-mcg	PV	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	1	
estarylla oral tablet 0.25-35 mg-mcg	PV	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (estradiol)	PV	
ESTRACE VAGINAL CREAM 0.1 MG/GM (estradiol)	2	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	PV	
estradiol 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	PV	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	PV	
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	PV	
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	PV	
ESTRING VAGINAL RING 7.5 MCG/24HR (<i>estradiol</i>)	2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	PV	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	PV	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	PV	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	PV	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	PV	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	3	
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	PV	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>iclevia oral tablet 0.15-0.03 mg</i>	PV	
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	3	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	3	
<i>introvale oral tablet 0.15-0.03 mg</i>	PV	
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	PV	
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	PV	
<i>jasmiel oral tablet 3-0.02 mg</i>	PV	
<i>jinteli oral tablet 1-5 mg-mcg</i>	PV	
<i>jolessa oral tablet 0.15-0.03 mg</i>	PV	
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	PV	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	PV	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	PV	
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	PV	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	PV	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	PV	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	PV	
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	PV	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	PV	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	PV	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	PV	
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	PV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	PV	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	PV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	PV	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	PV	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	PV	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	PV	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	PV	
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	PV	
<i>loryna oral tablet 3-0.02 mg</i>	PV	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	PV	
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	PV	
<i>lutera oral tablet 0.1-20 mg-mcg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>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</i>	PV	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	PV	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (esterified estrogens)	PV	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (estradiol)	PV	
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	PV	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>mili oral tablet 0.25-35 mg-mcg</i>	PV	
<i>mimvey oral tablet 1-0.5 mg</i>	PV	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	PV	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	PV	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind))	3	DSL = 30 days
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	PV	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	PV	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	PV	
<i>nikki oral tablet 3-0.02 mg</i>	PV	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	PV	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	PV	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	PV	
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	PV	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	PV	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	PV	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	PV	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	PV	
<i>ocella oral tablet 3-0.03 mg</i>	PV	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	3	DSL = 30 days
<i>philith oral tablet 0.4-35 mg-mcg</i>	PV	
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	PV	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens conjugated)	PV	
PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)	2	
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrog-medroxyprogest ace)	PV	
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)	PV	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	PV	
<i>rivelsa oral tablet 42-21-21-7 days</i>	PV	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (drospiren-eth estrad-levomefol)	PV	
<i>setlakin oral tablet 0.15-0.03 mg</i>	PV	
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	PV	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	PV	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>syeda oral tablet 3-0.03 mg</i>	PV	
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	PV	
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	PV	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	PV	
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	PV	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	3	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	PV	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	PV	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	3	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	PV	
<i>vestura oral tablet 3-0.02 mg</i>	PV	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	PV	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	PV	
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	PV	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	PV	
<i>wera oral tablet 0.5-35 mg-mcg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	PV	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	PV	
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	PV	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	PV	
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	PV	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	PV	
<i>zumandimine oral tablet 3-0.03 mg</i>	PV	
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	2	
<i>glucagon emergency kit injection kit 1 mg</i>	PV	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	3	
GONADOTROPINS - Hormones		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE 42 MG (<i>leuprolide mesylate (6 month)</i>)	3	
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT	3	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	2	
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	2	
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	2	
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	3	
FOLLISTIM AQ SUBCUTANEOUS SOLUTION 300 UNT/0.36ML, 600 UNT/0.72ML, 900 UNT/1.08ML (<i>follitropin beta</i>)	3	
GONAL-F INJECTION SOLUTION RECONSTITUTED 1050 UNIT, 450 UNIT (<i>follitropin alfa</i>)	3	
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/0.5ML, 450 UNT/0.75ML, 900 UNIT/1.5ML (<i>follitropin alfa</i>)	2	
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>follitropin alfa</i>)	3	
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	3	
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	2	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	3	
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	2	
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	2	
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	2	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate</i>)	3	
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG, 7.5 MG (<i>leuprolide acetate</i>)	2	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	3	
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (3 month)</i>)	2	
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	3	
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED 75 UNIT (<i>menotropins</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT, 5000 UNIT (<i>chorionic gonadotropin</i>)	3	
OVIDREL SUBCUTANEOUS INJECTABLE 250 MCG/0.5ML (<i>choriogonadotropin alfa</i>)	2	
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED 10000 UNIT (<i>chorionic gonadotropin</i>)	3	
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG (<i>histrelin acetate (cpp)</i>)	3	
SYNAREL NASAL SOLUTION 2 MG/ML (<i>nafarelin acetate</i>)	3	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG, 22.5 MG, 3.75 MG (<i>triptorelin pamoate</i>)	3	
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	3	
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (<i>goserelin acetate</i>)	3	
INCRETIN MIMETICS - Drugs for Diabetes		
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	3	DSL = 30 days
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	3	DSL = 30 days
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	3	DSL = 30 days
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 (<i>tirzepatide</i>)	3	DSL = 30 days
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (<i>semaglutide</i>)	2	
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (<i>semaglutide</i>)	3	DSL = 30 days
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (<i>semaglutide</i>)	2	DSL = 30 days
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (<i>semaglutide</i>)	3	DSL = 30 days
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide -weight management</i>)	3	DSL = 30 days
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	3	DSL = 30 days
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	3	DSL = 30 days
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	3	DSL = 30 days
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML (<i>semaglutide-weight management</i>)	3	DSL = 30 days
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	3	DSL = 30 days
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-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 (<i>tirzepatide-weight management</i>)	3	
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PV	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PV	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PV	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PV	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PV	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PV	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PV	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PV	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PV	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PV	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PV	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	PV	
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LONG-ACTING INSULINS - Drugs for Diabetes		
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PV	
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	3	
INSULIN DEGLUDEC FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML	3	DSL = 30 days
INSULIN DEGLUDEC SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN GLARGINE MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	DSL = 30 days
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML	3	DSL = 30 days
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION 100 UNIT/ML	2	
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	PV	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	3	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	PV	
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	PV	
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-aglr</i>)	3	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	2	
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine-yfgn</i>)	2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	3	DSL = 30 days
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	3	DSL = 30 days
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	3	DSL = 30 days
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin degludec</i>)	3	DSL = 30 days
TRESIBA SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin degludec</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	3	DSL = 30 days
MEGLITINIDES - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	PV	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	PV	
PARATHYROID AGENTS - Drugs for Bones		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	3	DSL = 30 days
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	3	DSL = 30 days
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	DSL = 30 days
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	3	DSL = 30 days
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	3	DSL = 30 days
PITUITARY - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	3	DSL = 30 days
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	3	DSL = 30 days
DDAVP INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	3	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	3	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	3	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>)	3	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	3	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	3	
NORDITROPIN FLEXPLO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	3	
NORDITROPIN FLEXPLO SUBCUTANEOUS SOLUTION PEN-INJECTOR 30 MG/3ML (<i>somatropin</i>)	3	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	3	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	3	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	3	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	2	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	2	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (<i>somatropin (non-refrigerated)</i>)	3	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	3	
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 (<i>lonapegsomatropin-tcgd</i>)	3	DSL = 30 days
SOGROYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somapacitan-beco</i>)	3	DSL = 30 days
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	3	
PROGESTINS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	PV	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	PV	
<i>aftera oral tablet 1.5 mg</i>	PV	
<i>altavera oral tablet 0.15-30 mg-mcg</i>	PV	
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>amabelz oral tablet 0.5-0.1 mg</i>	PV	
<i>amethia oral tablet 0.15-0.03 & 0.01 mg</i>	PV	
<i>amethyst oral tablet 90-20 mcg</i>	PV	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (<i>segesterone-ethinyl estradiol</i>)	PV	
<i>apri oral tablet 0.15-30 mg-mcg</i>	PV	
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	PV	
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	PV	
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	PV	
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>aviane oral tablet 0.1-20 mg-mcg</i>	PV	
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	PV	
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	PV	
<i>balziva oral tablet 0.4-35 mg-mcg</i>	PV	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	PV	
BIJUVA ORAL CAPSULE 0.5-100 MG (<i>estradiol-progesterone</i>)	3	
BIJUVA ORAL CAPSULE 1-100 MG (<i>estradiol-progesterone</i>)	3	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	PV	
<i>camila oral tablet 0.35 mg</i>	PV	
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	PV	
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	PV	
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	PV	
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	3	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	PV	
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	PV	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	PV	
<i>curae oral tablet 1.5 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	PV	
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	PV	
<i>deblitane oral tablet 0.35 mg</i>	PV	
<i>delyla oral tablet 0.1-20 mg-mcg</i>	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (<i>medroxyprogesterone acetate</i>)	PV	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML (<i>medroxyprogesterone acetate</i>)	PV	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (<i>medroxyprogesterone acetate</i>)	PV	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>dolishale oral tablet 90-20 mcg</i>	PV	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	PV	
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	PV	
<i>econtra one-step oral tablet 1.5 mg</i>	PV	
EC-RX PROGESTERONE TRANSDERMAL CREAM 10 %, 20 %	PV	
<i>elimest oral tablet 0.3-30 mg-mcg</i>	PV	
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	PV	
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	PV	
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	PV	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	PV	
<i>errin oral tablet 0.35 mg</i>	PV	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	PV	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	PV	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	PV	
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	PV	
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG (<i>progesterone</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	PV	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	PV	
<i>heather oral tablet 0.35 mg</i>	PV	
<i>her style oral tablet 1.5 mg</i>	PV	
<i>iclevia oral tablet 0.15-0.03 mg</i>	PV	
<i>incassia oral tablet 0.35 mg</i>	PV	
<i>introvale oral tablet 0.15-0.03 mg</i>	PV	
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	PV	
<i>jaimiess oral tablet 0.15-0.03 &0.01 mg</i>	PV	
<i>jasmiel oral tablet 3-0.02 mg</i>	PV	
<i>jencycla oral tablet 0.35 mg</i>	PV	
<i>jinteli oral tablet 1-5 mg-mcg</i>	PV	
<i>jolessa oral tablet 0.15-0.03 mg</i>	PV	
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	PV	
<i>juleber oral tablet 0.15-30 mg-mcg</i>	PV	
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	PV	
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	PV	
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	PV	
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	PV	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (levonorgestrel)	PV	
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	PV	
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	PV	
<i>lessina oral tablet 0.1-20 mg-mcg</i>	PV	
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	PV	
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	PV	
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	PV	
<i>levonorgestrel oral tablet 1.5 mg</i>	PV	
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	PV	
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	PV	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (<i>levonorgestrel</i>)	PV	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	PV	
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	PV	
LOESTRIN 1/20 (21) ORAL TABLET 1-20 MG-MCG (<i>norethindrone acet-ethinyl est</i>)	PV	
LOESTRIN FE 1.5/30 ORAL TABLET 1.5-30 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	PV	
LOESTRIN FE 1/20 ORAL TABLET 1-20 MG-MCG (<i>norethin ace-eth estrad-fe</i>)	PV	
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	PV	
<i>loryna oral tablet 3-0.02 mg</i>	PV	
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	PV	
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	PV	
<i>lutra oral tablet 0.1-20 mg-mcg</i>	PV	
<i>lyleq oral tablet 0.35 mg</i>	PV	
<i>lyza oral tablet 0.35 mg</i>	PV	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	PV	
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	PV	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	PV	
<i>megestrol acetate oral suspension 40 mg/ml</i>	1	
<i>megestrol acetate oral suspension 625 mg/5ml</i>	PV	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	3	OC
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	PV	
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	PV	
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	PV	
<i>mili oral tablet 0.25-35 mg-mcg</i>	PV	
<i>mimvey oral tablet 1-0.5 mg</i>	PV	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (<i>levonorgestrel</i>)	PV	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	PV	
<i>my choice oral tablet 1.5 mg</i>	PV	
<i>my way oral tablet 1.5 mg</i>	PV	
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	3	DSL = 30 days
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	PV	
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	PV	
<i>new day oral tablet 1.5 mg</i>	PV	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (<i>etonogestrel</i>)	PV	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (<i>drospirenone-estetrol</i>)	PV	
<i>nikki oral tablet 3-0.02 mg</i>	PV	
<i>nora-be oral tablet 0.35 mg</i>	PV	
<i>norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr</i>	PV	
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	PV	
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	PV	
<i>norethindrone acetate oral tablet 5 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	PV	
<i>norethindrone oral tablet 0.35 mg</i>	PV	
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	PV	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	PV	
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	PV	
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>norlyroc oral tablet 0.35 mg</i>	PV	
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	PV	
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	PV	
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	PV	
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
NUVARING VAGINAL RING 0.12-0.015 MG/24HR (etonogestrel-ethinyl estradiol)	PV	
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	PV	
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	PV	
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	PV	
<i>ocella oral tablet 3-0.03 mg</i>	PV	
<i>opcicon one-step oral tablet 1.5 mg</i>	PV	
<i>option 2 oral tablet 1.5 mg</i>	PV	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (elagolix-estradiol-norethind)	3	DSL = 30 days
<i>philith oral tablet 0.4-35 mg-mcg</i>	PV	
PIDPROGTAR EXTERNAL SOLUTION 5-0.1-0.025 %	3	
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (levonorgestrel)	PV	
PODPROG EXTERNAL SOLUTION 0.1-7 %	3	
PODPROGTAR EXTERNAL SOLUTION 7-0.1-0.025 %	3	
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	PV	
PREMPHASE ORAL TABLET 0.625-5 MG (conj estrog-medroxyprogest ace)	PV	
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)	PV	
<i>progesterone intramuscular oil 50 mg/ml</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	PV	
<i>progesterone oral capsule 100 mg, 200 mg</i>	PV	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (<i>progesterone</i>)	PV	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	PV	
<i>react oral tablet 1.5 mg</i>	PV	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	PV	
<i>rivelsa oral tablet 42-21-21-7 days</i>	PV	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	PV	
<i>setlakin oral tablet 0.15-0.03 mg</i>	PV	
<i>sharobel oral tablet 0.35 mg</i>	PV	
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	PV	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (<i>levonorgestrel</i>)	PV	
SLYND ORAL TABLET 4 MG (<i>drospirenone</i>)	PV	
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	PV	
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	PV	
<i>syeda oral tablet 3-0.03 mg</i>	PV	
<i>take action oral tablet 1.5 mg</i>	PV	
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	PV	
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	PV	
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	PV	
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	PV	
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	PV	
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	PV	
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	PV	
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	PV	
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	PV	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (<i>levonorgestrel-eth estradiol</i>)	3	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	PV	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	PV	
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	PV	
<i>vestura oral tablet 3-0.02 mg</i>	PV	
<i>vienva oral tablet 0.1-20 mg-mcg</i>	PV	
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	PV	
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	PV	
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	PV	
<i>wera oral tablet 0.5-35 mg-mcg</i>	PV	
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	PV	
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	PV	
YASMIN 28 ORAL TABLET 3-0.03 MG (<i>drospirenone-ethinyl estradiol</i>)	PV	
YAZ ORAL TABLET 3-0.02 MG (<i>drospirenone-ethinyl estradiol</i>)	PV	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	PV	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	PV	
<i>zumandimine oral tablet 3-0.03 mg</i>	PV	
RAPID-ACTING INSULINS - Drugs for Diabetes		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	PV	
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	PV	
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT (<i>insulin regular human</i>)	3	
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	3	DSL = 30 days
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
APIDRA VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin glulisine</i>)	PV	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PV	
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PV	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PV	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (w/niacinamide)</i>)	PV	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	PV	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	PV	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (<i>insulin lispro</i>)	3	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PV	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PV	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PV	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	PV	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	PV	
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	3	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	PV	
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML	PV	
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	PV	
INSULIN ASPART INJECTION SOLUTION 100 UNIT/ML	PV	
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML	PV	
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	PV	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	PV	
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	PV	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	PV	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	3	
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro-aabc</i>)	3	
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	3	
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PV	
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	PV	
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	PV	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PV	
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PV	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	PV	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	PV	
NOVOLOG RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	PV	
NOVOLOG U-100 VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	PV	
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PV	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PV	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	PV	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PV	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PV	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PV	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PV	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	PV	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	3	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	3	
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PV	
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	PV	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
