KAISER PERMANENTE: 2020 SOUTHERN CALIFORNIA COMMERCIAL HMO FORMULARY

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2020 Southern California Commercial HMO Formulary

(List of Covered Drugs)

PLEASE READ: THIS DOCUMENT CONTAINS INFORMATION ABOUT THE DRUGS WE COVER WHEN YOU PARTICIPATE IN A [GROUP / INDIVIDUAL PLAN] OFFERED BY KAISER PERMANENTE.

This prescription drug formulary is effective as of 03/01/2020. This formulary document may vary depending on your health plan. This formulary is subject to change and all previous versions of the formulary no longer apply. All previously effective versions of the formulary no longer apply, and copies should be discarded to avoid misinterpretation.

For an electronic version of the formulary, or questions about which drug formulary applies to your plan, visit kp.org/formulary or call our Member Service Contact Center 24 hours a day, seven days a week (closed holidays). 1-800-464-4000 English (and over 150 languages), 1-800-788-0616 Spanish, 1-800-757-7585 Chinese dialects, and 711 TTY for the deaf or hard of hearing.

This is not an all-inclusive list and does not provide information regarding specific coverage, exclusions, copays, or coinsurances. That information can be found by referring to your *Evidence of Coverage* (EOC). To locate an EOC that includes cost sharing applicable to prescription drugs for health plan products which this formulary applies follow the instructions below:

Small Group: https://www.coveredca.com/forsmallbusiness/

Individual plans: https://www.coveredca.com/

For Large Group plans (covered through your employer, and employer has 101 or more employees): Contact Member Services at 844-554-9181 to request your *Evidence of Coverage* (EOC). Please have your employer's group number available, and if your group offers more than one plan, the name of the plan. (Your employer's group number can only be obtained from your employer.)

A drug benefit description for your outpatient prescription coverage for drugs, devices, and FDA approved products can be found in your EOC.

The presence of a drug on our drug formulary does not necessarily mean that your doctor will prescribe it for a medical condition. Your doctor will choose the appropriate therapy based upon medical necessity in their judgment.

If changes occur to the drug formulary or restrictions are added to a drug, and you are taking the drug affected by the change, you may be permitted to continue receiving that drug according to your drug benefit, if your doctor deems it medically necessary.

Formulary Changes
Kaiser Permanente updates the formulary on a monthly basis. Drugs are added or removed from the California Commercial Formulary during the year, these changes to the Formulary are based on new information or new drugs that become available.

These formulary changes may include:
Change in drug or dosage form - changes in tier placement of a drug that results in an increase in cost sharing; and any changes of utilization management restrictions, including any additions of these restrictions.

Brand to generic - when a generic version of a brand-name drug on our formulary becomes available and meets our standards, it usually replaces the brand-name drug on our formulary.

Therapeutic change - prescription is changed from one medication to another because we've decided the new drug is a better option based on standards of safety, effectiveness, or affordability.

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Definitions

Term
Brand name drug is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
Coinsurance is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
Copayment is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
Deductible is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
Drug Tier is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
Enrollee is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber as defined in this section below
Exception request is a request for coverage of a prescription drug. If an enrollee, his or her designee or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.
Exigent circumstances are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug. Exigent

circumstances are sometimes referred to as "urgent."
Formulary is the complete list of prescription drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.
Generic drug is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold*** and ***italicized*** lowercase letters.
Nonformulary drug is a prescription drug that is not listed on the health plan's formulary.
Out-of-pocket cost are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.
Prescribing provider is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
Prescription is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.
Prescription drug is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.
Prior Authorization (PA) is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug. Note: Kaiser Foundation Health Plan does not have a requirement for PA.
Step Therapy (ST) is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met. Note: Kaiser Foundation Health Plan does not have a requirement for Step Therapy.
Subscriber means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

What is the Kaiser Permanente California Commercial Formulary?

The California Commercial Formulary is a list of covered drugs chosen by a group of Kaiser Permanente doctors and pharmacists known as the Pharmacy and Therapeutics Committee. The Committee meets regularly to evaluate and select drugs that are safe and effective for our members. This Formulary meets the requirements outlined under state law, regulations, and guidance for commercial plans.

What drugs are covered?

Kaiser Permanente covers brand, generic, and specialty drugs listed on the California Commercial Formulary as long as the drug is medically necessary, the prescription is filled at a Kaiser Permanente, or an affiliated pharmacy, and other coverage rules are followed.

If you are prescribed a drug on the California Commercial Formulary, that drug will be covered under the terms of your drug benefit.

What drugs are covered under the Medical vs. the Outpatient Prescription Drug Benefit?
Administered drugs and products are medications and products that require administration or observation by medical personnel. These drugs and products are covered when prescribed by a Plan Provider, in accordance with our drug formulary guidelines, and they are administered to you in a Plan Facility or during home visits. Please refer to your *Evidence of Coverage* for further information.

Getting an exception to the formulary
Drugs not listed on the formulary are called non-formulary drugs. When a Kaiser Permanente doctor, or an authorized referral doctor, determines that a non-formulary drug is medically appropriate and necessary, that drug will be covered under the terms of your benefits (if you have a prescription drug benefit). If you do not have a prescription drug benefit, you will be charged the full retail price for the drug.

You may consult with your Plan provider if an exception to the formulary is needed. You and your Plan provider are best able to determine your medication needs.

You may also contact Member Services, 24 hours a day, 7 days a week. If you wish to have a non-formulary drug that your doctor determines not to be medically necessary, you may file a grievance with Member Services by calling 1-800-464-4000.

If the Plan grants a member's standard exception request, the Plan will provide coverage of the non-formulary drug for the duration of the prescription, including refills. If the Plan grants an exception based on exigent (urgent) circumstances the Plan will provide coverage of the non-formulary drug for the duration of the exigency.

How do I ask for a coverage determination?
You, your appointed representative, your Kaiser Permanente or affiliated doctor, or another prescriber can request a coverage determination.

A standard decision will be made within 72 hours. For urgent requests, an expedited (fast) decision will be made within 24 hours. For all exception requests, the timeframe begins when your doctor or other prescriber provides a supporting statement.

Are there any restrictions on the drugs covered on the Formulary?
Some covered drugs may have additional requirements or limits on coverage, such as Quantity Limits. For certain drugs, Kaiser Permanente may limit the amount of the drug dispensed to a certain days' supply. For example, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed. Additionally, current law limits the cost share (per prescription maximum) on oral anti-cancer drugs to no more than $200 per 30-day supply.

What drugs are eligible to be mailed from the mail order pharmacy?
Most drugs can be mailed from our mail order pharmacy. Some drugs (for example, drugs that are extremely high cost or require special handling) may not be eligible for mailing. Drugs cannot be mailed outside the United States.

You can order refills through our mail-order service online at **kp.org/refill** or by phone or mobile app. There is no extra charge for mail order. The appropriate cost share (according to your prescription drug benefit) will apply.

Your prescription drug benefit may have a lower cost share if you use the mail order pharmacy. Please refer to your *Evidence of Coverage* for complete details of your prescription drug benefit.

How to locate a pharmacy and refill your prescriptions?
Please refer to your electronic member guidebook at **kp.org/eguidebook** for a complete listing of network pharmacies available to you or contact Member Services.

Refill online
Visit **kp.org/refill** to order refills and check the status of your orders. If it's your first time placing a refill order online, please create an account by visiting **kp.org/register**.

Refill by phone
Call the pharmacy refill number on your prescription label. Have your medical record number, prescription number, home phone number, and credit or debit card information ready when you call.

How do I use the formulary?
The drugs are listed alphabetically under the column titled "Prescription Drug Name" by its brand or generic name under the therapeutic category and class to which it belongs. You can search this list using the brand or generic name of the drug by: Searching for the category or class to which the drug belongs and search for the name of the drug in alphabetical order or searching the alphabetical index of drugs by the name of the drug.
Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

Medical condition
The formulary begins on page 10. The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "Cardiovascular Drugs." If you know what your drug is used for, look for the category name in the list that begins on page 2. Then look under the category name for your drug.

Alphabetical listing
If you are not sure what category to look under, you should look for your drug in the index that begins on page 96. The index provides an alphabetical list of all the drugs included in this document. Look in the index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the index and find the name of your drug in the first column of the list.

Formulary Legend

Column 1:
A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs.

The generic name of a brand name drug is included after the brand name in parenthesis and all bold and italicized lowercase letters.

If a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all bold and italicized lowercase letters.

If a generic drug is marketed under a proprietary, trademark protected brand name, the brand name is listed in all CAPITAL letters after the generic name in parentheses and regular typeface with first letter of each word capitalized.

Example	
Generic drug	***atorvastatin calcium***
Generic drug marketed with a brand name	[Ethynodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG
Brand	ADVAIR DISKUS AEPB 250-50 MCG/DOSE ***[fluticasone-salmeterol]***

All dosage **forms** and **strengths** for a particular drug listed **may not be on the Formulary**. Some drugs have multiple dosage forms. In such cases, some dosages may be on the Formulary and others not.

Some of these drugs may be available only in a clinic setting and your applicable cost share may apply.

Column 2:
The second column, "Drug Tier," will indicate what tier number the drug is in. Drugs on the California Commercial Formulary are categorized:

Tier 1 – Preferred Generic Tier
Tier 2 – Preferred Brand Tier
Tier 3 – Non-preferred Brand Tier (Note: Kaiser Permanente does not have Tier 3)
Tier 4 – Specialty Tier

What are generic drugs?

A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generally, generic drugs cost less than brand-name drugs.

What are brand-name drugs?

Brand-name drugs are manufactured and sold by the pharmaceutical company that originally researched and developed the drug. When the patent on a brand-name drug expires, other pharmaceutical companies may manufacture and sell an FDA-approved generic version of the drug with the same active ingredient(s) at lower prices.

What are Specialty-tier drugs

Specialty-tier drugs are very high-cost drugs approved by the FDA that are on our formulary.

For information on cost sharing for each drug tier and any applicable dollar maximums in your health plan benefit package, refer to the "Cost Share Summary" of your EOC (*Evidence of Coverage*).

If Charges for Services are less than the Copayment described in your *EOC*, you will pay the lesser amount, subject to any applicable deductible or out-of-pocket maximum.

Note: The tier in which a generic or brand drug is classified under may change at any time during the year. Additionally, certain brand drugs may be covered at the cost share that applies for Tier 1 and certain generic drugs may be covered at the Tier 2 cost share. Tier 4 is for specialty drugs that are covered at a higher cost share.

Column 3:
The third column of the chart will indicate any requirements or limits for that drug.

Key to Formulary Abbreviations
QL = Quantity Limits for certain drugs, we may limit the amount of drug that you can receive. Additionally, when there is a national shortage of a drug, we may limit the quantity of the drug dispensed.
LD = Limited Distribution drugs can only be obtained at certain specialty pharmacies. To locate a specialty pharmacy, refer to your electronic member guidebook at **kp.org/eguidebook** (under the facility directory) or contact Member Services.
OC = There is a maximum limit on the copayment/ coinsurance amount for orally administered anti-cancer drugs of no more than $200 per 30-day supply. Please see your Summary of Benefits for more detailed information.
PREV = Preventive health drugs are select drugs required by federal law to be covered at no charge to members in select plans. Preventive health drugs are determined based upon evidence-based recommendations by the United States Preventive Services Task Force (USPSTF) with a rating of “A” or “B.”
MB = A medical benefit drug is a drug that is not generally self-administered and administered by a health care professional. The outpatient prescription drug benefit includes FDA approved drugs that are self-administered, commonly oral, or self-injectable drugs, not otherwise excluded from coverage.