BEXAGLIFLOZIN ORAL TABLET 20 MG	3	
BRENZAVVY ORAL TABLET 20 MG (<i>bexagliflozin</i>)	3	
DAPAGLIFLOZIN PRO-METFORMIN ER ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG	3	
DAPAGLIFLOZIN PROPANEDIOL ORAL TABLET 10 MG, 5 MG	3	
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	3	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	3	
INPEFA ORAL TABLET 200 MG, 400 MG (<i>sotagliflozin</i>)	3	DSL = 30 days
INVOKAMET ORAL TABLET 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	3	
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150-1000 MG, 150-500 MG, 50-1000 MG, 50-500 MG (<i>canagliflozin-metformin hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INVOKANA ORAL TABLET 100 MG, 300 MG (<i>canagliflozin</i>)	3	
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	2	
QTERN ORAL TABLET 10-5 MG, 5-5 MG (<i>dapagliflozin-saxagliptin</i>)	3	
SEGLUROMET ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 7.5-1000 MG, 7.5-500 MG (<i>ertugliflozin-metformin hcl</i>)	3	
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin l-pyrogutamicac</i>)	3	
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (<i>ertugliflozin-sitagliptin</i>)	3	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	3	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	3	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linaglip-metform</i>)	3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 5-1000 MG (<i>dapagliflozin prop-metformin</i>)	3	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-500 MG, 2.5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	3	
SOMATOSTATIN AGONISTS - Hormones		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION 120 MG/0.5ML	3	DSL = 30 days
MYCAPSSA ORAL CAPSULE DELAYED RELEASE 20 MG (<i>octreotide acetate</i>)	3	DSL = 30 days
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (<i>octreotide acetate</i>)	3	
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 20 MG, 30 MG (<i>octreotide acetate</i>)	3	DSL = 30 days
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	3	DSL = 30 days
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML (<i>pasireotide diaspartate</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	3	DSL = 30 days
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (<i>tesamorelin acetate</i>)	3	DSL = 30 days
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE 0.2 MG, 0.4 MG, 0.6 MG, 0.8 MG, 1 MG, 1.2 MG, 1.4 MG, 1.6 MG, 1.8 MG, 2 MG (<i>somatropin</i>)	3	
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG, 5 MG (<i>somatropin</i>)	3	
HUMATROPE INJECTION CARTRIDGE 12 MG, 24 MG, 6 MG (<i>somatropin</i>)	3	
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	3	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	3	
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 30 MG/3ML (<i>somatropin</i>)	3	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	3	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	3	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	3	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	2	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	2	
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG, 8.8 MG (<i>somatropin (non-refrigerated)</i>)	3	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	3	
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 5 MG (<i>somatropin</i>)	3	
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	3	DSL = 30 days
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	PV	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PV	
<i>glipizide oral tablet 10 mg, 5 mg</i>	PV	
<i>glipizide oral tablet 2.5 mg</i>	1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	PV	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	PV	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG (<i>glipizide</i>)	PV	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	PV	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	PV	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	PV	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PV	
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	PV	
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (<i>pioglitazone hcl</i>)	PV	
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	PV	
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	PV	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	PV	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	PV	
THYROID AGENTS - Drugs for the Thyroid		
ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG (<i>thyroid</i>)	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	3	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine sodium</i>)	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML (<i>levothyroxine sodium</i>)	3	
<i>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</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	3	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (<i>levothyroxine sodium</i>)	3	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	3	
TIROSINT ORAL CAPSULE 37.5 MCG, 44 MCG, 62.5 MCG (<i>levothyroxine sodium</i>)	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	3	
<i>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</i>	1	
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
ACCUCAINE COMBINATION KIT 1 % (<i>lido-pentaf-tetrafl-ultrasound</i>)	3	
<i>bupivacaine fisiopharma injection solution 2.5 mg/ml, 5 mg/ml</i>	1	
BUPIVACAINE HCL (BULK) SOLUTION 4760 MG/119ML	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %</i>	1	
BUPIVACAINE HCL INJECTION SOLUTION 0.125 %	3	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.125 % (50 ML), 0.25 % (10 ML)	3	
<i>bupivacaine hcl solution 0.25 % injection</i>	1	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	1	
<i>bupivacaine hcl solution 0.5 % injection</i>	1	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	1	
DYURAL 80-LM INJECTION KIT 80 & 0.25 & 1 MG/ML-%-% (<i>methylprednisol & bupiv & lido</i>)	3	
DYURAL-40 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (<i>methylprednisol & bupiv & lido</i>)	3	
DYURAL-80 INJECTION KIT 80 & 0.25 & 1 MG/ML-%-% (<i>methylprednisol & bupiv & lido</i>)	3	
DYURAL-L INJECTION KIT 40 & 1 MG/ML-% (<i>methylprednisolone ace-lido</i>)	3	
DYURAL-LM INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (<i>methylprednisol & bupiv & lido</i>)	3	
EXPAREL INJECTION SUSPENSION 1.3 % (<i>bupivacaine liposome</i>)	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%, 0.8-0.1667-0.9 MG/200ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.5-0.04-0.9 MG/100ML-%, 0.5-0.075-0.9 MG/100ML-%, 1-0.125-0.9 MG/250ML-%	3	
FENTANYL-BUPIVACAINE-NACL INJECTION SOLUTION 2-0.125-0.9 MCG/ML-%-%	3	DSL = 30 days
KCL-LIDOCAINE-NACL INTRAVENOUS SOLUTION 10-10 MEQ-MG /100ML	3	
LETS KIT	3	
<i>lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %</i>	1	
<i>lidocaine hcl injection solution 0.5 %</i>	1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/10ML, 100 MG/5ML, 200 MG/10ML, 60 MG/3ML, 9 MG/ML	3	
LIDOCAINE HCL SOLUTION 1 % INJECTION	1	
<i>lidocaine hcl solution 1 % injection</i>	1	
LIDOCAINE HCL SOLUTION 2 % INJECTION	1	
<i>lidocaine hcl solution 2 % injection</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (<i>lidocaine-camphor-menthol</i>)	3	
MARCAINE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % (<i>bupivacaine hcl</i>)	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 % (<i>bupivacaine hcl</i>)	2	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.5 % (<i>bupivacaine hcl</i>)	3	
MARLIDO INJECTION KIT 2 & 0.5 %	3	
MARLIDO-25 INJECTION KIT 1 & 0.25 % (<i>lidocaine hcl-bupivacaine hcl</i>)	3	
MARVONA SUIK COMBINATION KIT 0.5 % (<i>bupivacaine hcl & anesthetic</i>)	3	
MLK F1 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F2 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F3 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-%	3	
MLK F4 INJECTION KIT 40 & 0.5 & 2 MG/ML-%-% (<i>triamcinolone & bupiv & lido</i>)	3	
MULTI-SPECIALTY INJECTION KIT 40 & 1 MG/ML-%	3	
P-CARE K40MX INJECTION KIT 40 & 0.5 & 1 MG/ML-%-%	3	
P-CARE K80MX INJECTION KIT 40 & 0.5 & 1 MG/ML-%-%	3	
PHYSICIANS EZ USE JOINT/TUNNEL COMBINATION KIT 40-1 MG/ML-%	3	
PHYSICIANS EZ USE M-PRED INJECTION KIT 40-0.5 MG/ML-%	3	
POINT OF CARE L.2 INJECTION KIT 40 & 1 MG/ML-% (<i>methylprednisolone ace-lido</i>)	3	
POINT OF CARE L.5 INJECTION KIT 40 & 1 MG/ML-% (<i>methylprednisolone ace-lido</i>)	3	
POINT OF CARE LM DEP 2 INJECTION KIT 40 & 0.25 & 1 MG/ML-%-% (<i>methylprednisol & bupiv & lido</i>)	3	
POINT OF CARE LM-2.2 INJECTION KIT 1 & 0.25 % (<i>lidocaine hcl-bupivacaine hcl</i>)	3	
POINT OF CARE LM-2.5 INJECTION KIT 1 & 0.25 % (<i>lidocaine hcl-bupivacaine hcl</i>)	3	
SENSORCAINE INJECTION SOLUTION 0.25 %, 0.5 % (<i>bupivacaine hcl</i>)	1	
SENSORCAINE-MPF INJECTION SOLUTION 0.25 % (<i>bupivacaine hcl</i>)	2	
SENSORCAINE-MPF INJECTION SOLUTION 0.5 %, 0.75 % (<i>bupivacaine hcl</i>)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XARACOLL IMPLANT IMPLANT 3 X 100 MG (<i>bupivacaine hcl</i>)	3	
XYLOCAINE INJECTION SOLUTION 0.5 %, 1 %, 2 % (<i>lidocaine hcl</i>)	3	
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 % (<i>lidocaine hcl</i>)	3	
ZINGO INTRADERMAL JET-INJECTOR 0.5 MG (<i>lidocaine hcl</i>)	3	
ZTLIDO EXTERNAL PATCH 1.8 % (<i>lidocaine</i>)	3	
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
AVODART ORAL CAPSULE 0.5 MG (<i>dutasteride</i>)	3	
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG (<i>finasteride-tadalafil</i>)	3	
FINAPID EXTERNAL SOLUTION 0.1-5 %	3	
FINAPOD EXTERNAL SOLUTION 0.1-7 %	3	
FINAPODTAR EXTERNAL SOLUTION 0.1-7-0.025 %	3	
<i>finasteride oral tablet 1 mg, 5 mg</i>	1	
FLYPROGPIDTAR EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	3	
PROPECIA ORAL TABLET 1 MG (<i>finasteride</i>)	3	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	3	
TETPIDTAR EXTERNAL SOLUTION 0.01-5-0.025 %	3	
ALCOHOL DETERRENTS - Drugs for Alcohol Dependence		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	2	
ANTIDOTES - Drugs for Overdose or Poisoning		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	2	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>atropine sulfate injection solution 8 mg/20ml</i>	1	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	1	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML (<i>sugammadex sodium</i>)	2	
BRIDION INTRAVENOUS SOLUTION 500 MG/5ML (<i>sugammadex sodium</i>)	3	
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>crotalidae polyval immune fab</i>)	2	
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	1	
DEFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	3	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>digoxin immune fab</i>)	2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	PV	
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	PV	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG (<i>glucagon hcl (rdna)</i>)	2	
<i>glucagon emergency kit injection kit 1 mg</i>	PV	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	3	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML (<i>glucagon</i>)	3	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML (<i>glucagon</i>)	3	
IOSAT ORAL TABLET 130 MG, 65 MG (<i>potassium iodide (antidote)</i>)	3	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (<i>levoleucovorin</i>)	PV	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	PV	
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	PV	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	PV	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	PV	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	PV	
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	PV	
<i>magnesium sulfate injection solution 50 %</i>	PV	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	PV	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	1	
<i>phytonadione oral tablet 5 mg</i>	PV	
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE 12.5-2.5 MG, 25-10 MG, 25-5 MG, 50-10 MG, 50-20 MG, 50-25 MG, 75-25 MG	PV	
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	
REVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	PV	
REVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	PV	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	PV	
<i>sevelamer carbonate oral tablet 800 mg</i>	PV	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	PV	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
VISTOGARD ORAL PACKET 10 GM (<i>uridine triacetate</i>)	3	DSL = 30 days
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	2	
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>glucarpidase</i>)	PV	DSL = 30 days
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	3	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	3	
ANTIGOUT AGENTS - Drugs for Gout		
ALEVE ORAL TABLET 220 MG (<i>naproxen sodium</i>)	PV	
<i>all day pain relief oral tablet 220 mg</i>	PV	
<i>all day relief oral tablet 220 mg</i>	PV	
<i>allopurinol oral tablet 100 mg, 300 mg</i>	PV	
ALLOPURINOL ORAL TABLET 200 MG	PV	
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	PV	
<i>colchicine oral capsule 0.6 mg</i>	PV	
<i>colchicine oral tablet 0.6 mg</i>	PV	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	PV	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	PV	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	PV	
<i>ft all day pain relief oral tablet 220 mg</i>	PV	
GLOPERBA ORAL SOLUTION 0.6 MG/5ML (<i>colchicine</i>)	PV	DSL = 30 days
<i>goodsense naproxen sodium oral tablet 220 mg</i>	PV	
INDOCIN ORAL SUSPENSION 25 MG/5ML (<i>indomethacin</i>)	PV	
INDOCIN RECTAL SUPPOSITORY 50 MG (<i>indomethacin</i>)	PV	DSL = 30 days
<i>indomethacin er oral capsule extended release 75 mg</i>	PV	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	PV	
<i>indomethacin oral suspension 25 mg/5ml</i>	PV	
INDOMETHACIN RECTAL SUPPOSITORY 100 MG	PV	
<i>indomethacin rectal suppository 50 mg</i>	PV	DSL = 30 days
KRYSTEXXA INTRAVENOUS SOLUTION 8 MG/ML (<i>pegloticase</i>)	PV	
MITIGARE ORAL CAPSULE 0.6 MG (<i>colchicine</i>)	PV	
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR 375 MG, 500 MG, 750 MG (<i>naproxen sodium</i>)	PV	
NAPROSYN ORAL SUSPENSION 125 MG/5ML (<i>naproxen</i>)	PV	
NAPROSYN ORAL TABLET 500 MG (<i>naproxen</i>)	PV	
<i>naproxen dr oral tablet delayed release 500 mg</i>	PV	
<i>naproxen oral suspension 125 mg/5ml</i>	PV	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	PV	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	PV	
<i>naproxen sodium oral tablet 220 mg, 275 mg, 550 mg</i>	PV	
<i>probenecid oral tablet 500 mg</i>	1	
<i>sm naproxen sodium oral tablet 220 mg</i>	PV	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	PV	
ANTISENSE OLIGONUCLEOTIDES		
AMONDYS 45 INTRAVENOUS SOLUTION 100 MG/2ML	3	DSL = 30 days
EXONDYS 51 INTRAVENOUS SOLUTION 100 MG/2ML, 500 MG/10ML (<i>etepirsen</i>)	3	DSL = 30 days
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (<i>tofersen</i>)	3	DSL = 30 days
SPINRAZA INTRATHECAL SOLUTION 12 MG/5ML (<i>nusinersen</i>)	3	DSL = 30 days
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	3	DSL = 30 days
VILTEPSO INTRAVENOUS SOLUTION 250 MG/5ML (<i>viltolarsen</i>)	3	DSL = 30 days
VYONDYS 53 INTRAVENOUS SOLUTION 100 MG/2ML (<i>golodirsen</i>)	3	DSL = 30 days
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	3	
BONE ANABOLIC AGENTS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	3	DSL = 30 days
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR 600 MCG/2.4ML (<i>teriparatide (recombinant)</i>)	3	DSL = 30 days
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	3	DSL = 30 days
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	DSL = 30 days
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	3	DSL = 30 days
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	3	DSL = 30 days
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
ACTONEL ORAL TABLET 150 MG, 35 MG (<i>risedronate sodium</i>)	3	
<i>alendronate sodium oral solution 70 mg/75ml</i>	1	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	PV	
AELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	3	
BINOSTO ORAL TABLET EFFERVESCENT 70 MG (<i>alendronate sodium</i>)	3	
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	DSL = 30 days
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.06 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	PV	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (<i>estradiol valerate</i>)	3	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	2	
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 (<i>estradiol</i>)	PV	
<i>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</i>	PV	
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	PV	
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>estradiol</i>)	PV	
ESTRACE VAGINAL CREAM 0.1 MG/GM (<i>estradiol</i>)	2	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	PV	
<i>estradiol 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</i>	PV	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PV	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	PV	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (<i>estradiol</i>)	2	
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	PV	
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	3	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	3	
FOSAMAX ORAL TABLET 70 MG (<i>alendronate sodium</i>)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	3	
<i>ibandronate sodium intravenous solution 3 mg/3ml</i>	1	
<i>ibandronate sodium oral tablet 150 mg</i>	1	
<i>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</i>	PV	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	PV	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	PV	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin salmon</i>)	3	DSL = 30 days
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	PV	
<i>pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml</i>	1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	PV	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	2	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	3	
<i>raloxifene hcl oral tablet 60 mg</i>	PV	
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	3	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	1	
<i>risedronate sodium oral tablet delayed release 35 mg</i>	1	
VAGIFEM VAGINAL TABLET 10 MCG (<i>estradiol</i>)	3	
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	PV	
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	3	DSL = 30 days
<i>yuvaferm vaginal tablet 10 mcg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	1	
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	1	
BRADYKININ RECEPTOR ANTAGONISTS		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>)	3	DSL = 30 days
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	DSL = 30 days
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	DSL = 30 days
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
<i>dichlorphenamide oral tablet 50 mg</i>	1	DSL = 30 days
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	3	DSL = 30 days
CARIOSTATIC AGENTS - Vitamins and Fluoride		
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	PV	
DENTA 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	PV	
DENTAGEL DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	PV	
<i>easygel dental gel 0.4 %</i>	PV	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	3	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>ped multiple vit-minerals-fl</i>)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
<i>fluoridex daily renewal mouth/throat concentrate 0.63 %</i>	PV	
FLUORIDEX DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	PV	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	PV	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	PV	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	PV	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	PV	
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	PV	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % (<i>sodium fluoride</i>)	PV	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (<i>sodium fluoride</i>)	PV	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % (<i>sod fluoride-potassium nitrate</i>)	3	
PREVIDENT DENTAL GEL 1.1 % (<i>sodium fluoride</i>)	PV	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % (<i>sodium fluoride</i>)	PV	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	3	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
<i>sf 5000 plus dental cream 1.1 %</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sf dental gel 1.1 %</i>	PV	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	PV	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	PV	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	PV	
<i>sodium fluoride dental cream 1.1 %</i>	PV	
<i>sodium fluoride dental gel 1.1 %</i>	PV	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	PV	
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	PV	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	PV	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
VANISH DENTAL LIQUID EXTENDED RELEASE 5 % (<i>sodium fluoride</i>)	PV	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	DSL = 30 days
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	DSL = 30 days
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	3	DSL = 30 days
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	3	DSL = 30 days
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	DSL = 30 days
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	3	DSL = 30 days
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (<i>eculizumab</i>)	3	
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	3	DSL = 30 days
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (<i>ravulizumab-cwvz</i>)	3	
VEOPOZ INJECTION SOLUTION 400 MG/2ML (<i>pezelimab-bbfg</i>)	3	DSL = 30 days
ZILBRYSQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16.6 MG/0.416ML, 23 MG/0.574ML, 32.4 MG/0.81ML (<i>zilucoplan sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	3	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	3	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	3	DSL = 30 days
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	3	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	3	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	3	DSL = 30 days
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADBM(CD/UC/HS STRT) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADBM(PS/UV STARTER) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-atto</i>)	3	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-atto</i>)	2	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>adalimumab-atto</i>)	3	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-atto</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	2	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (<i>adalimumab-atto</i>)	3	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (<i>adalimumab-atto</i>)	2	
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	3	DSL = 30 days
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	3	DSL = 30 days
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	3	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	3	DSL = 30 days
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	3	DSL = 30 days
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (<i>secukinumab</i>)	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	3	DSL = 30 days
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	DSL = 30 days
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	3	DSL = 30 days
CUPRIMINE ORAL CAPSULE 250 MG (<i>penicillamine</i>)	3	
<i>cyclosporine intravenous solution 50 mg/ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	3	DSL = 30 days
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	3	DSL = 30 days
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	3	DSL = 30 days
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-adbm</i>)	3	DSL = 30 days
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	3	
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	3	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	3	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	3	DSL = 30 days
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	3	DSL = 30 days
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	3	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	3	DSL = 30 days
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	3	DSL = 30 days
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	3	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA-PED>/=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA-PED>/=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	3	DSL = 30 days
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	PV	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ-PED>/=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	3	DSL = 30 days
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	3	DSL = 30 days
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	3	DSL = 30 days
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	3	DSL = 30 days
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	3	DSL = 30 days
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	3	DSL = 30 days
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	3	DSL = 30 days
LEFLUNICLO COMBINATION KIT 20 & 1 MG & % (<i>leflunomide & diclofenac sod</i>)	3	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	3	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	3	OC
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	2	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	3	DSL = 30 days
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	3	DSL = 30 days
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	3	DSL = 30 days
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	3	DSL = 30 days
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	3	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	3	DSL = 30 days
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 12.5 MG/0.4ML, 15 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML, 25 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	3	
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	2	
<i>penicillamine oral capsule 250 mg</i>	3	
<i>penicillamine oral tablet 250 mg</i>	3	
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	2	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	3	
RIABNI INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-arrx</i>)	3	DSL = 30 days
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	2	
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG (<i>upadacitinib</i>)	3	DSL = 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (<i>upadacitinib</i>)	3	DSL = 30 days
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG (<i>upadacitinib</i>)	3	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	3	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	3	DSL = 30 days
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	3	OC
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	DSL = 30 days; OC
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	3	DSL = 30 days
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	3	DSL = 30 days
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	3	DSL = 30 days
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (<i>tofacitinib citrate</i>)	3	
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-aaty</i>)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	3	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (<i>adalimumab-aaty</i>)	3	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab-aaty</i>)	3	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (<i>adalimumab-aqvh</i>)	3	DSL = 30 days
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ABRILADA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	3	DSL = 30 days
ABRILADA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-afzb</i>)	3	DSL = 30 days
ABRILADA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-afzb</i>)	3	DSL = 30 days
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	3	
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	3	
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	3	DSL = 30 days
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML (<i>interferon gamma-1b</i>)	3	DSL = 30 days
ADALIMUMAB-AACF (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	3	DSL = 30 days
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML	3	DSL = 30 days
ADALIMUMAB-FKJP SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML	3	DSL = 30 days
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML (<i>interferon alfa-n3</i>)	3	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-atto</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-atto</i>)	2	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>adalimumab-atto</i>)	3	
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-atto</i>)	2	
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	2	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML (<i>adalimumab-atto</i>)	3	
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (<i>adalimumab-atto</i>)	2	
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	3	
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	3	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	3	DSL = 30 days
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	3	DSL = 30 days
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	3	DSL = 30 days
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	3	DSL = 30 days
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>ropeginterferon alfa-2b-njft</i>)	3	DSL = 30 days
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	2	DSL = 30 days
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (<i>ublituximab-xiiy</i>)	3	
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	3	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML (<i>certolizumab pegol</i>)	3	DSL = 30 days
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML, 40 MG/ML (<i>glatiramer acetate</i>)	3	DSL = 30 days
<i>cyclosporine intravenous solution 50 mg/ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	3	DSL = 30 days
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	3	DSL = 30 days
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	3	DSL = 30 days
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	3	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	3	DSL = 30 days
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	3	DSL = 30 days
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	3	DSL = 30 days
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	3	DSL = 30 days
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	2	DSL = 30 days
<i>fingolimod hcl oral capsule 0.5 mg</i>	1	DSL = 30 days
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	3	DSL = 30 days
GILENYA ORAL CAPSULE 0.5 MG (<i>fingolimod hcl</i>)	3	DSL = 30 days
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	3	DSL = 30 days
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml, 40 mg/ml</i>	3	DSL = 30 days
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	3	DSL = 30 days
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-bwwd</i>)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HULIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	3	DSL = 30 days
HULIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-fkjp</i>)	3	DSL = 30 days
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML, 80 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	3	DSL = 30 days
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	3	DSL = 30 days
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	PV	
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML, 20 MG/0.2ML, 40 MG/0.4ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	3	DSL = 30 days
IDACIO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	3	DSL = 30 days
IDACIO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	3	DSL = 30 days
IDACIO-CROHNS/UC STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	3	DSL = 30 days
IDACIO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab-aacf</i>)	3	DSL = 30 days
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
JOENJA ORAL TABLET 70 MG (<i>leniolisib phosphate</i>)	3	DSL = 30 days
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>ofatumumab</i>)	3	DSL = 30 days
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	3	DSL = 30 days
<i>leflunomide oral tablet 10 mg, 20 mg</i>	3	
LEMRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (<i>alemtuzumab</i>)	3	DSL = 30 days
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	DSL = 30 days; OC
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	
MAYZENT ORAL TABLET 0.25 MG, 2 MG (<i>siponimod fumarate</i>)	3	
MAYZENT ORAL TABLET 1 MG (<i>siponimod fumarate</i>)	3	DSL = 30 days
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	3	
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	3	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	3	OC
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	2	
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (<i>ocrelizumab</i>)	3	DSL = 30 days
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	3	DSL = 30 days
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	3	DSL = 30 days
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML, 50 MG/0.4ML, 87.5 MG/0.7ML (<i>abatacept</i>)	3	DSL = 30 days
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	3	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	3	DSL = 30 days
PLAQUENIL ORAL TABLET 200 MG (<i>hydroxychloroquine sulfate</i>)	PV	
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	3	DSL = 30 days
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	3	DSL = 30 days
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (<i>peginterferon beta-1a</i>)	3	DSL = 30 days
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	3	DSL = 30 days
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (<i>peginterferon beta-1a</i>)	3	DSL = 30 days
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	3	DSL = 30 days; OC
PONVORY ORAL TABLET 20 MG (<i>ponesimod</i>)	3	DSL = 30 days
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (<i>ponesimod</i>)	3	DSL = 30 days
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (<i>aldesleukin</i>)	3	DSL = 30 days
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	3	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (<i>interferon beta-1a</i>)	3	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (<i>interferon beta-1a</i>)	3	
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	3	
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	3	DSL = 30 days; OC
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	2	
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (<i>rozanolixizumab-noli</i>)	3	DSL = 30 days
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	3	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	3	DSL = 30 days
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML (<i>golimumab</i>)	3	DSL = 30 days
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG, 0.5 MG (<i>fingolimod lauryl sulfate</i>)	3	DSL = 30 days
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG, 240 MG (<i>dimethyl fumarate</i>)	3	DSL = 30 days
TECFIDERA ORAL CAPSULE DELAYED RELEASE THERAPY PACK 120 & 240 MG (<i>dimethyl fumarate</i>)	3	DSL = 30 days
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	3	DSL = 30 days; OC
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	3	OC

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (natalizumab)	3	DSL = 30 days
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (inebilizumab-cdon)	3	DSL = 30 days
VELSIPITY ORAL TABLET 2 MG (etrasimod arginine)	3	DSL = 30 days
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (diroximel fumarate)	3	DSL = 30 days
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML (efgartigimod alfa-hyalur-qvfc)	3	DSL = 30 days
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML (efgartigimod alfa-fcab)	3	DSL = 30 days
XATMEP ORAL SOLUTION 2.5 MG/ML (methotrexate)	3	DSL = 30 days; OC
YUFLYMA (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML (adalimumab-aaty)	3	DSL = 30 days
YUFLYMA (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (adalimumab-aaty)	3	DSL = 30 days
YUFLYMA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (adalimumab-aaty)	3	DSL = 30 days
YUFLYMA-CD/UC/HS STARTER SUBCUTANEOUS AUTO- INJECTOR KIT 80 MG/0.8ML (adalimumab-aaty)	3	DSL = 30 days
YUSIMRY SUBCUTANEOUS SOLUTION PEN-INJECTOR 40 MG/0.8ML (adalimumab-aqvh)	3	DSL = 30 days
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (ozanimod hcl)	3	DSL = 30 days
ZEPOSIA ORAL CAPSULE 0.92 MG (ozanimod hcl)	3	DSL = 30 days
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (ozanimod hcl)	3	DSL = 30 days
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
ARAVAL ORAL TABLET 10 MG, 20 MG (leflunomide)	3	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (tacrolimus)	3	
ATGAM INTRAVENOUS INJECTABLE 50 MG/ML (lymphocyte, anti-thymo imm glob)	2	
AZASAN ORAL TABLET 100 MG, 75 MG (azathioprine)	3	
azathioprine oral tablet 100 mg, 50 mg, 75 mg	1	
azathioprine sodium injection solution reconstituted 100 mg	1	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (belimumab)	3	DSL = 30 days
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (belimumab)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	3	DSL = 30 days
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>mycophenolate mofetil hcl</i>)	3	
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	3	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	3	
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 500 MG/2.5ML	3	
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 2 GM/10ML	3	DSL = 30 days
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 500 MG/ML	3	DSL = 30 days
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	3	OC
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	3	OC
<i>cyclosporine intravenous solution 50 mg/ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
ELIDEL EXTERNAL CREAM 1 % (<i>pimecrolimus</i>)	2	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	3	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	3	
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (<i>emapalumab-lzsg</i>)	3	DSL = 30 days
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	3	DSL = 30 days
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	
<i>leflunomide oral tablet 10 mg, 20 mg</i>	3	
LUPKYNIS ORAL CAPSULE 7.9 MG (<i>voclosporin</i>)	3	DSL = 30 days
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>mercaptopurine oral tablet 50 mg</i>	3	OC
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	3	OC
<i>mycophenolate mofetil hcl intravenous solution reconstituted 500 mg</i>	1	
<i>mycophenolate mofetil intravenous solution reconstituted 500 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	3	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	2	
NUJU EXTERNAL SOLUTION 0.1 %	3	
NUJU EXTERNAL CREAM 0.1 %	3	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>belatacept</i>)	3	
OXIANUJO EXTERNAL CREAM 4-0.1 %	3	
OXIANUJO EXTERNAL OINTMENT 4-0.1 %	3	
<i>pimecrolimus external cream 1 %</i>	1	
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	2	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	3	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	3	DSL = 30 days; OC
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	3	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	2	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	2	
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (<i>anifrolumab-fnia</i>)	3	DSL = 30 days
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	3	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	3	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	3	OC
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	DSL = 30 days; OC
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	3	
KALLIKREIN INHIBITORS		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	3	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	3	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	3	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>lanadelumab-flyo</i>)	3	DSL = 30 days
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>lanadelumab-flyo</i>)	3	DSL = 30 days
KALLIKREIN-KININ SYSTEM INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	DSL = 30 days
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	DSL = 30 days
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	3	DSL = 30 days
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/3ML (<i>icatibant acetate</i>)	3	DSL = 30 days
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	DSL = 30 days
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	3	
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	3	DSL = 30 days
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	3	DSL = 30 days
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	DSL = 30 days
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (<i>eculizumab</i>)	3	
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	3	DSL = 30 days
TAVNEOS ORAL CAPSULE 10 MG (<i>avacopan</i>)	3	DSL = 30 days
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (<i>ravulizumab-cwvz</i>)	3	
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ACUNOL ORAL TABLET (<i>homeopathic products</i>)	PV	
ALTEMIA ORAL EMULSION (<i>omega-3 fatty acids</i>)	3	
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR 10 MG (<i>dalfampridine</i>)	3	DSL = 30 days
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>vutrisiran sodium</i>)	3	DSL = 30 days
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	3	
AVAILNEX ORAL TABLET CHEWABLE 750 MG (<i>carbocysteine</i>)	3	
<i>betaine oral powder</i>	1	DSL = 30 days
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>onabotulinumtoxinA (cosmetic)</i>)	2	
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED 50 UNIT (<i>onabotulinumtoxinA (cosmetic)</i>)	3	
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	2	
<i>bp vit 3 oral capsule 1 mg</i>	1	
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (<i>levocarnitine</i>)	3	
CARNITOR ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	3	
CARNITOR ORAL TABLET 330 MG (<i>levocarnitine</i>)	3	
CARNITOR SF ORAL SOLUTION 1 GM/10ML (<i>levocarnitine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	3	DSL = 30 days
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG (<i>methyfol-algae-b12-acetylcyst</i>)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	3	
<i>coenzyme q-10 oral capsule 200 mg, 30 mg</i>	1	
<i>coenzyme q10 oral capsule 50 mg</i>	1	
COLCIGEL EXTERNAL GEL (<i>homeopathic products</i>)	PV	
COLD-EEZE MOUTH/THROAT LOZENGE (<i>homeopathic products</i>)	PV	
COLD-EEZE PLUS COLD & FLU MOUTH/THROAT LOZENGE (<i>homeopathic products</i>)	PV	
COLD-EEZE PLUS DEFENSE MOUTH/THROAT LOZENGE (<i>homeopathic products</i>)	PV	
<i>coq10 oral capsule 200 mg</i>	1	
<i>coq-10 oral capsule 200 mg, 50 mg</i>	1	
CYSTADANE ORAL POWDER (<i>betaine</i>)	3	DSL = 30 days
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	2	DSL = 30 days
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	3	DSL = 30 days
DAXXIFY INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT (<i>daxibotulinumtoxina-lanm</i>)	3	
DEMSEER ORAL CAPSULE 250 MG (<i>metyrosine</i>)	3	
DEPLIN 15 ORAL CAPSULE 15-90.314 MG (<i>l-methylfolate-algae</i>)	3	
DEPLIN 7.5 ORAL CAPSULE 7.5-90.314 MG (<i>l-methylfolate-algae</i>)	3	
DEPREXIS (<i>dtx app-behav & mental hlth</i>)	3	
DERMACINRX SURGICAL COMBOPAK COMBINATION KIT	3	
DIABETES MONITOR DIGIT ADD-ON KIT	3	
DIABETES MONITOR DIGIT SOLN KIT	3	
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	3	
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	3	
EC-RX DHEA EXTERNAL CREAM 10 %, 4 % (<i>prasterone (dhea)</i>)	3	
ECZEMOL ORAL TABLET (<i>homeopathic products</i>)	PV	
ELFOLATE ORAL TABLET 15 MG, 7.5 MG (<i>l-methylfolate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	2	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	3	DSL = 30 days
ENTERAGAM ORAL PACKET 5 GM (<i>sbilprotein isolate</i>)	3	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	3	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	3	DSL = 30 days
FERIVA 21/7 ORAL TABLET 75-1 MG (<i>feasp-b12-fa-c-dss-succac-zn</i>)	3	
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	3	DSL = 30 days
FIRDAPSE ORAL TABLET 10 MG (<i>amifampridine phosphate</i>)	3	
<i>fish oil burp-less capsule 720 mg oral</i>	3	
<i>fish oil high potency oral capsule 1000 mg</i>	1	
<i>fish oil oral capsule 1000 mg, 500 mg</i>	1	
<i>fish oil oral capsule 360 mg</i>	3	
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG (<i>l-methylfolate-algae-b12-b6</i>)	3	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (<i>genistein-zn chelate-vit d</i>)	3	
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	3	DSL = 30 days
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	3	
GIVLAARI SUBCUTANEOUS SOLUTION 189 MG/ML (<i>givosiran sodium</i>)	3	DSL = 30 days
HYALGAN INTRA-ARTICULAR SOLUTION 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	3	
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	3	
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 24 MG/3ML (<i>hyaluronan</i>)	3	
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	3	DSL = 30 days
IMUBOLIC ORAL CAPSULE	3	
IROSPAN 24/6 ORAL (<i>fe-succ ac-b cmplx-c-ca-fa</i>)	3	
ISTURISA ORAL TABLET 1 MG, 5 MG (<i>osilodrostat phosphate</i>)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JAVYGTOR ORAL PACKET 100 MG (<i>sapropterin dihydrochloride</i>)	3	DSL = 30 days
JAVYGTOR ORAL PACKET 500 MG (<i>sapropterin dihydrochloride</i>)	3	DSL = 30 days
JAVYGTOR ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	3	DSL = 30 days
KUVAN ORAL PACKET 100 MG (<i>sapropterin dihydrochloride</i>)	3	DSL = 30 days
KUVAN ORAL PACKET 500 MG (<i>sapropterin dihydrochloride</i>)	3	DSL = 30 days
KUVAN ORAL TABLET 100 MG (<i>sapropterin dihydrochloride</i>)	3	DSL = 30 days
<i>levocarnitine intravenous solution 200 mg/ml</i>	1	
<i>levocarnitine oral solution 1 gml/10ml</i>	3	
<i>levocarnitine sf oral solution 1 gml/10ml</i>	3	
LIMBREL ORAL CAPSULE 250 MG, 500 MG (<i>flavocoxid</i>)	3	
LIMBREL250 ORAL CAPSULE 250-50 MG (<i>flavocoxid-cit zn bisglcinate</i>)	3	
LIMBREL500 ORAL CAPSULE 500-50 MG (<i>flavocoxid-cit zn bisglcinate</i>)	3	
<i>l-methylfolate calcium oral tablet 15 mg, 7.5 mg</i>	1	
<i>l-methylfolate forte oral capsule 15-90.314 mg, 7.5-90.314 mg</i>	1	
<i>l-methylfolate oral tablet 15 mg, 7.5 mg</i>	1	
<i>l-methylfolate-algae oral capsule 15-90.314 mg</i>	1	
<i>l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg</i>	1	
LODOCO ORAL TABLET 0.5 MG (<i>colchicine</i>)	3	
LUMINOPIA (<i>dtx app - visual</i>)	3	
<i>me/naphos/mb/lyo1 oral tablet 81.6 mg</i>	1	
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG (<i>methylfol-methylcob-acetylcyst</i>)	3	
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG (<i>methylfol-algae-b12-acetylcyst</i>)	3	
METANX ORAL CAPSULE 3-90.314-2-35 MG (<i>l-methylfolate-algae-b12-b6</i>)	3	
<i>methylfol-algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	
<i>miglustat oral capsule 100 mg</i>	3	DSL = 30 days
MODIA (<i>dtx app - subst use disorder</i>)	3	
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 88 MG/4ML (<i>hyaluronan</i>)	3	
MORCIN EXTERNAL CREAM	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (<i>fe asp gly-succ-c-thre-b12-fa</i>)	PV	
MULTIGEN ORAL TABLET 70 MG (<i>fe-succ-c-thre-b12-des stomach</i>)	PV	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (<i>feasp-fefum -suc-c-thre-b12-fa</i>)	3	
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	2	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	3	
<i>nitisinone oral capsule 10 mg, 2 mg, 5 mg</i>	3	DSL = 30 days
<i>nitisinone oral capsule 20 mg</i>	1	DSL = 30 days
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	3	DSL = 30 days
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG (<i>fosdenopterin hydrobromide</i>)	3	DSL = 30 days
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (<i>prenatal-fe-cbn-fa-dha w/o a</i>)	3	
<i>odorless coated fish oil oral capsule delayed release 1000 mg</i>	1	
OMEGA MONOPURE 1300 EC ORAL CAPSULE DELAYED RELEASE 1300 MG (<i>omega-3 fatty acids</i>)	3	
<i>omega-3 fish oil oral capsule 1000 mg</i>	1	
<i>omega-3 microgel oral capsule 600 mg</i>	3	
OMEGAPURE PRM ORAL CAPSULE 800 MG (<i>omega-3 fatty acids</i>)	3	
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML (<i>patisiran sodium</i>)	3	DSL = 30 days
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	3	DSL = 30 days
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	3	DSL = 30 days
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	3	DSL = 30 days
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 30 MG/2ML (<i>hyaluronan</i>)	3	
OVEEZA ORAL CAPSULE 0.5 MG (<i>fa-b12-ala-co q10-omega 3</i>)	3	
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML (<i>lumasiran sodium</i>)	3	DSL = 30 days
PENTOSAN POLYSULFATE SODIUM ORAL CAPSULE DELAYED RELEASE 150 MG, 200 MG	3	
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PODIAPN ORAL CAPSULE (<i>l-methylfolate-b6-b12</i>)	3	
PRASTERA ORAL KIT 200 & 400 MG (<i>prasterone & ibuprofen</i>)	3	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fechn-feasp-meth-fa-dha</i>)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PRID EXTERNAL OINTMENT (<i>homeopathic products</i>)	PV	
PRIMACARE ORAL CAPSULE 30-1-470 MG (<i>pren-fe-meth-fa-omeg w/o a</i>)	3	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG (<i>cysteamine bitartrate</i>)	3	DSL = 30 days
PROCYSBI ORAL PACKET 300 MG, 75 MG (<i>cysteamine bitartrate</i>)	3	DSL = 30 days
PSORIZIDE FORTE ORAL TABLET 30-1-15 MG (<i>homeopathic products</i>)	PV	
PSORIZIDE ULTRA ORAL TABLET (<i>homeopathic products</i>)	PV	
REBYOTA RECTAL SUSPENSION 150 ML (<i>fecal microbiota, live-jslm</i>)	3	
RECORLEV ORAL TABLET 150 MG (<i>levoketoconazole</i>)	3	DSL = 30 days
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
RETHYMIC INTRAMUSCULAR IMPLANT (<i>allogeneic thymus tissue-agdc</i>)	3	
REZUROCK ORAL TABLET 200 MG (<i>belumosudil mesylate</i>)	3	DSL = 30 days
RIMSO-50 INTRAVESICAL SOLUTION 50 % (<i>dimethyl sulfoxide</i>)	2	
RIVFLOZA SUBCUTANEOUS SOLUTION 80 MG/0.5ML (<i>nedosiran sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RIVFLOZA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.8ML, 160 MG/ML (<i>nedosiran sodium</i>)	3	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	3	DSL = 30 days
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	DSL = 30 days
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	3	DSL = 30 days
SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID 10 %	3	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG (<i>palovarotene</i>)	3	DSL = 30 days
SOLESTA INJECTION GEL 50-15 MG/ML (<i>dextranomer-sodium hyaluronate</i>)	3	
SPEEDGEL RX EXTERNAL GEL (<i>homeopathic products</i>)	PV	
STREPTOCOCCINUM 30C SUBLINGUAL PELLETT	PV	
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobicentricit-tenofdf</i>)	2	
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (<i>sodium hyaluronate (viscosup)</i>)	2	
SUSTAINABLE VEGAN OMEGA-3 ORAL CAPSULE 275 MG	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobicentricit-tenofaf</i>)	2	
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	3	
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16 MG/2ML (<i>hylan g-f 20</i>)	3	
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 48 MG/6ML (<i>hylan g-f 20</i>)	3	
TALIVA ORAL CAPSULE 1 MG (<i>fa-b6-b12-omega 3-phytosterols</i>)	3	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	3	
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	2	
<i>tiopronin oral tablet 100 mg</i>	1	
TRANZGEL EXTERNAL GEL (<i>homeopathic products</i>)	PV	
TRAUMEEL EXTERNAL OINTMENT (<i>homeopathic products</i>)	PV	
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	3	
ULTRA HERS RX ORAL CAPSULE	3	
ULTRA HIS ORAL CAPSULE	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ULTRA PCOS ORAL CAPSULE	3	
URELLE ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
URIBEL ORAL CAPSULE 118 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
URIMAR-T ORAL CAPSULE 120 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
<i>urin ds oral tablet 81.6 mg</i>	1	
URNEVA ORAL CAPSULE 120 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG (<i>methen-hyosc-meth blue-na phos</i>)	3	
URO-MP ORAL CAPSULE 118 MG	3	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 200 & 50 MG, 50 MG (<i>apellisib</i>)	3	DSL = 30 days
VILAMIT MB ORAL CAPSULE 118 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
VILEVEV MB ORAL TABLET 81 MG (<i>meth-hyo-m bl-na phos-ph sal</i>)	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
VITAMEZ ORAL CAPSULE 1 MG (<i>fa-b6-b12-omega 3-phytosterols</i>)	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/oa</i>)	3	
VORVIDA (<i>dtx app - subst use disorder</i>)	3	
VOWST ORAL CAPSULE (<i>fecal microb spores, live-brpk</i>)	3	DSL = 30 days
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	3	DSL = 30 days
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	3	DSL = 30 days
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
WONDR HEALTH OUTCOME BONUS (<i>dtx app - wellness</i>)	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	3	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 200 UNIT (<i>incobotulinumtoxina</i>)	3	
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	3	DSL = 30 days
XYZMUNE ORAL CAPSULE	3	
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	3	DSL = 30 days
ZEEL ARTHRITIS PAIN RELIEF EXTERNAL OINTMENT (<i>homeopathic products</i>)	PV	
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	3	DSL = 30 days
PROTECTIVE AGENTS		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>trilaciclib dihydrochloride</i>)	PV	DSL = 30 days
<i>dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg</i>	PV	
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	PV	
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>amifostine</i>)	PV	
<i>mesna intravenous solution 100 mg/ml</i>	PV	
MESNEX INTRAVENOUS SOLUTION 100 MG/ML (<i>mesna</i>)	PV	
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	PV	DSL = 30 days; OC
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
NONHORMONAL CONTRACEPTIVES - Drugs for Women		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	PV	
CONDOMS	PV	
DUREX EXTRA SENSITIVE THIN DEVICE (<i>condoms latex lubricated</i>)	PV	
ENCARE VAGINAL SUPPOSITORY 100 MG (<i>nonoxynol-9</i>)	PV	
FC2 FEMALE CONDOM (<i>condoms - female</i>)	PV	
FEMCAP VAGINAL DEVICE 22 MM, 30 MM (<i>cervical caps</i>)	3	
FEMCAP VAGINAL DEVICE 26 MM (<i>cervical caps</i>)	PV	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (<i>nonoxynol-9</i>)	PV	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (<i>copper</i>)	PV	
PHEXXI VAGINAL GEL 1.8-1-0.4 % (<i>lactic ac-citric ac-pot bitart</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (<i>nonoxynol-9</i>)	PV	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (<i>nonoxynol-9</i>)	PV	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	PV	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	PV	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	PV	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	PV	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	PV	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	PV	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	PV	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (<i>diaphragm wide seal</i>)	PV	
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
CERVIDIL VAGINAL INSERT 10 MG (<i>dinoprostone</i>)	2	
<i>methergine oral tablet 0.2 mg</i>	1	
<i>methylergonovine maleate oral tablet 0.2 mg</i>	1	
MIFEPREX ORAL TABLET 200 MG (<i>mifepristone</i>)	PV	
<i>mifepristone oral tablet 200 mg</i>	PV	
MPM PAK ORAL THERAPY PACK 200-0.2-8-800 MG (<i>mifeprist-misoprost-ondan-ibup</i>)	3	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UNIT/L-%	3	