Formulary

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ANTI-INFECTIVE AGENTS		
ANTHELMINTICS		
ALBENZA TABS 200 MG ***[albendazole]***	2	
ivermectin tabs 3 mg	1	
ANTIBACTERIALS		
amikacin sulfate soln 500 mg/2ml	1	MB
amoxicillin caps 250 mg	1	
amoxicillin caps 500 mg	1	
amoxicillin chew 125 mg	1	
amoxicillin chew 250 mg	2	
amoxicillin susr 125 mg/5ml	1	
amoxicillin susr 200 mg/5ml	1	
amoxicillin susr 250 mg/5ml	1	
amoxicillin susr 400 mg/5ml	1	
amoxicillin-pot clavulanate chew 200-28.5 mg	1	
amoxicillin-pot clavulanate chew 400-57 mg	1	
amoxicillin-pot clavulanate susr 200-28.5 mg/5ml	1	
amoxicillin-pot clavulanate susr 400-57 mg/5ml	1	
amoxicillin-pot clavulanate susr 600-42.9 mg/5ml	1	
amoxicillin-pot clavulanate tabs 500-125 mg	1	
amoxicillin-pot clavulanate tabs 875-125 mg	1	
amp-sulbacta inj 1.5gm	1	MB
ampicillin caps 250 mg	1	
ampicillin caps 500 mg	1	
ampicillin sodium solr 1 gm	1	MB
ampicillin sodium solr 125 mg	2	MB
ampicillin sodium solr 2 gm	1	MB
ampicillin sodium solr 250 mg	1	MB
ampicillin sodium solr 500 mg	1	MB
ampicillin susr 125 mg/5ml	2	
ampicillin susr 250 mg/5ml	2	
ampicillin-sulbactam sodium solr 1.5 (1-0.5) gm	1	MB
ampicillin-sulbactam sodium solr 3 (2-1) gm	1	MB
AUGMENTIN SUSR 125-31.25 MG/5ML ***[amoxicillin & pot clavulanate]***	2	
AVELOX SOLN 400 MG/250ML ***[moxifloxacin hcl in sodium chloride]***	2	MB
AZACTAM IN DEXTROSE SOLN 1 GM/50ML	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[aztreonam-dextrose]		
AZACTAM IN DEXTROSE SOLN 2 GM/50ML ***[aztreonam-dextrose]***	2	MB
azithromycin solr 500 mg	1	MB
azithromycin susr 100 mg/5ml	1	
azithromycin susr 200 mg/5ml	1	
azithromycin tabs 250 mg	1	
azithromycin tabs 500 mg	1	
azithromycin tabs 600 mg	1	
aztreonam solr 1 gm	1	MB
aztreonam solr 2 gm	1	MB
bacitracin solr 50000 unit	1	MB
BICILLIN L-A SUSP 1200000 UNIT/2ML ***[penicillin g benzathine]***	2	MB
BICILLIN L-A SUSP 2400000 UNIT/4ML ***[penicillin g benzathine]***	2	MB
BICILLIN L-A SUSP 600000 UNIT/ML ***[penicillin g benzathine]***	2	MB
cefaclor caps 250 mg	1	
cefaclor caps 500 mg	1	
cefadroxil caps 500 mg	1	
cefazolin sodium solr 1 gm	1	MB
cefazolin sodium solr 500 mg	1	MB
cefazolin sodium-dextrose soln 1-4 gm/50ml-%	2	MB
CEFAZOLIN SODIUM-DEXTROSE SOLR 1-4 GM-%(50ML) ***[cefazolin sodium-dextrose]***	2	MB
cefdinir susr 125 mg/5ml	1	
cefdinir susr 250 mg/5ml	1	
cefepime hcl solr 1 gm	1	MB
cefepime hcl solr 2 gm	1	MB
CEFEPIME-DEXTROSE SOLR 1-5 GM-%(50ML) ***[cefepime hcl-dextrose]***	2	MB
CEFEPIME-DEXTROSE SOLR 2-5 GM-%(50ML) ***[cefepime hcl-dextrose]***	2	MB
cefixime susr 100 mg/5ml	1	
cefotaxime sodium inj 10gm	1	MB
cefotaxime sodium solr 2 gm	1	MB
cefotetan disodium solr 1 gm	1	MB
CEFOTETAN DISODIUM-DEXTROSE SOLR 2-2.08 GM-%(50ML) ***[cefotetan disodium and dextrose]***	2	MB
cefoxitin sodium inj 1gm	1	MB
cefoxitin sodium solr 10 gm	1	MB
cefoxitin sodium solr 2 gm	1	MB
cefpodoxime proxetil tabs 100 mg	1	
cefpodoxime proxetil tabs 200 mg	1	
ceftazidime solr 6 gm	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CEFTIN SUSR 125 MG/5ML ***[cefuroxime axetil]***	2	
ceftriaxone sodium in dextrose soln 20 mg/ml	1	MB
ceftriaxone sodium in dextrose soln 40 mg/ml	1	MB
ceftriaxone sodium solr 1 gm	1	MB
ceftriaxone sodium solr 10 gm	1	MB
ceftriaxone sodium solr 2 gm	1	MB
ceftriaxone sodium solr 250 mg	1	MB
ceftriaxone sodium solr 500 mg	1	MB
CEFTRIAXONE SODIUM-DEXTROSE SOLR 1-3.74 GM-%(50ML) ***[ceftriaxone sodium and dextrose]***	2	MB
CEFTRIAXONE SODIUM-DEXTROSE SOLR 2-2.22 GM-%(50ML) ***[ceftriaxone sodium and dextrose]***	2	MB
cefuroxime axetil tabs 250 mg	1	
cefuroxime axetil tabs 500 mg	1	
cefuroxime sodium solr 1.5 gm	1	MB
cefuroxime sodium solr 750 mg	1	MB
cephalexin caps 250 mg	1	
cephalexin caps 500 mg	1	
cephalexin susr 125 mg/5ml	1	
cephalexin susr 250 mg/5ml	1	
chloramphenicol sod succinate solr 1 gm	2	MB
CIPRO SUSR 250 MG/5ML (5%) ***[ciprofloxacin]***	2	
CIPRO SUSR 500 MG/5ML (10%) ***[ciprofloxacin]***	2	
ciprofloxacin hcl tabs 250 mg	1	
ciprofloxacin hcl tabs 500 mg	1	
ciprofloxacin hcl tabs 750 mg	1	
ciprofloxacin in d5w soln 400 mg/200ml	1	MB
clarithromycin susr 125 mg/5ml	1	
clarithromycin susr 250 mg/5ml	1	
clarithromycin tabs 250 mg	1	
CLARITHROMYCIN TABS 500 MG ***[clarithromycin]***	1	
CLEOCIN IN D5W SOLN 900 MG/50ML ***[clindamycin phosphate in d5w]***	2	MB
[Clindamycin Palmitate Hydrochloride] CLEOCIN SOLR 75 MG/5ML	1	
clindamycin hcl caps 150 mg	1	
clindamycin hcl caps 300 mg	1	
clindamycin palmitate hcl solr 75 mg/5ml	1	
clindamycin phosphate soln 9000 mg/60ml	1	MB
CUBICIN SOLR 500 MG ***[daptomycin]***	2	MB
dicloxacillin sodium caps 250 mg	1	
dicloxacillin sodium caps 500 mg	1	
[Doxycycline Hyclate] DOXY 100 SOLR 100 MG	1	MB
doxycycline hyclate tabs 20 mg	1	
doxycycline monohydrate susr 25 mg/5ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
doxycycline monohydrate tabs 100 mg	1	
doxycycline monohydrate tabs 50 mg	1	
FIRVANQ SOLR 25 MG/ML ***[vancomycin hcl]***	2	
FIRVANQ SOLR 50 MG/ML ***[vancomycin hcl]***	2	
FORTAZ IN D5W SOLN 1-5 GM/50ML-% ***[ceftazidime sodium in d5w]***	2	MB
FORTAZ IN D5W SOLN 2-5 GM/50ML-% ***[ceftazidime sodium in d5w]***	2	MB
FORTAZ SOLR 500 MG ***[ceftazidime]***	2	MB
gentamicin in saline soln 0.8-0.9 mg/ml-%	1	MB
gentamicin in saline soln 0.9-0.9 mg/ml-%	2	MB
gentamicin in saline soln 1-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1.2-0.9 mg/ml-%	1	MB
gentamicin in saline soln 1.4-0.9 mg/ml-%	2	MB
gentamicin in saline soln 1.6-0.9 mg/ml-%	1	MB
gentamicin in saline soln 2-0.9 mg/ml-%	2	MB
gentamicin sulfate soln 40 mg/ml	1	MB
INVANZ SOLR 1 GM ***[ertapenem sodium]***	2	MB
levofloxacin in d5w soln 250 mg/50ml	1	MB
levofloxacin in d5w soln 500 mg/100ml	1	MB
levofloxacin in d5w soln 750 mg/150ml	1	MB
levofloxacin soln 25 mg/ml	1	
levofloxacin tabs 250 mg	1	
levofloxacin tabs 500 mg	1	
levofloxacin tabs 750 mg	1	
linezolid soln 600 mg/300ml	1	MB
linezolid susr 100 mg/5ml	1	
linezolid tabs 600 mg	1	
meropenem solr 1 gm	1	MB
meropenem solr 500 mg	1	MB
MINOCIN SOLR 100 MG ***[minocycline hcl]***	2	MB
minocycline hcl caps 100 mg	1	
minocycline hcl caps 50 mg	1	
minocycline hcl caps 75 mg	1	
moxifloxacin hcl tabs 400 mg	1	
NAFCILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML ***[nafcillin sodium in dextrose]***	2	MB
NAFCILLIN SODIUM IN DEXTROSE SOLN 2 GM/100ML ***[nafcillin sodium in dextrose]***	2	MB
neomycin sulfate tabs 500 mg	1	
OXACILLIN SODIUM IN DEXTROSE SOLN 1 GM/50ML ***[oxacillin sodium in dextrose]***	2	MB
OXACILLIN SODIUM IN DEXTROSE SOLN 2 GM/50ML ***[oxacillin sodium in dextrose]***	2	MB
oxacillin sodium solr 1 gm	1	MB
oxacillin sodium solr 2 gm	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PENICILLIN G POT IN DEXTROSE SOLN 20000 UNIT/ML ***[penicillin g pot in dextrose]***	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 40000 UNIT/ML ***[penicillin g pot in dextrose]***	2	MB
PENICILLIN G POT IN DEXTROSE SOLN 60000 UNIT/ML ***[penicillin g pot in dextrose]***	2	MB
penicillin g potassium solr 20000000 unit	1	MB
penicillin g procaine susp 600000 unit/ml	2	MB
penicillin v potassium solr 125 mg/5ml	1	
penicillin v potassium solr 250 mg/5ml	1	
penicillin v potassium tabs 250 mg	1	
penicillin v potassium tabs 500 mg	1	
[Penicillin G Potassium] PFIZERPEN SOLR 20000000 UNIT	1	MB
piperacillin sod-tazobactam so solr 2.25 (2-0.25) gm	1	MB
piperacillin sod-tazobactam so solr 3.375 (3-0.375) gm	1	MB
piperacillin sod-tazobactam so solr 4.5 (4-0.5) gm	1	MB
PRIMSOL SOLN 50 MG/5ML ***[trimethoprim hcl]***	2	
streptomycin sulfate solr 1 gm	2	MB
sulfadiazine tabs 500 mg	2	
sulfamethoxazole-trimethoprim soln 400-80 mg/5ml	1	MB
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	1	
sulfamethoxazole-trimethoprim tabs 400-80 mg	1	
sulfamethoxazole-trimethoprim tabs 800-160 mg	1	
sulfasalazine tabs 500 mg	1	
sulfasalazine tbec 500 mg	1	
[Ceftazidime] TAZICEF SOLR 1 GM	1	MB
[Ceftazidime] TAZICEF SOLR 2 GM	1	MB
TETRACYCLINE HCL CAPS 250 MG ***[tetracycline hcl]***	1	
TETRACYCLINE HCL CAPS 500 MG ***[tetracycline hcl]***	1	
TOBI PODHALER CAPS 28 MG ***[tobramycin]***	2	
tobramycin nebu 300 mg/5ml	1	
tobramycin sulfate soln 10 mg/ml	1	MB
tobramycin sulfate soln 80 mg/2ml	1	MB
vancomycin hcl caps 125 mg	1	
vancomycin hcl caps 250 mg	1	
VANCOMYCIN HCL IN DEXTROSE SOLN 1-5 GM/200ML-% ***[vancomycin hcl-dextrose]***	2	MB
VANCOMYCIN HCL IN DEXTROSE SOLN 500-5 MG/100ML-% ***[vancomycin hcl-dextrose]***	2	MB
vancomycin hcl solr 1 gm	1	MB
vancomycin hcl solr 10 gm	1	MB
vancomycin hcl solr 5 gm	1	MB
vancomycin hcl solr 500 mg	1	MB
XIFAXAN TABS 550 MG ***[rifaximin]***	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ZINACEF IN STERILE WATER SOLN 1.5 GM ***[cefuroxime in sterile water]***	2	MB
ZINACEF SOLR 750 MG ***[cefuroxime sodium]***	2	MB
ZITHROMAX PACK 1 GM ***[azithromycin]***	2	
ZOSYN SOLN 2-0.25 GM/50ML ***[piperacillin sodium-tazobactam sodium in dextrose]***	2	MB
ZOSYN SOLN 3-0.375 GM/50ML ***[piperacillin sodium-tazobactam sodium in dextrose]***	2	MB
ANTIFUNGALS		
AMBISOME SUSR 50 MG ***[amphotericin b liposome]***	2	MB
amphotericin b solr 50 mg	2	MB
fluconazole in dextrose soln 200 mg/100ml	1	MB
fluconazole in dextrose soln 400 mg/200ml	1	MB
fluconazole in nacl inj nacl 200	1	MB
fluconazole in nacl inj nacl 400	1	MB
fluconazole in sodium chloride soln 200-0.9 mg/100ml-%	1	MB
fluconazole in sodium chloride soln 400-0.9 mg/200ml-%	1	MB
fluconazole susr 10 mg/ml	1	
fluconazole susr 40 mg/ml	1	
fluconazole tabs 100 mg	1	
fluconazole tabs 150 mg	1	
fluconazole tabs 200 mg	1	
fluconazole tabs 50 mg	1	
flucytosine caps 250 mg	1	
flucytosine caps 500 mg	1	
griseofulvin microsize susp 125 mg/5ml	1	
griseofulvin microsize tabs 500 mg	1	
griseofulvin ultramicrosize tabs 125 mg	1	
griseofulvin ultramicrosize tabs 250 mg	1	
itraconazole caps 100 mg	1	
ketoconazole tabs 200 mg	1	
nystatin susp 100000 unit/ml	1	
nystatin tabs 500000 unit	1	
SPORANOX SOLN 10 MG/ML ***[itraconazole]***	2	
terbinafine hcl tabs 250 mg	1	
VFEND IV SOLR 200 MG ***[voriconazole]***	2	MB
voriconazole tabs 200 mg	1	
voriconazole tabs 50 mg	1	
ANTIMYCOBACTERIALS		
cycloserine caps 250 mg	1	
dapsone tabs 100 mg	1	
dapsone tabs 25 mg	1	
ethambutol hcl tabs 100 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ethambutol hcl tabs 400 mg	1	
isoniazid soln 100 mg/ml	2	MB
isoniazid syrp 50 mg/5ml	2	
isoniazid tabs 100 mg	1	
isoniazid tabs 300 mg	1	
PRIFTIN TABS 150 MG ***[rifapentine]***	2	
pyrazinamide tabs 500 mg	1	
RIFABUTIN CAPS 150 MG ***[rifabutin]***	1	
[Isoniazid & Rifampin] RIFAMATE CAPS 150-300 MG	2	
rifampin caps 150 mg	1	
rifampin caps 300 mg	1	
rifampin solr 600 mg	1	MB
TRECATOR TABS 250 MG ***[ethionamide]***	2	
ANTIPROTOZOALS		
ALINIA SUSR 100 MG/5ML ***[nitazoxanide]***	2	
ALINIA TABS 500 MG ***[nitazoxanide]***	2	
atovaquone susp 750 mg/5ml	1	
atovaquone-proguanil hcl tabs 250-100 mg	1	
atovaquone-proguanil hcl tabs 62.5-25 mg	1	
chloroquine phosphate tabs 250 mg	1	
chloroquine phosphate tabs 500 mg	1	
COARTEM TABS 20-120 MG ***[artemether-lumefantrine]***	2	
DARAPRIM TABS 25 MG ***[pyrimethamine]***	2	QL - 30 day(s)
hydroxychloroquine sulfate tabs 200 mg	1	
KRINTAFEL TABS 150 MG ***[tafenoquine succinate]***	2	
mefloquine hcl tabs 250 mg	1	
METRONIDAZOLE IN NACL SOLN 5-0.79 MG/ML-% ***[metronidazole in nacl]***	1	MB
metronidazole tabs 250 mg	1	
metronidazole tabs 500 mg	1	
NEBUPENT SOLR 300 MG ***[pentamidine isethionate]***	2	
paromomycin sulfate caps 250 mg	1	
PENTAM SOLR 300 MG ***[pentamidine isethionate]***	2	MB
PRIMAQUINE PHOSPHATE TABS 26.3 MG ***[primaquine phosphate]***	2	
ANTIVIRALS		
abacavir sulfate tabs 300 mg	1	
abacavir sulfate-lamivudine tabs 600-300 mg	1	
abacavir-lamivudine-zidovudine tabs 300-150-300 mg	1	
acyclovir caps 200 mg	1	
acyclovir sodium soln 50 mg/ml	1	MB
acyclovir susp 200 mg/5ml	1	
acyclovir tabs 400 mg	1	
acyclovir tabs 800 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
adefovir dipivoxil tabs 10 mg	1	
APTIVUS CAPS 250 MG ***[tipranavir]***	2	
atazanavir sulfate caps 150 mg	1	
atazanavir sulfate caps 200 mg	1	
atazanavir sulfate caps 300 mg	1	
ATRIPLA TABS 600-200-300 MG ***[efavirenz-emtricitabine-tenofovir disoproxil fumarate]***	2	
BARACLUDE SOLN 0.05 MG/ML ***[entecavir]***	2	
BIKTARVY TABS 50-200-25 MG ***[bictegravir-emtricitabine-tenofovir alafenamide fumarate]***	2	
cidofovir soln 75 mg/ml	1	MB
CIMDUO TABS 300-300 MG ***[lamivudine-tenofovir disoproxil fumarate]***	1	
COMPLERA TABS 200-25-300 MG ***[emtricitabine-rilpivirine-tenofovir disoproxil fumarate]***	2	
CRIXIVAN CAPS 200 MG ***[indinavir sulfate]***	2	
CRIXIVAN CAPS 400 MG ***[indinavir sulfate]***	2	
DAKLINZA TABS 30 MG ***[daclatasvir dihydrochloride]***	2	QL - 30 day(s)
DAKLINZA TABS 60 MG ***[daclatasvir dihydrochloride]***	2	QL - 30 day(s)
DESCOVY TABS 200-25 MG ***[emtricitabine-tenofovir alafenamide fumarate]***	2	
didanosine cpdr 125 mg	1	
didanosine cpdr 200 mg	1	
didanosine cpdr 250 mg	1	
didanosine cpdr 400 mg	1	
DOVATO TABS 50-300 MG ***[dolutegravir sodium-lamivudine]***	2	
EDURANT TABS 25 MG ***[rilpivirine hcl]***	2	
efavirenz caps 200 mg	1	
efavirenz caps 50 mg	1	
efavirenz tabs 600 mg	1	
EMTRIVA CAPS 200 MG ***[emtricitabine]***	2	
EMTRIVA SOLN 10 MG/ML ***[emtricitabine]***	2	
entecavir tabs 0.5 mg	1	
entecavir tabs 1 mg	1	
EPCLUSA TABS 400-100 MG ***[sofosbuvir-velpatasvir]***	2	QL - 30 day(s)
EPIVIR HBV SOLN 5 MG/ML ***[lamivudine (hbv)]***	2	
EPIVIR HBV TABS 100 MG ***[lamivudine (hbv)]***	2	
EVOTAZ TABS 300-150 MG ***[atazanavir sulfate-cobicistat]***	2	
fosamprenavir calcium tabs 700 mg	1	
FOSCAVIR SOLN 6000 MG/250ML ***[foscarnet sodium]***	2	MB
ganciclovir sodium solr 500 mg	1	MB
GENVOYA TABS 150-150-200-10 MG ***[elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide]***	2	
HARVONI TABS 90-400 MG ***[ledipasvir-sofosbuvir]***	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
INTELENCE TABS 100 MG ***[etravirine]***	2	
INTELENCE TABS 200 MG ***[etravirine]***	2	
INTELENCE TABS 25 MG ***[etravirine]***	2	
INVIRASE TABS 500 MG ***[saquinavir mesylate]***	2	
ISENTRESS CHEW 100 MG ***[raltegravir potassium]***	2	
ISENTRESS CHEW 25 MG ***[raltegravir potassium]***	2	
ISENTRESS HD TABS 600 MG ***[raltegravir potassium]***	2	
ISENTRESS TABS 400 MG ***[raltegravir potassium]***	2	
JULUCA TABS 50-25 MG ***[dolutegravir sodium-rilpivirine hcl]***	2	
KALETRA SOLN 400-100 MG/5ML ***[lopinavir-ritonavir]***	2	
KALETRA TABS 100-25 MG ***[lopinavir-ritonavir]***	2	
KALETRA TABS 200-50 MG ***[lopinavir-ritonavir]***	2	
lamivudine soln 10 mg/ml	1	
lamivudine tabs 150 mg	1	
lamivudine tabs 300 mg	1	
lamivudine-zidovudine tabs 150-300 mg	1	
LEXIVA TABS 700 MG ***[fosamprenavir calcium]***	2	
nevirapine susp 50 mg/5ml	1	
nevirapine tabs 200 mg	1	
NORVIR SOLN 80 MG/ML ***[ritonavir]***	2	
ODEFSEY TABS 200-25-25 MG ***[emtricitabine-rilpivirine-tenofovir alafenamide fumarate]***	2	
oseltamivir phosphate caps 30 mg	1	
oseltamivir phosphate caps 45 mg	1	
oseltamivir phosphate caps 75 mg	1	
oseltamivir phosphate susr 6 mg/ml	1	
PEGASYS PROCLICK SOLN 135 MCG/0.5ML ***[peginterferon alfa-2a]***	2	QL - 30 day(s)
PEGASYS PROCLICK SOLN 180 MCG/0.5ML ***[peginterferon alfa-2a]***	2	QL - 30 day(s)
PEGASYS SOLN 180 MCG/0.5ML ***[peginterferon alfa-2a]***	2	QL - 30 day(s)
PEGASYS SOLN 180 MCG/ML ***[peginterferon alfa-2a]***	2	QL - 30 day(s)
PREVYMIS SOLN 240 MG/12ML ***[letermovir]***	2	QL - 30 day(s),MB
PREVYMIS SOLN 480 MG/24ML ***[letermovir]***	2	QL - 30 day(s),MB
PREVYMIS TABS 240 MG ***[letermovir]***	2	QL - 30 day(s)
PREVYMIS TABS 480 MG ***[letermovir]***	2	QL - 30 day(s)
PREZCOBIX TABS 800-150 MG ***[darunavir-cobicistat]***	2	
PREZISTA TABS 150 MG ***[darunavir ethanolate]***	2	
PREZISTA TABS 600 MG ***[darunavir ethanolate]***	2	
PREZISTA TABS 75 MG ***[darunavir ethanolate]***	2	
PREZISTA TABS 800 MG ***[darunavir ethanolate]***	2	
RELENZA DISKHALER AEPB 5 MG/BLISTER ***[zanamivir]***	2	
RESCRIPTOR TABS 100 MG ***[delavirdine mesylate]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
RETROVIR SOLN 10 MG/ML ***[zidovudine]***	2	MB
ribavirin caps 200 mg	1	
rimantadine hcl tabs 100 mg	1	
ritonavir tabs 100 mg	1	
SELZENTRY TABS 150 MG ***[maraviroc]***	2	
SELZENTRY TABS 25 MG ***[maraviroc]***	2	
SELZENTRY TABS 300 MG ***[maraviroc]***	2	
SELZENTRY TABS 75 MG ***[maraviroc]***	2	
SOVALDI TABS 400 MG ***[sofosbuvir]***	2	QL - 30 day(s)
stavudine caps 15 mg	1	
stavudine caps 20 mg	1	
stavudine caps 30 mg	1	
stavudine caps 40 mg	1	
STRIBILD TABS 150-150-200-300 MG ***[elvitegravir-cobicistat-emtricitabine-tenofovir df]***	2	
SYMFI LO TABS 400-300-300 MG ***[efavirenz-lamivudine-tenofovir disoproxil fumarate]***	1	
SYMFI TABS 600-300-300 MG ***[efavirenz-lamivudine-tenofovir disoproxil fumarate]***	1	
SYMTUZA TABS 800-150-200-10 MG ***[darunavir-cobicistat-emtricitabine-tenofovir alafenamide]***	2	
SYNAGIS SOLN 100 MG/ML ***[palivizumab]***	2	MB