PREPIDIL VAGINAL GEL 0.5 MG/3GM (<i>dinoprostone</i>)	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
KERAMATRIX REPLICINE 2CMX3CM EXTERNAL SHEET (<i>wound dressings</i>)	3	
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL SHEET (<i>wound dressings</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
VERSAPENN (AL) ANHYD LIPID TRANSDERMAL GEL (<i>transdermal base</i>)	3	
RADIOACTIVE AGENTS		
RADIOACTIVE AGENTS		
LUTATHERA INTRAVENOUS SOLUTION 370 MBQ/ML (<i>lutetium lu 177 dotatate</i>)	3	
PLUVICTO INTRAVENOUS SOLUTION 1000 MBQ/ML (<i>lutetium lu 177 vipivotide tet</i>)	3	
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML (<i>radium ra 223 dichloride</i>)	3	
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN INJECTION SOLUTION 1 MG/ML (<i>epinephrine</i>)	3	
ADRENALIN NASAL SOLUTION 0.1 % (<i>epinephrine hcl (nasal)</i>)	3	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (<i>ephedrine sulfate (pressors)</i>)	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine ephedrine sulfate (pressors) intravenous solution 50 mg/ml</i>)	3	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml</i>	1	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
EPINEPHRINE PROFESSIONAL INJECTION KIT 1 MG/ML	3	
EPINEPHRINESNAP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	3	
EPINEPHRINESNAP-EMS INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	3	
EPINEPHRINESNAP-V INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	3	
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.15 MG/0.3ML (<i>epinephrine</i>)	3	
EPISNAP INJECTION KIT 1 MG/ML (<i>epinephrine</i>)	3	
<i>ft nasal decongestant max str oral tablet 30 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ft nasal decongestant max str oral tablet extended release 12 hour 120 mg</i>	1	
<i>nasal decongestant oral tablet 30 mg</i>	1	
<i>pseudoephedrine hcl er oral tablet extended release 12 hour 120 mg</i>	1	
<i>sinus 12 hour oral tablet extended release 12 hour 120 mg</i>	1	
SUDAFED SINUS CONGESTION ORAL TABLET 30 MG (<i>pseudoephedrine hcl</i>)	3	
<i>sudogest 12 hour oral tablet extended release 12 hour 120 mg</i>	1	
<i>sudogest maximum strength oral tablet 30 mg</i>	1	
<i>sudogest oral tablet 30 mg</i>	1	
ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD		
<i>atropine sulfate injection solution 8 mg/20ml</i>	1	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	1	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	PV	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	PV	
<i>ipratropium bromide inhalation solution 0.02 %</i>	PV	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	PV	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	3	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
<i>tiotropium bromide monohydrate inhalation capsule 18 mcg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	3	DSL = 30 days
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	3	DSL = 30 days
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	3	DSL = 30 days
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	3	DSL = 30 days
<i>pirfenidone oral capsule 267 mg</i>	1	DSL = 30 days
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	DSL = 30 days
<i>pirfenidone oral tablet 534 mg</i>	1	
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	3	DSL = 30 days
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML (<i>mepolizumab</i>)	3	DSL = 30 days
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	3	DSL = 30 days
ANTITUSSIVES - Drugs for Cough and Cold		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	1	
<i>allergy oral capsule 25 mg</i>	1	
<i>allergy relief oral capsule 25 mg</i>	1	
<i>allergy relief oral tablet 25 mg</i>	1	
<i>banophen oral capsule 25 mg</i>	1	
<i>banophen oral tablet 25 mg</i>	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (<i>diphenhydramine hcl</i>)	3	
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	3	
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
BRANTUSSIN DM ORAL LIQUID 7.5-2-15 MG/5ML	3	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML (<i>pseudoeph-bromphen-dm</i>)	3	
<i>chest congestion relief dm oral syrup 10-100 mg/5ml</i>	1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	DSL = 30 days
<i>cold & cough childrens oral liquid 1-5-2.5 mg/5ml</i>	1	
<i>cold & flu relief daytime oral capsule 10-5-325 mg</i>	1	
<i>cold/flu daytime relief oral capsule 10-5-325 mg</i>	1	
<i>cough dm oral suspension extended release 30 mg/5ml</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>daytime cold/flu relief oral capsule 10-5-325 mg</i>	1	
<i>dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml</i>	1	
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml, 20-200 mg/10ml</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	
<i>dimaphen dm cold/cough oral liquid 2.5-1-5 mg/5ml</i>	1	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	1	
<i>ft 12 hour cough relief oral suspension extended release 30 mg/5ml</i>	1	
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>ft allergy relief oral capsule 25 mg</i>	1	
<i>ft allergy relief oral tablet 25 mg</i>	1	
<i>ft mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	1	
<i>ft nighttime sleep aid oral tablet 25 mg</i>	1	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	1	
<i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i>	1	
<i>ft tussin dm max adult oral liquid 20-400 mg/20ml</i>	1	
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>geri-dryl oral tablet 25 mg</i>	1	
<i>goodsense allergy relief oral capsule 25 mg</i>	1	
<i>goodsense day time cold & flu oral capsule 10-5-325 mg</i>	1	
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	1	
<i>goodsense sleeptime oral capsule 25 mg</i>	1	
<i>goodsense tussin dm max oral liquid 20-400 mg/20ml</i>	1	
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	1	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	1	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (<i>hydrocodone bit-homatrop mbr</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYCODAN ORAL TABLET 5-1.5 MG (<i>hydrocodone bit-homatrop mbr</i>)	3	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	1	
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	
<i>maxi-tuss gmx oral liquid 10-200 mg/5ml</i>	1	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	1	
MM ALLER-BEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	3	
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG (<i>dextromethorphan-guaifenesin</i>)	3	
MUCINEX FAST-MAX CONG HEADACHE ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	3	
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML (<i>dextromethorphan-guaifenesin</i>)	3	
MUCINEX SINUS-MAX SEV CONG/PN ORAL CAPSULE 10-5-325 MG (<i>dm-phenylephrine-acetaminophen</i>)	3	
<i>mucus dm oral tablet extended release 12 hour 30-600 mg</i>	1	
<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	1	
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	1	
NYTOL QUICKCAPS ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
<i>phenylephrine-dexbromphen-dm oral liquid 7.5-2-15 mg/5ml</i>	1	
<i>promethazine vclcodeine oral syrup 6.25-5-10 mg/5ml</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
ROBITUSSIN 12 HOUR COUGH CHILD ORAL SUSPENSION EXTENDED RELEASE 30 MG/5ML (<i>dextromethorphan polistirex</i>)	3	
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (<i>dextromethorphan-guaifenesin</i>)	3	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	1	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
SOMINEX MAX ST ORAL TABLET 50 MG (<i>diphenhydramine hcl (sleep)</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOMINEX ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i>	1	
<i>tussin dm max oral liquid 20-400 mg/20ml</i>	1	
<i>tussin dm oral syrup 100-10 mg/5ml</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG (<i>chlorpheniramine-codeine</i>)	3	
<i>westussin dm nf oral liquid 2-15-7.5 mg/5ml</i>	1	
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor-ivacaftor</i>)	3	DSL = 30 days
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	3	DSL = 30 days
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	3	DSL = 30 days
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	DSL = 30 days
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	DSL = 30 days
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	3	DSL = 30 days
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	3	DSL = 30 days
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor-ivacaftor</i>)	3	DSL = 30 days
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	3	DSL = 30 days
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	3	DSL = 30 days
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	DSL = 30 days
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	DSL = 30 days
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	3	DSL = 30 days
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	3	DSL = 30 days
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	3	DSL = 30 days
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	3	DSL = 30 days
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	3	DSL = 30 days
EXPECTORANTS - Drugs for the Lungs		
<i>chest congestion relief child oral liquid 100 mg/5ml</i>	1	
<i>chest congestion relief dm oral syrup 10-100 mg/5ml</i>	1	
<i>chest congestion relief oral liquid 100 mg/5ml</i>	1	
<i>chest congestion relief oral tablet 400 mg</i>	1	
<i>dextromethorphan-guaifenesin oral liquid 5-100 mg/5ml</i>	1	
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml, 20-200 mg/10ml</i>	1	
<i>ft chest congestion relief oral tablet 400 mg</i>	1	
<i>ft mucus relief 12hr oral tablet extended release 12 hour 1200 mg</i>	1	
<i>ft mucus relief d 12 hour oral tablet extended release 12 hour 60-600 mg</i>	1	
<i>ft mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	1	
<i>ft tussin adult oral liquid 200 mg/10ml</i>	1	
<i>ft tussin cf adult oral liquid 10-20-200 mg/10ml</i>	1	
<i>ft tussin dm max adult oral liquid 20-400 mg/20ml</i>	1	
<i>geri-tussin oral syrup 100 mg/5ml</i>	1	
<i>goodsense mucus er maximum str oral tablet extended release 12 hour 1200 mg</i>	1	
<i>goodsense mucus relief oral tablet 400 mg</i>	1	
<i>goodsense tussin dm max oral liquid 20-400 mg/20ml</i>	1	
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	1	
<i>guaifenesin er oral tablet extended release 12 hour 1200 mg</i>	1	
<i>guaifenesin oral liquid 100 mg/5ml</i>	1	
<i>guaifenesin oral tablet 400 mg</i>	1	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	
<i>guaifenesin-dm oral syrup 100-10 mg/5ml</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
MAX TUSSIN MUCUS & CHEST CONG ORAL LIQUID 200 MG/10ML (<i>guaifenesin</i>)	3	
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	
<i>maxi-tuss gmx oral liquid 10-200 mg/5ml</i>	1	
<i>maxi-tuss pe max oral liquid 5-100 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MUCINEX DM ORAL TABLET EXTENDED RELEASE 12 HOUR 30-600 MG (<i>dextromethorphan-guaifenesin</i>)	3	
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML (<i>guaifenesin</i>)	3	
MUCINEX FAST-MAX DM MAX ORAL LIQUID 20-400 MG/20ML (<i>dextromethorphan-guaifenesin</i>)	3	
<i>mucus dm oral tablet extended release 12 hour 30-600 mg</i>	1	
<i>mucus relief d oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i>	1	
<i>mucus relief dm oral liquid 20-400 mg/20ml</i>	1	
<i>mucus relief dm oral tablet extended release 12 hour 30-600 mg</i>	1	
<i>mucus relief max st oral tablet extended release 12 hour 1200 mg</i>	1	
<i>mucus relief oral tablet 400 mg</i>	1	
<i>mucus+chest congestion oral liquid 200 mg/10ml</i>	1	
<i>potassium iodide oral solution 1 gm/ml</i>	1	
<i>pseudoephedrine-guaifenesin er oral tablet extended release 12 hour 120-1200 mg, 60-600 mg</i>	1	
ROBITUSSIN COUGH+CHEST CONG DM ORAL LIQUID 20-400 MG/20ML (<i>dextromethorphan-guaifenesin</i>)	3	
SSKI ORAL SOLUTION 1 GM/ML (<i>potassium iodide</i> (expectorant))	2	
<i>tusnel-ex oral liquid 100 mg/5ml</i>	1	
<i>tussin dm cough + chest oral liquid 20-400 mg/20ml</i>	1	
<i>tussin dm max oral liquid 20-400 mg/20ml</i>	1	
<i>tussin dm oral syrup 100-10 mg/5ml</i>	1	
<i>tussin mucus & chest congest oral liquid 100 mg/5ml</i>	1	
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
<i>allergy childrens oral liquid 12.5 mg/5ml</i>	1	
<i>allergy oral capsule 25 mg</i>	1	
<i>allergy relief oral capsule 25 mg</i>	1	
<i>allergy relief oral tablet 25 mg, 4 mg</i>	1	
<i>banophen oral capsule 25 mg</i>	1	
<i>banophen oral tablet 25 mg</i>	1	
BENADRYL ALLERGY CHILDRENS ORAL LIQUID 12.5 MG/5ML (<i>diphenhydramine hcl</i>)	3	
BENADRYL ALLERGY EXTRA STR ORAL TABLET 50 MG (<i>diphenhydramine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENADRYL ALLERGY ULTRATABS ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	3	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	1	
<i>chlorpheniramine maleate er oral tablet extended release 12 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (<i>clemastine fumarate</i>)	3	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML (<i>diphenhydramine hcl</i>)	3	
<i>diphenhydramine hcl childrens oral liquid 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>diphenhydramine hcl oral liquid 12.5 mg/5ml, 25 mg/10ml</i>	1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	1	
<i>diphenhydramine hcl oral tablet chewable 12.5 mg</i>	1	
<i>ft allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
<i>ft allergy relief oral capsule 25 mg</i>	1	
<i>ft allergy relief oral tablet 25 mg, 4 mg</i>	1	
<i>ft nighttime sleep aid oral tablet 25 mg</i>	1	
<i>ft sleep-aid maximum strength oral capsule 50 mg</i>	1	
<i>geri-dryl oral liquid 12.5 mg/5ml</i>	1	
<i>geri-dryl oral tablet 25 mg</i>	1	
<i>goodsense allergy relief oral capsule 25 mg</i>	1	
<i>goodsense allergy relief oral tablet 4 mg</i>	1	
<i>goodsense sleep-aid max str oral capsule 50 mg</i>	1	
<i>goodsense sleeptime oral capsule 25 mg</i>	1	
HISTEX PD ORAL LIQUID 1.25 MG/ML (<i>triprolidine hcl</i>)	3	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML (<i>carbinoxamine maleate</i>)	3	
<i>liquid allergy relief oral liquid 12.5 mg/5ml</i>	1	
<i>m-dryl oral liquid 12.5 mg/5ml</i>	1	
MICLARA LQ ORAL LIQUID 1.25 MG/5ML (<i>triprolidine hcl</i>)	3	
MM ALLER-BEN ORAL TABLET 25 MG (<i>diphenhydramine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NYTOL QUICKCAPS ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
PEDIACLEAR PD CHILDRENS ORAL LIQUID 0.625 MG/ML (<i>triprolidine hcl</i>)	3	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	PV	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	PV	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	PV	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	PV	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	PV	
<i>ryvent oral tablet 6 mg</i>	1	
<i>sleep-aid oral capsule 25 mg, 50 mg</i>	1	
<i>sm allergy relief childrens oral liquid 12.5 mg/5ml</i>	1	
SOMINEX MAX ST ORAL TABLET 50 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
SOMINEX ORAL TABLET 25 MG (<i>diphenhydramine hcl (sleep)</i>)	3	
<i>triprolidine hcl oral liquid 0.625 mg/ml, 0.938 mg/ml</i>	1	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (<i>reslizumab</i>)	3	DSL = 30 days
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	3	DSL = 30 days
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	3	DSL = 30 days
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 30 MG/ML (<i>benralizumab</i>)	3	
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	PV	
<i>montelukast sodium oral packet 4 mg</i>	PV	
<i>montelukast sodium oral tablet 10 mg</i>	PV	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	PV	
SINGULAIR ORAL PACKET 4 MG (<i>montelukast sodium</i>)	PV	
SINGULAIR ORAL TABLET 10 MG (<i>montelukast sodium</i>)	PV	
SINGULAIR ORAL TABLET CHEWABLE 4 MG, 5 MG (<i>montelukast sodium</i>)	PV	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	3	DSL = 30 days
ZYFLO ORAL TABLET 600 MG (<i>zileuton</i>)	3	
MAST-CELL STABILIZERS - Drugs for Inflammation		
ALOCRILOPHTHALMIC SOLUTION 2 % (<i>nedocromil sodium</i>)	2	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	PV	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	3	
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	3	
MUCOLYTIC AGENTS - Drugs for the Lungs		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 % (<i>sodium chloride</i>)	3	
HYPERSAL INHALATION NEBULIZATION SOLUTION 7 % (<i>sodium chloride</i>)	1	
<i>nasal moisturizing spray nasal solution 0.65 %</i>	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 3 %, 6 % (<i>sodium chloride</i>)	3	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % (<i>sodium chloride</i>)	1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	3	
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	3	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	
NASACORT ALLERGY 24HR NASAL AEROSOL 55 MCG/ACT (<i>triamcinolone acetonide</i>)	3	
PROPEL MINI NASAL IMPLANT 370 MCG (<i>mometasone furoate</i>)	3	
PROPEL MINI SDS NASAL IMPLANT 370 MCG (<i>mometasone furoate</i>)	3	
PROPEL NASAL IMPLANT 370 MCG (<i>mometasone furoate</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	
SINUVA NASAL IMPLANT 1350 MCG (<i>mometasone furoate</i>)	3	
<i>triamcinolone acetonide nasal aerosol 55 mcg/act</i>	1	
XHANCE NASAL EXHALER SUSPENSION 93 MCG/ACT (<i>fluticasone propionate</i>)	3	
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 113 MCG/ACT, 232 MCG/ACT, 55 MCG/ACT (<i>fluticasone propionate(sensor)</i>)	3	
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	3	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	DSL = 30 days
FLUTICASONE PROPIONATE DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 250 MCG/ACT, 50 MCG/ACT	3	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 220 MCG/ACT	3	
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 44 MCG/ACT	2	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT, 90 MCG/ACT (<i>budesonide</i>)	3	
PULMICORT SUSPENSION INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML, 1 MG/2ML (<i>budesonide</i>)	3	DSL = 30 days
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	3	
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG (<i>roflumilast</i>)	3	
DALIRESP ORAL TABLET 500 MCG (<i>roflumilast</i>)	3	
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	3	DSL = 30 days
CIALIS ORAL TABLET 10 MG, 20 MG (<i>tadalafil</i>)	3	
CIALIS ORAL TABLET 5 MG (<i>tadalafil</i>)	3	
LIQREV ORAL SUSPENSION 10 MG/ML (<i>sildenafil citrate</i>)	3	DSL = 30 days
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	3	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	3	DSL = 30 days
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	3	
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	3	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	DSL = 30 days
<i>sildenafil citrate oral tablet 100 mg, 50 mg</i>	3	
<i>sildenafil citrate oral tablet 20 mg</i>	3	
<i>sildenafil citrate oral tablet 25 mg</i>	1	
<i>tadalafil (pah) oral tablet 20 mg</i>	3	DSL = 30 days
<i>tadalafil oral tablet 10 mg, 20 mg</i>	3	
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	3	DSL = 30 days
VIAGRA ORAL TABLET 100 MG, 50 MG (<i>sildenafil citrate</i>)	3	
VIAGRA ORAL TABLET 25 MG (<i>sildenafil citrate</i>)	3	
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	1	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	3	
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	3	DSL = 30 days
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	3	DSL = 30 days
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	3	DSL = 30 days
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	3	
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	3	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	3	DSL = 30 days
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (<i>treprostinil</i>)	3	DSL = 30 days
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	DSL = 30 days
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	DSL = 30 days
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	DSL = 30 days
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	3	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	3	DSL = 30 days
PULMONARY SURFACTANTS - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML (<i>poractant alfa</i>)	2	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (<i>calfactant in nacl</i>)	3	
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-% (<i>beractant in nacl</i>)	2	
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	2	DSL = 30 days
BRONCHITOL INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	3	DSL = 30 days
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (<i>mannitol (cystic fibrosis)</i>)	3	DSL = 30 days
ESBRIET ORAL CAPSULE 267 MG (<i>pirfenidone</i>)	3	DSL = 30 days
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	3	DSL = 30 days
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	3	DSL = 30 days
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	3	DSL = 30 days
<i>pirfenidone oral capsule 267 mg</i>	1	DSL = 30 days
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	1	DSL = 30 days
<i>pirfenidone oral tablet 534 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	3	
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	2	DSL = 30 days
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	3	DSL = 30 days
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (<i>tezepelumab-ekko</i>)	3	DSL = 30 days
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>omalizumab</i>)	3	
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (<i>omalizumab</i>)	3	
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	3	DSL = 30 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG (<i>alpha1-proteinase inhibitor</i>)	2	DSL = 30 days
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 4000 MG, 5000 MG (<i>alpha1-proteinase inhibitor</i>)	3	DSL = 30 days
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
12hr allergy relief oral tablet 60 mg	1	
24hr allergy relief oral tablet 180 mg	1	
ALLEGRA ALLERGY ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	3	
ALLEGRA HIVES 24HR ORAL TABLET 180 MG (<i>fexofenadine hcl</i>)	3	
allergy (<i>cetirizine</i>) oral tablet 10 mg	1	
allergy 24hour indoor/outdoor oral tablet 10 mg	1	
allergy 24-hr oral tablet 180 mg	1	
allergy childrens oral solution 5 mg/5ml	1	
allergy childrens oral suspension 30 mg/5ml	1	
allergy rel child (<i>cetirizine</i>) oral tablet dispersible 10 mg	3	
allergy rel child (<i>loratadine</i>) oral solution 5 mg/5ml	1	
allergy relief (<i>cetirizine</i>) oral capsule 10 mg	1	
allergy relief (<i>cetirizine</i>) oral tablet 10 mg	1	
allergy relief (<i>loratadine</i>) oral capsule 10 mg	1	
allergy relief (<i>loratadine</i>) oral tablet 10 mg	1	
allergy relief cetirizine oral tablet 10 mg, 5 mg	1	
allergy relief oral tablet 10 mg, 180 mg	1	
allergy relief indoor/outdoor oral tablet 10 mg, 180 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ASTEPRO CHILDRENS NASAL SOLUTION 205.5 MCG/SPRAY (<i>azelastine hcl</i>)	3	
ASTEPRO NASAL SOLUTION 205.5 MCG/SPRAY (<i>azelastine hcl</i>)	3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/act</i>	1	
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>cetirizine hcl oral tablet 10 mg, 5 mg</i>	1	
<i>cetirizine hcl oral tablet chewable 10 mg</i>	1	
CLARINEX ORAL TABLET 5 MG (<i>desloratadine</i>)	3	
CLARITIN ORAL TABLET 10 MG (<i>loratadine</i>)	3	
CLARITIN REDITABS JUNIORS ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	3	
CLARITIN REDITABS ORAL TABLET DISPERSIBLE 10 MG (<i>loratadine</i>)	3	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 5 mg</i>	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	3	
<i>fexofenadine hcl oral tablet 180 mg, 60 mg</i>	1	
<i>ft all day allergy 24 hour oral tablet 10 mg</i>	1	
<i>ft all day allergy oral tablet 10 mg</i>	1	
<i>ft all day allergy relief oral tablet 10 mg</i>	1	
<i>ft allergy childrens oral solution 5 mg/5ml</i>	1	
<i>ft allergy relief 12 hour oral tablet 60 mg</i>	1	
<i>ft allergy relief 24 hour oral tablet 180 mg</i>	1	
<i>ft allergy relief childrens oral tablet chewable 5 mg</i>	1	
<i>goodsense aller-ease oral tablet 180 mg</i>	1	
<i>goodsense allergy relief child oral solution 5 mg/5ml</i>	1	
<i>loratadine childrens oral solution 5 mg/5ml</i>	1	
<i>loratadine childrens oral tablet chewable 5 mg</i>	1	
<i>loratadine oral solution 5 mg/5ml</i>	1	
<i>loratadine oral tablet 10 mg</i>	1	
<i>loratadine oral tablet dispersible 10 mg</i>	1	
<i>sm fexofenadine hcl oral tablet 180 mg</i>	1	
ZERVIAE OPHTHALMIC SOLUTION 0.24 % (<i>cetirizine hcl</i>)	3	
ZYRTEC ALLERGY ORAL TABLET 10 MG (<i>cetirizine hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZYRTEC CHILDRENS ALLERGY ORAL TABLET CHEWABLE 10 MG (<i>cetirizine hcl</i>)	3	
ZYRTEC ORAL TABLET CHEWABLE 10 MG (<i>cetirizine hcl</i>)	3	
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	3	
<i>albuterol sulfate hfa aerosol solution 108 (90 base) mcg/act inhalation</i>	PV	
ALBUTEROL SULFATE HFA AEROSOL SOLUTION 108 (90 BASE) MCG/ACT INHALATION	PV	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	PV	
<i>albuterol sulfate nebulization solution (5 mg/ml) 0.5% inhalation</i>	PV	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	PV	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	PV	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	PV	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	3	
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate (sensor)</i>)	PV	
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PV	
PROVENTIL HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PV	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	2	
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	2	
<i>terbutaline sulfate injection solution 1 mg/ml</i>	PV	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	PV	
VENTOLIN HFA INHALATION AEROSOL SOLUTION 108 (90 BASE) MCG/ACT (<i>albuterol sulfate</i>)	PV	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT (<i>levalbuterol tartrate</i>)	3	
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADCIRCA ORAL TABLET 20 MG (<i>tadalafil (pah)</i>)	3	DSL = 30 days
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	3	DSL = 30 days
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	3	DSL = 30 days
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	3	DSL = 30 days
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	1	
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	3	
LETAIRIS ORAL TABLET 10 MG, 5 MG (<i>ambrisentan</i>)	3	DSL = 30 days
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	3	DSL = 30 days
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	3	DSL = 30 days
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	3	DSL = 30 days
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	3	DSL = 30 days
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	3	DSL = 30 days
REMODULIN INJECTION SOLUTION 100 MG/20ML, 20 MG/20ML, 200 MG/20ML, 50 MG/20ML (<i>treprostinil</i>)	3	
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	3	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	3	DSL = 30 days
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	3	
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	3	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	DSL = 30 days
<i>sildenafil citrate oral tablet 100 mg, 50 mg</i>	3	
<i>sildenafil citrate oral tablet 20 mg</i>	3	
<i>sildenafil citrate oral tablet 25 mg</i>	1	
<i>tadalafil (pah) oral tablet 20 mg</i>	3	DSL = 30 days
TADLIQ ORAL SUSPENSION 20 MG/5ML (<i>tadalafil (pah)</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRACLEER ORAL TABLET 125 MG, 62.5 MG (<i>bosentan</i>)	3	DSL = 30 days
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	3	DSL = 30 days
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	3	
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	3	DSL = 30 days
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG, 16 & 32 & 48 MCG (<i>treprostinil</i>)	3	DSL = 30 days
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	DSL = 30 days
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	DSL = 30 days
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	2	DSL = 30 days
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (<i>selexipag</i>)	3	DSL = 30 days
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	3	DSL = 30 days
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	3	DSL = 30 days
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	3	
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	3	DSL = 30 days
VIAGRA ORAL TABLET 100 MG, 50 MG (<i>sildenafil citrate</i>)	3	
VIAGRA ORAL TABLET 25 MG (<i>sildenafil citrate</i>)	3	
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	3	DSL = 30 days
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (<i>selexipag</i>)	3	DSL = 30 days
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	3	DSL = 30 days
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	3	DSL = 30 days
XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PV	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PV	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>athletes foot (terbinafine) external cream 1 %</i>	1	
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
<i>ft athletes foot (terbinafine) external cream 1 %</i>	1	
HIXDEFRIMA EXTERNAL SOLUTION 8-1-1 %	3	
<i>naftifine hcl external cream 1 %, 2 %</i>	1	
<i>naftifine hcl external gel 2 %</i>	1	
NAFTIN EXTERNAL GEL 1 % (<i>naftifine hcl</i>)	3	
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	3	
ONYCHO-MED EXTERNAL KIT 2-250 %-MG (<i>terbinafine & miconazole</i>)	3	
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	3	
ACYCLONINE MUM MOUTH/THROAT AEROSOL POWDER 36.7-16.7-3.33 %	3	
ACZONE EXTERNAL GEL 5 % (<i>dapsone</i>)	3	
ACZONE EXTERNAL GEL 7.5 % (<i>dapsone</i>)	3	
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	3	
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
ALTABAX EXTERNAL OINTMENT 1 % (<i>retapamulin</i>)	3	
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	3	
<i>antibiotic external ointment 500 unit/gm</i>	1	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	1	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVAR-E GREEN EXTERNAL CREAM 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	3	
AVEIDA EXTERNAL GEL 1-1 %	3	
AVEIDAOXIA EXTERNAL GEL 1-1-4 %	3	
<i>bacitracin external ointment 500 unit/gm</i>	1	
<i>bacitracin zinc external ointment 500 unit/gm</i>	1	
<i>bacitracin zinc-aloe external ointment 500 unit/gm</i>	1	
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	3	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>bp 10-1 external emulsion 10-1 %</i>	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (<i>adapalene-benzoyl per-clindamy</i>)	3	
CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 % (<i>sulfacetamide sodium-sulfur</i>)	3	
CLEOCIN VAGINAL CREAM 2 % (<i>clindamycin phosphate</i>)	3	
CLEOCIN VAGINAL SUPPOSITORY 100 MG (<i>clindamycin phosphate</i>)	3	
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	3	
CLINDACIN ETZ EXTERNAL KIT 1 % (<i>clindamycin phos & cleanser</i>)	3	
<i>clindacin etz external swab 1 %</i>	1	
<i>clindacin external foam 1 %</i>	1	
<i>clindacin-p external swab 1 %</i>	1	
CLINDAGEL EXTERNAL GEL 1 % (<i>clindamycin phosphate</i>)	3	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i>	1	
<i>clindamycin phosphate external foam 1 %</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
CLINDAVIX EXTERNAL KIT 1 & 1.8-2 %	3	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (<i>clindamycin-tretinoin-cholesty</i>)	3	
<i>dapsone external gel 5 %</i>	1	
<i>dapsone external gel 7.5 %</i>	3	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DEOXIA EXTERNAL GEL 1-4 %	3	
DEOXIA EXTERNAL LOTION 1-4 %	3	
DEOXIADEMTAR EXTERNAL GEL 1-4-2-0.025 %	3	
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DEOXIAVAR EXTERNAL CREAM 1-4-0.05 %	3	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (<i>chlorhex-mupir-dimeth-silicone</i>)	3	
DIADIMAXIA EXTERNAL CREAM 6-2-5 %	3	
DIADIMAXIA EXTERNAL GEL 6-2-5 %	3	
DIASAXIATAR EXTERNAL CREAM 8.5-2-0.025 %	3	
DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	
DIASDIMAXIA EXTERNAL CREAM 8.5-2-5 %	3	
DIASDIMAXIA EXTERNAL GEL 8.5-2-5 %	3	
DRAFACEY EXTERNAL SUSPENSION 2-8 %	3	
DRIXECE EXTERNAL SUSPENSION 5-10 %	3	
ECEOXIA EXTERNAL CREAM 4-10 %	3	
<i>ery external pad 2 %</i>	1	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	3	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
<i>goodsense first aid antibiotic external ointment</i>	1	
IDARAN EXTERNAL OINTMENT 1-2 %	3	
INZDEAXIATAR EXTERNAL GEL 2.5-1-2-0.025 %	3	
INZDEAXIAVAR EXTERNAL GEL 2.5-1-2-0.05 %	3	
INZDEOXIA EXTERNAL GEL 2.5-1-4 %	3	
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	3	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	3	
METROGEL EXTERNAL GEL 1 % (<i>metronidazole</i>)	3	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>mupirocin calcium external cream 2 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	
NANRAN EXTERNAL OINTMENT 2-2 %	3	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	1	
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (<i>neomy-bacit-polymyx-pramoxine</i>)	3	
NEOSPORIN ORIGINAL EXTERNAL OINTMENT , 3.5-400-5000 (<i>neomycin-bacitracin-polymyxin</i>)	3	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	3	
<i>neuac external gel 1.2-5 %</i>	1	
NORITATE EXTERNAL CREAM 1 % (<i>metronidazole</i>)	3	
NUCARACLINPAK EXTERNAL KIT 1 % (<i>clindamycin phos-moisturizer</i>)	3	
NUCARARXPAK EXTERNAL KIT 1-2.5 % (<i>clindamycin-benzoyl per-moist</i>)	3	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (<i>chlorhex-mupir-dimeth-silicone</i>)	3	
NUVESSA VAGINAL GEL 1.3 % (<i>metronidazole</i>)	3	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>)	3	
ONZDEAXIADEMTAR EXTERNAL GEL 5-1-2-2-0.025 %	3	
ONZDEAXIADEMVAR EXTERNAL GEL 5-1-2-2-0.05 %	3	
ONZDEAXIATAR EXTERNAL GEL 5-1-2-0.025 %	3	
ONZDEAXIAVAR EXTERNAL GEL 5-1-2-0.05 %	3	
ONZDEAXIAZAR EXTERNAL GEL 5-1-2-0.1 %	3	
ONZDEOXIA EXTERNAL GEL 1-5-4 %	3	
OVACE PLUS EXTERNAL CREAM 10 % (<i>sulfacetamide sodium</i>)	3	
OVACE PLUS EXTERNAL LOTION 9.8 % (<i>sulfacetamide sodium</i>)	3	
OVACE PLUS EXTERNAL SHAMPOO 10 % (<i>sulfacetamide sodium</i>)	3	
OVACE PLUS WASH EXTERNAL GEL 10 % (<i>sulfacetamide sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OVACE PLUS WASH EXTERNAL LIQUID 10 % (<i>sulfacetamide sodium</i>)	3	
OVACE WASH EXTERNAL LIQUID 10 % (<i>sulfacetamide sodium</i>)	3	
OXIAICE EXTERNAL LOTION 4-15 %	3	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	3	
PLEXION EXTERNAL CREAM 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	3	
PLEXION EXTERNAL LOTION 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	3	
PLEXION NS EXTERNAL SHAMPOO 9.8 % (<i>sulfacetamide sodium</i>)	3	
<i>poly bacitracin external ointment 500-10000 unit/gm</i>	1	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	1	
POLYSPORIN EXTERNAL OINTMENT 500-10000 UNIT/GM (<i>bacitracin-polymyxin b</i>)	3	
<i>sodium sulfacetamide external shampoo 10 %, 9.8 %</i>	1	
<i>sodium sulfacetamide wash external liquid 10 %</i>	1	
SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID 10 %	3	
<i>sss 10-5 external cream 10-5 %</i>	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfacetamide sodium (cleans) external gel 10 %</i>	1	
<i>sulfacetamide sodium external liquid 10 %</i>	1	
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %, 9-4.25 %</i>	1	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %</i>	1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (<i>sulfacetamide sodium-sulfur</i>)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sulfamez wash external emulsion 10-1 %</i>	1	
SUMADAN EXTERNAL KIT 9-4.5 % (<i>sulfacetamide-sulfur-cleanser</i>)	3	
SUMADAN WASH EXTERNAL LIQUID 9-4.5 % (<i>sulfacetamide sodium-sulfur</i>)	3	
SUMAXIN CP EXTERNAL KIT 10-4 % (<i>sulfacetamide-sulfur-cleanser</i>)	3	
SUMAXIN EXTERNAL PAD 10-4 % (<i>sulfacetamide sodium-sulfur</i>)	3	
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
<i>triple antibiotic external ointment , 3.5-400-5000 , 5-400-5000 , 5-400-5000 mg-unit</i>	1	
<i>triple antibiotic pain relief external ointment 1 %</i>	1	
<i>triple antibiotic+pain relief external ointment 1 %</i>	1	
VANAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	3	
VELTIN EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	3	
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	3	
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	3	
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	3	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	3	
ZMA CLEAR EXTERNAL SUSPENSION 9-4.5 % (<i>sulfacetamide sodium-sulfur</i>)	3	
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	
FUNGIMEZ EXTERNAL SOLUTION	3	
MYCOZYL HC EXTERNAL LIQUID 1-0.667 % (<i>tolnaftate-hydrocortisone</i>)	3	
RECURA EXTERNAL CREAM (<i>misc antifungal combo products</i>)	3	
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	3	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3	DSL = 30 days
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
7T LIDO EXTERNAL GEL 2 % (<i>lidocaine hcl</i>)	3	
ACCUCAINE COMBINATION KIT 1 % (<i>lido-pentaf-tetrafl-ultrasound</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ACYCLOVIX COMBINATION THERAPY PACK 200-10 MG-%	3	
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
AGONEAZE EXTERNAL KIT 2.5-2.5 %	1	
<i>ana-lex rectal kit 2-2 %</i>	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	1	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	1	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
ANODYNE LPT EXTERNAL KIT 2.5-2.5 %	1	
APRIZIO PAK EXTERNAL KIT 2.5-2.5 % (<i>lidocaine-prilocaine-dressing</i>)	3	
ASPERFLEX LIDOCAINE EXTERNAL CREAM 4 % (<i>lidocaine</i>)	3	
ASTERO EXTERNAL GEL 4 % (<i>lidocaine hcl</i>)	3	
BETALOAN SUIK COMBINATION KIT 30 MG/5ML (<i>betameth sod phos-ace & anesth</i>)	3	
CADIRAMD EXTERNAL KIT 2.5-2.5 % (<i>lido-prilocaine-blood collect</i>)	3	
CETACAINE EXTERNAL AEROSOL 2-2-14 % (<i>butamben-tetracaine-benzocaine</i>)	3	
CETACAINE EXTERNAL GEL 2-2-14 % (<i>butamben-tetracaine-benzocaine</i>)	3	
CONVENIENCE PAK COMBINATION THERAPY PACK 600 & 5 MG & % (<i>gabapentin & lidocaine</i>)	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxylenol</i>)	3	
DERMACINRX LIDOGEL EXTERNAL GEL 2.8 % (<i>lidocaine hcl</i>)	3	
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 % (<i>lidocaine-dimethicone</i>)	3	
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 % (<i>lidocaine-emollient</i>)	3	
DERMALID EXTERNAL THERAPY PACK 5 %	3	
<i>dibucaine (perianal) external ointment 1 %</i>	1	
DICLONA EXTERNAL GEL 1-4.5 %	3	DSL = 30 days
DICLONA+ EXTERNAL PATCH 1.25-4.5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DICLOTREX EXTERNAL THERAPY PACK 1.5 & 4-10 % (diclofenac sod-camphor-menthol)	3	
DICLOTREX II EXTERNAL THERAPY PACK 1.5 & 4-10 % (diclofenac sod-camphor-menthol)	3	
DMT SUIK COMBINATION KIT 10 MG/ML (dexameth sod phos & anesthetic)	3	
doxepin hcl external cream 5 %	1	
DULOXICAINE COMBINATION KIT 30 & 4 MG & % (duloxetine-lidocaine hcl)	3	
EHA EXTERNAL LOTION 4 %	3	
ELEMAR PATCH EXTERNAL KIT 5-6 % (lidocaine-menthol)	3	
EMREAL EXTERNAL KIT 2.5-2.5 %	3	
ENOVARX-LIDOCAINE HCL EXTERNAL CREAM 10 %, 5 %	3	
ENZNONUTY EXTERNAL OINTMENT 20-10-10 %	3	
EPIFOAM EXTERNAL FOAM 1-1 % (pramoxine-hc)	3	
ethyl chloride external aerosol	1	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	
GEBAUERS PAIN EASE EXTERNAL AEROSOL (pentafluoroprop-tetrafluoroeth)	3	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL (pentafluoroprop-tetrafluoroeth)	3	
GEN7T EXTERNAL LOTION 3.5 %	3	
GEN7T EXTERNAL PATCH 3.5 %	3	
GEN7T PLUS EXTERNAL LOTION 3.5-7 %	3	
GEN7T PLUS EXTERNAL PATCH 3.5-7 % (lidocaine-menthol)	3	
glydo external prefilled syringe 2 %	1	
HEPMED COMBINATION KIT 100&0.9&2.5-2.5 UT/ML	3	
HURRICAIN MOUTH/THROAT GEL 20 % (benzocaine)	3	
hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %	1	
hydrocort-pramoxine (perianal) external cream 2.5-1 %	1	
instant oral pain relief max mouth/throat gel 20 %	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	
L.E.T. EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LDO PLUS EXTERNAL GEL 4 % (lidocaine hcl)	3	
LEVATIO EXTERNAL PATCH 0.03-5 %	3	
LIDO BDK EXTERNAL KIT 2.5-2.5 % (lidocaine-prilocaine)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lidocaine external cream 4 %</i>	1	
<i>lidocaine external ointment 5 %</i>	1	
<i>lidocaine external patch 5 %</i>	1	
<i>lidocaine hcl external cream 3 %, 4 %</i>	1	
LIDOCAINE HCL EXTERNAL CREAM 4.12 %	3	
<i>lidocaine hcl external lotion 3 %</i>	1	
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	1	
<i>lidocaine pain relief max st external cream 4 %</i>	1	
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	1	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM 1-1 %	3	
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL 2.8-0.55 %	3	
<i>lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
<i>lidocaine-prilocaine external kit 2.5-2.5 %</i>	1	
LIDOCAN III EXTERNAL PATCH 5 % (<i>lidocaine</i>)	3	
LIDOCORT EXTERNAL CREAM 3-0.5 % (<i>lidocaine-hydrocortisone ace</i>)	3	
LIDODERM EXTERNAL PATCH 5 % (<i>lidocaine</i>)	3	
LIDO-EPINEPHRINE-TETRACAINE EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LIDOLITE EXTERNAL KIT 5 %	3	
<i>lidopin external cream 3 %</i>	1	
LIDOPIN EXTERNAL CREAM 3.25 %	3	
LIDOPURE PATCH EXTERNAL KIT 5 % (<i>lidocaine-adhesive sheets</i>)	3	
LIDOREX EXTERNAL GEL 2.8 % (<i>lidocaine hcl</i>)	3	
LIDORX EXTERNAL GEL 3 %	3	
LIDOSOL EXTERNAL KIT 5 %	3	
LIDOSOL-50 EXTERNAL KIT 5 %	3	
LIDO-SORB EXTERNAL LOTION 3 % (<i>lidocaine hcl</i>)	3	
LIDOSTREAM EXTERNAL KIT 5 & 10 %	3	
LIDOTHOL EXTERNAL GEL 4.5-5 % (<i>lidocaine-menthol</i>)	3	
LIDOTHOL EXTERNAL PATCH 4.5-5 % (<i>lidocaine-menthol</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LIDOTOR EXTERNAL KIT 2.5-2.5 % (<i>lidocaine-prilocaine-dressing</i>)	3	
LIDOTRAL EXTERNAL CREAM 3.88 % (<i>lidocaine hcl</i>)	3	
LIDOTRAL-MENTHOL EXTERNAL LIQUID 5-3 % (<i>lidocaine-menthol</i>)	3	
LIDOTRAN EXTERNAL CREAM 3.88 % (<i>lidocaine hcl</i>)	3	
LIDOVIX L EXTERNAL KIT 5 %	3	
LIDTOPIC EXTERNAL CREAM 7.5 % (<i>lidocaine</i>)	3	
LIDTOPIC MAX EXTERNAL CREAM 10 % (<i>lidocaine hcl</i>)	3	
LIVIXIL PAK EXTERNAL KIT 2.5-2.5 % (<i>lidocaine-prilocaine</i>)	1	
LM PLUS RELIEF EXTERNAL PATCH 3.5-7 % (<i>lidocaine-menthol</i>)	3	
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (<i>lidocaine-camphor-menthol</i>)	3	
LOLLICAINE MOUTH/THROAT GEL 20 % (<i>benzocaine</i>)	3	
LYDEXA EXTERNAL CREAM 4.12 % (<i>lidocaine hcl</i>)	3	
MARVONA SUIK COMBINATION KIT 0.5 % (<i>bupivacaine hcl & anesthetic</i>)	3	
MEDROLOAN II SUIK COMBINATION KIT 40 MG/ML (<i>methylprednisolone & anesth</i>)	3	
MEDROLOAN SUIK COMBINATION KIT 40 MG/ML (<i>methylprednisolone & anesth</i>)	3	
MIGRANOW COMBINATION THERAPY PACK 50 & 4-10 MG & % (<i>sumatriptan & camphor-menthol</i>)	3	
NANRAN EXTERNAL OINTMENT 2-2 %	3	
NENDRUX EXTERNAL GEL 5-40 %	3	
NEOSPORIN + PAIN RELIEF MAX ST EXTERNAL OINTMENT 1 % (<i>neomy-bacit-polymyx-pramoxine</i>)	3	
NUDROXIPAK COMBINATION THERAPY PACK 200 MG (<i>celecoxib-capsaic-men-methsal</i>)	3	
NYNUTEY EXTERNAL CREAM 23-7 %	3	
<i>pain relieving + lidocaine external cream 4 %</i>	1	
PAINGO KFT EXTERNAL KIT 2.5-2.5-10-30 %	3	
P-CARE K40G COMBINATION KIT 40 MG/ML	3	
P-CARE K80G COMBINATION KIT 40 MG/ML	3	
<i>phenazo oral tablet 200 mg</i>	1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
PLIAGLIS EXTERNAL CREAM 7-7 % (<i>lidocaine-tetracaine</i>)	3	
PLIAGLIS EXTERNAL KIT 7-7 % (<i>lidocaine-tetracaine</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRAMOSONE EXTERNAL CREAM 1-1 % (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 % (<i>pramoxine-hc</i>)	1	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	2	
<i>premium lidocaine external ointment 5 %</i>	1	
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
PREPILV SUPPLY COMBINATION KIT 2.5-2.5 & 0.9 %	3	
PRILO PATCH EXTERNAL KIT 2.5-2.5 & 5 % (<i>lidocaine-prilocaine</i>)	3	
PRILOVIX EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX LITE EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX LITE PLUS EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX PLUS EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX ULTRALITE EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIX ULTRALITE PLUS EXTERNAL KIT 2.5-2.5 %	1	
PRILOVIXIL EXTERNAL KIT 2.5-2.5 %	3	
PROCORT EXTERNAL CREAM 1.85-1.15 % (<i>hydrocortisone ace-pramoxine</i>)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	1	
PROXIVOL EXTERNAL GEL 2 % (<i>lidocaine hcl</i>)	3	
PRUDOXIN EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	3	
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG (<i>phenazopyridine hcl</i>)	3	
REGENECARE EXTERNAL GEL 2 % (<i>lidocaine-collagen-aloe vera</i>)	3	
RELADOR PAK EXTERNAL KIT 2.5-2.5 % (<i>lidocaine-prilocaine</i>)	1	
RELADOR PAK PLUS EXTERNAL KIT 2.5-2.5 % (<i>lidocaine-prilocaine</i>)	1	
SKYADERM-LP EXTERNAL KIT 2.5-2.5 % (<i>lidocaine-prilocaine-dressing</i>)	3	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 0.18-4-0.5 % (<i>lido-epinephrine-tetracaine</i>)	3	
SX1 MEDICATED POST-OPERATIVE EXTERNAL KIT 2 % (<i>lidocaine hcl & post-op system</i>)	3	
TOPICAL L.E.T. EXTERNAL GEL 4-0.09-0.5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TORONOVA II SUIK COMBINATION KIT 30 MG/ML (<i>ketorolac trometh & anesthetic</i>)	3	
TORONOVA SUIK COMBINATION KIT 30 MG/ML (<i>ketorolac trometh & anesthetic</i>)	3	
TRILOAN II SUIK COMBINATION KIT 40 MG/ML (<i>triamcinolone acet & anesth</i>)	3	
TRILOAN SUIK COMBINATION KIT 40 MG/ML (<i>triamcinolone acet & anesth</i>)	3	
<i>triple antibiotic pain relief external ointment 1 %</i>	1	
<i>triple antibiotic+pain relief external ointment 1 %</i>	1	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
TRUBREXA EXTERNAL PATCH 4.75-0.025 % (<i>lidocaine-capsaicin</i>)	3	
<i>urinary pain relief oral tablet 95 mg</i>	1	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (<i>lidocaine hcl-blood collection</i>)	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	
WPR PLUS WOUND HEALING SYSTEM EXTERNAL THERAPY PACK 4 & 10-30 %	3	
XYLIDERM EXTERNAL KIT 5 % (<i>lidocaine-adhesive sheets</i>)	3	
ZERUVIA EXTERNAL PATCH 4-1 %	3	
ZIONODIL 100 EXTERNAL LOTION 3 %	3	
ZIONODIL EXTERNAL LOTION 3 %	3	
ZONALON EXTERNAL CREAM 5 % (<i>doxepin hcl (antipruritic)</i>)	3	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
ABREVA EXTERNAL CREAM 10 % (<i>docosanol</i>)	3	
<i>acyclovir external cream 5 %</i>	1	
<i>acyclovir external ointment 5 %</i>	1	
DENAVIR EXTERNAL CREAM 1 % (<i>penciclovir</i>)	3	
<i>docosanol external cream 10 %</i>	1	
<i>ft docosanol external cream 10 %</i>	1	
<i>penciclovir external cream 1 %</i>	1	
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	3	
ZOVIRAX EXTERNAL CREAM 5 % (<i>acyclovir</i>)	3	
ZOVIRAX EXTERNAL OINTMENT 5 % (<i>acyclovir</i>)	3	
ASTRINGENTS - Drugs for the Skin		
<i>astringent external packet</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>boudreauxs butt paste external ointment 40 %</i>	1	
<i>calamine external lotion 8-8 %</i>	1	
CLINDAVIX EXTERNAL KIT 1 & 1.8-2 %	3	
DERMELEVE ADVANCED FORMULA EXTERNAL CREAM 0.2 % (<i>aluminum acetate</i>)	3	
DERMELEVE ANTI-ITCH SCALP EXTERNAL SOLUTION 0.2 % (<i>aluminum acetate</i>)	3	
<i>diaper rash external ointment 40 %</i>	1	
DRYSOL EXTERNAL SOLUTION 20 % (<i>aluminum chloride</i>)	2	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	3	
XERAC AC EXTERNAL SOLUTION 6.25 % (<i>aluminum chloride in alcohol</i>)	2	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>antifungal external cream 2 %</i>	1	
<i>antifungal external powder 2 %</i>	1	
AZOLEN ANTI-FUNGAL WASH EXTERNAL SOLUTION 2 % (<i>miconazole nitrate</i>)	3	
<i>clotrimazole external cream 1 %</i>	1	
<i>clotrimazole external solution 1 %</i>	1	
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
<i>clotrimazole vaginal cream 1 %</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
<i>cvs clotrimazole 3 vaginal cream 2 %</i>	1	
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 % (<i>clotrimazole-betameth & zn ox</i>)	3	
DESENEX EXTERNAL POWDER 2 % (<i>miconazole nitrate</i>)	3	
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
<i>econazole nitrate external cream 1 %</i>	1	
ECOZA EXTERNAL FOAM 1 % (<i>econazole nitrate</i>)	3	
ERTACZO EXTERNAL CREAM 2 % (<i>sertaconazole nitrate</i>)	3	
EXELDERM EXTERNAL CREAM 1 % (<i>sulconazole nitrate</i>)	3	
EXELDERM EXTERNAL SOLUTION 1 % (<i>sulconazole nitrate</i>)	3	
<i>ft antifungal external cream 2 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ft miconazole 7 vaginal cream 2 %</i>	1	
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole nitrate (1 dose)</i>)	3	
IMIOXIA EXTERNAL CREAM 1-4 %	3	
JUBLIA EXTERNAL SOLUTION 10 % (<i>efinaconazole</i>)	3	
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external foam 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketodan external foam 2 %</i>	1	
LULICONAZOLE EXTERNAL CREAM 1 %	3	
LUZU EXTERNAL CREAM 1 % (<i>luliconazole</i>)	3	
<i>micaderm external cream 2 %</i>	1	
<i>miconazole 3 vaginal suppository 200 mg</i>	1	
<i>miconazole 7 vaginal cream 2 %</i>	1	
<i>miconazole 7 vaginal suppository 100 mg</i>	1	
<i>miconazole nitrate external cream 2 %</i>	1	
<i>miconazole nitrate external solution 2 %</i>	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
<i>miconazorb af external powder 2 %</i>	1	
MICONI-AL EXTERNAL SOLUTION 2 %	3	
MICOTRIN AP EXTERNAL POWDER 2 % (<i>miconazole nitrate</i>)	3	
MYCOZYL AP EXTERNAL POWDER 2 % (<i>miconazole nitrate</i>)	3	
ONYCHO-MED EXTERNAL KIT 2-250 %-MG (<i>terbinafine & miconazole</i>)	3	
ORAVIG BUCCAL TABLET 50 MG (<i>miconazole</i>)	3	
<i>oxiconazole nitrate external cream 1 %</i>	1	
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	3	
OXISTAT EXTERNAL LOTION 1 % (<i>oxiconazole nitrate</i>)	3	
PEDIZOLPAK EXTERNAL THERAPY PACK 2 & 2 %	3	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
PHEYO EXTERNAL CREAM 2.5-2 %	3	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (<i>ketoconazole-urea</i>)	3	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	3	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (<i>ketoconazole-hydrocortisone</i>)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (<i>ketoconazole & pyrithione zinc</i>)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (<i>ketoconazole & pyrithione zinc</i>)	3	
ZEASORB-AF EXTERNAL POWDER 2 % (<i>miconazole nitrate</i>)	3	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
DFS DR/MS/MENTH/CAP PAK COMBINATION KIT 75 MG	PV	
DICLOPR EXTERNAL KIT 1 & 10-30 %	3	
FENOVAR EXTERNAL KIT 1.5-10-15 % (<i>diclofenac& menthol-methyl sal</i>)	3	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	3	
<i>lactic acid external lotion 10 %</i>	1	
<i>methyl salicylate external liquid</i>	1	
NUDROXIPAK DSDR-50 COMBINATION KIT 50 MG (<i>diclofenac sodium-liniment</i>)	PV	
NUDROXIPAK DSDR-75 COMBINATION KIT 75 MG (<i>diclofenac sodium-liniment</i>)	PV	
NUDROXIPAK E-400 COMBINATION KIT 400 MG (<i>etodolac-liniment</i>)	PV	
NUDROXIPAK I-800 COMBINATION KIT 800 MG (<i>ibuprofen-liniment</i>)	PV	
NUDROXIPAK M-15 COMBINATION KIT 15 MG (<i>meloxicam-liniment</i>)	PV	
NUDROXIPAK N-500 COMBINATION KIT 500 MG (<i>nabumetone-liniment</i>)	PV	
PRONAL EXTERNAL GEL 40-10 % (<i>urea-lactic acid</i>)	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (<i>salicylic acid-urea in lactac</i>)	3	
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (<i>lido-capsaicin-men-methyl sal</i>)	3	
<i>turpentine external spirit</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>urea hydrating external foam 35 %</i>	1	
VAROPHEN EXTERNAL KIT 1.5-10-15 % (<i>diclofenac & menthol-methyl sal</i>)	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (<i>benzoyl peroxide-hyaluronate</i>)	3	
BASIC OILS AND OTHER SOLVENTS - Drugs for the Skin		
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	1	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
AQUA-NU EXTERNAL OINTMENT (<i>emollient</i>)	2	
AQUAPHILIC EXTERNAL OINTMENT (<i>emollient</i>)	2	
AQUAPHOR ADV HEALING BABY EXTERNAL OINTMENT 41 % (<i>emollient</i>)	2	
AQUAPHOR ADV PROTECT HEALING EXTERNAL OINTMENT 41 % (<i>emollient</i>)	2	
AQUAPHOR ADV THERAPY CHILDRENS EXTERNAL OINTMENT 41 % (<i>emollient</i>)	2	
AQUAPHOR ADV THERAPY HEALING EXTERNAL OINTMENT 41 % (<i>emollient</i>)	2	
<i>calamine external lotion 8-8 %</i>	1	
CLINDAVIX EXTERNAL KIT 1 & 1.8-2 %	3	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (<i>chlorhex-mupir-dimeth-silicone</i>)	3	
DERMACINRX PHN EXTERNAL THERAPY PACK 5 & 5 % (<i>lidocaine-dimethicone</i>)	3	
DERMACINRX SURGICAL COMBOPAK COMBINATION KIT	3	
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 % (<i>clotrimazole-betameth & zn ox</i>)	3	
DERMACINRX ZRM EXTERNAL THERAPY PACK 5 % (<i>lidocaine-emollient</i>)	3	
EUCERIN INTENSIVE REPAIR EXTERNAL OINTMENT (<i>emollient</i>)	2	
FLUOPAR EXTERNAL KIT 0.1 & 5 % (<i>fluocinonide & dimethicone</i>)	3	
HYDROCORTISONE COMPLETE KIT EXTERNAL THERAPY PACK 2 %	3	
<i>hydrocortisone external cream 1 %</i>	1	
IODOQUIMEZ-HC EXTERNAL CREAM 1-1.9 %	3	
<i>iodoquinol-hc-aloe polysacch external gel 1-2-1 %</i>	1	
<i>iodoquinol-hydrocortisone-aloe external cream 1-1.9 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	1	
MOMETACURE EXTERNAL THERAPY PACK 0.1 & 5 % (<i>mometasone furo-dimethicone</i>)	3	
NUCARARXPAK EXTERNAL KIT 1-2.5 % (<i>clindamycin-benzoyl per-moist</i>)	3	
NUDERMRXPAK 120 EXTERNAL THERAPY PACK 0.005-5 % (<i>calcipotriene-dimethicone</i>)	3	
NUDERMRXPAK 60 EXTERNAL THERAPY PACK 0.005-5 % (<i>calcipotriene-dimethicone</i>)	3	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (<i>chlorhex-mupir-dimeth-silicone</i>)	3	
NUTRIARX CREAMPAK EXTERNAL KIT 0.1 & 5 % (<i>triamcinolone-dimeth-silicone</i>)	3	
PROSILK EXTERNAL GEL (<i>silicone</i>)	3	
QUINIXIL EXTERNAL THERAPY PACK 0.1 & 5 % (<i>mometasone furo-dimethicone</i>)	3	
REGENECARE EXTERNAL GEL 2 % (<i>lidocaine-collagen-aloe vera</i>)	3	
REXASIL PATCH & VITAMIN E LIQ EXTERNAL KIT (<i>silicone-vitamin e</i>)	3	
SANADERMRX SKIN REPAIR EXTERNAL KIT 0.1 & 5 %	3	
SCARCARE GEL-PAD KIT/LARGE EXTERNAL KIT (<i>silicone-vitamin e</i>)	3	
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION) (<i>triamcinolone-dimeth-silicone</i>)	3	
SWEEN MOISTURIZING BODY EXTERNAL CREAM (<i>skin protectants, misc.</i>)	3	
TRIADIME EXTERNAL KIT 0.1 & 5 %	3	
TRIVIX EXTERNAL KIT 0.1 & 5 % (<i>triamcinolone-dimeth-silicone</i>)	3	
VANICREAM EXTERNAL OINTMENT (<i>emollient</i>)	2	
VYSTONE EXTERNAL CREAM 1-1.9 % (<i>iodoquinol-hydrocortisone-aloe</i>)	3	
BASIC POWDERS AND DEMULCENTS - Drugs for the Skin		
<i>benzoin compound external tincture</i>	1	
<i>benzoin external tincture</i>	1	
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	3	
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (<i>clindamycin-tretinoin-cholesty</i>)	3	
DEOXIADEMTAR EXTERNAL GEL 1-4-2-0.025 %	3	
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DEOXIAVAR EXTERNAL CREAM 1-4-0.05 %	3	
DIASAXIATAR EXTERNAL CREAM 8.5-2-0.025 %	3	
DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	
FINAPODTAR EXTERNAL SOLUTION 0.1-7-0.025 %	3	
FLYPROGPIDTAR EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
IDYYXIATAR EXTERNAL GEL 5-0.025 %	3	
INZDEAXIATAR EXTERNAL GEL 2.5-1-2-0.025 %	3	
INZDEAXIAVAR EXTERNAL GEL 2.5-1-2-0.05 %	3	
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	
KATARVIA EXTERNAL EMULSION 4-0.025 % (<i>hydroquinone-tretinoin</i>)	3	
KATARYA EXTERNAL EMULSION 4-0.5-0.025 %	3	
KATARYAXN EXTERNAL EMULSION 4-0.5-0.025 %	3	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG (<i>palifermin</i>)	3	DSL = 30 days
KETARYA EXTERNAL EMULSION 6-0.5-0.025 %	3	
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KEVARYA EXTERNAL EMULSION 6-0.5-0.05 %	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
KUTARYAXM EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUTARYAXMPA EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUVARYA EXTERNAL EMULSION 8-0.5-0.05 %	3	
KUVARYE EXTERNAL EMULSION 8-1-0.05 %	3	