SYNAGIS SOLN 50 MG/0.5ML ***[palivizumab]***	2	MB
TAMIFLU SUSR 6 MG/ML ***[oseltamivir phosphate]***	2	
tenofovir disoproxil fumarate tabs 300 mg	1	
TIVICAY TABS 10 MG ***[dolutegravir sodium]***	2	
TIVICAY TABS 25 MG ***[dolutegravir sodium]***	2	
TIVICAY TABS 50 MG ***[dolutegravir sodium]***	2	
TRIUMEQ TABS 600-50-300 MG ***[abacavir-dolutegravir-lamivudine]***	2	
TRUVADA TABS 100-150 MG ***[emtricitabine-tenofovir disoproxil fumarate]***	2	
TRUVADA TABS 133-200 MG ***[emtricitabine-tenofovir disoproxil fumarate]***	2	
TRUVADA TABS 167-250 MG ***[emtricitabine-tenofovir disoproxil fumarate]***	2	
TRUVADA TABS 200-300 MG ***[emtricitabine-tenofovir disoproxil fumarate]***	2	
valacyclovir hcl tabs 1 gm	1	
valacyclovir hcl tabs 500 mg	1	
VALCYTE SOLR 50 MG/ML ***[valganciclovir hcl]***	2	QL - 30 day(s)
valganciclovir hcl tabs 450 mg	1	
VIDEX SOLR 2 GM ***[didanosine]***	2	
VIDEX SOLR 4 GM ***[didanosine]***	2	
VIRACEPT TABS 250 MG ***[nelfinavir mesylate]***	2	
VIRACEPT TABS 625 MG ***[nelfinavir mesylate]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
VIRAMUNE SUSP 50 MG/5ML ***[nevirapine]***	2	
VOSEVI TABS 400-100-100 MG ***[sofosbuvir-velpatasvir-voxilaprevir]***	2	QL - 30 day(s)
ZIAGEN SOLN 20 MG/ML ***[abacavir sulfate]***	2	
zidovudine caps 100 mg	1	
zidovudine syrp 50 mg/5ml	1	
zidovudine tabs 300 mg	1	
URINARY ANTI-INFECTIVES		
MACRODANTIN CAPS 25 MG ***[nitrofurantoin macrocrystal]***	2	
methenamine hippurate tabs 1 gm	1	
NITROFURANTOIN MACROCRYSTAL CAPS 100 MG ***[nitrofurantoin macrocrystal]***	1	
NITROFURANTOIN MACROCRYSTAL CAPS 25 MG ***[nitrofurantoin macrocrystal]***	1	
NITROFURANTOIN MACROCRYSTAL CAPS 50 MG ***[nitrofurantoin macrocrystal]***	1	
nitrofurantoin monohyd macro caps 100 mg	1	
nitrofurantoin susp 25 mg/5ml	1	
trimethoprim tabs 100 mg	1	
ANTIHISTAMINE DRUGS		
FIRST GENERATION ANTIHISTAMINES		
cyproheptadine hcl syrp 2 mg/5ml	1	
cyproheptadine hcl tabs 4 mg	1	
DIPHENHYDRAMINE HCL CAPS 25 MG ***[diphenhydramine hcl]***	1	
DIPHENHYDRAMINE HCL CAPS 50 MG ***[diphenhydramine hcl]***	1	
diphenhydramine hcl soln 50 mg/ml	1	MB
promethazine hcl soln 25 mg/ml	1	MB
promethazine hcl tabs 12.5 mg	1	
promethazine hcl tabs 25 mg	1	
[Promethazine Hcl] PROMETHEGAN SUPP 12.5 MG	1	
[Promethazine Hcl] PROMETHEGAN SUPP 25 MG	1	
ANTINEOPLASTIC AGENTS		
ANTINEOPLASTIC AGENTS		
abiraterone acetate tabs 250 mg	1	QL - 30 day(s),OC
ADCETRIS SOLR 50 MG ***[brentuximab vedotin]***	2	MB
AFINITOR TABS 10 MG ***[everolimus]***	2	QL - 30 day(s),OC
AFINITOR TABS 2.5 MG ***[everolimus]***	2	QL - 30 day(s),OC
AFINITOR TABS 5 MG ***[everolimus]***	2	QL - 30 day(s),OC
AFINITOR TABS 7.5 MG ***[everolimus]***	2	QL - 30 day(s),OC
ALECENSA CAPS 150 MG ***[alectinib hcl]***	2	QL - 30 day(s),OC
ALIMTA SOLR 500 MG ***[pemetrexed disodium]***	2	MB
ALKERAN TABS 2 MG ***[melphalan]***	2	OC
ALUNBRIG TABS 180 MG ***[brigatinib]***	2	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ALUNBRIG TABS 30 MG ***[brigatinib]***	2	QL - 30 day(s),OC
ALUNBRIG TABS 90 MG ***[brigatinib]***	2	QL - 30 day(s),OC
ALUNBRIG TBPK 90 & 180 MG ***[brigatinib]***	2	QL - 30 day(s),OC
anastrozole tabs 1 mg	1	OC,PREV
AVASTIN SOLN 100 MG/4ML ***[bevacizumab]***	2	MB
BENDEKA SOLN 100 MG/4ML ***[bendamustine hcl]***	2	QL - 30 day(s),MB
bicalutamide tabs 50 mg	1	OC
BICNU SOLR 100 MG ***[carmustine]***	2	MB
bleomycin sulfate solr 15 unit	1	MB
CABOMETYX TABS 20 MG ***[cabozantinib s-malate]***	2	QL - 30 day(s),OC
CABOMETYX TABS 40 MG ***[cabozantinib s-malate]***	2	QL - 30 day(s),OC
CABOMETYX TABS 60 MG ***[cabozantinib s-malate]***	2	QL - 30 day(s),OC
CAMPTOSAR SOLN 100 MG/5ML ***[irinotecan hcl]***	1	MB
CAMPTOSAR SOLN 40 MG/2ML ***[irinotecan hcl]***	1	MB
capecitabine tabs 150 mg	1	QL - 30 day(s),OC
capecitabine tabs 500 mg	1	QL - 30 day(s),OC
CAPRELSA TABS 100 MG ***[vandetanib]***	2	QL - 30 day(s),OC
CAPRELSA TABS 300 MG ***[vandetanib]***	2	QL - 30 day(s),OC
carmustine solr 100 mg	1	MB
cisplatin soln 100 mg/100ml	1	MB
cladribine soln 10 mg/10ml	1	MB
COMETRIQ (100 MG DAILY DOSE) KIT 1 X 80 & 1 X 20 MG ***[cabozantinib s-malate]***	2	QL - 30 day(s),OC
COMETRIQ (140 MG DAILY DOSE) KIT 1 X 80 & 3 X 20 MG ***[cabozantinib s-malate]***	2	QL - 30 day(s),OC
COMETRIQ (60 MG DAILY DOSE) KIT 20 MG ***[cabozantinib s-malate]***	2	QL - 30 day(s),OC
COPIKTRA CAPS 15 MG ***[duvelisib]***	2	QL - 30 day(s),OC
COPIKTRA CAPS 25 MG ***[duvelisib]***	2	QL - 30 day(s),OC
COSMEGEN SOLR 0.5 MG ***[dactinomycin]***	2	MB
COTELLIC TABS 20 MG ***[cobimetinib fumarate]***	2	QL - 30 day(s),OC
CYCLOPHOSPHAMIDE CAPS 25 MG ***[cyclophosphamide]***	1	OC
CYCLOPHOSPHAMIDE CAPS 50 MG ***[cyclophosphamide]***	1	OC
cyclophosphamide solr 1 gm	1	MB
cyclophosphamide solr 2 gm	1	MB
cyclophosphamide solr 500 mg	1	MB
CYRAMZA SOLN 100 MG/10ML ***[ramucirumab]***	2	QL - 30 day(s),MB
CYRAMZA SOLN 500 MG/50ML ***[ramucirumab]***	2	QL - 30 day(s),MB
dacarbazine solr 100 mg	2	MB
dacarbazine solr 200 mg	1	MB
dactinomycin inj 0.5mg	1	MB
DARZALEX SOLN 100 MG/5ML ***[daratumumab]***	2	QL - 30 day(s),MB
DARZALEX SOLN 400 MG/20ML ***[daratumumab]***	2	QL - 30 day(s),MB
daunorubicin hcl soln 20 mg/4ml	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
DOCETAXEL (NON-ALCOHOL) SOLN 160 MG/8ML ***[docetaxel]***	2	QL - 30 day(s),MB
DOCETAXEL (NON-ALCOHOL) SOLN 20 MG/ML ***[docetaxel]***	2	QL - 30 day(s),MB
DOCETAXEL (NON-ALCOHOL) SOLN 80 MG/4ML ***[docetaxel]***	2	QL - 30 day(s),MB
docetaxel conc 80 mg/4ml	2	MB
doxorubicin hcl liposomal inj 2 mg/ml	1	MB
doxorubicin hcl soln 2 mg/ml	1	MB
EMCYT CAPS 140 MG ***[estramustine phosphate sodium]***	2	QL - 30 day(s),OC
ERBITUX SOLN 100 MG/50ML ***[cetuximab]***	2	MB
ERBITUX SOLN 200 MG/100ML ***[cetuximab]***	2	MB
ERIVEDGE CAPS 150 MG ***[vismodegib]***	2	QL - 30 day(s),OC
erlotinib hcl tabs 100 mg	1	QL - 30 day(s),OC
erlotinib hcl tabs 150 mg	1	QL - 30 day(s),OC
erlotinib hcl tabs 25 mg	1	QL - 30 day(s),OC
ERWINAZE SOLR 10000 UNIT ***[asparaginase erwinia chrysanthemi]***	2	MB
etoposide caps 50 mg	1	OC
exemestane tabs 25 mg	1	OC,PREV
fludarabine phosphate solr 50 mg	1	MB
fluorouracil soln 500 mg/10ml	1	MB
flutamide caps 125 mg	1	OC
fulvestrant soln 250 mg/5ml	1	QL - 30 day(s),MB
GAZYVA SOLN 1000 MG/40ML ***[obinutuzumab]***	2	QL - 30 day(s),MB
gemcitabine hcl solr 200 mg	1	MB
GEMZAR SOLR 1 GM ***[gemcitabine hcl]***	2	MB
GLEOSTINE CAPS 10 MG ***[lomustine]***	2	OC
GLEOSTINE CAPS 100 MG ***[lomustine]***	2	OC
GLEOSTINE CAPS 40 MG ***[lomustine]***	2	OC
GLEOSTINE CAPS 5 MG ***[lomustine]***	2	OC
HALAVEN SOLN 1 MG/2ML ***[eribulin mesylate]***	2	MB
HERCEPTIN SOLR 150 MG ***[trastuzumab]***	2	QL - 30 day(s),MB
HEXALEN CAPS 50 MG ***[altretamine]***	2	QL - 30 day(s),OC
HYCAMTIN CAPS 0.25 MG ***[topotecan hcl]***	2	QL - 30 day(s),OC
HYCAMTIN CAPS 1 MG ***[topotecan hcl]***	2	QL - 30 day(s),OC
hydroxyurea caps 500 mg	1	OC
IBRANCE CAPS 100 MG ***[palbociclib]***	2	QL - 30 day(s),OC
IBRANCE CAPS 125 MG ***[palbociclib]***	2	QL - 30 day(s),OC
IBRANCE CAPS 75 MG ***[palbociclib]***	2	QL - 30 day(s),OC
IDAMYCIN PFS SOLN 20 MG/20ML ***[idarubicin hcl]***	1	MB
imatinib mesylate tabs 100 mg	1	QL - 30 day(s),OC
imatinib mesylate tabs 400 mg	1	QL - 30 day(s),OC
IMBRUVICA CAPS 140 MG ***[ibrutinib]***	2	QL - 30 day(s),OC
IMBRUVICA CAPS 70 MG ***[ibrutinib]***	2	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
IMBRUVICA TABS 140 MG ***[ibrutinib]***	2	QL - 30 day(s),OC
IMBRUVICA TABS 280 MG ***[ibrutinib]***	2	QL - 30 day(s),OC
IMBRUVICA TABS 420 MG ***[ibrutinib]***	2	QL - 30 day(s),OC
IMBRUVICA TABS 560 MG ***[ibrutinib]***	2	QL - 30 day(s),OC
INTRON A SOLN 10000000 UNIT/ML ***[interferon alfa-2b]***	2	QL - 30 day(s),MB
INTRON A SOLN 6000000 UNIT/ML ***[interferon alfa-2b]***	2	QL - 30 day(s),MB
INTRON A SOLR 10000000 UNIT ***[interferon alfa-2b]***	2	QL - 30 day(s),MB
INTRON A SOLR 18000000 UNIT ***[interferon alfa-2b]***	2	QL - 30 day(s),MB
INTRON A SOLR 50000000 UNIT ***[interferon alfa-2b]***	2	QL - 30 day(s),MB
IRESSA TABS 250 MG ***[gefitinib]***	2	QL - 30 day(s),OC
IXEMPRA KIT SOLR 15 MG ***[ixabepilone]***	2	QL - 30 day(s),MB
IXEMPRA KIT SOLR 45 MG ***[ixabepilone]***	2	QL - 30 day(s),MB
JAKAFI TABS 10 MG ***[ruxolitinib phosphate]***	2	QL - 30 day(s),OC
JAKAFI TABS 15 MG ***[ruxolitinib phosphate]***	2	QL - 30 day(s),OC
JAKAFI TABS 20 MG ***[ruxolitinib phosphate]***	2	QL - 30 day(s),OC
JAKAFI TABS 25 MG ***[ruxolitinib phosphate]***	2	QL - 30 day(s),OC
JAKAFI TABS 5 MG ***[ruxolitinib phosphate]***	2	QL - 30 day(s),OC
JEVTANA SOLN 60 MG/1.5ML ***[cabazitaxel]***	2	MB
KADCYLA SOLR 100 MG ***[ado-trastuzumab emtansine]***	2	QL - 30 day(s),MB
KADCYLA SOLR 160 MG ***[ado-trastuzumab emtansine]***	2	QL - 30 day(s),MB
KANJINTI SOLR 420 MG ***[trastuzumab-anns]***	2	MB
KEYTRUDA SOLN 100 MG/4ML ***[pembrolizumab]***	2	QL - 30 day(s),MB
KYPROLIS SOLR 10 MG ***[carfilzomib]***	2	QL - 30 day(s),MB
KYPROLIS SOLR 30 MG ***[carfilzomib]***	2	QL - 30 day(s),MB
KYPROLIS SOLR 60 MG ***[carfilzomib]***	2	QL - 30 day(s),MB
LENVIMA (10 MG DAILY DOSE) CPPK 10 MG ***[lenvatinib mesylate]***	2	QL - 30 day(s),OC
LENVIMA (14 MG DAILY DOSE) CPPK 10 & 4 MG ***[lenvatinib mesylate]***	2	QL - 30 day(s),OC
LENVIMA (20 MG DAILY DOSE) CPPK 2 x 10 MG ***[lenvatinib mesylate]***	2	QL - 30 day(s),OC
LENVIMA (24 MG DAILY DOSE) CPPK 2 x 10 MG & 4 MG ***[lenvatinib mesylate]***	2	QL - 30 day(s),OC
letrozole tabs 2.5 mg	1	OC
LEUKERAN TABS 2 MG ***[chlorambucil]***	2	OC
leuprolide acetate kit 1 mg/0.2ml	1	MB
LONSURF TABS 15-6.14 MG ***[trifluridine-tipiracil]***	2	QL - 30 day(s),OC
LONSURF TABS 20-8.19 MG ***[trifluridine-tipiracil]***	2	QL - 30 day(s),OC
LORBRENA TABS 100 MG ***[lorlatinib]***	2	QL - 30 day(s),OC
LORBRENA TABS 25 MG ***[lorlatinib]***	2	QL - 30 day(s),OC
LUPRON DEPOT (1-MONTH) KIT 3.75 MG ***[leuprolide acetate]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
LUPRON DEPOT (1-MONTH) KIT 7.5 MG ***[leuprolide acetate]***	2	MB
LUPRON DEPOT (3-MONTH) KIT 11.25 MG ***[leuprolide acetate (3 month)]***	2	MB
LUPRON DEPOT (3-MONTH) KIT 22.5 MG ***[leuprolide acetate (3 month)]***	2	MB
LUPRON DEPOT (4-MONTH) KIT 30 MG ***[leuprolide acetate (4 month)]***	2	MB
LUPRON DEPOT (6-MONTH) KIT 45 MG ***[leuprolide acetate (6 month)]***	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 11.25 MG ***[leuprolide acetate (cpp)]***	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 15 MG ***[leuprolide acetate (cpp)]***	2	MB
LUPRON DEPOT-PED (1-MONTH) KIT 7.5 MG ***[leuprolide acetate (cpp)]***	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 11.25 MG (PED) ***[leuprolide acetate (cpp) (3 month)]***	2	MB
LUPRON DEPOT-PED (3-MONTH) KIT 30 MG (PED) ***[leuprolide acetate (cpp) (3 month)]***	2	MB
LYNPARZA TABS 100 MG ***[olaparib]***	2	QL - 30 day(s),OC
LYNPARZA TABS 150 MG ***[olaparib]***	2	QL - 30 day(s),OC
LYSODREN TABS 500 MG ***[mitotane]***	2	QL - 30 day(s),OC
MATULANE CAPS 50 MG ***[procarbazine hcl]***	2	QL - 30 day(s),OC
megestrol acetate susp 40 mg/ml	1	OC
megestrol acetate susp 400 mg/10ml	1	OC
megestrol acetate tabs 20 mg	1	OC
megestrol acetate tabs 40 mg	1	OC
MEKINIST TABS 0.5 MG ***[trametinib dimethyl sulfoxide]***	2	QL - 30 day(s),OC
MEKINIST TABS 2 MG ***[trametinib dimethyl sulfoxide]***	2	QL - 30 day(s),OC
mercaptopurine tabs 50 mg	1	OC
methotrexate sodium (pf) soln 50 mg/2ml	1	MB
METHOTREXATE SODIUM SOLN 50 MG/2ML ***[methotrexate sodium]***	1	MB
methotrexate tabs 2.5 mg	1	OC
mitomycin solr 20 mg	1	MB
mitomycin solr 40 mg	1	MB
mitomycin solr 5 mg	1	MB
MUSTARGEN SOLR 10 MG ***[mechlorethamine hcl]***	2	MB
MVASI SOLN 100 MG/4ML ***[bevacizumab-awwb]***	2	MB
MYLERAN TABS 2 MG ***[busulfan]***	2	OC
NEXAVAR TABS 200 MG ***[sorafenib tosylate]***	2	QL - 30 day(s),OC
NINLARO CAPS 2.3 MG ***[ixazomib citrate]***	2	QL - 30 day(s),OC
NINLARO CAPS 3 MG ***[ixazomib citrate]***	2	QL - 30 day(s),OC
NINLARO CAPS 4 MG ***[ixazomib citrate]***	2	QL - 30 day(s),OC
ODOMZO CAPS 200 MG ***[sonidegib phosphate]***	2	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ONCASPAR SOLN 750 UNIT/ML ***[pegaspargase]***	2	MB
OPDIVO SOLN 100 MG/10ML ***[nivolumab]***	2	QL - 30 day(s),MB
OPDIVO SOLN 40 MG/4ML ***[nivolumab]***	2	QL - 30 day(s),MB
oxaliplatin soln 100 mg/20ml	1	MB
oxaliplatin soln 50 mg/10ml	1	MB
paclitaxel conc 300 mg/50ml	1	MB
PERJETA SOLN 420 MG/14ML ***[pertuzumab]***	2	QL - 30 day(s),MB
POMALYST CAPS 1 MG ***[pomalidomide]***	2	QL - 30 day(s),OC
POMALYST CAPS 2 MG ***[pomalidomide]***	2	QL - 30 day(s),OC
POMALYST CAPS 3 MG ***[pomalidomide]***	2	QL - 30 day(s),OC
POMALYST CAPS 4 MG ***[pomalidomide]***	2	QL - 30 day(s),OC
PROLEUKIN SOLR 22000000 UNIT ***[aldesleukin]***	2	QL - 30 day(s),MB
PURIXAN SUSP 2000 MG/100ML ***[mercaptopurine]***	2	QL - 30 day(s),OC
REVLIMID CAPS 10 MG ***[lenalidomide]***	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 15 MG ***[lenalidomide]***	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 2.5 MG ***[lenalidomide]***	2	QL - 30 day(s),OC
REVLIMID CAPS 20 MG ***[lenalidomide]***	2	QL - 30 day(s),OC
REVLIMID CAPS 25 MG ***[lenalidomide]***	2	QL - 30 day(s),LD,OC
REVLIMID CAPS 5 MG ***[lenalidomide]***	2	QL - 30 day(s),LD,OC
RITUXAN SOLN 100 MG/10ML ***[rituximab]***	2	MB
RITUXAN SOLN 500 MG/50ML ***[rituximab]***	2	MB
RYDAPT CAPS 25 MG ***[midostaurin]***	2	QL - 30 day(s),OC
SPRYCEL TABS 100 MG ***[dasatinib]***	2	QL - 30 day(s),OC
SPRYCEL TABS 140 MG ***[dasatinib]***	2	QL - 30 day(s),OC
SPRYCEL TABS 20 MG ***[dasatinib]***	2	QL - 30 day(s),OC
SPRYCEL TABS 50 MG ***[dasatinib]***	2	QL - 30 day(s),OC
SPRYCEL TABS 70 MG ***[dasatinib]***	2	QL - 30 day(s),OC
SPRYCEL TABS 80 MG ***[dasatinib]***	2	QL - 30 day(s),OC
STIVARGA TABS 40 MG ***[regorafenib]***	2	QL - 30 day(s),OC
SUTENT CAPS 12.5 MG ***[sunitinib malate]***	2	QL - 30 day(s),OC
SUTENT CAPS 25 MG ***[sunitinib malate]***	2	QL - 30 day(s),OC
SUTENT CAPS 37.5 MG ***[sunitinib malate]***	2	QL - 30 day(s),OC
SUTENT CAPS 50 MG ***[sunitinib malate]***	2	QL - 30 day(s),OC
SYLVANT SOLR 100 MG ***[siltuximab]***	2	QL - 30 day(s),MB
SYLVANT SOLR 400 MG ***[siltuximab]***	2	QL - 30 day(s),MB
TABLOID TABS 40 MG ***[thioguanine]***	2	OC
TAFINLAR CAPS 50 MG ***[dabrafenib mesylate]***	2	QL - 30 day(s),OC
TAFINLAR CAPS 75 MG ***[dabrafenib mesylate]***	2	QL - 30 day(s),OC
TAGRISSO TABS 40 MG ***[osimertinib mesylate]***	2	QL - 30 day(s),OC
TAGRISSO TABS 80 MG ***[osimertinib mesylate]***	2	QL - 30 day(s),OC
tamoxifen citrate tabs 10 mg	1	OC,PREV
tamoxifen citrate tabs 20 mg	1	OC,PREV
TARCEVA TABS 100 MG ***[erlotinib hcl]***	2	QL - 30 day(s),OC
TARCEVA TABS 150 MG ***[erlotinib hcl]***	2	QL - 30 day(s),OC
TARCEVA TABS 25 MG ***[erlotinib hcl]***	2	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
TARGRETIN CAPS 75 MG ***[bexarotene]***	2	OC
TASIGNA CAPS 150 MG ***[nilotinib hcl]***	2	QL - 30 day(s),OC
TASIGNA CAPS 200 MG ***[nilotinib hcl]***	2	QL - 30 day(s),OC
TAXOTERE INJ 80MG/2ML ***[docetaxel]***	2	MB
TECENTRIQ SOLN 1200 MG/20ML ***[atezolizumab]***	2	QL - 30 day(s),MB
temozolomide caps 100 mg	1	OC
temozolomide caps 140 mg	1	OC
temozolomide caps 180 mg	1	OC
temozolomide caps 20 mg	1	OC
temozolomide caps 250 mg	1	OC
temozolomide caps 5 mg	1	OC
thiotepa solr 15 mg	1	MB
[Etoposide] TOPOSAR SOLN 100 MG/5ML	1	MB
topotecan hcl solr 4 mg	1	MB
TORISEL SOLN 25 MG/ML ***[temsirolimus]***	2	MB
TREANDA SOLR 100 MG ***[bendamustine hcl]***	2	MB
tretinoin caps 10 mg	1	QL - 30 day(s),OC
TRISENOX SOLN 12 MG/6ML ***[arsenic trioxide]***	2	QL - 30 day(s),MB
TYKERB TABS 250 MG ***[lapatinib ditosylate]***	2	QL - 30 day(s),OC
UNITUXIN SOLN 17.5 MG/5ML ***[dinutuximab]***	2	QL - 30 day(s),MB
VELCADE SOLR 3.5 MG ***[bortezomib]***	2	MB
VENCLEXTA STARTING PACK TBPK 10 & 50 & 100 MG ***[venetoclax]***	2	QL - 30 day(s),OC
VENCLEXTA TABS 10 MG ***[venetoclax]***	2	QL - 30 day(s),OC
VENCLEXTA TABS 100 MG ***[venetoclax]***	2	QL - 30 day(s),OC
VENCLEXTA TABS 50 MG ***[venetoclax]***	2	QL - 30 day(s),OC
vinblastine sulfate soln 1 mg/ml	2	MB
vincristine sulfate soln 1 mg/ml	1	MB
vinorelbine tartrate soln 10 mg/ml	1	MB
vinorelbine tartrate soln 50 mg/5ml	1	MB
VOTRIENT TABS 200 MG ***[pazopanib hcl]***	2	QL - 30 day(s),OC
VYXEOS SUSR 44-100 MG ***[daunorubicin-cytarabine liposome]***	2	QL - 30 day(s),MB
XALKORI CAPS 200 MG ***[crizotinib]***	2	QL - 30 day(s),OC
XALKORI CAPS 250 MG ***[crizotinib]***	2	QL - 30 day(s),OC
XTANDI CAPS 40 MG ***[enzalutamide]***	2	QL - 30 day(s),OC
YERVOY SOLN 200 MG/40ML ***[ipilimumab]***	2	MB
YERVOY SOLN 50 MG/10ML ***[ipilimumab]***	2	MB
YONDELIS SOLR 1 MG ***[trabectedin]***	2	QL - 30 day(s),MB
ZEJULA CAPS 100 MG ***[niraparib tosylate]***	2	QL - 30 day(s),OC
ZELBORAF TABS 240 MG ***[vemurafenib]***	2	QL - 30 day(s),OC
ZYDELIG TABS 100 MG ***[idelalisib]***	2	QL - 30 day(s),OC
ZYDELIG TABS 150 MG ***[idelalisib]***	2	QL - 30 day(s),OC
ZYKADIA CAPS 150 MG ***[ceritinib]***	2	QL - 30 day(s),OC
ZYKADIA TABS 150 MG ***[ceritinib]***	2	QL - 30 day(s),OC

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ZYTIGA TABS 500 MG ***[abiraterone acetate]***	2	QL - 30 day(s),OC
AUTONOMIC DRUGS		
ANTICHOLINERGIC AGENTS		
ATROPINE SULFATE SOLN 1 MG/ML ***[atropine sulfate]***	1	MB
ATROPINE SULFATE SOLN 8 MG/20ML ***[atropine sulfate]***	1	MB
ATROPINE SULFATE SOSY 0.5 MG/5ML ***[atropine sulfate]***	2	MB
ATROVENT HFA AERS 17 MCG/ACT ***[ipratropium bromide hfa]***	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-30 MG ***[belladonna alkaloids & opium]***	2	
BELLADONNA ALKALOIDS-OPIUM SUPP 16.2-60 MG ***[belladonna alkaloids & opium]***	2	
BENTYL SOLN 10 MG/ML ***[dicyclomine hcl]***	2	MB
CHLORDIAZEPOXIDE-CLIDINIUM CAPS 5-2.5 MG ***[chlordiazepoxide hcl-clidinium bromide]***	1	
CUVPOSA SOLN 1 MG/5ML ***[glycopyrrolate]***	2	
dicyclomine hcl caps 10 mg	1	
dicyclomine hcl soln 10 mg/5ml	1	
dicyclomine hcl tabs 20 mg	1	
DONNATAL ELIX 16.2 MG/5ML ***[phenobarbital-hyoscyamine-atropine-scopolamine]***	2	
DONNATAL TABS 16.2 MG ***[phenobarbital-hyoscyamine-atropine-scopolamine]***	1	
glycopyrrolate soln 0.4 mg/2ml	1	MB
glycopyrrolate tabs 1 mg	1	
glycopyrrolate tabs 2 mg	1	
HYOSCYAMINE SULFATE ER TB12 0.375 MG ***[hyoscyamine sulfate]***	1	
HYOSCYAMINE SULFATE SUBL 0.125 MG ***[hyoscyamine sulfate]***	1	
HYOSCYAMINE SULFATE TABS 0.125 MG ***[hyoscyamine sulfate]***	1	
HYOSCYAMINE SULFATE TBDP 0.125 MG ***[hyoscyamine sulfate]***	1	
HYOSYNE ELIX 0.125 MG/5ML ***[hyoscyamine sulfate]***	1	
HYOSYNE SOLN 0.125 MG/ML ***[hyoscyamine sulfate]***	1	
ipratropium bromide soln 0.02 %	1	
ipratropium bromide soln 0.03 %	1	
propantheline bromide tabs 15 mg	1	
SPIRIVA RESPIMAT AERS 2.5 MCG/ACT ***[tiotropium bromide monohydrate]***	2	
STIOLTO RESPIMAT AERS 2.5-2.5 MCG/ACT ***[tiotropium bromide-olodaterol hcl]***	2	
AUTONOMIC DRUGS, MISCELLANEOUS		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CHANTIX CONTINUING MONTH PAK TABS 1 MG ***[varenicline tartrate]***	2	PREV
CHANTIX STARTING MONTH PAK TABS 0.5 MG X 11 & 1 MG X 42 ***[varenicline tartrate]***	2	PREV
CHANTIX TABS 0.5 MG ***[varenicline tartrate]***	2	PREV
CHANTIX TABS 1 MG ***[varenicline tartrate]***	2	PREV
nicotine polacrilex lozg 4 mg	1	PREV
NICORETTE GUM 2 MG ***[nicotine polacrilex]***	2	PREV
NICORETTE LOZG 2 MG ***[nicotine polacrilex]***	2	PREV
NICORETTE LOZG 4 MG ***[nicotine polacrilex]***	2	PREV
NICORETTE MINI LOZG 2 MG ***[nicotine polacrilex]***	2	PREV
nicotine polacrilex gum 2 mg	1	PREV
nicotine polacrilex gum 4 mg	1	PREV
nicotine polacrilex lozg 2 mg	1	PREV
NICOTINE PT24 14 MG/24HR ***[nicotine]***	1	PREV
NICOTINE PT24 21 MG/24HR ***[nicotine]***	1	PREV
nicotine pt24 7 mg/24hr	1	
PARASYMPATHOMIMETIC (CHOLINERGIC) AGENTS		
bethanechol chloride tabs 10 mg	1	
bethanechol chloride tabs 25 mg	1	
bethanechol chloride tabs 5 mg	1	
bethanechol chloride tabs 50 mg	1	
donepezil hcl tabs 10 mg	1	
DONEPEZIL HCL TABS 5 MG ***[donepezil hydrochloride]***	1	
donepezil hcl tbdp 10 mg	1	
donepezil hcl tbdp 5 mg	1	
galantamine hydrobromide er cp24 16 mg	1	
galantamine hydrobromide er cp24 24 mg	1	
GALANTAMINE HYDROBROMIDE ER CP24 8 MG ***[galantamine hydrobromide]***	1	
galantamine hydrobromide tabs 12 mg	1	
galantamine hydrobromide tabs 4 mg	1	
galantamine hydrobromide tabs 8 mg	1	
GUANIDINE HCL TABS 125 MG ***[guanidine hcl]***	2	
MESTINON SOLN 60 MG/5ML ***[pyridostigmine bromide]***	2	
pilocarpine hcl tabs 5 mg	1	
pyridostigmine bromide er tbcr 180 mg	1	
pyridostigmine bromide tabs 60 mg	1	
SKELETAL MUSCLE RELAXANTS		
atracurium besylate soln 100 mg/10ml	1	MB
baclofen tabs 10 mg	1	
baclofen tabs 20 mg	1	
cisatracurium besylate (pf) soln 10 mg/5ml	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
cisatracurium besylate (pf) soln 200 mg/20ml	1	MB
cisatracurium besylate soln 20 mg/10ml	1	MB
cyclobenzaprine hcl tabs 10 mg	1	
cyclobenzaprine hcl tabs 5 mg	1	
dantrolene sodium caps 100 mg	1	
dantrolene sodium caps 25 mg	1	
dantrolene sodium caps 50 mg	1	
GABLOFEN SOLN 10000 MCG/20ML ***[baclofen]***	2	MB
GABLOFEN SOLN 20000 MCG/20ML ***[baclofen]***	2	MB
GABLOFEN SOLN 40000 MCG/20ML ***[baclofen]***	2	MB
GABLOFEN SOSY 10000 MCG/20ML ***[baclofen]***	2	MB
GABLOFEN SOSY 20000 MCG/20ML ***[baclofen]***	2	MB
GABLOFEN SOSY 40000 MCG/20ML ***[baclofen]***	2	MB
GABLOFEN SOSY 50 MCG/ML ***[baclofen]***	2	MB
methocarbamol tabs 500 mg	1	
methocarbamol tabs 750 mg	1	
QUELICIN SOLN 20 MG/ML ***[succinylcholine chloride]***	2	MB
rocuronium bromide soln 50 mg/5ml	1	MB
RYANODEX SUSR 250 MG ***[dantrolene sodium]***	2	MB
tizanidine hcl tabs 2 mg	1	
tizanidine hcl tabs 4 mg	1	
vecuronium bromide solr 10 mg	1	MB
vecuronium bromide solr 20 mg	1	MB
SYMPATHOLYTIC (ADRENERGIC BLOCKING) AGENTS		
dihydroergotamine mesylate soln 1 mg/ml	1	QL - 30 day(s),MB
[Ergotamine Tartrate] ERGOMAR SUBL 2 MG	1	
MIGRANAL SOLN 4 MG/ML ***[dihydroergotamine mesylate]***	2	
phentolamine mesylate solr 5 mg	1	MB
SYMPATHOMIMETIC (ADRENERGIC) AGENTS		
ADVAIR DISKUS AEPB 100-50 MCG/DOSE ***[fluticasone-salmeterol]***	1	
ADVAIR DISKUS AEPB 250-50 MCG/DOSE ***[fluticasone-salmeterol]***	1	
ADVAIR DISKUS AEPB 500-50 MCG/DOSE ***[fluticasone-salmeterol]***	1	
ADVAIR HFA AERO 115-21 MCG/ACT ***[fluticasone-salmeterol]***	2	
ADVAIR HFA AERO 230-21 MCG/ACT ***[fluticasone-salmeterol]***	2	
ADVAIR HFA AERO 45-21 MCG/ACT ***[fluticasone-salmeterol]***	2	
albuterol sulfate nebu (2.5 mg/3ml) 0.083%	1	
albuterol sulfate nebu (5 mg/ml) 0.5%	1	
albuterol sulfate nebu 0.63 mg/3ml	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
albuterol sulfate nebu 1.25 mg/3ml	1	
albuterol sulfate nebu 2.5 mg/0.5ml	1	
COMBIVENT RESPIMAT AERS 20-100 MCG/ACT ***[ipratropium-albuterol]***	2	
dobutamine hcl soln 250 mg/20ml	1	MB
DOBUTAMINE IN D5W SOLN 1-5 MG/ML-% ***[dobutamine in d5w]***	1	MB
DOBUTAMINE IN D5W SOLN 2 MG/ML ***[dobutamine in d5w]***	1	MB
DOPAMINE IN D5W SOLN 0.8-5 MG/ML-% ***[dopamine in d5w]***	1	MB
DOPAMINE IN D5W SOLN 1.6-5 MG/ML-% ***[dopamine in d5w]***	1	MB
DOPAMINE IN D5W SOLN 3.2-5 MG/ML-% ***[dopamine in d5w]***	1	MB
EPINEPHRINE PF SOLN 1 MG/ML ***[epinephrine]***	1	
EPINEPHRINE PF SOSY 1 MG/10ML ***[epinephrine]***	1	MB
epinephrine soaj 0.15 mg/0.15ml	1	MB
epinephrine soaj 0.3 mg/0.3ml	1	MB
EPINEPHRINE SOLN 30 MG/30ML ***[epinephrine]***	1	
EPIPEN JR 2-PAK SOAJ 0.15 MG/0.3ML ***[epinephrine (anaphylaxis)]***	2	
ipratropium-albuterol soln 0.5-2.5 (3) mg/3ml	1	
isoproterenol hcl soln 0.2 mg/ml	1	MB
metaproterenol sulfate syrp 10 mg/5ml	2	
metaproterenol sulfate tabs 10 mg	2	
metaproterenol sulfate tabs 20 mg	2	
midodrine hcl tabs 10 mg	1	
midodrine hcl tabs 2.5 mg	1	
midodrine hcl tabs 5 mg	1	
S2 (RACEPINEPHRINE) NEBU 2.25 % ***[racepinephrine hcl]***	2	
SEREVENT DISKUS AEPB 50 MCG/DOSE ***[salmeterol xinafoate]***	2	
STRIVERDI RESPIMAT AERS 2.5 MCG/ACT ***[olodaterol hcl]***	2	
terbutaline sulfate soln 1 mg/ml	1	MB
terbutaline sulfate tabs 2.5 mg	1	
terbutaline sulfate tabs 5 mg	1	
VENTOLIN HFA AERS 108 (90 Base) MCG/ACT ***[albuterol sulfate]***	2	
BLOOD DERIVATIVES		
BLOOD DERIVATIVES		
ALBUMIN HUMAN SOLN 25 % ***[albumin, human]***	1	MB
ALBUTEIN SOLN 25 % ***[albumin, human]***	1	MB
BUMINATE SOLN 5 % ***[albumin, human]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
BLOOD FORMATION, COAGULATION, AND THROMBOSIS		
ANTIANEMIA DRUGS		
INFED SOLN 50 MG/ML ***[iron dextran]***	2	MB
VENOFER SOLN 20 MG/ML ***[iron sucrose]***	2	MB
ANTIHEMORRHAGIC AGENTS		
ADVATE SOLR 4000 UNIT ***[antihemophilic factor rahf-pfm]***	2	QL - 30 day(s),MB
AFSTYLA KIT 1000 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 1500 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 2000 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 250 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 2500 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 3000 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
AFSTYLA KIT 500 UNIT ***[antihemophilic factor (recombinant) single chain]***	2	QL - 30 day(s),MB
ALPHANATE/VWF COMPLEX/HUMAN SOLR 1000 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]***	2	MB
ALPHANATE/VWF COMPLEX/HUMAN SOLR 1500 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]***	2	MB
aminocaproic acid soln 250 mg/ml	1	MB
BENEFIX KIT 1000 UNIT ***[coagulation factor ix (recombinant)]***	2	MB
BENEFIX KIT 250 UNIT ***[coagulation factor ix (recombinant)]***	2	MB
BENEFIX KIT 500 UNIT ***[coagulation factor ix (recombinant)]***	2	MB
ELOCTATE SOLR 1000 UNIT ***[antihemophilic factor (recomb) fc fusion protein (rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 1500 UNIT ***[antihemophilic factor (recomb) fc fusion protein (rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 2000 UNIT ***[antihemophilic factor (recomb) fc fusion protein (rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 250 UNIT ***[antihemophilic factor (recomb) fc fusion protein (rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 3000 UNIT ***[antihemophilic factor (recomb) fc fusion protein (rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 4000 UNIT ***[antihemophilic factor (recomb) fc fusion protein (rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 500 UNIT ***[antihemophilic factor (recomb) fc fusion protein (rfviiifc)]***	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ELOCTATE SOLR 5000 UNIT ***[antihemophilic factor (recomb) fc fusion protein (rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 6000 UNIT ***[antihemophilic factor (recomb) fc fusion protein (rfviiifc)]***	2	QL - 30 day(s),MB
ELOCTATE SOLR 750 UNIT ***[antihemophilic factor (recomb) fc fusion protein (rfviiifc)]***	2	QL - 30 day(s),MB
GELFILM FILM ***[gelatin adsorbable (ophth)]***	2	
GELFOAM SPONGE MISC 12-7 MM ***[gelatin absorbable]***	2	
GELFOAM SPONGE SIZE 50 MISC ***[gelatin absorbable]***	2	
HELIXATE FS KIT 250 UNIT ***[antihemophilic factor (recombinant)]***	2	QL - 30 day(s),MB
HEMLIBRA SOLN 105 MG/0.7ML ***[emicizumab-kxwh]***	2	QL - 30 day(s)
HEMLIBRA SOLN 150 MG/ML ***[emicizumab-kxwh]***	2	QL - 30 day(s)
HEMLIBRA SOLN 30 MG/ML ***[emicizumab-kxwh]***	2	QL - 30 day(s)
HEMLIBRA SOLN 60 MG/0.4ML ***[emicizumab-kxwh]***	2	QL - 30 day(s)
HEMOFIL M INJ 220-400 ***[antihemophilic factor (human)]***	2	QL - 30 day(s),MB
HEMOFIL M SOLR 1000 UNIT ***[antihemophilic factor (human)]***	2	MB
HEMOFIL M SOLR 1700 UNIT ***[antihemophilic factor (human)]***	2	MB
HUMATE-P SOLR 1000-2400 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]***	2	QL - 30 day(s),MB
HUMATE-P SOLR 250-600 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]***	2	QL - 30 day(s),MB
HUMATE-P SOLR 500-1200 UNIT ***[antihemophilic factor/von willebrand factor complex (human)]***	2	QL - 30 day(s),MB
IDELVION SOLR 1000 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]***	2	QL - 30 day(s),MB
IDELVION SOLR 2000 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]***	2	QL - 30 day(s),MB
IDELVION SOLR 250 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]***	2	QL - 30 day(s),MB
IDELVION SOLR 500 UNIT ***[coagulation factor ix recomb albumin fusion protein (rix-fp)]***	2	QL - 30 day(s),MB
KCENTRA KIT 500 UNIT ***[prothrombin complex concentrate human]***	2	MB
KOGENATE FS KIT 1000 UNIT ***[antihemophilic factor (recombinant)]***	2	QL - 30 day(s),MB
KOGENATE FS KIT 2000 UNIT ***[antihemophilic factor (recombinant)]***	2	QL - 30 day(s),MB
KOGENATE FS KIT 500 UNIT ***[antihemophilic factor (recombinant)]***	2	QL - 30 day(s),MB
KOVALTRY SOLR 1000 UNIT ***[antihemophilic factor (recombinant)]***	2	QL - 30 day(s),MB
KOVALTRY SOLR 2000 UNIT ***[antihemophilic factor (recombinant)]***	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
KOVALTRY SOLR 250 UNIT ***[antihemophilic factor (recombinant)]***	2	QL - 30 day(s),MB
KOVALTRY SOLR 3000 UNIT ***[antihemophilic factor (recombinant)]***	2	QL - 30 day(s),MB
KOVALTRY SOLR 500 UNIT ***[antihemophilic factor (recombinant)]***	2	QL - 30 day(s),MB
NOVOSEVEN RT SOLR 1 MG ***[coagulation factor viia (recombinant)]***	2	MB
NOVOSEVEN RT SOLR 2 MG ***[coagulation factor viia (recombinant)]***	2	MB
NOVOSEVEN RT SOLR 5 MG ***[coagulation factor viia (recombinant)]***	2	MB
NOVOSEVEN RT SOLR 8 MG ***[coagulation factor viia (recombinant)]***	2	MB
PRAXBIND SOLN 2.5 GM/50ML ***[idarucizumab]***	2	MB
PROFILNINE SOLR 1000 UNIT ***[factor ix complex]***	2	MB
PROFILNINE SOLR 1500 UNIT ***[factor ix complex]***	2	MB
PROFILNINE SOLR 500 UNIT ***[factor ix complex]***	2	MB
RECOMBINATE SOLR 1241-1800 UNIT ***[antihemophilic factor (recombinant)]***	2	QL - 30 day(s),MB
RECOMBINATE SOLR 1801-2400 UNIT ***[antihemophilic factor (recombinant)]***	2	QL - 30 day(s),MB
RECOMBINATE SOLR 220-400 UNIT ***[antihemophilic factor (recombinant)]***	2	QL - 30 day(s),MB
RECOMBINATE SOLR 401-800 UNIT ***[antihemophilic factor (recombinant)]***	2	QL - 30 day(s),MB
RECOMBINATE SOLR 801-1240 UNIT ***[antihemophilic factor (recombinant)]***	2	QL - 30 day(s),MB
THROMBIN-JMI KIT 20000 UNIT ***[thrombin]***	2	
THROMBIN-JMI SOLR 20000 UNIT ***[thrombin]***	2	
THROMBIN-JMI SOLR 5000 UNIT ***[thrombin]***	2	
tranexamic acid soln 1000 mg/10ml	1	MB
tranexamic acid tabs 650 mg	1	
ANTITHROMBOTIC AGENTS		
ACD-A NOCLOT-50 SOLN 0.73-2.45-2.2 GM/100ML ***[anticoagulant citrate dextrose solution a]***	2	
ACTIVASE SOLR 100 MG ***[alteplase]***	2	MB
ACTIVASE SOLR 50 MG ***[alteplase]***	2	MB
AGGRENOX CP12 25-200 MG ***[aspirin-dipyridamole]***	2	
anagrelide hcl caps 0.5 mg	1	
anagrelide hcl caps 1 mg	1	
ANGIOMAX SOLR 250 MG ***[bivalirudin trifluoroacetate]***	2	MB
ARGATROBAN IN SODIUM CHLORIDE SOLN 125-0.9 MG/125ML-% ***[argatroban in sodium chloride]***	2	MB
aspirin-dipyridamole er cp12 25-200 mg	1	
BRILINTA TABS 90 MG ***[ticagrelor]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CATHFLO ACTIVASE SOLR 2 MG ***[alteplase]***	2	MB
clopidogrel bisulfate tabs 75 mg	1	
EFFIENT TABS 10 MG ***[prasugrel hcl]***	2	
EFFIENT TABS 5 MG ***[prasugrel hcl]***	2	
HEPARIN (PORCINE) IN NACL SOLN 1000-0.9 UT/500ML-% ***[heparin (porcine) in sodium chloride]***	2	MB
HEPARIN (PORCINE) IN NACL SOLN 2000-0.9 UNIT/L-% ***[heparin (porcine) in sodium chloride]***	2	MB
HEPARIN LOCK FLUSH SOLN 10 UNIT/ML ***[heparin sodium (porcine) lock flush]***	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 25000-5 UT/500ML-% ***[heparin sod (porcine) in d5w]***	1	MB
HEPARIN SOD (PORCINE) IN D5W SOLN 40-5 UNIT/ML-% ***[heparin sod (porcine) in d5w]***	1	MB
HEPARIN SODIUM (PORCINE) SOLN 1000 UNIT/ML ***[heparin sodium (porcine)]***	1	MB
HEPARIN SODIUM (PORCINE) SOLN 10000 UNIT/ML ***[heparin sodium (porcine)]***	1	MB
HEPARIN SODIUM (PORCINE) SOLN 20000 UNIT/ML ***[heparin sodium (porcine)]***	1	MB
HEPARIN SODIUM (PORCINE) SOLN 5000 UNIT/ML ***[heparin sodium (porcine)]***	1	MB
HEPARIN SODIUM LOCK FLUSH SOLN 100 UNIT/ML ***[heparin sodium (porcine) lock flush]***	1	MB
INTEGRILIN SOLN 20 MG/10ML ***[eptifibatide]***	2	MB
INTEGRILIN SOLN 75 MG/100ML ***[eptifibatide]***	2	MB
LOVENOX SOLN 100 MG/ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOLN 120 MG/0.8ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOLN 150 MG/ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOLN 30 MG/0.3ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOLN 300 MG/3ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOLN 40 MG/0.4ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOLN 60 MG/0.6ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