ONZDEAXIADEMTAR EXTERNAL GEL 5-1-2-2-0.025 %	3	
ONZDEAXIADEMVAR EXTERNAL GEL 5-1-2-2-0.05 %	3	
ONZDEAXIATAR EXTERNAL GEL 5-1-2-0.025 %	3	
ONZDEAXIAVAR EXTERNAL GEL 5-1-2-0.05 %	3	
ONZDEAXIAZAR EXTERNAL GEL 5-1-2-0.1 %	3	
OXIATAR EXTERNAL CREAM 4-0.025 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OXIAVAR EXTERNAL CREAM 4-0.05 %	3	
OXIAVARRY EXTERNAL CREAM 4-0.05 %	3	
OXIAVARY EXTERNAL CREAM 4-0.1 %	3	
OXIAZAR EXTERNAL CREAM 4-0.1 %	3	
PIDPROGTAR EXTERNAL SOLUTION 5-0.1-0.025 %	3	
PODPROGTAR EXTERNAL SOLUTION 7-0.1-0.025 %	3	
PODTAR EXTERNAL SOLUTION 7-0.025 %	3	
QUIDROXZAR EXTERNAL GEL 5-30-0.1 %	3	
QUIHOXVAR EXTERNAL GEL 5-1-0.05 %	3	
RENOVA EXTERNAL CREAM 0.02 % (<i>tretinoin (facial wrinkles)</i>)	3	
RENOVA PUMP EXTERNAL CREAM 0.02 % (<i>tretinoin (facial wrinkles)</i>)	3	
RETIN-A EXTERNAL CREAM 0.025 %, 0.05 %, 0.1 % (<i>tretinoin</i>)	2	
RETIN-A EXTERNAL GEL 0.01 %, 0.025 % (<i>tretinoin</i>)	2	
RETIN-A MICRO EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	2	
RETIN-A MICRO PUMP EXTERNAL GEL 0.04 %, 0.1 % (<i>tretinoin microsphere</i>)	2	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 % (<i>tretinoin microsphere</i>)	3	DSL = 30 days
RETIN-A MICRO PUMP EXTERNAL GEL 0.08 % (<i>tretinoin microsphere</i>)	3	
SAROXIA EXTERNAL CREAM 4-0.05 %	3	
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
TARDIMAXIA EXTERNAL GEL 2-5-0.025 %	3	
TAROXIA EXTERNAL CREAM 4-0.025 %	3	
TETPIDTAR EXTERNAL SOLUTION 0.01-5-0.025 %	3	
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	1	
<i>tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %</i>	1	
<i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i>	1	
TRI-LUMA EXTERNAL CREAM 0.01-4-0.05 % (<i>fluocin-hydroquinone-tretinoin</i>)	3	
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	3	
VARDIMAXIA EXTERNAL GEL 2-5-0.05 %	3	
VAROXIA EXTERNAL CREAM 4-0.05 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VAROXIA EXTERNAL GEL 4-0.05 %	3	
VELTIN EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	3	
YAXATARXYN EXTERNAL EMULSION 4-0.5-0.025 %	3	
YOKATAR EXTERNAL EMULSION 4-2.5-0.025 %	3	
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	3	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
ACIOXIA EXTERNAL GEL 0.5-0.1 %	3	
ACYCLONINE MUM MOUTH/THROAT AEROSOL POWDER 36.7-16.7-3.33 %	3	
ADVANCED ALLERGY COLLECTION EXTERNAL KIT 2.5 % (<i>hydrocortisone</i>)	3	
ALA SCALP EXTERNAL LOTION 2 % (<i>hydrocortisone</i>)	3	
<i>ala-cort external cream 1 %</i>	1	
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>amcinonide external ointment 0.1 %</i>	1	
<i>ana-lex rectal kit 2-2 %</i>	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	1	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	1	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	3	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	1	
APEXICON E EXTERNAL CREAM 0.05 % (<i>diflorasone diacet emoll base</i>)	3	
BENZOYL PEROX-HYDROCORTISONE EXTERNAL LOTION 5-0.5 %	3	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION 7.5-1 %	3	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external foam 0.12 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
BRYHALI EXTERNAL LOTION 0.01 % (<i>halobetasol propionate</i>)	3	
<i>budesonide rectal foam 2 mg</i>	1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	3	DSL = 30 days
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	3	
CAPEX EXTERNAL SHAMPOO 0.01 % (<i>fluocinolone acetonide</i>)	3	
CHLOHUX EXTERNAL SHAMPOO 0.05-2 %	3	
CHLOOXIA EXTERNAL CREAM 0.05-4 %	3	
CHLOOXIA EXTERNAL OINTMENT 0.05-4 %	3	
CHLOOXIA EXTERNAL SOLUTION 0.05-4 %	3	
<i>clobetasol prop emollient base external cream 0.05 %</i>	1	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external foam 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external liquid 0.05 %</i>	1	
<i>clobetasol propionate external lotion 0.05 %</i>	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external shampoo 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
CLOBETAVIX EXTERNAL KIT 0.05 %	3	
CLOBEX EXTERNAL LOTION 0.05 % (<i>clobetasol propionate</i>)	3	
CLOBEX EXTERNAL SHAMPOO 0.05 % (<i>clobetasol propionate</i>)	3	
CLOBEX SPRAY EXTERNAL LIQUID 0.05 % (<i>clobetasol propionate</i>)	2	
<i>clocortolone pivalate external cream 0.1 %</i>	1	
<i>clodan external shampoo 0.05 %</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CLODERM EXTERNAL CREAM 0.1 % (<i>clocortolone pivalate</i>)	3	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
CORDRAN EXTERNAL CREAM 0.05 % (<i>flurandrenolide</i>)	3	
CORDRAN EXTERNAL LOTION 0.05 % (<i>flurandrenolide</i>)	3	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM (<i>flurandrenolide</i>)	2	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxylonol</i>)	3	
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	3	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	3	
DERMACINRX THERAZOLE PAK EXTERNAL THERAPY PACK 1-0.05 & 20 % (<i>clotrimazole-betameth & zn ox</i>)	3	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external gel 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	3	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external liquid 0.25 %</i>	1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	1	
<i>diflorasone diacetate external cream 0.05 %</i>	1	
<i>diflorasone diacetate external ointment 0.05 %</i>	1	
DIOCHLOY EXTERNAL SOLUTION 0.005-0.05 %	3	
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	3	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (<i>halobetasol prop-tazarotene</i>)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	3	
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
FLUOPAR EXTERNAL KIT 0.1 & 5 % (<i>fluocinonide & dimethicone</i>)	3	
FLUOVIX PLUS EXTERNAL THERAPY PACK 0.1 %	3	
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
<i>flurandrenolide external cream 0.05 %</i>	1	
<i>flurandrenolide external lotion 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
FLYPROGPIDTAR EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
<i>goodsense anti-itch max str external cream 1 %</i>	1	
<i>halcinonide external cream 0.1 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external foam 0.05 %</i>	1	DSL = 30 days
<i>halobetasol propionate external ointment 0.05 %</i>	1	
HALOG EXTERNAL CREAM 0.1 % (<i>halcinonide</i>)	3	
HALOG EXTERNAL OINTMENT 0.1 % (<i>halcinonide</i>)	3	
HALOG EXTERNAL SOLUTION 0.1 % (<i>halcinonide</i>)	3	DSL = 30 days
HAXCHLO EXTERNAL SHAMPOO 0.77-0.05 %	3	
HAXCHLODREX EXTERNAL SHAMPOO 0.77-0.05-3 %	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG (<i>hydrocortisone acetate</i>)	1	
HEMMOREX-HC RECTAL SUPPOSITORY 30 MG (<i>hydrocortisone acetate</i>)	3	
HYDROCORT LOTION COMPLETE KIT EXTERNAL KIT 2 %	3	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %</i>	1	
<i>hydrocortisone acetate external cream 1 %</i>	1	
<i>hydrocortisone acetate external ointment 1 %</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hydrocortisone anti-itch external cream 1 %</i>	1	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
HYDROCORTISONE COMPLETE KIT EXTERNAL THERAPY PACK 2 %	3	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>hydrocortisone ultra-moisture external cream 1 %</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	
HYDROXYM EXTERNAL GEL 2 % (<i>hydrocortisone</i>)	3	
IMPOYZ EXTERNAL CREAM 0.025 % (<i>clobetasol propionate</i>)	3	
IODOQUIMEZ-HC EXTERNAL CREAM 1-1.9 %	3	
<i>iodoquinol-hc-aloe polysacch external gel 1-2-1 %</i>	1	
<i>iodoquinol-hydrocortisone-aloe external cream 1-1.9 %</i>	1	
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	
KATARYA EXTERNAL EMULSION 4-0.5-0.025 %	3	
KATARYAXN EXTERNAL EMULSION 4-0.5-0.025 %	3	
KENALOG EXTERNAL AEROSOL SOLUTION 0.147 MG/GM (<i>triamcinolone acetonide</i>)	3	
KETARYA EXTERNAL EMULSION 6-0.5-0.025 %	3	
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	
KEVARYA EXTERNAL EMULSION 6-0.5-0.05 %	3	
KEYA EXTERNAL EMULSION 6-0.5 %	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
<i>kourzeq mouth/throat paste 0.1 %</i>	1	
KUTARYAXM EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUTARYAXMPA EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUVARYA EXTERNAL EMULSION 8-0.5-0.05 %	3	
KUVARYE EXTERNAL EMULSION 8-1-0.05 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEXETTE EXTERNAL FOAM 0.05 % (<i>halobetasol propionate</i>)	3	DSL = 30 days
<i>lidocaine-hydrocort (perianal) external cream 3-0.5 %</i>	1	
LIDOCAINE-HYDROCORTISONE ACE EXTERNAL CREAM 1-1 %	3	
LIDOCAINE-HYDROCORTISONE ACE RECTAL GEL 2.8-0.55 %	3	
<i>lidocaine-hydrocortisone ace rectal kit 2-2 %, 3-0.5 %, 3-1 %, 3-2.5 %</i>	1	
LIDOCORT EXTERNAL CREAM 3-0.5 % (<i>lidocaine-hydrocortisone ace</i>)	3	
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	3	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	3	
MOMETACURE EXTERNAL THERAPY PACK 0.1 & 5 % (<i>mometasone furo-dimethicone</i>)	3	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
MYCOZYL HC EXTERNAL LIQUID 1-0.667 % (<i>tolnaftate-hydrocortisone</i>)	3	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	3	
NUCORT EXTERNAL LOTION 2 % (<i>hydrocortisone acetate</i>)	3	
NUTRIARX CREAMPAK EXTERNAL KIT 0.1 & 5 % (<i>triamcinolone-dimeth-silicone</i>)	3	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>oralone mouth/throat paste 0.1 %</i>	1	
OXOPID EXTERNAL SOLUTION 0.05-5 %	3	
OXOPIDAXIAQUP EXTERNAL SOLUTION 0.05-5-2-0.5 %	3	
OXOPOD EXTERNAL SOLUTION 0.05-7 %	3	
PANDEL EXTERNAL CREAM 0.1 % (<i>hydrocortisone probutate</i>)	3	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	
PHEYO EXTERNAL CREAM 2.5-2 %	3	
PRAMOSONE EXTERNAL CREAM 1-1 % (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 % (<i>pramoxine-hc</i>)	1	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	2	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRAMOSONE EXTERNAL OINTMENT 1-1 %, 1-2.5 % (<i>pramoxine-hc</i>)	2	
PREPARATION H EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	3	
PROCORT EXTERNAL CREAM 1.85-1.15 % (<i>hydrocortisone ace-pramoxine</i>)	3	
PROCTOCORT EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	3	
PROCTOCORT RECTAL SUPPOSITORY 30 MG (<i>hydrocortisone acetate</i>)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	1	
<i>procto-med hc external cream 2.5 %</i>	1	
<i>proctosol hc external cream 2.5 %</i>	1	
<i>proctozone-hc external cream 2.5 %</i>	1	
QUINIXIL EXTERNAL THERAPY PACK 0.1 & 5 % (<i>mometasone furo-dimethicone</i>)	3	
SANADERMRX SKIN REPAIR EXTERNAL KIT 0.1 & 5 %	3	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (<i>hc & sal acid-sulfur & shampoo</i>)	3	
SCARZEN SKIN REPAIR EXTERNAL KIT 0.1 & 5 % (LOTION) (<i>triamcinolone-dimeth-silicone</i>)	3	
SERNIVO EXTERNAL EMULSION 0.05 % (<i>betamethasone dipropionate</i>)	3	
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	3	
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
TETOXIA EXTERNAL CREAM 0.01-4 %	3	
TEXACORT EXTERNAL SOLUTION 2.5 % (<i>hydrocortisone</i>)	3	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	3	
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	3	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	3	
TOPICORT SPRAY EXTERNAL LIQUID 0.25 % (<i>desoximetasone</i>)	3	
<i>tovet external foam 0.05 %</i>	1	
TRIADIME EXTERNAL KIT 0.1 & 5 %	3	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.05 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
<i>triamcinolone in absorbbase external ointment 0.05 %</i>	1	
TRIASIL EXTERNAL THERAPY PACK 0.1 % (<i>triamcinolone acet-silicone</i>)	3	
<i>triderm external cream 0.5 %</i>	1	
TRI-LUMA EXTERNAL CREAM 0.01-4-0.05 % (<i>fluocin-hydroquinone-tretinoin</i>)	3	
TRIVIX EXTERNAL KIT 0.1 & 5 % (<i>triamcinolone-dimeth-silicone</i>)	3	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	3	
ULTRAVATE EXTERNAL LOTION 0.05 % (<i>halobetasol propionate</i>)	3	DSL = 30 days
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	3	
VANOXIDE-HC EXTERNAL LOTION 5-0.5 % (<i>benzoyl perox-hydrocortisone</i>)	3	
VERDESO EXTERNAL FOAM 0.05 % (<i>desonide</i>)	3	
VYTONE EXTERNAL CREAM 1-1.9 % (<i>iodoquinol-hydrocortisone-aloe</i>)	3	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	DSL = 30 days
XERESE EXTERNAL CREAM 5-1 % (<i>acyclovir-hydrocortisone</i>)	3	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (<i>ketoconazole-hydrocortisone</i>)	3	
YAXATARXYN EXTERNAL EMULSION 4-0.5-0.025 %	3	
YOKATAR EXTERNAL EMULSION 4-2.5-0.025 %	3	
DEPIGMENTING AGENTS - Drugs for the Skin		
<i>blanche external cream 4 %</i>	1	
<i>hydroquinone external cream 4 %</i>	1	
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	
KATARVIA EXTERNAL EMULSION 4-0.025 % (<i>hydroquinone-tretinoin</i>)	3	
KATARYA EXTERNAL EMULSION 4-0.5-0.025 %	3	
KATARYAXN EXTERNAL EMULSION 4-0.5-0.025 %	3	
KAXM EXTERNAL EMULSION 4 %	3	
KEIDO EXTERNAL EMULSION 6 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KETARYA EXTERNAL EMULSION 6-0.5-0.025 %	3	
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KEVARYA EXTERNAL EMULSION 6-0.5-0.05 %	3	
KEXM EXTERNAL EMULSION 6 %	3	
KEYA EXTERNAL EMULSION 6-0.5 %	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
KUTARYAXM EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUTARYAXMPA EXTERNAL EMULSION 8-0.5-0.025 %	3	
KUTEA EXTERNAL EMULSION 8 %	3	
KUVARYA EXTERNAL EMULSION 8-0.5-0.05 %	3	
KUVARYE EXTERNAL EMULSION 8-1-0.05 %	3	
KUXM EXTERNAL EMULSION 8 %	3	
PROOXIA EXTERNAL CREAM 10-4 %	3	
TRI-LUMA EXTERNAL CREAM 0.01-4-0.05 % (<i>fluocin-hydroquinone-tretinoin</i>)	3	
YAXATARXYN EXTERNAL EMULSION 4-0.5-0.025 %	3	
YOKATAR EXTERNAL EMULSION 4-2.5-0.025 %	3	
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (<i>benzoyl perox-salicyl ac-vit e</i>)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (<i>benzoyl perox-salicyl ac-vit e</i>)	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (<i>benzoyl peroxide-vitamin e</i>)	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	3	
PREMIUM SCAR EXTERNAL PATCH 2-4-30 %	3	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (<i>miconazole-zinc oxide-petrolat</i>)	3	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
<i>ciclodan external solution 8 %</i>	1	
<i>ciclopirox external gel 0.77 %</i>	1	
<i>ciclopirox external shampoo 1 %</i>	1	
<i>ciclopirox external solution 8 %</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
<i>ciclopirox treatment external kit 8 %</i>	1	
HAXCHLO EXTERNAL SHAMPOO 0.77-0.05 %	3	
HAXCHLODREX EXTERNAL SHAMPOO 0.77-0.05-3 %	3	
HAXDRAX EXTERNAL SHAMPOO 0.77-2 %	3	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
HIXDEFRIMA EXTERNAL SOLUTION 8-1-1 %	3	
KERATOLYTIC AGENTS - Drugs for the Skin		
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	1	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 % (<i>sulfacetamide sodium-sulfur</i>)	3	
AVAR-E LS EXTERNAL CREAM 10-2 % (<i>sulfacetamide sodium-sulfur</i>)	3	
AVIDOXY DK COMBINATION KIT 100 MG (<i>doxycycline-sunscreen-sal acid</i>)	3	
BENSAL HP EXTERNAL OINTMENT 3 %	3	
<i>bp 10-1 external emulsion 10-1 %</i>	1	
CANTHARIDIN EXTERNAL SOLUTION 0.7 %	3	
CEM-UREA EXTERNAL SOLUTION 45 % (<i>urea</i>)	3	
<i>cerovel external lotion 40 %</i>	1	
CLENIA PLUS EXTERNAL SUSPENSION 9-4.25 % (<i>sulfacetamide sodium-sulfur</i>)	3	
<i>corn & callus remover external liquid 17 %</i>	1	
DERMACINRX ATRIX ANTIBAC WASH EXTERNAL LIQUID 2 % (<i>salicylic acid</i>)	3	
DERMACINRX ATRIX CLARIFY TONER EXTERNAL LIQUID 2 % (<i>salicylic acid</i>)	3	
DERMACINRX UREA EXTERNAL CREAM 41 % (<i>urea</i>)	3	
DRAXACEY EXTERNAL SUSPENSION 2-8 %	3	
DRIXECE EXTERNAL SUSPENSION 5-10 %	3	
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>goodsense liquid wart remover external liquid 17 %</i>	1	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	3	
HAXCHLODREX EXTERNAL SHAMPOO 0.77-0.05-3 %	3	
HAXDRAX EXTERNAL SHAMPOO 0.77-2 %	3	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
HYDRO 40 EXTERNAL FOAM 40 % (<i>urea</i>)	3	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (<i>benzoyl perox-salicyl ac-vit e</i>)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (<i>benzoyl perox-salicyl ac-vit e</i>)	3	
KERALYT EXTERNAL GEL 6 % (<i>salicylic acid</i>)	2	
KERALYT EXTERNAL SHAMPOO 6 % (<i>salicylic acid</i>)	3	
KERALYT SCALP EXTERNAL KIT 6 % (<i>salicylic acid</i>)	3	
METDRAY EXTERNAL GEL 2-17 %	3	
NUTRASEB EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>)	3	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	3	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	3	
PLEXION EXTERNAL CREAM 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	3	
PLEXION EXTERNAL LOTION 9.8-4.8 % (<i>sulfacetamide sodium-sulfur</i>)	3	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (<i>ketoconazole-urea</i>)	3	
PROMISEB EXTERNAL CREAM (<i>antiseborrheic products, misc.</i>)	3	
PRONAL EXTERNAL GEL 40-10 % (<i>urea-lactic acid</i>)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
QUIDROXZAR EXTERNAL GEL 5-30-0.1 %	3	
RAYASAL EXTERNAL CREAM 5.9 %	3	
RESORCINOL-SULFUR EXTERNAL LOTION 2-5 %	3	
SALICATE EXTERNAL LIQUID 10 % (<i>salicylic acid</i>)	3	
<i>salicylic acid er external solution 28.5 %</i>	1	
<i>salicylic acid external foam 6 %</i>	1	
<i>salicylic acid external gel 6 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>salicylic acid external ointment 3 %</i>	1	
<i>salicylic acid external shampoo 6 %</i>	1	
<i>salicylic acid external solution 26 %</i>	1	
<i>salicylic acid wart remover external liquid 27.5 %</i>	1	
<i>salicylic acid-cleanser external kit 6 % cream</i>	1	
SALIMEZ EXTERNAL CREAM 6 %	3	
SALIMEZ FORTE EXTERNAL CREAM 10 %	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (<i>salicylic acid-urea in lactac</i>)	3	
SALVAX EXTERNAL FOAM 6 % (<i>salicylic acid</i>)	3	
SALYCIM EXTERNAL CREAM 6 % (<i>salicylic acid</i>)	3	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % (<i>hc & sal acid-sulfur & shampoo</i>)	3	
<i>selenium sulfide external shampoo 2.25 %, 2.3 %</i>	1	
<i>sss 10-5 external cream 10-5 %</i>	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9-4.5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %, 9-4.25 %</i>	1	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %, 9-4.5 %</i>	1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % (<i>sulfacetamide sodium-sulfur</i>)	1	
<i>sulfamez wash external emulsion 10-1 %</i>	1	
SUMADAN EXTERNAL KIT 9-4.5 % (<i>sulfacetamide-sulfur-cleanser</i>)	3	
SUMADAN WASH EXTERNAL LIQUID 9-4.5 % (<i>sulfacetamide sodium-sulfur</i>)	3	
SUMAXIN CP EXTERNAL KIT 10-4 % (<i>sulfacetamide-sulfur-cleanser</i>)	3	
SUMAXIN EXTERNAL PAD 10-4 % (<i>sulfacetamide sodium-sulfur</i>)	3	
ULTRASAL-ER EXTERNAL SOLUTION 28.5 % (<i>salicylic acid</i>)	3	
UMECTA MOUSSE EXTERNAL FOAM 40 % (<i>urea</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
URAMAXIN EXTERNAL GEL 45 % (<i>urea</i>)	3	
<i>urea 20 intensive hydrating external cream 20 %</i>	1	
<i>urea external cream 39 %, 40 %, 41 %, 45 %, 47 %</i>	1	
UREA EXTERNAL CREAM 39.5 %	3	
UREA EXTERNAL FOAM 35 %	3	
<i>urea external lotion 40 %</i>	1	
<i>urea hydrating external foam 35 %</i>	1	
<i>urea nail external gel 45 %</i>	1	
<i>ureacin-10 external lotion 10 %</i>	1	
<i>ureacin-20 external cream 20 %</i>	1	
UREA-SALICYLIC ACID EXTERNAL CREAM 39.5-2 % (<i>salicylic acid-urea</i>)	3	
<i>uredeb external cream 39 %</i>	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
URESOL EXTERNAL CREAM 42.5 % (<i>urea</i>)	3	
VIRASAL EXTERNAL LIQUID 27.5 % (<i>salicylic acid</i>)	3	
XALIX EXTERNAL SOLUTION 28 % (<i>salicylic acid</i>)	3	
<i>xurea external cream 39 %</i>	1	
YCANTH EXTERNAL SOLUTION 0.7 % (<i>cantharidin</i>)	3	
ZMA CLEAR EXTERNAL SUSPENSION 9-4.5 % (<i>sulfacetamide sodium-sulfur</i>)	3	
KERATOPLASTIC AGENTS - Drugs for the Skin		
<i>coal tar external solution 20 %</i>	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
ACANYA EXTERNAL GEL 1.2-2.5 % (<i>clindamycin phos-benzoyl perox</i>)	3	
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	3	
ADAINZOXIA EXTERNAL GEL 0.3-2.5-4 %	3	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	
ADAPALENE-BENZOYL PEROXIDE EXTERNAL PAD 0.1-2.5 %	3	
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
ALCOHOL PREP PADS EXTERNAL 70 %	3	
BENZAC AC WASH EXTERNAL LIQUID 5 % (<i>benzoyl peroxide</i>)	3	
<i>benzalkonium chloride external solution , 50 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BENZAMYCIN EXTERNAL GEL 5-3 % (<i>benzoyl peroxide-erythromycin</i>)	3	
BENZEPRO CREAMY WASH EXTERNAL LIQUID 7 % (<i>benzoyl peroxide</i>)	3	
BENZEPRO EXTERNAL 5.8 % (<i>benzoyl peroxide</i>)	3	
BENZEPRO EXTERNAL FOAM 5.2 %, 9.7 % (<i>benzoyl peroxide</i>)	3	
<i>benzebro external foam 5.3 %</i>	1	
BENZEPRO EXTERNAL LIQUID 6.8 % (<i>benzoyl peroxide</i>)	3	
BENZEPRO FOAMING CLOTHS EXTERNAL 6 % (<i>benzoyl peroxide</i>)	3	
BENZODOX COMBINATION THERAPY PACK 30 X 100 MG & 4.4%, 60 X 100 MG & 4.4% (<i>doxycycline-benzoyl peroxide</i>)	3	
BENZOYL PEROX-HYDROCORTISONE EXTERNAL LOTION 5-0.5 %	3	
<i>benzoyl peroxide external foam 9.8 %</i>	1	
BENZOYL PEROXIDE EXTERNAL GEL 6.5 %, 8 %	3	
BENZOYL PEROXIDE FORTE- HC EXTERNAL LOTION 7.5-1 %	3	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
BETADINE EXTERNAL SOLUTION 10 % (<i>povidone-iodine</i>)	3	
<i>bp wash external liquid 2.5 %</i>	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (<i>adapalene-benzoyl per-clindamy</i>)	3	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %, 1.2-5 %</i>	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML (<i>hc-pramoxine-chloroxyleneol</i>)	3	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % (<i>sulfuric acid-sulf phenolics</i>)	3	
DEOXIADENTAR EXTERNAL GEL 1-4-2-0.025 %	3	
DERMACINRX CLORHEXACIN EXTERNAL KIT 4 & 2 & 5 % (OINT) (<i>chlorhex-mupir-dimeth-silicone</i>)	3	
DERMACINRX SURGICAL COMBOPAK COMBINATION KIT	3	
EPIDUO EXTERNAL GEL 0.1-2.5 % (<i>adapalene-benzoyl peroxide</i>)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	2	
EPSOLAY EXTERNAL CREAM 5 % (<i>benzoyl peroxide</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FEM PH VAGINAL GEL 0.9-0.025 % (<i>acetic acid-oxyquinoline</i>)	3	
<i>goodsense dandruff shampoo external lotion 1 %</i>	1	
HIBICLENS EXTERNAL LIQUID 4 % (<i>chlorhexidine gluconate</i>)	3	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % (<i>benzoyl perox-salicyl ac-vit e</i>)	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % (<i>benzoyl perox-salicyl ac-vit e</i>)	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % (<i>benzoyl peroxide-vitamin e</i>)	3	
INZDEAXIATAR EXTERNAL GEL 2.5-1-2-0.025 %	3	
INZDEAXIAVAR EXTERNAL GEL 2.5-1-2-0.05 %	3	
INZDEOXIA EXTERNAL GEL 2.5-1-4 %	3	
<i>iodine tincture external tincture 2 %</i>	1	
IDOQUIMEZ-HC EXTERNAL CREAM 1-1.9 %	3	
<i>iodoquinol-hc-aloe polysacch external gel 1-2-1 %</i>	1	
<i>iodoquinol-hydrocortisone-aloe external cream 1-1.9 %</i>	1	
IODOSORB EXTERNAL GEL 0.9 %	3	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
<i>mafenide acetate external packet 5 %</i>	1	
<i>medpura hand sanitizer external gel 70 %</i>	1	
<i>neuac external gel 1.2-5 %</i>	1	
NUCARARXPAK EXTERNAL KIT 1-2.5 % (<i>clindamycin-benzoyl per-moist</i>)	3	
NUSURGEPAK SURGICAL PREP/CARE EXTERNAL KIT 4 & 2 & 5 % (OINT) (<i>chlorhex-mupir-dimeth-silicone</i>)	3	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>)	3	
ONZDEAXIADEMTAR EXTERNAL GEL 5-1-2-2-0.025 %	3	
ONZDEAXIADEMVAR EXTERNAL GEL 5-1-2-2-0.05 %	3	
ONZDEAXIATAR EXTERNAL GEL 5-1-2-0.025 %	3	
ONZDEAXIAVAR EXTERNAL GEL 5-1-2-0.05 %	3	
ONZDEAXIAZAR EXTERNAL GEL 5-1-2-0.1 %	3	
ONZDEOXIA EXTERNAL GEL 1-5-4 %	3	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>periogard mouth/throat solution 0.12 %</i>	1	
PHEODOYO EXTERNAL CREAM 1-2.5-2 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>povidone-iodine external solution 10 %</i>	1	
PR BENZOYL PEROXIDE EXTERNAL LIQUID 6.9 % (<i>benzoyl peroxide</i>)	3	
PR BENZOYL PEROXIDE WASH EXTERNAL LIQUID 7 % (<i>benzoyl peroxide</i>)	3	
RAYASORE KIT EXTERNAL KIT 1 & 10 %	3	
SCRUB CARE POVIDONE-IODINE EXTERNAL SOLUTION 10 % (<i>povidone-iodine</i>)	3	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>selenium sulfide external shampoo 2.25 %, 2.3 %</i>	1	
SILVADENE EXTERNAL CREAM 1 % (<i>silver sulfadiazine</i>)	3	
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>ssd external cream 1 %</i>	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM (<i>mafenide acetate</i>)	2	
SULFAMYLON EXTERNAL PACKET 5 % (<i>mafenide acetate</i>)	3	
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	3	
VANOXIDE-HC EXTERNAL LOTION 5-0.5 % (<i>benzoyl peroxide-hydrocortisone</i>)	3	
VYTONE EXTERNAL CREAM 1-1.9 % (<i>iodoquinol-hydrocortisone-aloe</i>)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (<i>ketconazole & pyrithione zinc</i>)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (<i>ketconazole & pyrithione zinc</i>)	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (<i>benzoyl peroxide-hyaluronate</i>)	3	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
CAPSINAC EXTERNAL THERAPY PACK 0.025-1.5 %	3	
DERMACINRX LEXITRAL PHARMAPAK EXTERNAL THERAPY PACK 1.5 & 0.025 % (<i>diclofenac sodium-capsaicin</i>)	3	
DFS/MS/MENTH/CAP PAK EXTERNAL KIT 1.5&25-6-0.025 %	3	
DICLAREAL EXTERNAL THERAPY PACK 2 & 0.025 %	3	
<i>diclofenac sodium external gel 1 %</i>	PV	
<i>diclofenac sodium external gel 3 %</i>	1	
<i>diclofenac sodium external solution 1.5 %, 2 %</i>	PV	
DICLOFONO EXTERNAL GEL 1.6 % (<i>diclofenac sodium</i>)	PV	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DICLONA EXTERNAL GEL 1-4.5 %	3	DSL = 30 days
DICLONA+ EXTERNAL PATCH 1.25-4.5 %	3	
DICLOPR EXTERNAL KIT 1 & 10-30 %	3	
DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 % (diclofenac sodium-capsaicin)	3	
DICLOSTREAM EXTERNAL THERAPY PACK 1.5-10 %	3	
DICLOTREX EXTERNAL THERAPY PACK 1.5 & 4-10 % (diclofenac sod-camphor-menthol)	3	
DICLOTREX II EXTERNAL THERAPY PACK 1.5 & 4-10 % (diclofenac sod-camphor-menthol)	3	
DICLOVIX EXTERNAL KIT 1.5 & 2-2.5-4 %	3	
DICLOVIX M EXTERNAL THERAPY PACK 1.5-8 %	3	
DIFMETIOXRIME EXTERNAL SOLUTION 4-2-1-4 %	3	
DIMENTHO EXTERNAL THERAPY PACK 1.5 & 10 %	3	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	
ENOVARX-DICLOFENAC SODIUM EXTERNAL CREAM 2.5 %	PV	
ENOVARX-IBUPROFEN EXTERNAL CREAM 10 %	PV	
ENOVARX-NAPROXEN EXTERNAL CREAM 10 %	PV	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	
FENOVAR EXTERNAL KIT 1.5-10-15 % (diclofenac& menthol-methyl sal)	3	
FROTEK EXTERNAL CREAM 10 % (ketoprofen)	PV	
ICLOFENAC CP EXTERNAL THERAPY PACK 0.025-1.5 % (diclofenac sodium-capsaicin)	3	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (ketoprofen-baclofen-gabap-lido)	3	
LEFLUNICLO COMBINATION KIT 20 & 1 MG & % (leflunomide & diclofenac sod)	3	
LEXITRAL PHARMAPAK II EXTERNAL THERAPY PACK 1.5 & 0.025 % (diclofenac sodium-capsaicin)	3	
LEXTOL EXTERNAL THERAPY PACK 1.5 & 0.025 % (diclofenac sodium-capsaicin)	3	
METDRAY EXTERNAL GEL 2-17 %	3	
ORMECA COMBINATION KIT 3 & 46-0.4-1.1 % & MG (diclofenac-b6-fa-b12)	3	
PENNSAID EXTERNAL SOLUTION 2 % (diclofenac sodium)	PV	
PROFINAC EXTERNAL THERAPY PACK 1.5 % (diclofenac sod-adhesive sheet)	3	
ROAOXIA EXTERNAL GEL 3-4 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOLARAVIX EXTERNAL THERAPY PACK 3 %	3	
SURE RESULT DSS PREMIUM PACK EXTERNAL THERAPY PACK 1.5 & 0.025 %	3	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VAROPHEN EXTERNAL KIT 1.5-10-15 % (<i>diclofenac& menthol-methyl sal</i>)	3	
VENNGEL ONE EXTERNAL KIT 1 % (<i>diclofenac sodium</i>)	PV	
VP FC KIT EXTERNAL CREAM	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	
XRYLIX EXTERNAL THERAPY PACK 1.5 % (<i>diclofenac sod-adhesive sheet</i>)	3	
ZICLOPRO EXTERNAL THERAPY PACK 1.5 & 0.025 % (<i>diclofenac sodium-capsaicin</i>)	3	
OXABOROLES - Drugs for the Skin		
<i>tavaborole external solution 5 %</i>	1	
PIGMENTING AGENTS - Drugs for the Skin		
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>klayesta external powder 100000 unit/gm</i>	1	
<i>nyamyc external powder 100000 unit/gm</i>	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>nystop external powder 100000 unit/gm</i>	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
AVEIDA EXTERNAL GEL 1-1 %	3	
AVEIDAOXIA EXTERNAL GEL 1-1-4 %	3	
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	3	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
<i>goodsense lice killing external liquid 1 %</i>	1	
<i>ivermectin external cream 1 %</i>	1	
<i>lice killing external shampoo 4-0.33 %</i>	1	
<i>lice killing shampoo max str external shampoo 0.33-4 %</i>	1	
<i>lice treatment external liquid 1 %</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>malathion external lotion 0.5 %</i>	1	
NATROBA EXTERNAL SUSPENSION 0.9 % (<i>spinosad</i>)	3	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	3	
<i>permethrin external cream 5 %</i>	1	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	3	
<i>spinosad external suspension 0.9 %</i>	1	
<i>stop lice complete treatment combination kit 0.33-4-0.5 %</i>	1	
<i>sulfurated lime external solution</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 % (<i>amantad-amitrip-gabap-cycloben</i>)	3	
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	3	DSL = 30 days
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG (<i>isotretinoin</i>)	3	
ABSORICA ORAL CAPSULE 25 MG, 35 MG (<i>isotretinoin</i>)	3	DSL = 30 days
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ACESO AG EXTERNAL PAD 4"X4"	3	
ACIOXIA EXTERNAL GEL 0.5-0.1 %	3	
ACIOXIAY EXTERNAL CREAM 15-4 %	3	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	3	DSL = 30 days
ACZONE EXTERNAL GEL 5 % (<i>dapsone</i>)	3	
ACZONE EXTERNAL GEL 7.5 % (<i>dapsone</i>)	3	
ADAINZDE EXTERNAL GEL 0.3-2.5-1 %	3	
ADAINZOXIA EXTERNAL GEL 0.3-2.5-4 %	3	
<i>adapalene external cream 0.1 %</i>	1	
<i>adapalene external gel 0.1 %, 0.3 %</i>	1	
ADAPALENE EXTERNAL PAD 0.1 %	3	
ADAPALENE EXTERNAL SOLUTION 0.1 %	3	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	
ADAPALENE-BENZOYL PEROXIDE EXTERNAL PAD 0.1-2.5 %	3	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	3	DSL = 30 days
ADEINZDE EXTERNAL GEL 0.1-2.5-1 %	3	
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALADERM PLUS EXTERNAL EMULSION (<i>dermatological products, misc.</i>)	3	
ALEVAMAX EXTERNAL CREAM	3	
AMELUZ EXTERNAL GEL 10 % (<i>aminolevulinic acid hcl</i>)	3	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
ARAZLO EXTERNAL LOTION 0.045 % (<i>tazarotene</i>)	3	
ARIDA EXTERNAL GEL (<i>silver</i>)	3	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	3	DSL = 30 days
AZADROX EXTERNAL GEL (<i>silver</i>)	3	
<i>azelaic acid external gel 15 %</i>	1	
AZELEX EXTERNAL CREAM 20 % (<i>azelaic acid</i>)	3	
B & C EXTERNAL OINTMENT	3	
<i>balsam peru-castor oil external ointment</i>	1	
<i>bexarotene external gel 1 %</i>	1	
BIAFINE EXTERNAL EMULSION (<i>wound dressings</i>)	3	
BILAYER MATRIX WOUND DRESSING EXTERNAL SHEET 5 CM X 5 CM	3	
<i>bimatoprost external solution 0.03 %</i>	1	
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML (<i>bimekizumab-bkzx</i>)	3	
BIMZELX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 160 MG/ML (<i>bimekizumab-bkzx</i>)	3	
BIONECT EXTERNAL CREAM 0.2 % (<i>hyaluronate sodium</i>)	3	
BPCO EXTERNAL OINTMENT	3	
<i>brimonidine tartrate external gel 0.33 %</i>	1	
CABTREO EXTERNAL GEL 0.15-3.1-1.2 % (<i>adapalene-benzoyl per-clindamy</i>)	3	
<i>calcipotriene external cream 0.005 %</i>	1	
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	3	DSL = 30 days
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	3	
CALCITRENE EXTERNAL OINTMENT 0.005 % (<i>calcipotriene</i>)	3	
<i>calcitriol external ointment 3 mcg/gm</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CALSODORE EXTERNAL KIT 0.005 %	3	
CALSODORE EXTERNAL THERAPY PACK 0.005-5 %	3	
<i>capsaicin external cream 0.025 %, 0.075 %</i>	1	
<i>capsaicin pain relief external cream 0.1 %</i>	1	
CAPSINAC EXTERNAL THERAPY PACK 0.025-1.5 %	3	
CAPZASIN-HP EXTERNAL CREAM 0.1 % (<i>capsaicin</i>)	3	
<i>capzix external cream 0.1 %</i>	1	
CARAC EXTERNAL CREAM 0.5 % (<i>fluorouracil</i>)	3	
CERACADE EXTERNAL EMULSION (<i>dermatological products, misc.</i>)	3	
CHLOOXIA EXTERNAL CREAM 0.05-4 %	3	
CHLOOXIA EXTERNAL OINTMENT 0.05-4 %	3	
CHLOOXIA EXTERNAL SOLUTION 0.05-4 %	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	3	DSL = 30 days
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % (<i>clindamycin-tretinoin-cholesty</i>)	3	
COLLANEX EXTERNAL POWDER (<i>wound dressings</i>)	3	
CONDYLOX EXTERNAL GEL 0.5 % (<i>podofilox</i>)	3	
COPADERM EXTERNAL GEL (<i>scar treatment products</i>)	3	
COPASIL EXTERNAL GEL (<i>scar treatment products</i>)	3	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	
COSENTYX 150 MG/ML INTRAVENOUS SOLUTION 125 MG/5ML (<i>secukinumab</i>)	3	
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 75 MG/0.5ML (<i>secukinumab</i>)	3	DSL = 30 days
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>secukinumab</i>)	3	DSL = 30 days
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (<i>secukinumab</i>)	3	DSL = 30 days
<i>dapsone external gel 5 %</i>	1	
<i>dapsone external gel 7.5 %</i>	3	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DAZOMON EXTERNAL GEL 0.25 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DELUO EXTERNAL SOLUTION (<i>wound cleansers</i>)	3	
DEOXIA EXTERNAL GEL 1-4 %	3	
DEOXIA EXTERNAL LOTION 1-4 %	3	
DEOXIADEMTAR EXTERNAL GEL 1-4-2-0.025 %	3	
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DEOXIAVAR EXTERNAL CREAM 1-4-0.05 %	3	
DERMACINRX LEXITRAL PHARMAPAK EXTERNAL THERAPY PACK 1.5 & 0.025 % (<i>diclofenac sodium-capsaicin</i>)	3	
DERMACINRX PENETRAL EXTERNAL CREAM 0.025 % (<i>capsaicin</i>)	2	
DERMASO PLUS EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
DERMELLE EXTERNAL GEL (<i>scar treatment products</i>)	3	
DERPIXA EXTERNAL GEL (<i>wound dressings</i>)	3	
DEXERYL EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
DFS/MS/MENTH/CAP PAK EXTERNAL KIT 1.5&25-6-0.025 %	3	
DIADIMAXIA EXTERNAL CREAM 6-2-5 %	3	
DIADIMAXIA EXTERNAL GEL 6-2-5 %	3	
DIAOXIA EXTERNAL GEL 6-4 %	3	
DIASAXIATAR EXTERNAL CREAM 8.5-2-0.025 %	3	
DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	
DIASDIMAXIA EXTERNAL CREAM 8.5-2-5 %	3	
DIASDIMAXIA EXTERNAL GEL 8.5-2-5 %	3	
DIASOXIA EXTERNAL CREAM 6-4 %, 8.5-4 %	3	
DIASOXIA EXTERNAL GEL 8.5-4 %	3	
DICLAREAL EXTERNAL THERAPY PACK 2 & 0.025 %	3	
<i>diclofenac sodium external gel 1 %</i>	PV	
<i>diclofenac sodium external solution 1.5 %, 2 %</i>	PV	
DICLOFONO EXTERNAL GEL 1.6 % (<i>diclofenac sodium</i>)	PV	
DICLONA EXTERNAL GEL 1-4.5 %	3	DSL = 30 days
DICLONA+ EXTERNAL PATCH 1.25-4.5 %	3	
DICLOPR EXTERNAL KIT 1 & 10-30 %	3	
DICLOSAICIN EXTERNAL THERAPY PACK 1.5-0.025 % (<i>diclofenac sodium-capsaicin</i>)	3	
DICLOSTREAM EXTERNAL THERAPY PACK 1.5-10 %	3	
DICLOTREX EXTERNAL THERAPY PACK 1.5 & 4-10 % (<i>diclofenac sod-camphor-menthol</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DICLOTREX II EXTERNAL THERAPY PACK 1.5 & 4-10 % (diclofenac sod-camphor-menthol)	3	
DICLOVIX EXTERNAL KIT 1.5 & 2-2.5-4 %	3	
DICLOVIX M EXTERNAL THERAPY PACK 1.5-8 %	3	
DIFFERIN EXTERNAL CREAM 0.1 % (adapalene)	2	
DIFFERIN EXTERNAL GEL 0.3 % (adapalene)	3	
DIFFERIN EXTERNAL LOTION 0.1 % (adapalene)	3	
DIMENTHO EXTERNAL THERAPY PACK 1.5 & 10 %	3	
DIMOXIA EXTERNAL GEL 4-5 %	3	
DIOCHLOY EXTERNAL SOLUTION 0.005-0.05 %	3	
DIOOXIA EXTERNAL CREAM 0.005-4 %	3	
doxycycline oral capsule delayed release 40 mg	1	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	
DUOBRII EXTERNAL LOTION 0.01-0.045 % (halobetasol prop-tazarotene)	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML, 300 MG/2ML (dupilumab)	3	
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (dupilumab)	3	
DYNAGINATE AG CA ALG ROPE 30CM EXTERNAL 1/4" X 12" (calcium alginate-silver)	3	
DYNAGINATE AG SILVER CAL 4"X8" EXTERNAL PAD 4"X8" (calcium alginate-silver)	3	
ECEOXIA EXTERNAL CREAM 4-10 %	3	
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	3	
ELEMAR PATCH EXTERNAL KIT 5-6 % (lidocaine-menthol)	3	
ELIDEL EXTERNAL CREAM 1 % (pimecrolimus)	2	
EMULSION SB EXTERNAL EMULSION (dermatological products, misc.)	3	
ENOVARX-DICLOFENAC SODIUM EXTERNAL CREAM 2.5 %	PV	
ENOVARX-TRAMADOL EXTERNAL CREAM 5 %	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	3	
EPICERAM EXTERNAL EMULSION (dermatological products, misc.)	3	
EPIDUO EXTERNAL GEL 0.1-2.5 % (adapalene-benzoyl peroxide)	3	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (adapalene-benzoyl peroxide)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EPISIL MOUTH/THROAT LIQUID (<i>oral wound care products</i>)	3	
ESKATA EXTERNAL SOLUTION 40 % (<i>hydrogen peroxide</i>)	3	
ETHOXIA EXTERNAL CREAM 4-0.05 %	3	
FABIOR EXTERNAL FOAM 0.1 % (<i>tazarotene</i>)	3	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	
FEM PH VAGINAL GEL 0.9-0.025 % (<i>acetic acid-oxyquinoline</i>)	3	
FENOVAR EXTERNAL KIT 1.5-10-15 % (<i>diclofenac& menthol-methyl sal</i>)	3	
FILSUVEZ EXTERNAL GEL 10 % (<i>birch triterpenes</i>)	3	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	3	
FINAPID EXTERNAL SOLUTION 0.1-5 %	3	
FINAPOD EXTERNAL SOLUTION 0.1-7 %	3	
FINAPODTAR EXTERNAL SOLUTION 0.1-7-0.025 %	3	
<i>finasteride oral tablet 1 mg</i>	1	
FLUOROURACIL EXTERNAL CREAM 0.5 %	3	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
FLYPROGPIDTAR EXTERNAL SOLUTION 0.1-0.1-5-0.025 %	3	
GELX MOUTH/THROAT GEL (<i>oral wound care products</i>)	3	
GEN7T PLUS EXTERNAL LOTION 3.5-7 %	3	
GEN7T PLUS EXTERNAL PATCH 3.5-7 % (<i>lidocaine-menthol</i>)	3	
GENADUR COMBINATION KIT (<i>dermatological products, misc.</i>)	3	
GENADUR EXTERNAL LIQUID (<i>dermatological products, misc.</i>)	3	
HALUCORT EXTERNAL GEL (<i>dermatological products, misc.</i>)	3	
HAPRODERM EXTERNAL GEL	3	
HPR PLUS EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
HPR PLUS EXTERNAL FOAM (<i>dermatological products, misc.</i>)	3	
HPR PLUS HYDROGEL EXTERNAL KIT (<i>dermatological products, misc.</i>)	3	
HYDROCORT LOTION COMPLETE KIT EXTERNAL KIT 2 %	3	
HYDROCORTISONE COMPLETE KIT EXTERNAL THERAPY PACK 2 %	3	
HYFTOR EXTERNAL GEL 0.2 % (<i>sirolimus</i>)	3	DSL = 30 days

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HYLATOPIC PLUS EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
ICLOFENAC CP EXTERNAL THERAPY PACK 0.025-1.5 % (<i>diclofenac sodium-capsaicin</i>)	3	
IDYYXIATAR EXTERNAL GEL 5-0.025 %	3	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	3	
IMIOXIA EXTERNAL CREAM 1-4 %	3	
<i>imiquimod external cream 3.75 %</i>	3	
<i>imiquimod external cream 5 %</i>	1	
<i>imiquimod pump external cream 3.75 %</i>	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	3	
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED 100 MG	3	
INTERCEED EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
INZDEAXIATAR EXTERNAL GEL 2.5-1-2-0.025 %	3	
INZDEAXIATAR EXTERNAL GEL 2.5-1-2-0.05 %	3	
INZDEOXIA EXTERNAL GEL 2.5-1-4 %	3	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>isotretinoin oral capsule 25 mg, 35 mg</i>	1	DSL = 30 days
ITHOXIA EXTERNAL CREAM 4-0.1 %	3	
JUVAZIN EXTERNAL GEL (<i>scar treatment products</i>)	3	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % (<i>ketoprofen-baclofen-gabap-lido</i>)	3	
KAMDOY EXTERNAL EMULSION (<i>dermatological products, misc.</i>)	3	
KERAGEL EXTERNAL GEL (<i>wound dressings</i>)	3	
KIVIK EXTERNAL EMULSION (<i>dermatological products, misc.</i>)	3	
KLISYRI EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	3	DSL = 30 days
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML (<i>difelikefalin acetate</i>)	3	DSL = 30 days
LATISSE EXTERNAL SOLUTION 0.03 % (<i>bimatoprost</i>)	3	
LAVARE WOUND WASH EXTERNAL GEL	3	
LEVATIO EXTERNAL PATCH 0.03-5 %	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	2	
LEXITRAL PHARMAPAK II EXTERNAL THERAPY PACK 1.5 & 0.025 % (<i>diclofenac sodium-capsaicin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LEXTOL EXTERNAL THERAPY PACK 1.5 & 0.025 % (diclofenac sodium-capsaicin)	3	
LIDOSTREAM EXTERNAL KIT 5 & 10 %	3	
LIDOTHOL EXTERNAL GEL 4.5-5 % (lidocaine-menthol)	3	
LIDOTHOL EXTERNAL PATCH 4.5-5 % (lidocaine-menthol)	3	
LIDOTRAL-MENTHOL EXTERNAL LIQUID 5-3 % (lidocaine-menthol)	3	
LITFULO ORAL CAPSULE 50 MG (ritlectinib tosylate)	3	DSL = 30 days
LM PLUS RELIEF EXTERNAL PATCH 3.5-7 % (lidocaine-menthol)	3	
LMR PLUS EXTERNAL KIT 5 & 0.5-0.5 % (lidocaine-camphor-menthol)	3	
LUXAMEND EXTERNAL CREAM (wound dressings)	3	
MEDERMA ADVANCED SCAR GEL EXTERNAL GEL (scar treatment products)	3	
MEDERMA EXTERNAL GEL (scar treatment products)	3	
MEDERMA FOR KIDS EXTERNAL GEL (scar treatment products)	3	
MEDERMA SPF 30 EXTERNAL CREAM (scar treatment products)	3	
METAXALL CP COMBINATION KIT 800 & 0.025 MG & % (metaxalone-capsaicin)	3	
MIGRANOW COMBINATION THERAPY PACK 50 & 4-10 MG & % (sumatriptan & camphor-menthol)	3	
MIMYX EXTERNAL CREAM (dermatological products, misc.)	3	
MINOCYCLINE HCL ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG	3	
minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 135 MG (minocycline hcl)	3	
MIRO3D WOUND MATRIX EXTERNAL 10 X 5 X 2 CM, 2 X 2 X 2 CM, 3 X 3 X 2 CM, 5 X 5 X 2 CM (collagen matrix (porcine))	3	
MIRVASO EXTERNAL GEL 0.33 % (brimonidine tartrate)	3	
MUCOTROL MOUTH/THROAT WAFER (oral wound care products)	3	
MUGARD MOUTH/THROAT LIQUID (oral wound care products)	3	
MUSCUSOLICE EXTERNAL CREAM 2 %, 5 % (baclofen)	3	
NEOSALUS EXTERNAL CREAM (dermatological products, misc.)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEOSALUS EXTERNAL FOAM (<i>dermatological products, misc.</i>)	3	
NEOSALUS EXTERNAL LOTION (<i>dermatological products, misc.</i>)	3	
NEXOBRID EXTERNAL GEL 8.8 % (<i>anacaulase-bcdb</i>)	3	
NUDERMRXPAK 120 EXTERNAL THERAPY PACK 0.005-5 % (<i>calcipotriene-dimethicone</i>)	3	
NUDERMRXPAK 60 EXTERNAL THERAPY PACK 0.005-5 % (<i>calcipotriene-dimethicone</i>)	3	
NUDROXIPAK COMBINATION THERAPY PACK 200 MG (<i>celecoxib-capsaic-men-methsal</i>)	3	
NUJU EXTERNAL SOLUTION 0.1 %	3	
NUJU EXTERNAL CREAM 0.1 %	3	
NUVAIL EXTERNAL SOLUTION (<i>dermatological products, misc.</i>)	3	
ONZDEAXIADEMTAR EXTERNAL GEL 5-1-2-2-0.025 %	3	
ONZDEAXIADEMVAR EXTERNAL GEL 5-1-2-2-0.05 %	3	
ONZDEAXIATAR EXTERNAL GEL 5-1-2-0.025 %	3	
ONZDEAXIAVAR EXTERNAL GEL 5-1-2-0.05 %	3	
ONZDEAXIAZAR EXTERNAL GEL 5-1-2-0.1 %	3	
ONZDEOXIA EXTERNAL GEL 1-5-4 %	3	
OPZELURA EXTERNAL CREAM 1.5 % (<i>ruxolitinib phosphate</i>)	3	DSL = 30 days
ORACEA ORAL CAPSULE DELAYED RELEASE 40 MG (<i>doxycycline</i>)	3	
ORAMAGICRX MOUTH/THROAT SUSPENSION RECONSTITUTED (<i>oral wound care products</i>)	3	
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	3	DSL = 30 days
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	3	DSL = 30 days
OXIAICE EXTERNAL LOTION 4-15 %	3	
OXIANUJO EXTERNAL CREAM 4-0.1 %	3	
OXIANUJO EXTERNAL OINTMENT 4-0.1 %	3	
OXIATAR EXTERNAL CREAM 4-0.025 %	3	
OXIAVAR EXTERNAL CREAM 4-0.05 %	3	
OXIAVARRY EXTERNAL CREAM 4-0.05 %	3	
OXIAVARY EXTERNAL CREAM 4-0.1 %	3	
OXIAZAR EXTERNAL CREAM 4-0.1 %	3	
OXOPIDAXIAQUP EXTERNAL SOLUTION 0.05-5-2-0.5 %	3	
PAINGO KFT EXTERNAL KIT 2.5-2.5-10-30 %	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	3	DSL = 30 days
PENLEN EXTERNAL EMULSION (<i>dermatological products, misc.</i>)	3	
PENNSAID EXTERNAL SOLUTION 2 % (<i>diclofenac sodium</i>)	PV	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
PHLAG SPRAY EXTERNAL EMULSION (<i>dermatological products, misc.</i>)	3	
PIDPROGTAR EXTERNAL SOLUTION 5-0.1-0.025 %	3	
<i>pimecrolimus external cream 1 %</i>	1	
PODOCON-25 EXTERNAL SOLUTION 25 % (<i>podophyllum resin</i>)	3	
<i>podofilox external gel 0.5 %</i>	1	
<i>podofilox external solution 0.5 %</i>	1	
PODOXIA EXTERNAL SOLUTION 7-4 %	3	
PODPROG EXTERNAL SOLUTION 0.1-7 %	3	
PODPROGTAR EXTERNAL SOLUTION 7-0.1-0.025 %	3	
PODTAR EXTERNAL SOLUTION 7-0.025 %	3	
PR CREAM EXTERNAL KIT (<i>dermatological products, misc.</i>)	3	
PRAKETAMIDE EXTERNAL CREAM 5 % (<i>ketamine hcl</i>)	3	
PRESERA EXTERNAL FOAM (<i>dermatological products, misc.</i>)	3	
PREVIDOLRX ANALGESIC COMBINATION THERAPY PACK 75-20-0.025 MG-MG-% (<i>diclofenac-omeprazole-capsicum</i>)	3	
PROFINAC EXTERNAL THERAPY PACK 1.5 % (<i>diclofenac sod-adhesive sheet</i>)	3	
PROOXIA EXTERNAL CREAM 10-4 %	3	
PROPECIA ORAL TABLET 1 MG (<i>finasteride</i>)	3	
PRUCLAIR EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
PRUMYX EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	3	
QUIDROXZAR EXTERNAL GEL 5-30-0.1 %	3	
QUIHOXAXIA EXTERNAL GEL 5-1-2 %	3	
QUIHOXVAR EXTERNAL GEL 5-1-0.05 %	3	
QUTENZA (2 PATCH) EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	3	
QUTENZA (4 PATCH) EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	3	
QUTENZA EXTERNAL KIT 8 % (<i>capsaicin-cleansing gel</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RADIAPLEXRX EXTERNAL GEL (<i>wound dressings</i>)	3	
RAYASORE KIT EXTERNAL KIT 1 & 10 %	3	
RECEDO EXTERNAL GEL (<i>scar treatment products</i>)	3	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	3	
REGENECARE EXTERNAL GEL 2 % (<i>lidocaine-collagen-aloe vera</i>)	3	
REGRANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	3	DSL = 30 days
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab</i>)	3	
REMIGEN EXTERNAL CREAM	3	
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-abda</i>)	3	
RHOFADE EXTERNAL CREAM 1 % (<i>oxymetazoline hcl</i>)	3	
ROAOXIA EXTERNAL GEL 3-4 %	3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	2	
SAROXIA EXTERNAL CREAM 4-0.05 %	3	
SCARCIN EXTERNAL CREAM	3	
SCARCIN EXTERNAL GEL	3	
SCARCIN EXTERNAL LIQUID	3	
SCARSILK EXTERNAL GEL	3	
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	3	DSL = 30 days
SILATRIX MOUTH/THROAT GEL 10 %	3	
SILHEAL-10 EXTERNAL PAD	3	
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	3	DSL = 30 days
SILVERSEAL HYDROGEL DRESSING EXTERNAL PAD 2"X3" (<i>silver</i>)	3	
SKARCADE EXTERNAL PAD	3	
<i>skarjel external gel</i>	1	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	3	
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	3	
SOLARAVIX EXTERNAL THERAPY PACK 3 %	3	
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (<i>minocycline hcl</i>)	3	
SOLOX EXTERNAL GEL (<i>silver</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOOTHEE EXTERNAL PATCH 0.5-0.0375-5-2 % (<i>lido-capsaicin-men-methyl sal</i>)	3	
SORILUX EXTERNAL FOAM 0.005 % (<i>calcipotriene</i>)	3	
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	3	DSL = 30 days
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (<i>spesolimab-sbzo</i>)	3	DSL = 30 days
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	3	
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (<i>ustekinumab</i>)	3	
STRATA CTX EXTERNAL GEL (<i>dermatological products, misc.</i>)	3	
STRATA GRT EXTERNAL GEL (<i>wound dressings</i>)	3	
STRATA MARK EXTERNAL GEL (<i>dermatological products, misc.</i>)	3	
STRATA TRIZ EXTERNAL GEL (<i>scar treatment products</i>)	3	
STRATA XRT EXTERNAL GEL (<i>dermatological products, misc.</i>)	3	
SURE RESULT DSS PREMIUM PACK EXTERNAL THERAPY PACK 1.5 & 0.025 %	3	
SURGICEL SNOW 1"X2" EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SURGICEL SNOW 2"X4" EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SURGICEL SNOW 4"X4" EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SYNERDERM EXTERNAL EMULSION (<i>dermatological products, misc.</i>)	3	
TACHOSIL EXTERNAL PATCH 4.8 X 4.8 CM, 9.5 X 4.8 CM (<i>absorbable fibrin sealant</i>)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	3	DSL = 30 days
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	3	DSL = 30 days
TARDEOXIA EXTERNAL CREAM 1-4-0.025 %	3	
TARDIMAXIA EXTERNAL GEL 2-5-0.025 %	3	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	3	
TAROXIA EXTERNAL CREAM 4-0.025 %	3	
<i>tazarotene external cream 0.1 %</i>	1	
TAZAROTENE EXTERNAL FOAM 0.1 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	
TAZORAC EXTERNAL CREAM 0.05 % (<i>tazarotene</i>)	2	
TAZORAC EXTERNAL CREAM 0.1 % (<i>tazarotene</i>)	3	
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % (<i>tazarotene</i>)	3	
TETOXIA EXTERNAL CREAM 0.01-4 %	3	
TETPIDTAR EXTERNAL SOLUTION 0.01-5-0.025 %	3	
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	3	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	3	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	3	
TRIONEX EXTERNAL KIT 0.005 % (<i>calcipotriene & dressing</i>)	3	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
TRUBREXA EXTERNAL PATCH 4.75-0.025 % (<i>lidocaine-capsaicin</i>)	3	
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	3	DSL = 30 days
VARDIMAXIA EXTERNAL GEL 2-5-0.05 %	3	
VAROPHEN EXTERNAL KIT 1.5-10-15 % (<i>diclofenac& menthol-methyl sal</i>)	3	
VAROXIA EXTERNAL CREAM 4-0.05 %	3	
VAROXIA EXTERNAL GEL 4-0.05 %	3	
VECTICAL EXTERNAL OINTMENT 3 MCG/GM (<i>calcitriol</i>)	2	
VELTIN EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	3	
VENELEX EXTERNAL OINTMENT (<i>balsam peru-castor oil</i>)	3	
VENNGEL ONE EXTERNAL KIT 1 % (<i>diclofenac sodium</i>)	PV	
VEREGEN EXTERNAL OINTMENT 15 % (<i>sinecatechins</i>)	3	
VP FC KIT EXTERNAL CREAM	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3	DSL = 30 days
WINLEVI EXTERNAL CREAM 1 % (<i>clascoterone</i>)	3	
WPR PLUS WOUND HEALING SYSTEM EXTERNAL THERAPY PACK 4 & 10-30 %	3	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
XERALUX EXTERNAL CREAM (<i>dermatological products, misc.</i>)	3	
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 135 MG, 45 MG, 90 MG (<i>minocycline hcl</i>)	3	
XRYLIX EXTERNAL THERAPY PACK 1.5 % (<i>diclofenac sod-adhesive sheet</i>)	3	
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZENPHOR WOUND GEL EXTERNAL GEL	3	
ZENPHOR WOUND PAD EXTERNAL PAD	3	
ZERUVIA EXTERNAL PATCH 4-1 %	3	
ZIANA EXTERNAL GEL 1.2-0.025 % (<i>clindamycin-tretinoin</i>)	3	
ZICLOPRO EXTERNAL THERAPY PACK 1.5 & 0.025 % (<i>diclofenac sodium-capsaicin</i>)	3	
ZITHRANOL EXTERNAL SHAMPOO 1 % (<i>anthralin</i>)	3	
ZORYVE EXTERNAL CREAM 0.3 % (<i>roflumilast</i>)	3	
ZORYVE EXTERNAL FOAM 0.3 % (<i>roflumilast (antiseborrheic)</i>)	3	
ZYCLARA EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	3	
ZYCLARA PUMP EXTERNAL CREAM 2.5 % (<i>imiquimod</i>)	3	
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	3	
SUNSCREEN AGENTS - Drugs for the Skin		
AVIDOXY DK COMBINATION KIT 100 MG (<i>doxycycline-sunscreen-sal acid</i>)	3	
THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
FORMULA 7 THE SOLUTION EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	3	
<i>ft antifungal external cream 1 %</i>	1	
MICOMITIN EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	3	
MICOTRIN AL EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	3	
MYCOZYL AL EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	3	
TM-TOLNAFTATE EXTERNAL SOLUTION 1 %	3	
TM-TOLNAFTATE LR EXTERNAL SOLUTION 1 %	3	
TOLNAFI-AL EXTERNAL SOLUTION 1 %	3	
<i>tolnaftate antifungal external cream 1 %</i>	1	
<i>tolnaftate external cream 1 %</i>	1	
<i>tolnaftate external powder 1 %</i>	1	
TRITOLNACIDE S EXTERNAL SOLUTION 1 % (<i>tolnaftate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	3	
DETROL ORAL TABLET 1 MG, 2 MG (<i>tolterodine tartrate</i>)	3	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	1	
<i>flavoxate hcl oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	3	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
OXYTROL FOR WOMEN TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	3	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	3	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG (<i>fesoterodine fumarate</i>)	3	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1	
<i>tropium chloride oral tablet 20 mg</i>	1	
VESICARE LS ORAL SUSPENSION 5 MG/5ML (<i>solifenacin succinate</i>)	3	
VESICARE ORAL TABLET 10 MG, 5 MG (<i>solifenacin succinate</i>)	3	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
LIQREV ORAL SUSPENSION 10 MG/ML (<i>sildenafil citrate</i>)	3	DSL = 30 days
REVATIO INTRAVENOUS SOLUTION 10 MG/12.5ML (<i>sildenafil citrate</i>)	3	
REVATIO ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>sildenafil citrate</i>)	3	DSL = 30 days

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REVATIO ORAL TABLET 20 MG (<i>sildenafil citrate</i>)	3	
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	3	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	DSL = 30 days
<i>sildenafil citrate oral tablet 20 mg</i>	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	PV	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	PV	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
GEMTESA ORAL TABLET 75 MG (<i>vibegron</i>)	3	
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (<i>mirabegron</i>)	2	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	2	
VITAMINS		
MULTIVITAMIN PREPARATIONS		
ACTITROM-D ORAL CAPSULE (<i>bioflavonoid products</i>)	3	
ACTIVITE ORAL TABLET 1 MG	3	
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	
ADRENAL C FORMULA ORAL TABLET (<i>bioflavonoid products</i>)	3	
ALIVE MENS 50+ MULTI GUMMY ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	3	
ALIVE MENS GUMMY MULTIVITAMINS ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	3	
AMLADDEX ORAL TABLET (<i>multiple vitamin</i>)	3	
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	3	
AZESCO ORAL TABLET 13-1 MG	3	
BACMIN ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
<i>biocel oral tablet</i>	1	
<i>b-plex oral tablet</i>	1	
<i>b-plex plus oral tablet</i>	1	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	3	
<i>cod liver oil oral oil</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORVITA ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
daflonex-xl oral capsule	1	
DAVIMET-M ORAL TABLET CHEWABLE (<i>multiple vitamin</i>)	3	
DAYAVITE ORAL TABLET	3	
DERMACINRX DAVIMET ORAL TABLET CHEWABLE (<i>multiple vitamin</i>)	3	
DERMACINRX MULTITAM ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
DERMACINRX PRETRATE ORAL TABLET 1 MG (<i>prenatal multivit-min-fe-fa</i>)	3	
DERMACINRX RIBOTIN-E ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
DERMACINRX ZINTREXYL-C ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
DEXATRAN ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	3	
DEXIFOL ORAL TABLET 5 MG (<i>b complex-c-folic acid</i>)	3	
DIALYVITE 3000 ORAL TABLET 3 MG (<i>b complex-c-biotin-e-min-fa</i>)	3	
DIALYVITE 5000 ORAL TABLET 5 MG (<i>b complex-c-biotin-e-min-fa</i>)	3	
DIALYVITE ORAL TABLET (<i>b complex-c-folic acid</i>)	3	
DIALYVITE SUPREME D ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
DIALYVITE/ZINC ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	3	
DIATROL ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	3	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	3	
FLINTSTONES GUMMIES +IMMUNITY ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	3	
FLINTSTONES-IMMUNITY SUPPORT ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	3	
FLORIVA ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>ped multiple vit-minerals-fl</i>)	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
FOLAGENT DHA ORAL CAPSULE	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOLAMAX ORAL TABLET	3	
FOLAMED DHA ORAL CAPSULE	3	
FOLBEE PLUS CZ ORAL TABLET 5 MG (<i>b-complex-c-biotin-minerals-fa</i>)	3	
<i>folbee plus oral tablet</i>	1	
FOLCYTEINE ORAL TABLET (<i>multiple vitamin</i>)	3	
FOLGARD OS ORAL TABLET 500-1.1 MG (<i>multiple vit-min-calcium-fa</i>)	3	
FOLIFLEX ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
FOLITIN-Z ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
GENICIN VITA-Q ORAL TABLET (<i>multiple vitamin</i>)	3	
GENICIN VITA-S ORAL TABLET 1 MG (<i>b complex-c-folic acid</i>)	3	
HYLAVITE ORAL TABLET	3	
HYLAZINC ORAL TABLET	3	
INFUVITE ADULT INTRAVENOUS INJECTABLE (<i>multiple vitamin</i>)	2	
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (<i>pediatric multiple vitamins</i>)	2	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	
KEYFOLIC ORAL TABLET	3	
KEYLOSA ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
LIVITA ADULTS ORAL LIQUID (<i>multiple vitamins-minerals</i>)	3	
LIVITA CHILDREN ORAL LIQUID (<i>pediatric multivit-minerals</i>)	3	
<i>lysiplex plus oral tablet</i>	1	
MENATROL ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	3	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
MULTIPRO ORAL CAPSULE	3	
<i>multivitamin w/fluoride oral tablet chewable 0.25 mg, 0.5 mg, 1 mg</i>	1	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