LOVENOX SOLN 80 MG/0.8ML ***[enoxaparin sodium]***	2	QL - 30 day(s)
PRADAXA CAPS 110 MG ***[dabigatran etexilate mesylate]***	2	
PRADAXA CAPS 150 MG ***[dabigatran etexilate mesylate]***	2	
PRADAXA CAPS 75 MG ***[dabigatran etexilate mesylate]***	2	
REOPRO SOLN 2 MG/ML ***[abciximab]***	2	MB
TNKASE KIT 50 MG ***[tenecteplase]***	2	MB
warfarin sodium tabs 1 mg	1	
warfarin sodium tabs 10 mg	1	
warfarin sodium tabs 2 mg	1	
warfarin sodium tabs 2.5 mg	1	
warfarin sodium tabs 3 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
warfarin sodium tabs 4 mg	1	
warfarin sodium tabs 5 mg	1	
warfarin sodium tabs 6 mg	1	
warfarin sodium tabs 7.5 mg	1	
HEMATOPOIETIC AGENTS		
LEUKINE SOLR 250 MCG ***[sargramostim]***	2	QL - 30 day(s),MB
NEUPOGEN SOLN 300 MCG/ML ***[filgrastim]***	2	QL - 30 day(s),MB
NEUPOGEN SOLN 480 MCG/1.6ML ***[filgrastim]***	2	QL - 30 day(s),MB
PROCRIT SOLN 10000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROCRIT SOLN 2000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROCRIT SOLN 20000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROCRIT SOLN 3000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROCRIT SOLN 4000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROCRIT SOLN 40000 UNIT/ML ***[epoetin alfa]***	2	QL - 30 day(s),MB
PROMACTA TABS 25 MG ***[eltrombopag olamine]***	2	QL - 30 day(s)
PROMACTA TABS 50 MG ***[eltrombopag olamine]***	2	QL - 30 day(s)
PROMACTA TABS 75 MG ***[eltrombopag olamine]***	2	QL - 30 day(s)
ZARXIO SOSY 300 MCG/0.5ML ***[filgrastim-sndz]***	2	QL - 30 day(s),MB
ZARXIO SOSY 480 MCG/0.8ML ***[filgrastim-sndz]***	2	QL - 30 day(s),MB
HEMORRHEOLOGIC AGENTS		
pentoxifylline er tbcr 400 mg	1	
CARDIOVASCULAR DRUGS		
ALPHA-ADRENERGIC BLOCKING AGENTS		
doxazosin mesylate tabs 1 mg	1	
doxazosin mesylate tabs 2 mg	1	
doxazosin mesylate tabs 4 mg	1	
doxazosin mesylate tabs 8 mg	1	
prazosin hcl caps 1 mg	1	
prazosin hcl caps 2 mg	1	
prazosin hcl caps 5 mg	1	
tamsulosin hcl caps 0.4 mg	1	
terazosin hcl caps 1 mg	1	
terazosin hcl caps 10 mg	1	
terazosin hcl caps 2 mg	1	
terazosin hcl caps 5 mg	1	
ANTILIPEMIC AGENTS		
atorvastatin calcium tabs 10 mg	1	PREV
atorvastatin calcium tabs 20 mg	1	PREV
atorvastatin calcium tabs 40 mg	1	PREV
atorvastatin calcium tabs 80 mg	1	PREV
cholestyramine light pack 4 gm	1	
cholestyramine light powd 4 gm/dose	1	
cholestyramine pack 4 gm	1	
cholestyramine powd 4 gm/dose	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
colestipol hcl gran 5 gm	1	
colestipol hcl pack 5 gm	1	
colestipol hcl tabs 1 gm	1	
ezetimibe tabs 10 mg	1	
fenofibrate tabs 160 mg	1	
fenofibrate tabs 54 mg	1	
gemfibrozil tabs 600 mg	1	
lovastatin tabs 10 mg	1	PREV
lovastatin tabs 20 mg	1	PREV
lovastatin tabs 40 mg	1	PREV
pravastatin sodium tabs 10 mg	1	PREV
pravastatin sodium tabs 20 mg	1	PREV
pravastatin sodium tabs 40 mg	1	PREV
pravastatin sodium tabs 80 mg	1	PREV
rosuvastatin calcium tabs 10 mg	1	PREV
rosuvastatin calcium tabs 20 mg	1	PREV
rosuvastatin calcium tabs 40 mg	1	PREV
rosuvastatin calcium tabs 5 mg	1	PREV
simvastatin tabs 10 mg	1	PREV
simvastatin tabs 20 mg	1	PREV
simvastatin tabs 40 mg	1	PREV
simvastatin tabs 5 mg	1	PREV
simvastatin tabs 80 mg	1	PREV
BETA-ADRENERGIC BLOCKING AGENTS		
atenolol tabs 100 mg	1	
atenolol tabs 25 mg	1	
atenolol tabs 50 mg	1	
atenolol-chlorthalidone tabs 100-25 mg	1	
atenolol-chlorthalidone tabs 50-25 mg	1	
bisoprolol fumarate tabs 10 mg	1	
bisoprolol fumarate tabs 5 mg	1	
bisoprolol-hydrochlorothiazide tabs 10-6.25 mg	1	
bisoprolol-hydrochlorothiazide tabs 2.5-6.25 mg	1	
bisoprolol-hydrochlorothiazide tabs 5-6.25 mg	1	
carvedilol tabs 12.5 mg	1	
carvedilol tabs 25 mg	1	
carvedilol tabs 3.125 mg	1	
carvedilol tabs 6.25 mg	1	
ESMOLOL HCL SOLN 100 MG/10ML ***[esmolol hcl]***	1	MB
labetalol hcl soln 5 mg/ml	1	MB
labetalol hcl tabs 100 mg	1	
labetalol hcl tabs 200 mg	1	
labetalol hcl tabs 300 mg	1	
metoprolol succinate er tb24 100 mg	1	
metoprolol succinate er tb24 200 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
metoprolol succinate er tb24 25 mg	1	
metoprolol succinate er tb24 50 mg	1	
metoprolol tartrate tabs 100 mg	1	
metoprolol tartrate tabs 25 mg	1	
metoprolol tartrate tabs 50 mg	1	
metoprolol-hydrochlorothiazide tabs 100-50 mg	1	
nadolol tabs 20 mg	1	
nadolol tabs 40 mg	1	
nadolol tabs 80 mg	1	
propranolol hcl soln 1 mg/ml	1	MB
propranolol hcl soln 20 mg/5ml	1	
propranolol hcl tabs 10 mg	1	
propranolol hcl tabs 20 mg	1	
propranolol hcl tabs 40 mg	1	
propranolol hcl tabs 60 mg	1	
propranolol hcl tabs 80 mg	1	
sotalol hcl (af) tabs 80 mg	1	
sotalol hcl tabs 120 mg	1	
sotalol hcl tabs 160 mg	1	
sotalol hcl tabs 240 mg	1	
sotalol hcl tabs 80 mg	1	
CALCIUM-CHANNEL BLOCKING AGENTS		
amlodipine besylate tabs 10 mg	1	
amlodipine besylate tabs 2.5 mg	1	
amlodipine besylate tabs 5 mg	1	
CARDENE IV SOLN 20-0.86 MG/200ML-% ***[nicardipine hcl in sodium chloride]***	2	MB
CARDENE IV SOLN 20-4.8 MG/200ML-% ***[nicardipine hcl in dextrose]***	2	MB
CARDENE IV SOLN 40-0.83 MG/200ML-% ***[nicardipine hcl in sodium chloride]***	2	MB
CARDENE IV SOLN 40-5 MG/200ML-% ***[nicardipine hcl in dextrose]***	2	MB
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 120 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 240 MG	1	
[Diltiazem Hcl Coated Beads] CARTIA XT CP24 300 MG	1	
CLEVIPREX EMUL 25 MG/50ML ***[clevidipine]***	2	MB
CLEVIPREX EMUL 50 MG/100ML ***[clevidipine]***	2	MB
diltiazem hcl er coated beads cp24 180 mg	1	
diltiazem hcl er cp12 120 mg	1	
diltiazem hcl er cp12 60 mg	1	
diltiazem hcl er cp12 90 mg	1	
diltiazem hcl er cp24 120 mg	1	
diltiazem hcl er cp24 180 mg	1	
diltiazem hcl er cp24 240 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
diltiazem hcl tabs 120 mg	1	
diltiazem hcl tabs 30 mg	1	
diltiazem hcl tabs 60 mg	1	
diltiazem hcl tabs 90 mg	1	
NICARDIPINE HCL SOLN 2.5 MG/ML ***[nicardipine hcl]***	1	MB
nifedipine caps 10 mg	1	
nifedipine caps 20 mg	1	
nifedipine er osmotic release tb24 30 mg	1	
nifedipine er osmotic release tb24 60 mg	1	
nifedipine er osmotic release tb24 90 mg	1	
nifedipine er tb24 30 mg	1	
nifedipine er tb24 60 mg	1	
nimodipine caps 30 mg	1	
verapamil hcl er tbcr 120 mg	1	
verapamil hcl er tbcr 180 mg	1	
verapamil hcl er tbcr 240 mg	1	
verapamil hcl soln 2.5 mg/ml	1	MB
verapamil hcl tabs 120 mg	1	
verapamil hcl tabs 40 mg	1	
verapamil hcl tabs 80 mg	1	
CARDIAC DRUGS		
adenosine soln 12 mg/4ml	1	MB
adenosine soln 6 mg/2ml	1	MB
amiodarone hcl soln 900 mg/18ml	1	MB
amiodarone hcl tabs 200 mg	1	
DIGOXIN SOLN 0.05 MG/ML ***[digoxin]***	2	
digoxin tabs 125 mcg	1	
digoxin tabs 250 mcg	1	
disopyramide phosphate caps 100 mg	1	
disopyramide phosphate caps 150 mg	1	
dofetilide caps 125 mcg	1	
dofetilide caps 250 mcg	1	
dofetilide caps 500 mcg	1	
flecainide acetate tabs 100 mg	1	
flecainide acetate tabs 150 mg	1	
flecainide acetate tabs 50 mg	1	
ibutilide fumarate soln 1 mg/10ml	1	MB
LANOXIN PEDIATRIC SOLN 0.1 MG/ML ***[digoxin]***	2	MB
LIDOCAINE IN D5W SOLN 4-5 MG/ML-% ***[lidocaine in d5w]***	1	MB
LIDOCAINE IN D5W SOLN 8-5 MG/ML-% ***[lidocaine in d5w]***	1	MB
mexiletine hcl caps 150 mg	1	
mexiletine hcl caps 200 mg	1	
mexiletine hcl caps 250 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
milrinone lactate in dextrose soln 20-5 mg/100ml-%	1	MB
milrinone lactate in dextrose soln 40-5 mg/200ml-%	1	MB
milrinone lactate inj 1mg/ml	1	MB
milrinone lactate soln 10 mg/10ml	1	MB
NORPACE CR CP12 100 MG ***[disopyramide phosphate]***	2	
NORPACE CR CP12 150 MG ***[disopyramide phosphate]***	2	
procainamide hcl soln 100 mg/ml	1	MB
procainamide hcl soln 500 mg/ml	1	MB
propafenone hcl tabs 150 mg	1	
propafenone hcl tabs 225 mg	1	
propafenone hcl tabs 300 mg	1	
quinidine gluconate er tbcr 324 mg	1	
QUINIDINE GLUCONATE SOLN 80 MG/ML ***[quinidine gluconate]***	2	MB
quinidine sulfate tabs 200 mg	1	
quinidine sulfate tabs 300 mg	1	
HYPOTENSIVE AGENTS		
clonidine hcl tabs 0.1 mg	1	
clonidine hcl tabs 0.2 mg	1	
clonidine hcl tabs 0.3 mg	1	
clonidine ptwk 0.1 mg/24hr	1	
clonidine ptwk 0.2 mg/24hr	1	
clonidine ptwk 0.3 mg/24hr	1	
guanfacine hcl tabs 1 mg	1	
guanfacine hcl tabs 2 mg	1	
hydralazine hcl soln 20 mg/ml	1	MB
hydralazine hcl tabs 10 mg	1	
hydralazine hcl tabs 100 mg	1	
hydralazine hcl tabs 25 mg	1	
hydralazine hcl tabs 50 mg	1	
methyldopa tabs 250 mg	1	
methyldopa tabs 500 mg	1	
methyldopate hcl soln 250 mg/5ml	2	MB
minoxidil tabs 10 mg	1	
minoxidil tabs 2.5 mg	1	
PROGLYCEM SUSP 50 MG/ML ***[diazoxide]***	2	
RESERPINE TABS 0.1 MG ***[reserpine]***	2	
RESERPINE TABS 0.25 MG ***[reserpine]***	2	
RENIN-ANGIOTENSIN-ALDOSTERONE SYSTEM INHIBITORS		
benazepril hcl tabs 10 mg	1	
benazepril hcl tabs 20 mg	1	
benazepril hcl tabs 40 mg	1	
benazepril hcl tabs 5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ENTRESTO TABS 24-26 MG ***[sacubitril-valsartan]***	2	
ENTRESTO TABS 49-51 MG ***[sacubitril-valsartan]***	2	
ENTRESTO TABS 97-103 MG ***[sacubitril-valsartan]***	2	
lisinopril tabs 10 mg	1	
lisinopril tabs 2.5 mg	1	
lisinopril tabs 20 mg	1	
lisinopril tabs 30 mg	1	
lisinopril tabs 40 mg	1	
lisinopril tabs 5 mg	1	
lisinopril-hydrochlorothiazide tabs 10-12.5 mg	1	
lisinopril-hydrochlorothiazide tabs 20-12.5 mg	1	
lisinopril-hydrochlorothiazide tabs 20-25 mg	1	
losartan potassium tabs 100 mg	1	
losartan potassium tabs 25 mg	1	
losartan potassium tabs 50 mg	1	
losartan potassium-hctz tabs 100-12.5 mg	1	
losartan potassium-hctz tabs 100-25 mg	1	
losartan potassium-hctz tabs 50-12.5 mg	1	
spironolactone tabs 100 mg	1	
spironolactone tabs 25 mg	1	
spironolactone tabs 50 mg	1	
spironolactone-hctz tabs 25-25 mg	1	
valsartan tabs 160 mg	1	
valsartan tabs 320 mg	1	
valsartan tabs 40 mg	1	
valsartan tabs 80 mg	1	
valsartan-hydrochlorothiazide tabs 160-12.5 mg	1	
valsartan-hydrochlorothiazide tabs 160-25 mg	1	
valsartan-hydrochlorothiazide tabs 320-12.5 mg	1	
valsartan-hydrochlorothiazide tabs 320-25 mg	1	
valsartan-hydrochlorothiazide tabs 80-12.5 mg	1	
SCLEROSING AGENTS		
ETHAMOLIN SOLN 5 % ***[ethanolamine oleate]***	2	MB
VARITHENA FOAM 180 MG/18ML ***[polidocanol (laureth-9)]***	2	MB
VASODILATING AGENTS		
alprostadil soln 500 mcg/ml	1	MB
ambrisentan tabs 10 mg	1	QL - 30 day(s),LD
ambrisentan tabs 5 mg	1	QL - 30 day(s),LD
CAVERJECT IMPULSE KIT 10 MCG ***[alprostadil (vasodilator)]***	2	MB
CAVERJECT IMPULSE KIT 20 MCG ***[alprostadil (vasodilator)]***	2	MB
CAVERJECT SOLR 20 MCG ***[alprostadil (vasodilator)]***	2	MB
CAVERJECT SOLR 40 MCG ***[alprostadil (vasodilator)]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
dipyridamole tabs 25 mg	1	
dipyridamole tabs 50 mg	1	
dipyridamole tabs 75 mg	1	
EDEX KIT 40 MCG ***[alprostadil (vasodilator)]***	2	MB
isosorbide dinitrate er tbcr 40 mg	1	
isosorbide dinitrate tabs 10 mg	1	
isosorbide dinitrate tabs 20 mg	1	
isosorbide dinitrate tabs 30 mg	1	
isosorbide dinitrate tabs 5 mg	1	
isosorbide mononitrate er tb24 120 mg	1	
isosorbide mononitrate er tb24 30 mg	1	
isosorbide mononitrate er tb24 60 mg	1	
LETAIRIS TABS 10 MG ***[ambrisentan]***	2	QL - 30 day(s),LD
LETAIRIS TABS 5 MG ***[ambrisentan]***	2	QL - 30 day(s),LD
[Nitroglycerin] NITRO-BID OINT 2 %	2	
NITRO-DUR PT24 0.3 MG/HR ***[nitroglycerin]***	2	
NITRO-DUR PT24 0.8 MG/HR ***[nitroglycerin]***	2	
NITROGLYCERIN ER CPCR 2.5 MG ***[nitroglycerin]***	1	
NITROGLYCERIN ER CPCR 6.5 MG ***[nitroglycerin]***	1	
NITROGLYCERIN ER CPCR 9 MG ***[nitroglycerin]***	1	
NITROGLYCERIN IN D5W SOLN 100-5 MCG/ML-% ***[nitroglycerin in d5w]***	2	MB
NITROGLYCERIN IN D5W SOLN 200-5 MCG/ML-% ***[nitroglycerin in d5w]***	2	MB
NITROGLYCERIN IN D5W SOLN 400-5 MCG/ML-% ***[nitroglycerin in d5w]***	2	MB
nitroglycerin pt24 0.1 mg/hr	1	
nitroglycerin pt24 0.2 mg/hr	1	
nitroglycerin pt24 0.4 mg/hr	1	
nitroglycerin pt24 0.6 mg/hr	1	
nitroglycerin soln 5 mg/ml	2	MB
NITROSTAT SUBL 0.3 MG ***[nitroglycerin]***	2	
NITROSTAT SUBL 0.4 MG ***[nitroglycerin]***	2	
NITROSTAT SUBL 0.6 MG ***[nitroglycerin]***	2	
PAPAVERINE HCL SOLN 30 MG/ML ***[papaverine hcl]***	2	MB
sildenafil citrate tabs 100 mg	1	QL - 8/30/day(s)
sildenafil citrate tabs 20 mg	1	QL - 30 day(s)
tadalafil tabs 10 mg	1	QL - 8/30/day(s)
tadalafil tabs 2.5 mg	1	QL - 8/30/day(s)
tadalafil tabs 20 mg	1	QL - 8/30/day(s)
tadalafil tabs 5 mg	1	QL - 8/30/day(s)
TRACLEER TABS 125 MG ***[bosentan]***	2	QL - 30 day(s),LD
TRACLEER TABS 62.5 MG ***[bosentan]***	2	QL - 30 day(s),LD
TYVASO REFILL SOLN 0.6 MG/ML ***[treprostinil]***	2	QL - 30 day(s)
TYVASO SOLN 0.6 MG/ML ***[treprostinil]***	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
TYVASO STARTER SOLN 0.6 MG/ML ***[treprostinil]***	2	QL - 30 day(s)
vardenafil hcl tabs 10 mg	1	QL - 8/30/day(s)
vardenafil hcl tabs 2.5 mg	1	QL - 8/30/day(s)
vardenafil hcl tabs 20 mg	1	QL - 8/30/day(s)
vardenafil hcl tabs 5 mg	1	QL - 8/30/day(s)
VENTAVIS SOLN 10 MCG/ML ***[iloprost]***	2	QL - 30 day(s),LD
VENTAVIS SOLN 20 MCG/ML ***[iloprost]***	2	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS		
ANALGESICS AND ANTIPYRETICS		
acetaminophen-codeine #2 tabs 300-15 mg	1	
acetaminophen-codeine #3 tabs 300-30 mg	1	
acetaminophen-codeine #4 tabs 300-60 mg	1	
acetaminophen-codeine soln 120-12 mg/5ml	1	
buprenorphine hcl soln 0.3 mg/ml	1	MB
buprenorphine hcl-naloxone hcl subl 2-0.5 mg	1	QL - 30 day(s)
buprenorphine hcl-naloxone hcl subl 8-2 mg	1	QL - 30 day(s)
butorphanol tartrate soln 1 mg/ml	1	MB
butorphanol tartrate soln 2 mg/ml	1	MB
CODEINE SULFATE TABS 15 MG ***[codeine sulfate]***	1	
CODEINE SULFATE TABS 30 MG ***[codeine sulfate]***	1	
CODEINE SULFATE TABS 60 MG ***[codeine sulfate]***	1	
DURAMORPH SOLN 1 MG/ML ***[morphine sulfate]***	1	MB
etodolac caps 200 mg	1	
etodolac caps 300 mg	1	
etodolac tabs 400 mg	1	
etodolac tabs 500 mg	1	
fentanyl citrate (pf) soct 100 mcg/2ml	1	MB
FENTANYL CITRATE (PF) SOLN 100 MCG/2ML ***[fentanyl citrate]***	1	MB
FENTANYL CITRATE (PF) SOLN 250 MCG/5ML ***[fentanyl citrate]***	1	MB
fentanyl pt72 100 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 12 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 25 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 50 mcg/hr	1	QL - 30 day(s)
fentanyl pt72 75 mcg/hr	1	QL - 30 day(s)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	
hydrocodone-acetaminophen tabs 5-325 mg	1	
hydromorphone hcl liqd 1 mg/ml	1	
hydromorphone hcl pf soln 50 mg/5ml	1	MB
hydromorphone hcl pf soln 500 mg/50ml	1	MB
HYDROMORPHONE HCL SOLN 1 MG/ML ***[hydromorphone hcl]***	1	QL - 30 day(s),MB
HYDROMORPHONE HCL SOLN 2 MG/ML ***[hydromorphone hcl]***	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HYDROMORPHONE HCL SOLN 4 MG/ML ***[hydromorphone hcl]***	2	MB
HYDROMORPHONE HCL SUPP 3 MG ***[hydromorphone hcl]***	2	
hydromorphone hcl tabs 2 mg	1	
hydromorphone hcl tabs 4 mg	1	
hydromorphone hcl tabs 8 mg	1	
[Ibuprofen] IBU TABS 400 MG	1	
[Ibuprofen] IBU TABS 600 MG	1	
[Ibuprofen] IBU TABS 800 MG	1	
ibuprofen susp 100 mg/5ml	1	
[Indomethacin] INDOCIN SUPP 50 MG	2	
indomethacin caps 25 mg	1	
indomethacin caps 50 mg	1	
indomethacin er cpcr 75 mg	1	
INDOMETHACIN SODIUM SOLR 1 MG ***[indomethacin sodium]***	1	MB
INFUMORPH 200 SOLN 200 MG/20ML (10 MG/ML) ***[morphine sulfate for continuous microinfusion]***	2	MB
ketorolac tromethamine inj 15mg/ml	1	MB
ketorolac tromethamine soln 15 mg/ml	1	MB
ketorolac tromethamine soln 30 mg/ml	1	MB
ketorolac tromethamine soln 60 mg/2ml	1	MB
[Hydrocodone-acetaminophen] LORCET HD TABS 10-325 MG	1	
[Hydrocodone-acetaminophen] LORCET PLUS TABS 7.5-325 MG	1	
[Hydrocodone-acetaminophen] LORTAB ELIX 10-300 MG/15ML	1	
meclofenamate sodium caps 100 mg	2	
meclofenamate sodium caps 50 mg	2	
mefenamic acid caps 250 mg	1	
meloxicam tabs 15 mg	1	
meloxicam tabs 7.5 mg	1	
meperidine hcl soln 100 mg/ml	1	MB
meperidine hcl soln 25 mg/ml	1	MB
meperidine hcl soln 50 mg/ml	1	MB
methadone hcl soln 10 mg/5ml	1	
METHADONE HCL SOLN 10 MG/ML ***[methadone hcl]***	2	MB
methadone hcl soln 5 mg/5ml	1	
METHADONE HCL TABS 10 MG ***[methadone hcl]***	1	
METHADONE HCL TABS 5 MG ***[methadone hcl]***	1	
morphine sulfate (concentrate) soln 100 mg/5ml	1	
morphine sulfate (pf) soln 0.5 mg/ml	1	MB
morphine sulfate (pf) soln 1 mg/ml	1	MB
morphine sulfate er tbcr 100 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
morphine sulfate er tbcr 15 mg	1	
morphine sulfate er tbcr 200 mg	1	
morphine sulfate er tbcr 30 mg	1	
morphine sulfate er tbcr 60 mg	1	
MORPHINE SULFATE SOLN 1 MG/ML ***[morphine sulfate]***	1	MB
MORPHINE SULFATE SOLN 10 MG/5ML ***[morphine sulfate]***	1	
MORPHINE SULFATE SOLN 10 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE SOLN 15 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE SOLN 2 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE SOLN 20 MG/5ML ***[morphine sulfate]***	1	
MORPHINE SULFATE SOLN 50 MG/ML ***[morphine sulfate]***	2	MB
MORPHINE SULFATE SUPP 10 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE SUPP 20 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE SUPP 30 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE SUPP 5 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE TABS 15 MG ***[morphine sulfate]***	2	
MORPHINE SULFATE TABS 30 MG ***[morphine sulfate]***	2	
nabumetone tabs 500 mg	1	
nabumetone tabs 750 mg	1	
nalbuphine hcl soln 10 mg/ml	1	MB
nalbuphine hcl soln 20 mg/ml	1	MB
naproxen tbec 375 mg	1	
naproxen susp 125 mg/5ml	1	
naproxen tabs 250 mg	1	
naproxen tabs 375 mg	1	
naproxen tabs 500 mg	1	
NEOPROFEN SOLN 10 MG/ML ***[ibuprofen lysine]***	2	MB
OFIRMEV SOLN 10 MG/ML ***[acetaminophen]***	2	MB
oxycodone hcl tabs 5 mg	1	
oxycodone-acetaminophen tabs 10-325 mg	1	
oxycodone-acetaminophen tabs 5-325 mg	1	
oxycodone-acetaminophen tabs 7.5-325 mg	1	
pentazocine-naloxone hcl tabs 50-0.5 mg	1	
SALSALATE TABS 500 MG ***[salsalate]***	1	
SALSALATE TABS 750 MG ***[salsalate]***	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
sulindac tabs 150 mg	1	
sulindac tabs 200 mg	1	
tramadol hcl tabs 50 mg	1	
tramadol-acetaminophen tabs 37.5-325 mg	1	
ANOREXIGENIC AGENTS AND RESPIRATORY AND CEREBRAL STIMULANTS		
ADDERALL XR CP24 10 MG ***[amphetamine-dextroamphetamine]***	2	
ADDERALL XR CP24 15 MG ***[amphetamine-dextroamphetamine]***	2	
ADDERALL XR CP24 20 MG ***[amphetamine-dextroamphetamine]***	2	
ADDERALL XR CP24 25 MG ***[amphetamine-dextroamphetamine]***	2	
ADDERALL XR CP24 30 MG ***[amphetamine-dextroamphetamine]***	2	
ADDERALL XR CP24 5 MG ***[amphetamine-dextroamphetamine]***	2	
amphetamine-dextroamphetamine tabs 10 mg	1	
amphetamine-dextroamphetamine tabs 12.5 mg	1	
amphetamine-dextroamphetamine tabs 15 mg	1	
amphetamine-dextroamphetamine tabs 20 mg	1	
amphetamine-dextroamphetamine tabs 30 mg	1	
amphetamine-dextroamphetamine tabs 5 mg	1	
amphetamine-dextroamphetamine tabs 7.5 mg	1	
APTENSIO XR CP24 10 MG ***[methylphenidate hcl]***	2	
APTENSIO XR CP24 15 MG ***[methylphenidate hcl]***	2	
APTENSIO XR CP24 20 MG ***[methylphenidate hcl]***	2	
APTENSIO XR CP24 30 MG ***[methylphenidate hcl]***	2	
APTENSIO XR CP24 40 MG ***[methylphenidate hcl]***	2	
APTENSIO XR CP24 50 MG ***[methylphenidate hcl]***	2	
APTENSIO XR CP24 60 MG ***[methylphenidate hcl]***	2	
caffeine citrate soln 60 mg/3ml	1	
CONCERTA TBCR 18 MG ***[methylphenidate hcl]***	2	
CONCERTA TBCR 27 MG ***[methylphenidate hcl]***	2	
CONCERTA TBCR 36 MG ***[methylphenidate hcl]***	2	
CONCERTA TBCR 54 MG ***[methylphenidate hcl]***	2	
dexmethylphenidate hcl er cp24 10 mg	1	
dexmethylphenidate hcl er cp24 15 mg	1	
dexmethylphenidate hcl er cp24 20 mg	1	
dexmethylphenidate hcl er cp24 25 mg	1	
dexmethylphenidate hcl er cp24 30 mg	1	
dexmethylphenidate hcl er cp24 35 mg	1	
dexmethylphenidate hcl er cp24 40 mg	1	
dexmethylphenidate hcl er cp24 5 mg	1	
dexmethylphenidate hcl tabs 10 mg	1	
dexmethylphenidate hcl tabs 2.5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
dexmethylphenidate hcl tabs 5 mg	1	
dextroamphetamine sulfate er cp24 10 mg	1	
dextroamphetamine sulfate er cp24 15 mg	1	
dextroamphetamine sulfate er cp24 5 mg	1	
dextroamphetamine sulfate tabs 10 mg	1	
dextroamphetamine sulfate tabs 5 mg	1	
methylphenidate hcl er (cd) cpcr 10 mg	1	
methylphenidate hcl er (cd) cpcr 20 mg	1	
methylphenidate hcl er (cd) cpcr 30 mg	1	
methylphenidate hcl er (cd) cpcr 40 mg	1	
methylphenidate hcl er (cd) cpcr 50 mg	1	
methylphenidate hcl er (cd) cpcr 60 mg	1	
methylphenidate hcl er tbcr 10 mg	1	
methylphenidate hcl er tbcr 18 mg	1	
methylphenidate hcl er tbcr 20 mg	1	
methylphenidate hcl er tbcr 27 mg	1	
methylphenidate hcl er tbcr 36 mg	1	
methylphenidate hcl er tbcr 54 mg	1	
methylphenidate hcl tabs 10 mg	1	
methylphenidate hcl tabs 20 mg	1	
methylphenidate hcl tabs 5 mg	1	
VYVANSE CAPS 10 MG ***[lisdexamfetamine dimesylate]***	2	
VYVANSE CAPS 20 MG ***[lisdexamfetamine dimesylate]***	2	
VYVANSE CAPS 30 MG ***[lisdexamfetamine dimesylate]***	2	
VYVANSE CAPS 40 MG ***[lisdexamfetamine dimesylate]***	2	
VYVANSE CAPS 50 MG ***[lisdexamfetamine dimesylate]***	2	
VYVANSE CAPS 60 MG ***[lisdexamfetamine dimesylate]***	2	
VYVANSE CAPS 70 MG ***[lisdexamfetamine dimesylate]***	2	
ANTICONVULSANTS		
BANZEL SUSP 40 MG/ML ***[rufinamide]***	2	
BANZEL TABS 200 MG ***[rufinamide]***	2	
BANZEL TABS 400 MG ***[rufinamide]***	2	
carbamazepine chew 100 mg	1	
carbamazepine er cp12 100 mg	1	
carbamazepine er cp12 200 mg	1	
carbamazepine er cp12 300 mg	1	
carbamazepine er tb12 100 mg	1	
carbamazepine er tb12 200 mg	1	
carbamazepine er tb12 400 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
carbamazepine susp 100 mg/5ml	1	
carbamazepine tabs 200 mg	1	
CELONTIN CAPS 300 MG ***[methsuximide]***	2	
clonazepam tabs 0.5 mg	1	
clonazepam tabs 1 mg	1	
clonazepam tabs 2 mg	1	
[Phenytoin Sodium Extended] DILANTIN CAPS 30 MG	2	
[Phenytoin] DILANTIN INFATABS CHEW 50 MG	2	
divalproex sodium csdr 125 mg	1	
divalproex sodium er tb24 250 mg	1	
divalproex sodium er tb24 500 mg	1	
divalproex sodium tbec 125 mg	1	
divalproex sodium tbec 250 mg	1	
divalproex sodium tbec 500 mg	1	
ethosuximide caps 250 mg	1	
ethosuximide soln 250 mg/5ml	1	
gabapentin caps 100 mg	1	
gabapentin caps 300 mg	1	
gabapentin caps 400 mg	1	
gabapentin tabs 600 mg	1	
gabapentin tabs 800 mg	1	
LAMICTAL STARTER KIT 35 x 25 MG ***[lamotrigine]***	2	
LAMICTAL STARTER KIT 42 x 25 MG & 7 X 100 MG ***[lamotrigine]***	2	
LAMICTAL STARTER KIT 84 x 25 MG & 14X100 MG ***[lamotrigine]***	2	
lamotrigine chew 25 mg	1	
lamotrigine chew 5 mg	1	
lamotrigine tabs 100 mg	1	
lamotrigine tabs 150 mg	1	
lamotrigine tabs 200 mg	1	
lamotrigine tabs 25 mg	1	
levetiracetam er tb24 500 mg	1	
levetiracetam er tb24 750 mg	1	
LEVETIRACETAM IN NACL SOLN 1000 MG/100ML ***[levetiracetam in sodium chloride]***	2	MB
LEVETIRACETAM IN NACL SOLN 1500 MG/100ML ***[levetiracetam in sodium chloride]***	2	MB
LEVETIRACETAM IN NACL SOLN 500 MG/100ML ***[levetiracetam in sodium chloride]***	2	MB
levetiracetam soln 100 mg/ml	1	
levetiracetam soln 500 mg/5ml	1	MB
levetiracetam tabs 1000 mg	1	
levetiracetam tabs 250 mg	1	
levetiracetam tabs 500 mg	1	
levetiracetam tabs 750 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MAGNESIUM SULFATE SOLN 50 % ***[magnesium sulfate]***	1	MB
oxcarbazepine susp 300 mg/5ml	1	
oxcarbazepine tabs 150 mg	1	
oxcarbazepine tabs 300 mg	1	
oxcarbazepine tabs 600 mg	1	
phenytoin sodium extended caps 100 mg	1	
phenytoin sodium soln 50 mg/ml	1	MB
phenytoin susp 125 mg/5ml	1	
primidone tab 50mg	1	
primidone tabs 250 mg	1	
SABRIL PACK 500 MG ***[vigabatrin]***	2	QL - 30 day(s)
topiramate cpsp 15 mg	1	
topiramate cpsp 25 mg	1	
topiramate tabs 100 mg	1	
topiramate tabs 200 mg	1	
topiramate tabs 25 mg	1	
topiramate tabs 50 mg	1	
valproic acid caps 250 mg	1	
valproic acid soln 250 mg/5ml	1	
[Ethosuximide] ZARONTIN SOLN 250 MG/5ML	2	
ANTIMANIC AGENTS		
lithium carbonate caps 150 mg	1	
LITHIUM CARBONATE CAPS 300 MG ***[lithium carbonate]***	1	
lithium carbonate caps 600 mg	1	
lithium carbonate er tbcr 300 mg	1	
lithium carbonate er tbcr 450 mg	1	
LITHIUM CARBONATE TABS 300 MG ***[lithium carbonate]***	1	
LITHIUM SOLN 8 MEQ/5ML ***[lithium]***	2	
ANTIMIGRAINE AGENTS		
[Ergotamine W/ Caffeine] CAFERGOT TABS 1-100 MG	2	
ergotamine-caffeine tabs 1-100 mg	1	
ISOMETHEPTENE-DICHLORAL-APAP CAPS 65-100-325 MG ***[isometheptene-dichloralphenazone-acetaminophen]***	1	
[Ergotamine W/ Caffeine] MIGERGOT SUPP 2-100 MG	2	
naratriptan hcl tabs 1 mg	1	
naratriptan hcl tabs 2.5 mg	1	
rizatriptan benzoate tabs 10 mg	1	
rizatriptan benzoate tabs 5 mg	1	
rizatriptan benzoate tbdp 10 mg	1	
rizatriptan benzoate tbdp 5 mg	1	
SUMATRIPTAN SOLN 20 MG/ACT ***[sumatriptan]***	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SUMATRIPTAN SUCCINATE REFILL SOCT 6 MG/0.5ML ***[sumatriptan succinate]***	1	
SUMATRIPTAN SUCCINATE SOAJ 6 MG/0.5ML ***[sumatriptan succinate]***	1	
sumatriptan succinate soln 6 mg/0.5ml	1	
sumatriptan succinate tabs 100 mg	1	
sumatriptan succinate tabs 25 mg	1	
sumatriptan succinate tabs 50 mg	1	
ANTIPARKINSONIAN AGENTS		
amantadine hcl caps 100 mg	1	
amantadine hcl syrp 50 mg/5ml	1	
APOKYN SOCT 30 MG/3ML ***[apomorphine hydrochloride]***	2	QL - 30 day(s),LD
benztropine mesylate soln 1 mg/ml	1	MB
benztropine mesylate tabs 0.5 mg	1	
benztropine mesylate tabs 1 mg	1	
benztropine mesylate tabs 2 mg	1	
bromocriptine mesylate caps 5 mg	1	
bromocriptine mesylate tabs 2.5 mg	1	
cabergoline tabs 0.5 mg	1	
carbidopa tabs 25 mg	1	
carbidopa-levodopa er tbcr 25-100 mg	1	
carbidopa-levodopa er tbcr 50-200 mg	1	
carbidopa-levodopa tabs 10-100 mg	1	
carbidopa-levodopa tabs 25-100 mg	1	
carbidopa-levodopa tabs 25-250 mg	1	
carbidopa-levodopa-entacapone tabs 12.5-50-200 mg	1	
carbidopa-levodopa-entacapone tabs 18.75-75-200 mg	2	
carbidopa-levodopa-entacapone tabs 25-100-200 mg	2	
carbidopa-levodopa-entacapone tabs 31.25-125-200 mg	2	
carbidopa-levodopa-entacapone tabs 37.5-150-200 mg	2	
carbidopa-levodopa-entacapone tabs 50-200-200 mg	2	
DUOPA SUSP 4.63-20 MG/ML ***[carbidopa-levodopa]***	2	MB
entacapone tabs 200 mg	1	
LODOSYN TABS 25 MG ***[carbidopa]***	2	
pramipexole dihydrochloride tabs 0.125 mg	1	
pramipexole dihydrochloride tabs 0.25 mg	1	
pramipexole dihydrochloride tabs 0.5 mg	1	
pramipexole dihydrochloride tabs 1 mg	1	
pramipexole dihydrochloride tabs 1.5 mg	1	
ropinirole hcl er tb24 12 mg	1	
ropinirole hcl er tb24 2 mg	1	
ropinirole hcl er tb24 4 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ropinirole hcl er tb24 6 mg	1	
ropinirole hcl er tb24 8 mg	1	
ropinirole hcl tabs 0.25 mg	1	
ropinirole hcl tabs 0.5 mg	1	
ropinirole hcl tabs 1 mg	1	
ropinirole hcl tabs 2 mg	1	
ropinirole hcl tabs 3 mg	1	
ropinirole hcl tabs 4 mg	1	
ropinirole hcl tabs 5 mg	1	
selegiline hcl caps 5 mg	1	
selegiline hcl tabs 5 mg	1	
trihexyphenidyl hcl soln 0.4 mg/ml	1	
trihexyphenidyl hcl tabs 2 mg	1	
trihexyphenidyl hcl tabs 5 mg	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS		
alprazolam tabs 0.25 mg	1	QL - 30 day(s)
alprazolam tabs 0.5 mg	1	QL - 30 day(s)
alprazolam tabs 1 mg	1	QL - 30 day(s)
alprazolam tabs 2 mg	1	QL - 30 day(s)
buspirone hcl tabs 10 mg	1	
buspirone hcl tabs 15 mg	1	
buspirone hcl tabs 30 mg	1	
buspirone hcl tabs 5 mg	1	
chlordiazepoxide hcl caps 10 mg	1	
chlordiazepoxide hcl caps 25 mg	1	
chlordiazepoxide hcl caps 5 mg	1	
clorazepate dipotassium tabs 15 mg	1	
clorazepate dipotassium tabs 3.75 mg	1	
clorazepate dipotassium tabs 7.5 mg	1	
DIASTAT ACUDIAL GEL 10 MG ***[diazepam (anticonvulsant)]***	2	
DIASTAT ACUDIAL GEL 20 MG ***[diazepam (anticonvulsant)]***	2	
DIASTAT PEDIATRIC GEL 2.5 MG ***[diazepam (anticonvulsant)]***	2	
[Diazepam] DIAZEPAM INTENSOL CONC 5 MG/ML	1	
diazepam soln 5 mg/5ml	1	
diazepam soln 5 mg/ml	1	MB
diazepam tabs 10 mg	1	
diazepam tabs 2 mg	1	
diazepam tabs 5 mg	1	
droperidol soln 2.5 mg/ml	1	MB
hydroxyzine hcl soln 50 mg/ml	1	MB
hydroxyzine hcl syrp 10 mg/5ml	1	
hydroxyzine hcl tabs 10 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
hydroxyzine hcl tabs 25 mg	1	
hydroxyzine hcl tabs 50 mg	1	
hydroxyzine pamoate caps 100 mg	2	
hydroxyzine pamoate caps 25 mg	1	
hydroxyzine pamoate caps 50 mg	1	
[Lorazepam] LORAZEPAM INTENSOL CONC 2 MG/ML	1	QL - 30 day(s)
lorazepam soln 2 mg/ml	1	MB
lorazepam soln 4 mg/ml	1	MB
lorazepam tabs 0.5 mg	1	QL - 30 day(s)
lorazepam tabs 1 mg	1	
lorazepam tabs 2 mg	1	QL - 30 day(s)
midazolam hcl syrp 2 mg/ml	1	
oxazepam caps 10 mg	1	QL - 30 day(s)
oxazepam caps 15 mg	1	QL - 30 day(s)
oxazepam caps 30 mg	1	QL - 30 day(s)
PHENOBARBITAL ELIX 20 MG/5ML ***[phenobarbital]***	1	
PHENOBARBITAL SODIUM SOLN 130 MG/ML ***[phenobarbital sodium]***	2	MB
PHENOBARBITAL SODIUM SOLN 65 MG/ML ***[phenobarbital sodium]***	2	MB
PHENOBARBITAL TABS 100 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 15 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 16.2 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 30 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 32.4 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 60 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 64.8 MG ***[phenobarbital]***	1	
PHENOBARBITAL TABS 97.2 MG ***[phenobarbital]***	1	
temazepam caps 15 mg	1	QL - 30 day(s)
temazepam caps 30 mg	1	QL - 30 day(s)
zolpidem tartrate tabs 5 mg	1	QL - 30 day(s)
CENTRAL NERVOUS SYSTEM AGENTS, MISCELLANEOUS		
acamprosate calcium tbec 333 mg	1	
guanfacine hcl er tb24 1 mg	1	
guanfacine hcl er tb24 2 mg	1	
guanfacine hcl er tb24 3 mg	1	
guanfacine hcl er tb24 4 mg	1	
INVEGA SUSTENNA SUSY 39 MG/0.25ML ***[paliperidone palmitate]***	2	MB
memantine hcl tabs 10 mg	1	
memantine hcl tabs 5 mg	1	
NAMENDA SOLN 10 MG/5ML ***[memantine hcl]***	2	
NAMENDA TITRATION PAK TABS 28 x 5 MG & 21 X 10 MG ***[memantine hcl]***	2	
pramipexole dihydrochloride tabs 0.75 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
riluzole tabs 50 mg	1	
GENERAL ANESTHETICS		
ketamine hcl soln 10 mg/ml	1	MB
ketamine hcl soln 50 mg/ml	1	MB
propofol emul 1000 mg/100ml	1	MB
OPIATE ANTAGONISTS		
naloxone hcl soln 0.4 mg/ml	1	MB
naloxone hcl sosy 2 mg/2ml	1	MB
naltrexone hcl tabs 50 mg	1	
NARCAN LIQD 4 MG/0.1ML ***[naloxone hcl]***	2	
PSYCHOTHERAPEUTIC AGENTS		
amitriptyline hcl tabs 10 mg	1	
amitriptyline hcl tabs 100 mg	1	
amitriptyline hcl tabs 150 mg	1	
amitriptyline hcl tabs 25 mg	1	
amitriptyline hcl tabs 50 mg	1	
amitriptyline hcl tabs 75 mg	1	