<i>mvw hi-d adek gummies oral tablet chewable</i>	1	
MVW MODULATOR FORMULATION PEDS ORAL LIQUID (<i>pediatric multivit-minerals</i>)	3	
<i>mynephrocaps oral capsule 1 mg</i>	1	
MYNEPHRON ORAL CAPSULE 1 MG (<i>b complex-c-folic acid</i>)	1	
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, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	
NEOVITE ORAL TABLET	3	
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	3	
<i>nephronex oral tablet</i>	1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe-methylfol-dha w/o a</i>)	3	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	
NICADAN ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
NICAZEL FORTE ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
NICAZEL ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	3	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	1	
NITRIVIA ORAL CAPSULE	3	
NOVAMV PEDIATRIC MULTI-VITAMIN ORAL LIQUID (<i>pediatric multiple vitamins</i>)	3	
NOVITE ORAL CAPSULE	3	
NUTRA-Z+ ORAL CAPSULE	3	
NUTRICAP ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
<i>nutrifac zx oral tablet</i>	1	
NUTRIVIT ORAL LIQUID (<i>b complex-lysine-min-fe-fa</i>)	3	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (<i>prenatal-fe-cbn-fa-dha w/o a</i>)	3	
OCUVEL ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	3	
ONE A DAY MENS VITACRAVES ORAL TABLET CHEWABLE (<i>multiple vitamins-minerals</i>)	3	
ONE A DAY PRENATAL ADV BRAIN ORAL THERAPY PACK (<i>prenatal fe-fa-dha & choline</i>)	3	
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
ONEVITE ORAL TABLET	3	
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	1	
PNV TABS 20-1 ORAL TABLET 20-1 MG	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML (<i>ped multivitamins-fl-iron</i>)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG (<i>ped multivitamins-fl-iron</i>)	3	
POLY-VITE PEDIATRIC ORAL SOLUTION	3	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREGENNA ORAL TABLET 20-1 MG	3	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	3	
PRENATAL ESSENTIALS ORAL CAPSULE 0.272 MG (<i>prenatal multivit-min-fe-fa</i>)	3	
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feasp-gly-methylfol-fa</i>)	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG (<i>prenat-fecbn-feasp-meth-fa-dha</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG (<i>prenat mv-min-methylfolate-fa</i>)	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
PRENATRIX ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
PRENATRYL ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
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 (<i>pren-fe-meth-fa-omeg w/o a</i>)	3	
PRO HERS RX ORAL CAPSULE	3	
PRO HIS RX ORAL CAPSULE	3	
PRO PCOS RX ORAL CAPSULE	3	
PROFOLA ORAL TABLET	3	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (<i>multi vit-min-fluoride-fe-fa</i>)	3	
QUFLORA FE PEDIATRIC ORAL LIQUID 0.25-9.5 MG/ML (<i>ped multivitamins-fl-iron</i>)	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamins-fl</i>)	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG (<i>pediatric multivitamins-fl</i>)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
REMEDIENT ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	3	
RENAL ORAL CAPSULE 1 MG (<i>b complex-c-folic acid</i>)	1	
RENATABS ORAL TABLET 1 MG (<i>b complex-c-biotin-e-fa</i>)	3	
RENATABS WITH IRON ORAL 1 & 100 MG (<i>b complex-c-biotin-e-fa-fe cbn</i>)	3	
<i>rena-vite oral tablet</i>	1	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	3	
SIDEROL ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
STROVITE FORTE ORAL SYRUP (<i>multiple vitamins-minerals</i>)	3	
STROVITE ONE ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
SUPERVITE ORAL LIQUID (<i>b complex-lysine-zn-fa</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUPPORT ORAL LIQUID	3	
SYSTANE ICAPS AREDS2 ORAL TABLET CHEWABLE (multiple vitamins-minerals)	3	
TM-VITE RX ORAL TABLET 1 MG	3	
TRINATE ORAL TABLET (prenatal vit-fe fumarate-fa)	3	
triphrocaps oral capsule 1 mg	1	
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	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
tri-vite pediatric oral solution 750-400-35 unit-mg/ml	1	
tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	1	
TRONVITE ORAL TABLET 1 MG	3	
TRUE MULTIVITAMIN ORAL TABLET	3	
UDAMIN SP ORAL TABLET (multiple vitamins-minerals)	3	
urosex oral tablet	1	
v-c forte oral capsule	1	
VENEXA FE ORAL TABLET (multiple vitamins-minerals)	3	
VENEXA ORAL TABLET (multiple vitamins-minerals)	3	
VENTRIXYL FE ORAL TABLET (multiple vitamins-minerals)	3	
VENTRIXYL ORAL TABLET (multiple vitamins-minerals)	3	
vic-forte oral capsule	1	
VINATE ONE ORAL TABLET 60-1 MG (prenatal vit-fe fumarate-fa)	3	
virt-caps oral capsule 1 mg	1	
vita s forte oral tablet	1	
vitacel oral tablet	1	
vitachew adult multi vitamin oral tablet chewable	1	
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	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (prenatal mv-min-fe fum-fa-dha)	3	
VITAJOY MULTI GUMMIES ADULT ORAL TABLET CHEWABLE (multiple vitamins-minerals)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAL-D RX ORAL TABLET 1 MG (<i>b complex-c-biotin-d-zinc-fa</i>)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
VITA-PAC ORAL CAPSULE 0.9 MG	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/oa</i>)	3	
VITAROCA PLUS ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VITASURE ORAL TABLET 1 MG	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
VITRAMYN ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VITRANOL FE ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VITRANOL ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VITREXATE FE ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VITREXATE ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VITREXYL + IRON ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VITREXYL ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
WELLFOLA ORAL TABLET	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
<i>wescaps oral capsule 1 mg</i>	1	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTAB PLUS ORAL TABLET 27-1 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
ZALVIT ORAL TABLET 13-1 MG	3	
ZELDANA ORAL CAPSULE (<i>multiple vitamin</i>)	3	
ZIPHEX ORAL TABLET 13-1 MG	3	
VITAMIN A		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML (<i>vitamin a</i>)	2	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	1	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
TRUE VITAMIN A ORAL CAPSULE 8000 UNIT	3	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
VITAMIN B COMPLEX		
ABANEU-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG (<i>cyanocobalamin-methylcobalamin</i>)	3	
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
ACTIVITE ORAL TABLET 1 MG	3	
<i>airavite oral tablet 2.5-25-1 mg</i>	1	
ATABEX OB ORAL TABLET 29-1 MG (<i>prenatal vit w/ fe bisg-fa</i>)	3	
AZESCO ORAL TABLET 13-1 MG	3	
<i>b-12 oral tablet 1000 mcg</i>	1	
<i>b-complex/b-12 oral tablet</i>	1	
BENTIVITE ORAL TABLET 35-1 MG (<i>ferrous sulfate-folic acid</i>)	3	
BEYAZ ORAL TABLET 3-0.02-0.451 MG (<i>drospiren-eth estrad-levomefol</i>)	PV	
<i>biopetit oral elixir</i>	1	
<i>biotin oral tablet 1000 mcg</i>	1	
<i>bp vit 3 oral capsule 1 mg</i>	1	
<i>b-plex oral tablet</i>	1	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
CENFOL ORAL TABLET 2.3-24.5-2 MG (<i>folic acid-vit b6-vit b12</i>)	3	
CENTRATEX ORAL CAPSULE 106-1 MG (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	3	
CEREFOLIN NAC ORAL TABLET 6-90.314-2-600 MG (<i>methylfol-algae-b12-acetylcyst</i>)	3	
CEREFOLIN ORAL TABLET 6-1-50-5 MG (<i>l-methylfolate-b12-b6-b2</i>)	3	
CHOLECAL DF ORAL TABLET 1-3800 MG-UNIT	3	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	3	
<i>corvita 150 oral tablet 150-1.25 mg</i>	1	
CORVITA ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
<i>cyanocobalamin nasal solution 500 mcg/0.1ml</i>	1	
DERMACINRX DOTREMIM ORAL TABLET 1-10000 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
DERMACINRX FOLTAMIN ORAL TABLET 125-1 MCG-MG (<i>folic acid-cholecalciferol</i>)	3	
DERMACINRX MULTITAM ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
DERMACINRX PRETRATE ORAL TABLET 1 MG (<i>prenatal multivit-min-fe-fa</i>)	3	
DEXIFOL ORAL TABLET 5 MG (<i>b complex-c-folic acid</i>)	3	
DIALYVITE 3000 ORAL TABLET 3 MG (<i>b complex-c-biotin-e-min-fa</i>)	3	
DIALYVITE 5000 ORAL TABLET 5 MG (<i>b complex-c-biotin-e-min-fa</i>)	3	
DIALYVITE ORAL TABLET (<i>b complex-c-folic acid</i>)	3	
DIALYVITE SUPREME D ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
DIALYVITE/ZINC ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	3	
DODEX INJECTION SOLUTION 1000 MCG/ML (<i>cyanocobalamin</i>)	3	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	PV	
ELFOLATE PLUS ORAL TABLET 3-35-2 MG (<i>l-methylfolate-b6-b12</i>)	3	
ELITE-OB ORAL TABLET 50-1.25 MG (<i>prenatal vit-iron carbonyl-fa</i>)	3	
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	
<i>fa-vitamin b-6-vitamin b-12 oral tablet 2.2-25-0.5 mg</i>	1	
FEONYX ORAL TABLET	3	
FERIVA 21/7 ORAL TABLET 75-1 MG (<i>feasp-b12-fa-c-dss-succac-zn</i>)	3	
<i>ferocon oral capsule</i>	PV	
<i>ferotrinsic oral capsule</i>	PV	
FERRALET 90 ORAL TABLET 90-1 MG (<i>fe cbn-fe gluc-fa-b12-c-dss</i>)	3	
<i>ferrocite plus oral tablet 106-1 mg</i>	1	
FERRO-PLEX ORAL TABLET 115-1 MG (<i>fe fum-fa-c-e-b12-intrins fact</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOLAMED DHA ORAL CAPSULE	3	
<i>folbee oral tablet 2.5-25-1 mg</i>	1	
FOLBEE PLUS CZ ORAL TABLET 5 MG (<i>b-complex-c-biotin-minerals-fa</i>)	3	
<i>folbee plus oral tablet</i>	1	
FOLBIC RF ORAL TABLET 1.13-25-2 MG (<i>l-methylfolate-b6-b12</i>)	3	
FOLDITAM ORAL TABLET 1-10000 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
FOLGARD OS ORAL TABLET 500-1.1 MG (<i>multiple vit-min-calcium-fa</i>)	3	
FOLGARD RX ORAL TABLET 2.2-25-1 MG (<i>folic acid-vit b6-vit b12</i>)	3	
<i>folic acid injection solution 5 mg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	PV	
FOLIC D3 ORAL CAPSULE 1-3775 MG-UNIT	3	
FOLI-D ORAL TABLET 1-2000 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
FOLITE ORAL TABLET	3	
FOLIVANE-F ORAL CAPSULE 125-1 MG (<i>fe fum-fepoly-fa-vit c-vit b3</i>)	3	
FOLIVANE-PLUS ORAL CAPSULE (<i>fefum-fepoly-fa-b cmp-c-biot</i>)	3	
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
FOLIXATE ORAL TABLET 1-125 MG-MCG (<i>folic acid-cholecalciferol</i>)	3	
<i>folplex 2.2 oral tablet 2.2-25-0.5 mg</i>	1	
FOLTANX ORAL TABLET 3-35-2 MG (<i>l-methylfolate-b6-b12</i>)	3	
FOLTANX RF ORAL CAPSULE 3-90.314-2-35 MG (<i>l-methylfolate-algae-b12-b6</i>)	3	
FOLTRATE ORAL TABLET 500-1 MCG-MG (<i>cobalamin combinations</i>)	3	
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
<i>foltrin oral capsule</i>	PV	
FOLTXX ORAL TABLET 1.13-25-2 MG (<i>l-methylfolate-b6-b12</i>)	3	
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FUSION PLUS ORAL CAPSULE (<i>iron-fa-b cmp-c-biot-probiotic</i>)	3	
GENICIN VITA-D ORAL TABLET 1-3775 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
GENICIN VITA-Q ORAL TABLET (<i>multiple vitamin</i>)	3	
GENICIN VITA-S ORAL TABLET 1 MG (<i>b complex-c-folic acid</i>)	3	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	1	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (<i>fe fum-vit c-vit b12-fa</i>)	3	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	3	
HYLAVITE ORAL TABLET	3	
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG (<i>iron-vit c-vit b12-folic acid</i>)	3	
<i>iferex 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
INTEGRA F ORAL CAPSULE 125-1 MG (<i>fe fum-fepoly-fa-vit c-vit b3</i>)	3	
INTEGRA PLUS ORAL CAPSULE (<i>fefum-fepoly-fa-b cmp-c-biot</i>)	3	
IRON FOLATE PLUS ORAL CAPSULE	3	
IROSPAN 24/6 ORAL (<i>fe-succ ac-b cmplx-c-ca-fa</i>)	3	
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE 1 MG	3	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (<i>levoleucovorin</i>)	PV	DSL = 30 days
<i>k-tan plus oral capsule 162-115.2-1 mg</i>	1	
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	PV	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	PV	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	PV	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	PV	
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	PV	
<i>l-methylfolate-algae-b12-b6 oral capsule 3-90.314-2-35 mg</i>	1	
<i>l-methyl-mc oral tablet 6-1-50-5 mg</i>	1	
METAFOLBIC ORAL TABLET 6-1-50-5 MG (<i>l-methylfolate-b12-b6-b2</i>)	3	
METAFOLBIC PLUS ORAL TABLET 6-2-600 MG (<i>methylfol-methylcob-acetylcyst</i>)	3	
METAFOLBIC PLUS RF ORAL TABLET 6-90.314-2-600 MG (<i>methylfol-algae-b12-acetylcyst</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
METANX ORAL CAPSULE 3-90.314-2-35 MG (<i>l-methylfolate- algae-b12-b6</i>)	3	
<i>methylfol- algae-b12-acetylcyst oral tablet 6-90.314-2-600 mg</i>	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (<i>fe asp gly- succ-c-thre-b12-fa</i>)	PV	
MULTIGEN ORAL TABLET 70 MG (<i>fe-succ-c-thre-b12-des stomach</i>)	PV	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (<i>feasp-fefum - suc-c-thre-b12-fa</i>)	3	
<i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
<i>mynephrocaps oral capsule 1 mg</i>	1	
MYNEPHRON ORAL CAPSULE 1 MG (<i>b complex-c-folic acid</i>)	1	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (<i>cyanocobalamin</i>)	3	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
NEONATAL PRENATAL ORAL TABLET 27-0.8 MG	3	
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	3	
<i>nephronex oral tablet</i>	1	
NESTABS ONE ORAL CAPSULE 38-1-225 MG (<i>prenat-fe- methylfol-dha w/o a</i>)	3	
NESTABS ORAL TABLET 32-1 MG (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL 600-600 MCG	3	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	1	
<i>niacor oral tablet 500 mg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NICOMIDE ORAL TABLET 750-27-2-0.5 MG (<i>niacinamide-zn-cu-methfo-se-cr</i>)	3	
<i>nicotinamide oral tablet 750-27-2-0.5 mg</i>	1	
<i>nufol oral tablet 2.5-25-1 mg</i>	1	
NUTRIVIT ORAL LIQUID (<i>b complex-lysine-min-fe-fa</i>)	3	
OBSTETRIX EC ORAL TABLET DELAYED RELEASE 29-1 MG (<i>prenatal vit-iron carbonyl-fa</i>)	3	
OBSTETRIX ONE ORAL CAPSULE 38-1-225 MG (<i>prenatal-fe-cbn-fa-dha w/o a</i>)	3	
OCUVEL ORAL CAPSULE (<i>multiple vitamins-minerals</i>)	3	
ONE VITE WOMENS ORAL TABLET 27-0.8 MG	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
ONEVITE ORAL TABLET	3	
ORMECA COMBINATION KIT 3 & 46-0.4-1.1 % & MG (<i>diclofenac-b6-fa-b12</i>)	3	
ORTHO DF ORAL CAPSULE 1-3775 MG-UNIT	3	
OSTACHOL ORAL TABLET 1-3800 MG-UNIT	3	
OVEEZA ORAL CAPSULE 0.5 MG (<i>fa-b12-ala-co q10-omega 3</i>)	3	
PHYSICIANS EZ USE B-12 INJECTION KIT 1000 MCG/ML	3	
<i>pnv prenatal plus multivit+dha oral 27-1 & 312 mg</i>	1	
PNV TABS 20-1 ORAL TABLET 20-1 MG	3	
PODIAPN ORAL CAPSULE (<i>l-methylfolate-b6-b12</i>)	3	
<i>poly-iron 150 forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
<i>polysaccharide iron forte oral capsule 150-25-1 mg-mcg-mg</i>	1	
PREGEN DHA ORAL CAPSULE 28-1-35 MG	3	
PREGENNA ORAL TABLET 20-1 MG	3	
PREMESISRX ORAL TABLET 1 MG (<i>prenatal ca-b6-b12-fa-ginger</i>)	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	3	
PRENATAL ESSENTIALS ORAL CAPSULE 0.272 MG (<i>prenatal multivit-min-fe-fa</i>)	3	
<i>prenatal oral tablet 27-0.8 mg, 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG (<i>prenat-feasp-meth-fa-dha w/o a</i>)	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG (<i>prenatal-feasp-gly-methylfol-fa</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
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	
PRENATRIX ORAL TABLET 27-1 MG (prenatal vit-fe fumarate- fa)	3	
PRENATRYL ORAL TABLET 27-1 MG (prenatal vit-fe fumarate-fa)	3	
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	
purevit dualfe plus oral capsule 162-115.2-1 mg	1	
pyridoxine hcl solution 100 mg/ml injection	1	
PYRIDOXINE HCL SOLUTION 100 MG/ML INJECTION	3	
QUFLORA FE ORAL TABLET CHEWABLE 0.25 MG (multi vit- min-fluoride-fe-fa)	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
REMEDIENT ORAL CAPSULE (multiple vitamins-minerals)	3	
RENAL ORAL CAPSULE 1 MG (b complex-c-folic acid)	1	
RENATABS ORAL TABLET 1 MG (b complex-c-biotin-e-fa)	3	
RENATABS WITH IRON ORAL 1 & 100 MG (b complex-c- biotin-e-fa-fe cbn)	3	
rena-vite oral tablet	1	
RESTORA RX ORAL CAPSULE 60-1.25 MG (lactobacillus casei-folic acid)	3	
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (drospiren-eth estradiol-levomefol)	PV	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (prenatal vit-fe psac cmplx-fa)	3	
se-tan plus oral capsule 162-115.2-1 mg	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SLO-NIACIN ORAL TABLET EXTENDED RELEASE 500 MG (<i>niacin</i>)	2	
STROVITE FORTE ORAL SYRUP (<i>multiple vitamins-minerals</i>)	3	
SUPERVITE ORAL LIQUID (<i>b complex-lysine-zn-fa</i>)	3	
TALIVA ORAL CAPSULE 1 MG (<i>fa-b6-b12-omega 3-phytosterols</i>)	3	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG (<i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i>)	3	
TARON FORTE ORAL CAPSULE	3	
<i>thiamine hcl injection solution 100 mg/ml, 200 mg/2ml</i>	1	
TM-VITE RX ORAL TABLET 1 MG	3	
TRICON ORAL CAPSULE (<i>fe fumarate-b12-vit c-fa-ifc</i>)	PV	
TRINATE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	
<i>triphrocaps oral capsule 1 mg</i>	1	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
TRONVITE ORAL TABLET 1 MG	3	
TRUE FOLIC ACID ORAL TABLET 1 MG	3	
TRUE FOLIC ACID ORAL TABLET 400 MCG	PV	
TRUE VITAMIN B1 ORAL TABLET 100 MG	3	
TRUE VITAMIN B12 ORAL TABLET 1000 MCG, 500 MCG	3	
TRUE VITAMIN B2 ORAL TABLET 100 MG, 25 MG, 50 MG	3	
TRUE VITAMIN B3 ORAL TABLET 100 MG, 250 MG, 50 MG	3	
TRUE VITAMIN B6 ORAL TABLET 100 MG, 25 MG, 50 MG	3	
TULIVITE ORAL TABLET 35-1 MG	3	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	PV	
UDAMIN SP ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VENTRIXYL ORAL TABLET (<i>multiple vitamins-minerals</i>)	3	
VINATE ONE ORAL TABLET 60-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
<i>virt-caps oral capsule 1 mg</i>	1	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG (<i>prenat-fe poly-methfol-fa-dha</i>)	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG (<i>prenatal-fe fum-methf-fa w/o a</i>)	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG (<i>prenatal mv-min-fe fum-fa-dha</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAL-D RX ORAL TABLET 1 MG (<i>b complex-c-biotin-d-zinc-fa</i>)	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG (<i>prenat w/o a-fe-methfol-fa-dha</i>)	3	
VITAMEZ ORAL CAPSULE 1 MG (<i>fa-b6-b12-omega 3-phytosterols</i>)	3	
<i>vitamin b complex 100 injection injectable</i>	1	
<i>vitamin b-complex 100 injection injectable</i>	1	
VITAMIN DEFICIENCY SYSTEM-B12 INJECTION KIT 1000 MCG/ML	3	
VITA-PAC ORAL CAPSULE 0.9 MG	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG (<i>prenat-fefum-fered-fa-dha w/oa</i>)	3	
VITASURE ORAL TABLET 1 MG	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG (<i>prenatal vit-fe fumarate-fa</i>)	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	3	
<i>wescaps oral capsule 1 mg</i>	1	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	3	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTAB MAX ORAL TABLET 2.5-25-2 MG	3	
<i>westab one oral tablet 2.5-25-1 mg</i>	1	
WESTAB PLUS ORAL TABLET 27-1 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
ZALVIT ORAL TABLET 13-1 MG	3	
ZIPHEX ORAL TABLET 13-1 MG	3	
VITAMIN C		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
ACTIVITE ORAL TABLET 1 MG	3	
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	
ASCOR INTRAVENOUS SOLUTION 25000 MG/50ML (<i>ascorbic acid</i>)	3	
ASCORBIC ACID SOLUTION 500 MG/ML INJECTION	1	
<i>ascorbic acid solution 500 mg/ml injection</i>	1	
<i>b-plex oral tablet</i>	1	
CENTRATEX ORAL CAPSULE 106-1 MG (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	3	
<i>corvita 150 oral tablet 150-1.25 mg</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEXIFOL ORAL TABLET 5 MG (<i>b complex-c-folic acid</i>)	3	
DIALYVITE 3000 ORAL TABLET 3 MG (<i>b complex-c-biotin-e-min-fa</i>)	3	
DIALYVITE 5000 ORAL TABLET 5 MG (<i>b complex-c-biotin-e-min-fa</i>)	3	
DIALYVITE ORAL TABLET (<i>b complex-c-folic acid</i>)	3	
DIALYVITE/ZINC ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	3	
FEONYX ORAL TABLET	3	
FERIVA 21/7 ORAL TABLET 75-1 MG (<i>feasp-b12-fa-c-dss-succac-zn</i>)	3	
<i>ferocon oral capsule</i>	PV	
<i>ferotrinsic oral capsule</i>	PV	
FERRALET 90 ORAL TABLET 90-1 MG (<i>fe cbn-fe gluc-fa-b12-c-dss</i>)	3	
<i>ferrocite plus oral tablet 106-1 mg</i>	1	
FERRO-PLEX ORAL TABLET 115-1 MG (<i>fe fum-fa-c-e-b12-intrins fact</i>)	3	
FLINTSTONES COMPLETE ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	3	
FLINTSTONES GUMMIES +IMMUNITY ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	3	
FLINTSTONES-IMMUNITY SUPPORT ORAL TABLET CHEWABLE (<i>pediatric multivit-minerals</i>)	3	
FOLBEE PLUS CZ ORAL TABLET 5 MG (<i>b-complex-c-biotin-minerals-fa</i>)	3	
<i>folbee plus oral tablet</i>	1	
FOLIVANE-F ORAL CAPSULE 125-1 MG (<i>fe fum-fepoly-fa-vit c-vit b3</i>)	3	
FOLIVANE-PLUS ORAL CAPSULE (<i>fefum-fepoly-fa-b cmp-c-biot</i>)	3	
<i>foltrin oral capsule</i>	PV	
FUSION PLUS ORAL CAPSULE (<i>iron-fa-b cmp-c-biot-probiotic</i>)	3	
GENICIN VITA-S ORAL TABLET 1 MG (<i>b complex-c-folic acid</i>)	3	
<i>hematinic plus vit/minerals oral tablet 106-1 mg</i>	1	
HEMATOGEN FA ORAL CAPSULE 200-250-0.01-1 MG (<i>fe fum-vit c-vit b12-fa</i>)	3	
HEMOCYTE PLUS ORAL CAPSULE 106-1 MG (<i>fe fum-fa-b cmp-c-zn-mg-mn-cu</i>)	3	
HYLAVITE ORAL TABLET	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ICAR-C PLUS ORAL TABLET 100-250-0.025-1 MG (<i>iron-vit c-vit b12-folic acid</i>)	3	
INTEGRA F ORAL CAPSULE 125-1 MG (<i>fe fum-fepoly-fa-vit c-vit b3</i>)	3	
INTEGRA PLUS ORAL CAPSULE (<i>fefum-fepoly-fa-b cmp-c-biot</i>)	3	
IRON FOLATE PLUS ORAL CAPSULE	3	
IROSPAN 24/6 ORAL (<i>fe-succ ac-b cmplx-c-ca-fa</i>)	3	
<i>k-tan plus oral capsule 162-115.2-1 mg</i>	1	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	PV	
MULTIGEN FOLIC ORAL TABLET 70-150-2-1 MG (<i>fe asp gly-succ-c-thre-b12-fa</i>)	PV	
MULTIGEN PLUS ORAL TABLET 50-101-1 MG (<i>feasp-fefum -suc-c-thre-b12-fa</i>)	3	
<i>mynephrocaps oral capsule 1 mg</i>	1	
MYNEPHRON ORAL CAPSULE 1 MG (<i>b complex-c-folic acid</i>)	1	
NEPHPLEX RX ORAL TABLET (<i>b complex-c-zn-folic acid</i>)	3	
<i>nephronex oral tablet</i>	1	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	PV	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	PV	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	PV	
<i>purevit dualfe plus oral capsule 162-115.2-1 mg</i>	1	
RENAL ORAL CAPSULE 1 MG (<i>b complex-c-folic acid</i>)	1	
RENATABS ORAL TABLET 1 MG (<i>b complex-c-biotin-e-fa</i>)	3	
RENATABS WITH IRON ORAL 1 & 100 MG (<i>b complex-c-biotin-e-fa-fe cbn</i>)	3	
<i>rena-vite oral tablet</i>	1	
<i>se-tan plus oral capsule 162-115.2-1 mg</i>	1	
TANDEM PLUS ORAL CAPSULE 162-115.2-1 MG (<i>fefum-fepo-fa-b cmp-c-zn-mn-cu</i>)	3	
TARON FORTE ORAL CAPSULE	3	
TM-VITE RX ORAL TABLET 1 MG	3	
TRICON ORAL CAPSULE (<i>fe fumarate-b12-vit c-fa-ifc</i>)	PV	
<i>triphrocaps oral capsule 1 mg</i>	1	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	1	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
TRONVITE ORAL TABLET 1 MG	3	
TRUE VITAMIN C ORAL TABLET 1000 MG, 250 MG, 500 MG	3	
<i>virt-caps oral capsule 1 mg</i>	1	
VITAL-D RX ORAL TABLET 1 MG (<i>b complex-c-biotin-d-zinc-fa</i>)	3	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
VITASURE ORAL TABLET 1 MG	3	
<i>wescaps oral capsule 1 mg</i>	1	
VITAMIN D		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
<i>adclf (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	
<i>calcidol oral solution 200 mcg/ml</i>	PV	
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
<i>calcitriol intravenous solution 1 mcg/ml</i>	PV	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	PV	
<i>calcitriol oral solution 1 mcg/ml</i>	PV	
CHOLECAL DF ORAL TABLET 1-3800 MG-UNIT	3	
CIFEREX ORAL CAPSULE 1-3775 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
<i>d3 high potency oral capsule 25 mcg (1000 ut)</i>	3	
DECARA ORAL CAPSULE 1.25 MG (50000 UT), 625 MCG (25000 UT) (<i>cholecalciferol</i>)	3	
DERMACINRX DOTREMINE ORAL TABLET 1-10000 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
DERMACINRX FOLTAMINE ORAL TABLET 125-1 MCG-MG (<i>folic acid-cholecalciferol</i>)	3	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (<i>ergocalciferol</i>)	PV	
<i>d-vite pediatric oral liquid 10 mcg/ml</i>	3	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	PV	
<i>ergocalciferol oral solution 200 mcg/ml</i>	PV	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML (<i>sodium fluoride-vitamin d</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOLDITAM ORAL TABLET 1-10000 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
FOLIC D3 ORAL CAPSULE 1-3775 MG-UNIT	3	
FOLI-D ORAL TABLET 1-2000 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
FOLITE ORAL TABLET	3	
FOLIXAPURE ORAL TABLET 1-5000 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
FOLIXATE ORAL TABLET 1-125 MG-MCG (<i>folic acid-cholecalciferol</i>)	3	
FOLTREXYL ORAL TABLET 1-5000 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
FOLVITE-D ORAL TABLET 1-3775 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT (<i>alendronate-cholecalciferol</i>)	3	
FOSTEUM ORAL CAPSULE 27-20-200 MG-MG-UNIT (<i>genistein-zn chelate-vit d</i>)	3	
GENICIN VITA-D ORAL TABLET 1-3775 MG-UNIT (<i>folic acid-cholecalciferol</i>)	3	
ORTHO DF ORAL CAPSULE 1-3775 MG-UNIT	3	
OSTACHOL ORAL TABLET 1-3800 MG-UNIT	3	
<i>oyster shell calcium w/d oral tablet 500-5 mg-mcg</i>	1	
<i>oyster shell calcium/d oral tablet 250-6.25 mg-mcg</i>	1	
<i>oyster shell calcium/vit d oral tablet 500-5 mg-mcg</i>	1	
<i>oyster shell calcium/vit d3 oral tablet 500-5 mg-mcg</i>	1	
<i>oyster shell calcium/vitamin d oral tablet 500-5 mg-mcg</i>	1	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	PV	DSL = 30 days
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	PV	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	PV	
SURE RESULT O3D3 SYSTEM ORAL KIT 1 & 1000 GM & UNIT	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite pediatric oral solution 750-400-35 unit-mg/ml</i>	1	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRUE VITAMIN D3 ORAL CAPSULE 1.25 MG (50000 UT), 125 MCG (5000 UT), 25 MCG (1000 UT), 250 MCG (10000 UT)	3	
TRUE VITAMIN D3 ORAL CAPSULE 10 MCG (400 UNIT)	3	
TRUE VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 125 MCG (5000 UT), 25 MCG (1000 UT)	3	
<i>ultra calcium + vitamin d3 oral tablet 600-10 mg-mcg</i>	1	
<i>vitachew vitamin d3 oral tablet chewable 25 mcg (1000 ut)</i>	1	
VITAL-D RX ORAL TABLET 1 MG (<i>b complex-c-biotin-d-zinc-fa</i>)	3	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	PV	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
<i>weekly-d oral capsule 1.25 mg (50000 ut)</i>	3	
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML (<i>paricalcitol</i>)	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	3	
VITAMIN E		
ACTIVE FE ORAL TABLET 75-1.25 MG	3	
DIALYVITE 3000 ORAL TABLET 3 MG (<i>b complex-c-biotin-e-min-fa</i>)	3	
DIALYVITE 5000 ORAL TABLET 5 MG (<i>b complex-c-biotin-e-min-fa</i>)	3	
FERRO-PLEX ORAL TABLET 115-1 MG (<i>fe fum-fa-c-e-b12-intrins fact</i>)	3	
RENATABS ORAL TABLET 1 MG (<i>b complex-c-biotin-e-fa</i>)	3	
RENATABS WITH IRON ORAL 1 & 100 MG (<i>b complex-c-biotin-e-fa-fe cbn</i>)	3	
<i>soluvita e oral solution 15.8 mg/0.7ml</i>	1	
TRUE VITAMIN E ORAL CAPSULE 180 MG, 450 MG, 90 MG	3	
<i>wheat germ oil oral oil</i>	1	
VITAMIN K ACTIVITY		
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	1	
<i>phytonadione oral tablet 5 mg</i>	PV	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	1	

Drug Tier 1: Formulary Generic; Drug Tier 2: Formulary Brand; Drug Tier 3: Non-Formulary, Non-Preferred Brand; OC: Oral anti-cancer; PV: Preventative; QL: Quantity Limit; DSL: Max day supply limit per prescription

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