amoxapine tabs 100 mg	2	
amoxapine tabs 150 mg	2	
amoxapine tabs 25 mg	2	
amoxapine tabs 50 mg	2	
aripiprazole tabs 10 mg	1	
aripiprazole tabs 15 mg	1	
aripiprazole tabs 2 mg	1	
aripiprazole tabs 20 mg	1	
aripiprazole tabs 30 mg	1	
aripiprazole tabs 5 mg	1	
ARISTADA PRSY 1064 MG/3.9ML ***[aripiprazole lauroxil]***	2	MB
ARISTADA PRSY 441 MG/1.6ML ***[aripiprazole lauroxil]***	2	MB
ARISTADA PRSY 662 MG/2.4ML ***[aripiprazole lauroxil]***	2	MB
ARISTADA PRSY 882 MG/3.2ML ***[aripiprazole lauroxil]***	2	MB
bupropion hcl er (sr) tb12 100 mg	1	
bupropion hcl er (sr) tb12 150 mg	1	PREV
bupropion hcl er (sr) tb12 200 mg	1	
bupropion hcl er (xl) tb24 150 mg	1	PREV
bupropion hcl er (xl) tb24 300 mg	1	
bupropion hcl tabs 100 mg	1	
bupropion hcl tabs 75 mg	1	
chlorpromazine hcl soln 25 mg/ml	2	MB
chlorpromazine hcl tabs 10 mg	1	
chlorpromazine hcl tabs 100 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
chlorpromazine hcl tabs 200 mg	1	
chlorpromazine hcl tabs 25 mg	1	
chlorpromazine hcl tabs 50 mg	1	
citalopram hydrobromide soln 10 mg/5ml	1	
citalopram hydrobromide tabs 10 mg	1	
citalopram hydrobromide tabs 20 mg	1	
citalopram hydrobromide tabs 40 mg	1	
clomipramine hcl caps 25 mg	1	
clomipramine hcl caps 50 mg	1	
clomipramine hcl caps 75 mg	1	
clozapine tabs 100 mg	1	
clozapine tabs 200 mg	1	
clozapine tabs 25 mg	1	
clozapine tabs 50 mg	1	
[Prochlorperazine] COMPRO SUPP 25 MG	1	
desipramine hcl tabs 10 mg	1	
desipramine hcl tabs 100 mg	1	
desipramine hcl tabs 150 mg	1	
desipramine hcl tabs 25 mg	1	
desipramine hcl tabs 50 mg	1	
desipramine hcl tabs 75 mg	1	
doxepin hcl caps 10 mg	1	
doxepin hcl caps 100 mg	1	
doxepin hcl caps 150 mg	1	
doxepin hcl caps 25 mg	1	
doxepin hcl caps 50 mg	1	
doxepin hcl caps 75 mg	1	
doxepin hcl conc 10 mg/ml	1	
duloxetine hcl cpep 20 mg	1	
duloxetine hcl cpep 30 mg	1	
duloxetine hcl cpep 60 mg	1	
escitalopram oxalate soln 5 mg/5ml	1	
escitalopram oxalate tabs 10 mg	1	
escitalopram oxalate tabs 20 mg	1	
escitalopram oxalate tabs 5 mg	1	
fluoxetine hcl caps 10 mg	1	
fluoxetine hcl caps 20 mg	1	
fluoxetine hcl caps 40 mg	1	
fluoxetine hcl soln 20 mg/5ml	1	
fluphenazine decanoate soln 25 mg/ml	1	MB
fluphenazine hcl conc 5 mg/ml	2	
fluphenazine hcl tabs 1 mg	1	
fluphenazine hcl tabs 10 mg	1	
fluphenazine hcl tabs 2.5 mg	1	
fluphenazine hcl tabs 5 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
fluvoxamine maleate tabs 100 mg	1	
fluvoxamine maleate tabs 25 mg	1	
fluvoxamine maleate tabs 50 mg	1	
haloperidol decanoate soln 100 mg/ml	1	
haloperidol decanoate soln 50 mg/ml	1	
haloperidol lactate conc 2 mg/ml	1	
haloperidol lactate soln 5 mg/ml	1	MB
haloperidol tabs 0.5 mg	1	
haloperidol tabs 1 mg	1	
haloperidol tabs 10 mg	1	
haloperidol tabs 2 mg	1	
haloperidol tabs 20 mg	1	
haloperidol tabs 5 mg	1	
imipramine hcl tabs 10 mg	1	
imipramine hcl tabs 25 mg	1	
imipramine hcl tabs 50 mg	1	
INVEGA SUSTENNA SUSY 117 MG/0.75ML ***[paliperidone palmitate]***	2	MB
INVEGA SUSTENNA SUSY 156 MG/ML ***[paliperidone palmitate]***	2	MB
INVEGA SUSTENNA SUSY 234 MG/1.5ML ***[paliperidone palmitate]***	2	MB
INVEGA SUSTENNA SUSY 78 MG/0.5ML ***[paliperidone palmitate]***	2	MB
loxapine succinate caps 10 mg	1	
loxapine succinate caps 25 mg	1	
loxapine succinate caps 5 mg	1	
maprotiline hcl tabs 25 mg	2	
maprotiline hcl tabs 50 mg	2	
maprotiline hcl tabs 75 mg	2	
mirtazapine tabs 15 mg	1	
mirtazapine tabs 30 mg	1	
mirtazapine tabs 45 mg	1	
nefazodone hcl tabs 100 mg	2	
nefazodone hcl tabs 150 mg	2	
nefazodone hcl tabs 200 mg	2	
nefazodone hcl tabs 250 mg	1	
nefazodone hcl tabs 50 mg	1	
nortriptyline hcl caps 10 mg	1	
nortriptyline hcl caps 25 mg	1	
nortriptyline hcl caps 50 mg	1	
nortriptyline hcl caps 75 mg	1	
nortriptyline hcl soln 10 mg/5ml	1	
olanzapine tabs 10 mg	1	
olanzapine tabs 15 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
olanzapine tabs 2.5 mg	1	
olanzapine tabs 20 mg	1	
olanzapine tabs 5 mg	1	
olanzapine tabs 7.5 mg	1	
ORAP TABS 1 MG ***[pimozide]***	2	
ORAP TABS 2 MG ***[pimozide]***	2	
paroxetine hcl tabs 10 mg	1	
paroxetine hcl tabs 20 mg	1	
paroxetine hcl tabs 30 mg	1	
paroxetine hcl tabs 40 mg	1	
perphenazine tab 16mg	1	
perphenazine tabs 2 mg	1	
perphenazine tabs 4 mg	1	
perphenazine tabs 8 mg	1	
phenelzine sulfate tabs 15 mg	1	
pimozide tabs 2 mg	1	
prochlorperazine edisylate soln 10 mg/2ml	1	MB
prochlorperazine maleate tabs 10 mg	1	
prochlorperazine maleate tabs 5 mg	1	
protriptyline hcl tabs 10 mg	1	
protriptyline hcl tabs 5 mg	1	
quetiapine fumarate tabs 100 mg	1	
quetiapine fumarate tabs 200 mg	1	
quetiapine fumarate tabs 25 mg	1	
quetiapine fumarate tabs 300 mg	1	
quetiapine fumarate tabs 400 mg	1	
quetiapine fumarate tabs 50 mg	1	
RISPERDAL CONSTA SRER 12.5 MG ***[risperidone microspheres]***	2	QL,MB
RISPERDAL CONSTA SRER 25 MG ***[risperidone microspheres]***	2	MB
RISPERDAL CONSTA SRER 37.5 MG ***[risperidone microspheres]***	2	MB
RISPERDAL CONSTA SRER 50 MG ***[risperidone microspheres]***	2	MB
RISPERIDONE SOLN 1 MG/ML ***[risperidone]***	1	
RISPERIDONE TABS 0.25 MG ***[risperidone]***	1	
RISPERIDONE TABS 0.5 MG ***[risperidone]***	1	
RISPERIDONE TABS 1 MG ***[risperidone]***	1	
RISPERIDONE TABS 2 MG ***[risperidone]***	1	
RISPERIDONE TABS 3 MG ***[risperidone]***	1	
RISPERIDONE TABS 4 MG ***[risperidone]***	1	
sertraline hcl tabs 100 mg	1	
sertraline hcl tabs 25 mg	1	
sertraline hcl tabs 50 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
thioridazine hcl tabs 10 mg	1	
thioridazine hcl tabs 100 mg	1	
thioridazine hcl tabs 25 mg	1	
thioridazine hcl tabs 50 mg	1	
thiothixene caps 1 mg	1	
thiothixene caps 10 mg	1	
thiothixene caps 2 mg	1	
thiothixene caps 5 mg	1	
tranylcypromine sulfate tabs 10 mg	1	
trazodone hcl tabs 100 mg	1	
trazodone hcl tabs 150 mg	1	
trazodone hcl tabs 50 mg	1	
trifluoperazine hcl tabs 1 mg	1	
trifluoperazine hcl tabs 10 mg	1	
trifluoperazine hcl tabs 2 mg	1	
trifluoperazine hcl tabs 5 mg	1	
venlafaxine hcl er cp24 150 mg	1	
venlafaxine hcl er cp24 37.5 mg	1	
venlafaxine hcl er cp24 75 mg	1	
venlafaxine hcl tabs 100 mg	1	
venlafaxine hcl tabs 25 mg	1	
venlafaxine hcl tabs 37.5 mg	1	
venlafaxine hcl tabs 50 mg	1	
venlafaxine hcl tabs 75 mg	1	
ziprasidone hcl caps 20 mg	1	
ziprasidone hcl caps 40 mg	1	
ziprasidone hcl caps 60 mg	1	
ziprasidone hcl caps 80 mg	1	
CONTRACEPTIVES (FOAMS, DEVICES)		
CONTRACEPTIVES (FOAMS, DEVICES)		
WIDE-SEAL DIAPHRAGM 60 DPRH 2 % ***[diaphragm wide seal]***	2	
WIDE-SEAL DIAPHRAGM 65 DPRH 2 % ***[diaphragm wide seal]***	2	
WIDE-SEAL DIAPHRAGM 70 DPRH 2 % ***[diaphragm wide seal]***	2	
WIDE-SEAL DIAPHRAGM 75 DPRH 2 % ***[diaphragm wide seal]***	2	
WIDE-SEAL DIAPHRAGM 80 DPRH 2 % ***[diaphragm wide seal]***	2	
WIDE-SEAL DIAPHRAGM 85 DPRH 2 % ***[diaphragm wide seal]***	2	
WIDE-SEAL DIAPHRAGM 90 DPRH 2 % ***[diaphragm wide seal]***	2	
WIDE-SEAL DIAPHRAGM 95 DPRH 2 % ***[diaphragm wide seal]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
DEVICES		
DEVICES		
AEROCHAMBER PLUS FLO-VU SMALL MISC ***[spacer/aerosol-holding chambers]***	2	
AEROCHAMBER Z-STAT PLUS MISC ***[spacer/aerosol-holding chambers]***	2	
AEROCHAMBER Z-STAT PLUS/LARGE MISC ***[spacer/aerosol-holding chambers]***	2	
AEROCHAMBER Z-STAT PLUS/MEDIUM MISC ***[spacer/aerosol-holding chambers]***	2	
ASSESS FULL RANGE PEAK METER DEVI ***[peak flow meter]***	2	MB
BAYER BREEZE 2 CONTROL LIQD NORMAL ***[blood glucose calibration]***	2	
BAYER MICROLET 2 LANCING DEVIC MISC ***[lancet devices]***	2	
BD ALLERGY SYRINGE MISC 28G X 1/2" 1 ML ***[tuberculin/allergy syringes]***	2	
BD DISP NEEDLES MISC 18G X 1-1/2" ***[needle (disp) 18 g]***	2	
BD DISP NEEDLES MISC 19G X 1" ***[needle (disp) 19 g]***	2	
BD DISP NEEDLES MISC 20G X 1" ***[needle (disp) 20 g]***	2	
BD DISP NEEDLES MISC 22G X 1-1/2" ***[needle (disp) 22 g]***	2	
BD HYPODERMIC NEEDLE MISC 18G X 1" ***[needle (disp) 18 g]***	2	
BD HYPODERMIC NEEDLE MISC 21G X 1" ***[needle (disp) 21 g]***	2	
BD HYPODERMIC NEEDLE MISC 22G X 1-1/2" ***[needle (disp) 22 g]***	2	
BD HYPODERMIC NEEDLE MISC 25G X 1-1/2" ***[needle (disp) 25 g]***	2	
BD INSULIN SYRINGE MICROFINE MISC 27G X 5/8" 1 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE MICROFINE MISC 28G X 1/2" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE MISC 25G X 1" 1 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE MISC 27G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE MISC U-100 1 ML ***[insulin syringes (disposable)]***	2	
BD INSULIN SYRINGE U-500 MISC 31G X 6MM 0.5 ML ***[insulin syringe/needle u-500]***	2	
BD INSULIN SYRINGE U/F 1/2UNIT MISC 31G X 5/16" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.3 ML	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
[insulin syringe/needle u-100]		
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 0.5 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE U/F MISC 30G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 0.5 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE U/F MISC 31G X 5/16" 1 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE ULTRAFINE MISC 30G X 1/2" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD INSULIN SYRINGE ULTRAFINE MISC 31G X 15/64" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD INTEGRA SYRINGE MISC 25G X 5/8" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LANCET ULTRAFINE 33G MISC ***[lancets]***	2	
BD LUER-LOK SYRINGE MISC 18G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 20G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 20G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 21G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/2" 5 ML ***[syringe/needle (disp) 5 ml]***	2	
BD LUER-LOK SYRINGE MISC 21G X 1-1/4" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 22G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 25G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 25G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 25G X 5/8" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD LUER-LOK SYRINGE MISC 2G X 1-1/4" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD PEN NEEDLE MINI U/F MISC 31G X 5 MM ***[insulin pen needle]***	2	
BD PEN NEEDLE NANO U/F MISC 32G X 4 MM ***[insulin pen needle]***	2	
BD PEN NEEDLE ORIGINAL U/F MISC 29G X 12.7MM ***[insulin pen needle]***	2	
BD PEN NEEDLE SHORT U/F MISC 31G X 8 MM ***[insulin pen needle]***	2	
BD SAFETY-LOK INSULIN SYRINGE MISC 29G X 1/2"	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
1 ML ***[insulin syringe/needle u-100]***		
BD SYRINGE LUER-LOK MISC 1 ML ***[syringe (disposable)]***	2	
BD SYRINGE LUER-LOK MISC 10 ML ***[syringe (disposable)]***	2	
BD SYRINGE LUER-LOK MISC 20 ML ***[syringe (disposable)]***	2	
BD SYRINGE LUER-LOK MISC 3 ML ***[syringe (disposable)]***	2	
BD SYRINGE LUER-LOK MISC 60 ML ***[syringe (disposable)]***	2	
BD SYRINGE/NEEDLE MISC 22G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD SYRINGE/NEEDLE MISC 23G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD SYRINGE/NEEDLE MISC 25G X 5/8" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
BD TB SYRINGE MISC 25G X 5/8" 1 ML ***[tuberculin/allergy syringes]***	2	
BD TB SYRINGE MISC 27G X 1/2" 1 ML ***[tuberculin/allergy syringes]***	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.3 ML ***[insulin syringe/needle u-100]***	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 0.5 ML ***[insulin syringe/needle u-100]***	2	
BD VEO INSULIN SYRINGE U/F MISC 31G X 15/64" 1 ML ***[insulin syringe/needle u-100]***	2	
CLICKFINE PEN NEEDLES MISC 31G X 6 MM ***[insulin pen needle]***	2	
EASY TOUCH SAFETY SYRINGE MISC 20G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
HYPODERMIC NEEDLE MISC 18G X 1-1/2" ***[needle (disp) 18 g]***	2	
HYPODERMIC NEEDLE MISC 19G X 1" ***[needle (disp) 19 g]***	2	
HYPODERMIC NEEDLE MISC 25G X 1-1/2" ***[needle (disp) 25 g]***	2	
MEDSAVER SYRINGE MISC 25G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
MONOJECT INSULIN SYRINGE MISC 25G X 5/8" 1 ML ***[insulin syringe/needle u-100]***	2	
MONOJECT INSULIN SYRINGE MISC 27G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 0.3 ML ***[insulin syringe/needle u-100]***	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 0.5 ML ***[insulin syringe/needle u-100]***	2	
MONOJECT INSULIN SYRINGE MISC 29G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
MONOJECT PHARMACY TRAY MISC 1 ML ***[syringe (disposable)]***	2	
MONOJECT SAFETY SYRINGE/SHIELD MISC 21G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
MONOJECT SAFETY SYRINGE/SHIELD MISC 21G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
MONOJECT SAFETY SYRINGE/SHIELD MISC 22G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
MONOJECT SAFETY SYRINGE/SHIELD MISC 22G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
MONOJECT SAFETY SYRINGE/SHIELD MISC 23G X 1" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
MONOJECT TB SYRINGE MISC 28G X 1/2" 1 ML ***[tuberculin/allergy syringes]***	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 28G X 1/2" 0.5 ML ***[insulin syringe/needle u-100]***	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 29G X 1/2" 0.5 ML ***[insulin syringe/needle u-100]***	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16" 0.3 ML ***[insulin syringe/needle u-100]***	2	
MONOJECT ULTRA COMFORT SYRINGE MISC 30G X 5/16" 0.5 ML ***[insulin syringe/needle u-100]***	2	
NOVOFINE AUTOCOVER MISC 30G X 8 MM ***[insulin pen needle]***	2	
NOVOFINE MISC 30G X 8 MM ***[insulin pen needle]***	2	
OMNITROPE SOLR 5.8 MG ***[somatropin]***	2	QL - 30 day(s)
ONETOUCH DELICA LANCETS 33G MISC ***[lancets]***	2	
ONETOUCH FINEPOINT LANCETS MISC ***[lancets]***	2	
ONETOUCH SURESOFT LANCING DEV MISC ***[lancets misc.]***	2	
ONETOUCH ULTRA CONTROL SOLN ***[blood glucose calibration]***	2	
ONETOUCH ULTRA MINI KIT W/DEVICE ***[blood glucose monitoring supplies]***	2	
ONETOUCH VERIO SOLN HIGH ***[blood glucose calibration]***	2	
PENLET II BLOOD SAMPLER KIT ***[lancets misc.]***	2	
POLY HUB NEEDLE MISC 18G X 1" ***[needle (disp) 18 g]***	2	
SAFETY-LOK SYRINGE MISC 5 ML ***[syringe (disposable)]***	2	
SAFETY-LOK TB SYRINGE MISC 27G X 1/2" 1 ML ***[tuberculin/allergy syringes]***	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 0.5 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 28G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 29G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2" 0.5 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 1/2" 1 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 30G X 5/16" 1 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16" 0.3 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16" 0.5 ML ***[insulin syringe/needle u-100]***	2	
SURE COMFORT INSULIN SYRINGE MISC 31G X 5/16" 1 ML ***[insulin syringe/needle u-100]***	2	
SYRINGE DISPOSABLE MISC 10 ML ***[syringe (disposable)]***	2	
SYRINGE DISPOSABLE MISC 20 ML ***[syringe (disposable)]***	2	
SYRINGE DISPOSABLE MISC 3 ML ***[syringe (disposable)]***	2	
SYRINGE DISPOSABLE MISC 5 ML ***[syringe (disposable)]***	2	
SYRINGE MISC 20G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
SYRINGE MISC 21G X 1-1/2" 3 ML ***[syringe/needle (disp) 3 ml]***	2	
TRUZONE PEAK FLOW METER DEVI ***[peak flow meter]***	2	MB
TUBERCULIN SYRINGE MISC 1 ML ***[syringe (disposable)]***	2	
ULTICARE TUBERCULIN SAFETY SYR MISC 25G X 5/8" 1 ML ***[tuberculin/allergy syringes]***	2	
ULTRA THIN LANCETS 30G MISC ***[lancets]***	2	
ULTRA-COMFORT INSULIN SYRINGE MISC 31G X 5/16" 0.3 ML ***[insulin syringe/needle u-100]***	2	
VANISHPOINT TUBERCULIN SYRINGE MISC 27G X 1/2" 1 ML ***[tuberculin/allergy syringes]***	2	
YALE DISP NEEDLES MISC 21G X 1" ***[needle (disp) 21 g]***	2	
DIAGNOSTIC AGENTS		
DIAGNOSTIC AGENTS		
ACETEST TAB TABLETS ***[acetone (urine) test]***	2	
adenosine (diagnostic) soln 3 mg/ml	1	MB
ALTAFLUOR BENOX SOLN 0.25-0.4 % ***[fluorescein w/ benoxinate]***	1	
BIO GLO STRP 1 MG ***[fluorescein sodium topical]***	1	
CANDIN SOLN ***[candida albicans skin test antigen]***	2	MB
CONRAY SOLN 60 % ***[iothalamate meglumine]***	2	MB
D-XYLOSE POWD ***[d-xylose]***	2	
DIASTIX STRP ***[glucose urine test-(glucose***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
oxidase)]		
[Edrophonium Chloride] ENLON SOLN 10 MG/ML	1	MB
EOVIST SOLN 0.25 MOL/L ***[gadoxetate disodium]***	2	MB
GADAVIST SOLN 1 MMOL/ML ***[gadobutrol]***	2	MB
KETO-DIASTIX STRP ***[urine glucose-ketones test]***	2	
KETOSTIX STRP ***[acetone (urine) test]***	2	
LEXISCAN SOLN 0.4 MG/5ML ***[regadenoson]***	2	MB
LUMASON SUSR 60.7-25 MG ***[sulfur hexafluoride lipid-type a microspheres]***	2	MB
MAGNEVIST SOLN 469.01 MG/ML ***[gadopentetate dimeglumine]***	2	MB
METHYLENE BLUE SOLN 1 % ***[methylene blue (antidote)]***	1	MB
MULTIHANCE SOLN 529 MG/ML ***[gadobenate dimeglumine]***	2	MB
ONETOUCH ULTRA BLUE STRP ***[glucose blood]***	2	
THYROGEN SOLR 1.1 MG ***[thyrotropin alfa]***	2	MB
TUBERSOL SOLN 5 UNIT/0.1ML ***[tuberculin ppd]***	2	MB
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
CYTRA K CRYSTALS PACK 3300-1002 MG ***[potassium citrate-citric acid]***	1	
CYTRA-K SOLN 1100-334 MG/5ML ***[potassium citrate-citric acid]***	1	
NEUT SOLN 4 % ***[sodium bicarbonate]***	2	MB
POTASSIUM CITRATE ER TBCR 10 MEQ (1080 MG) ***[potassium citrate (alkalinizer)]***	1	
POTASSIUM CITRATE ER TBCR 5 MEQ (540 MG) ***[potassium citrate (alkalinizer)]***	1	
POTASSIUM CITRATE-CITRIC ACID SOLN 1100-334 MG/5ML ***[potassium citrate-citric acid]***	1	
SOD CITRATE-CITRIC ACID SOLN 500-334 MG/5ML ***[sodium citrate & citric acid]***	1	
SODIUM ACETATE SOLN 2 MEQ/ML ***[sodium acetate]***	2	MB
SODIUM BICARBONATE SOLN 8.4 % ***[sodium bicarbonate]***	1	MB
THAM SOLN 30 MEQ/100ML ***[tromethamine]***	2	MB
TRICITRATES SOLN 550-500-334 MG/5ML ***[pot & sod citrates w/citric ac]***	1	
AMMONIA DETOXICANTS		
BUPHENYL TABS 500 MG ***[sodium phenylbutyrate]***	2	QL - 30 day(s)
lactulose encephalopathy soln 10 gm/15ml	1	
lactulose soln 10 gm/15ml	1	
LITHOSTAT TABS 250 MG ***[acetohydroxamic acid]***	2	
sodium phenylbutyrate powd 3 gm/tsp	1	QL - 30 day(s)
CALORIC AGENTS		
AMINOSYN/ELECTROLYTES SOLN 8.5 % ***[amino acid***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
electrolyte infusion]		
CLINIMIX E/DEXTROSE (2.75/10) SOLN 2.75 % ***[amino acid electrolyte w/ calcium infusion in d10w]***	2	MB
CLINIMIX E/DEXTROSE (2.75/5) SOLN 2.75 % ***[amino acid electrolyte w/ calcium infusion in d5w]***	2	MB
CLINIMIX E/DEXTROSE (4.25/10) SOLN 4.25 % ***[amino acid electrolyte w/ calcium infusion in d10w]***	2	MB
CLINIMIX E/DEXTROSE (4.25/25) SOLN 4.25 % ***[amino acid electrolyte w/ calcium infusion in d25w]***	2	MB
CLINIMIX E/DEXTROSE (4.25/5) SOLN 4.25 % ***[amino acid electrolyte w/ calcium infusion in d5w]***	2	MB
CLINIMIX E/DEXTROSE (5/15) SOLN 5 % ***[amino acid electrolyte w/ calcium infusion in d15w]***	2	MB
CLINIMIX E/DEXTROSE (5/20) SOLN 5 % ***[amino acid electrolyte w/ calcium infusion in d20w]***	2	MB
CLINIMIX E/DEXTROSE (5/25) SOLN 5 % ***[amino acid electrolyte w/ calcium infusion in d25w]***	2	MB
CLINIMIX/DEXTROSE (2.75/5) SOLN 2.75 % ***[amino acid infusion in d5w]***	2	MB
CLINIMIX/DEXTROSE (4.25/10) SOLN 4.25 % ***[amino acid infusion in d10w]***	2	MB
CLINIMIX/DEXTROSE (4.25/20) SOLN 4.25 % ***[amino acid infusion in d20w]***	2	MB
CLINIMIX/DEXTROSE (4.25/25) SOLN 4.25 % ***[amino acid infusion in d25w]***	2	MB
CLINIMIX/DEXTROSE (4.25/5) SOLN 4.25 % ***[amino acid infusion in d5w]***	2	MB
CLINIMIX/DEXTROSE (5/15) SOLN 5 % ***[amino acid infusion in d15w]***	2	MB
CLINIMIX/DEXTROSE (5/20) SOLN 5 % ***[amino acid infusion in d20w]***	2	MB
CLINIMIX/DEXTROSE (5/25) SOLN 5 % ***[amino acid infusion in d25w]***	2	MB
DEXTROSE SOLN 10 % ***[dextrose]***	1	MB
DEXTROSE SOLN 20 % ***[dextrose]***	2	MB
DEXTROSE SOLN 40 % ***[dextrose]***	2	MB
DEXTROSE SOLN 5 % ***[dextrose]***	1	MB
DEXTROSE SOLN 50 % ***[dextrose]***	1	MB
DEXTROSE SOLN 70 % ***[dextrose]***	1	MB
INTRALIPID EMUL 20 % ***[fat emulsion plant based]***	2	MB
INTRALIPID EMUL 30 % ***[fat emulsion plant based]***	2	MB
PHENYLADE DRINK MIX POWD ***[nutritional supplements]***	2	
PHLEXY-10 PACK ***[nutritional supplements]***	2	
PKU EXPRESS PACK ***[nutritional supplements]***	2	
[Amino Acid Infusion] PLENAMINE SOLN 15 %	1	MB
PORTAGEN POW ***[nutritional supplements]***	2	
PROCALAMINE SOLN 3 % ***[amino acid electrolyte***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
infusion]		
TRAVASOL SOLN 10 % ***[amino acid infusion]***	2	MB
TROPHAMINE SOLN 10 % ***[amino acid infusion]***	2	MB
TROPHAMINE SOLN 6 % ***[amino acid infusion]***	2	MB
DIURETICS		
chlorthalidone tabs 25 mg	1	
chlorthalidone tabs 50 mg	1	
DYRENIUM CAPS 100 MG ***[triamterene]***	2	
DYRENIUM CAPS 50 MG ***[triamterene]***	2	
EDECRIN TABS 25 MG ***[ethacrynic acid]***	2	
ethacrynic acid tabs 25 mg	1	
FUROSEMIDE SOLN 10 MG/ML ***[furosemide]***	1	MB
furosemide soln 8 mg/ml	1	
FUROSEMIDE TABS 20 MG ***[furosemide]***	1	
FUROSEMIDE TABS 40 MG ***[furosemide]***	1	
furosemide tabs 80 mg	1	
hydrochlorothiazide tabs 12.5 mg	1	
hydrochlorothiazide tabs 25 mg	1	
hydrochlorothiazide tabs 50 mg	1	
indapamide tabs 1.25 mg	1	
indapamide tabs 2.5 mg	1	
metolazone tabs 10 mg	1	
metolazone tabs 2.5 mg	1	
metolazone tabs 5 mg	1	
OSMITROL SOLN 20 % ***[mannitol]***	1	MB
SODIUM EDECRIN SOLR 50 MG ***[ethacrynate sodium]***	2	MB
torsemide tabs 10 mg	1	
torsemide tabs 100 mg	1	
torsemide tabs 20 mg	1	
torsemide tabs 5 mg	1	
triamterene-hctz caps 37.5-25 mg	1	
triamterene-hctz tabs 37.5-25 mg	1	
TRIAMTERENE-HCTZ TABS 75-50 MG ***[triamterene & hydrochlorothiazide]***	1	
ION-REMOVING AGENTS		
RENVELA PACK 2.4 GM ***[sevelamer carbonate]***	2	
sevelamer carbonate pack 2.4 gm	1	
sevelamer carbonate tabs 800 mg	1	
sodium polystyrene sulfonate powd	1	
sodium polystyrene sulfonate susp 15 gm/60ml	1	
sodium polystyrene sulfonate susp 30 gm/120ml	1	
[Sodium Polystyrene Sulfonate] SPS SUSP 15 GM/60ML	2	
[Sodium Polystyrene Sulfonate] SPS SUSP 15	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
GM/60ML		
IRRIGATING SOLUTIONS		
ACETIC ACID SOLN 0.25 % ***[acetic acid]***	1	MB
LACTATED RINGERS SOLN ***[lactated ringer's (irrigation)]***	2	MB
SODIUM CHLORIDE SOLN 0.9 % ***[sodium chloride (gu irrigant)]***	1	MB
STERILE WATER FOR IRRIGATION SOLN ***[water for irrigation, sterile]***	1	MB
REPLACEMENT PREPARATIONS		
calcium acetate (phos binder) caps 667 mg	1	
CALCIUM CHLORIDE SOLN 10 % ***[calcium chloride (dihydrate)]***	1	MB
CALCIUM GLUCONATE SOLN 10 % ***[calcium gluconate]***	1	MB
CHROMIC CHLORIDE SOLN 40 MCG/10ML ***[chromic chloride]***	2	MB
COPPER CHLORIDE SOLN 0.4 MG/ML ***[cupric chloride]***	2	MB
DEXTROSE 5%/ELECTROLYTE #48 SOLN ***[electrolyte-48 in dextrose]***	2	MB
DEXTROSE IN LACTATED RINGERS SOLN 5 % ***[dextrose in lactated ringers]***	1	MB
DEXTROSE-NACL SOLN 10-0.45 % ***[dextrose w/ sodium chloride]***	2	MB
DEXTROSE-NACL SOLN 2.5-0.45 % ***[dextrose w/ sodium chloride]***	1	MB
DEXTROSE-NACL SOLN 5-0.2 % ***[dextrose w/ sodium chloride]***	1	MB
DEXTROSE-NACL SOLN 5-0.33 % ***[dextrose w/ sodium chloride]***	1	MB
DEXTROSE-NACL SOLN 5-0.45 % ***[dextrose w/ sodium chloride]***	1	MB
DEXTROSE-NACL SOLN 5-0.9 % ***[dextrose w/ sodium chloride]***	1	MB
[Calcium Acetate (phosphate Binder)] ELIPHOS TABS 667 MG	2	
HETASTARCH-NACL SOLN 6-0.9 % ***[hetastarch in sodium chloride]***	1	MB
HEXTEND SOLN 6 % ***[hetastarch in lactated electrolyte]***	2	MB
HYPERLYTE-CR SOLN ***[parenteral electrolytes]***	2	MB
K-TAB TBCR 10 MEQ ***[potassium chloride]***	2	
KCL IN DEXTROSE-NACL SOLN 10-5-0.45 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]***	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.2 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]***	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
KCL IN DEXTROSE-NACL SOLN 20-5-0.45 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]***	1	MB
KCL IN DEXTROSE-NACL SOLN 20-5-0.9 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]***	1	MB
KCL IN DEXTROSE-NACL SOLN 30-5-0.45 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]***	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.45 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]***	1	MB
KCL IN DEXTROSE-NACL SOLN 40-5-0.9 MEQ/L-%-% ***[potassium chloride in dextrose & sodium chloride]***	2	MB
KCL-LACTATED RINGERS-D5W SOLN 20 MEQ/L ***[potassium chloride in d5w lactated ringers]***	2	MB
KLOR-CON TBCR 8 MEQ ***[potassium chloride]***	1	
LACTATED RINGERS SOLN ***[lactated ringer's]***	2	MB
LMD IN NACL SOLN 10-0.9 % ***[dextran 40 in saline]***	2	MB
M.T.E.-5 CONCENTRATE INJ CONC ***[trace minerals (cr-cu-mn-se-zn)]***	2	MB
MAGNESIUM SULFATE IN D5W SOLN 1-5 GM/100ML-% ***[magnesium sulfate in dextrose]***	2	MB
MANGANESE CHLORIDE SOLN 0.1 MG/ML ***[manganese chloride]***	2	MB
sodium chloride soln	1	MB
NORMAL SALINE FLUSH SOLN 0.9 % ***[sodium chloride flush]***	1	MB
PHOSLYRA SOLN 667 MG/5ML ***[calcium acetate (phosphate binder)]***	2	
PLASMA-LYTE A SOLN ***[electrolyte-a]***	2	MB
POTASSIUM ACETATE SOLN 2 MEQ/ML ***[potassium acetate]***	1	MB
potassium chloride crys er tbcr 10 meq	1	
potassium chloride crys er tbcr 20 meq	1	
potassium chloride er cpcr 10 meq	1	
potassium chloride er cpcr 8 meq	1	
POTASSIUM CHLORIDE IN DEXTROSE SOLN 20-5 MEQ/L-% ***[potassium chloride in dextrose]***	1	MB
POTASSIUM CHLORIDE IN DEXTROSE SOLN 40-5 MEQ/L-% ***[potassium chloride in dextrose]***	1	MB
POTASSIUM CHLORIDE IN NACL SOLN 20-0.9 MEQ/L-% ***[potassium chloride in nacl]***	1	MB
POTASSIUM CHLORIDE PACK 20 MEQ ***[potassium chloride]***	1	
POTASSIUM CHLORIDE SOLN 10 MEQ/100ML ***[potassium chloride]***	1	MB
POTASSIUM CHLORIDE SOLN 10 MEQ/50ML ***[potassium chloride]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
potassium chloride soln 2 meq/ml	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/100ML ***[potassium chloride]***	1	MB
POTASSIUM CHLORIDE SOLN 20 MEQ/15ML (10%) ***[potassium chloride]***	1	
POTASSIUM CHLORIDE SOLN 40 MEQ/100ML ***[potassium chloride]***	2	MB
POTASSIUM CHLORIDE SOLN 40 MEQ/15ML (20%) ***[potassium chloride]***	1	
POTASSIUM PHOSPHATES SOLN 45 MMOLE/15ML ***[potassium phosphates]***	1	MB
RINGERS SOLN ***[ringer's]***	1	MB
SELENIUM SOLN 40 MCG/ML ***[selenious acid]***	2	MB
SODIUM CHLORIDE (PF) SOLN 0.9 % ***[sodium chloride]***	1	MB
SODIUM CHLORIDE BACTERIOSTATIC SOLN 0.9 % ***[bacteriostatic sodium chloride]***	1	MB
SODIUM CHLORIDE SOLN 0.45 % ***[sodium chloride]***	1	MB
SODIUM CHLORIDE SOLN 0.9 % ***[sodium chloride]***	1	MB
SODIUM CHLORIDE SOLN 3 % ***[sodium chloride]***	1	MB
SODIUM CHLORIDE SOLN 4 MEQ/ML ***[sodium chloride]***	1	MB
SODIUM CHLORIDE SOLN 5 % ***[sodium chloride]***	1	MB
SODIUM PHOSPHATES SOLN 45 MMOLE/15ML ***[sodium phosphates (sodium phosphate dibasic & monobasic)]***	1	MB
ZINC SULFATE SOLN 1 MG/ML ***[zinc sulfate]***	2	MB
URICOSURIC AGENTS		
probenecid tabs 500 mg	1	
ENZYMES		
ENZYMES		
ALDURAZYME SOLN 2.9 MG/5ML ***[laronidase]***	2	MB
ARALAST NP SOLR 1000 MG ***[alpha1-proteinase inhibitor (human)]***	2	QL - 30 day(s),MB
ELAPRASE SOLN 6 MG/3ML ***[idursulfase]***	2	QL - 30 day(s),MB
FABRAZYME SOLR 35 MG ***[agalsidase beta]***	2	QL - 30 day(s),MB
FABRAZYME SOLR 5 MG ***[agalsidase beta]***	2	QL - 30 day(s),MB
HYLENEX SOLN 150 UNIT/ML ***[hyaluronidase human]***	2	MB
LUMIZYME SOLR 50 MG ***[alglucosidase alfa]***	2	QL - 30 day(s),MB
PROLASTIN-C SOLR 1000 MG ***[alpha1-proteinase inhibitor (human)]***	2	QL - 30 day(s),MB
PULMOZYME SOLN 1 MG/ML ***[dornase alfa]***	2	QL - 30 day(s)
STRENSIQ SOLN 18 MG/0.45ML ***[asfotase alfa]***	2	QL - 30 day(s)
STRENSIQ SOLN 28 MG/0.7ML ***[asfotase alfa]***	2	QL - 30 day(s)
STRENSIQ SOLN 40 MG/ML ***[asfotase alfa]***	2	QL - 30 day(s)
STRENSIQ SOLN 80 MG/0.8ML ***[asfotase alfa]***	2	QL - 30 day(s)
VIMIZIM SOLN 5 MG/5ML ***[elosulfase alfa]***	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
VORAXAZE SOLR 1000 UNIT ***[glucarpidase]***	2	QL - 30 day(s),MB
VPRIV SOLR 400 UNIT ***[velaglucerase alfa]***	2	MB
EYE, EAR, NOSE, AND THROAT (EENT) PREPARATIONS		
ANTI-INFECTIVES		
bacitracin oint 500 unit/gm	2	
bacitracin-polymyxin b oint 500-10000 unit/gm	1	
chlorhexidine gluconate soln 0.12 %	1	
ciprofloxacin hcl soln 0.3 %	1	
erythromycin oint 5 mg/gm	1	
gatifloxacin soln 0.5 %	1	
[Gentamicin Sulfate (ophth)] GENTAK OINT 0.3 %	1	
gentamicin sulfate soln 0.3 %	1	
MITOSOL KIT 0.2 MG ***[mitomycin (ophthalmic)]***	2	
moxifloxacin hcl soln 0.5 %	1	
NATACYN SUSP 5 % ***[natamycin]***	2	
neomycin-bacitracin zn-polymyx oint 5-400-10000	1	
neomycin-polymyxin-gramicidin soln 1.75-10000-.025	1	
[Neomycin-polymyxin-gramicidin] NEOSPORIN SOLN 1.75-10000-.025	2	
ofloxacin soln 0.3 %	1	
polymyxin b-trimethoprim soln 10000-0.1 unit/ml-%	1	
sulfacetamide sodium soln 10 %	1	
trifluridine soln 1 %	1	
ANTI-INFLAMMATORY AGENTS		
[Sulfacetamide Sod-prednisolone] BLEPHAMIDE S.O.P. OINT 10-0.2 %	1	
CIPRODEX SUSP 0.3-0.1 % ***[ciprofloxacin-dexamethasone]***	2	
COLY-MYCIN S SUSP 3.3-3-10-0.5 MG/ML ***[neomycin-colistin-hc-thonzonium]***	2	
dexamethasone sodium phosphate soln 0.1 %	1	
diclofenac sodium soln 0.1 %	1	
flunisolide soln 25 mcg/act (0.025%)	1	
fluorometholone susp 0.1 %	1	
flurbiprofen sodium soln 0.03 %	1	
fluticasone propionate susp 50 mcg/act	1	
FML OINT 0.1 % ***[fluorometholone (ophth)]***	2	
ketorolac tromethamine soln 0.5 %	1	
neomycin-polymyxin-dexameth oint 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth susp 3.5-10000-0.1	1	
neomycin-polymyxin-hc soln 1 %	1	
neomycin-polymyxin-hc susp 3.5-10000-1	1	
OZURDEX IMPL 0.7 MG ***[dexamethasone (ophth)]***	2	MB
PRED MILD SUSP 0.12 % ***[prednisolone acetate (ophth)]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
prednisolone acetate susp 1 %	1	
prednisolone sodium phosphate soln 1 %	2	
RESTASIS EMUL 0.05 % ***[cyclosporine (ophth)]***	2	
RESTASIS MULTIDOSE EMUL 0.05 % ***[cyclosporine (ophth)]***	2	
sulfacetamide-prednisolone soln 10-0.23 %	1	
TOBRADEX OINT 0.3-0.1 % ***[tobramycin-dexamethasone]***	2	
ANTIALLERGIC AGENTS		
azelastine hcl soln 0.1 %	1	
cromolyn sodium soln 4 %	1	
olopatadine hcl soln 0.1 %	1	
ANTIGLAUCOMA AGENTS		
acetazolamide er cp12 500 mg	1	
acetazolamide sodium solr 500 mg	1	MB
acetazolamide tabs 125 mg	1	
acetazolamide tabs 250 mg	1	
betaxolol hcl soln 0.5 %	1	
brimonidine tartrate soln 0.2 %	1	
dorzolamide hcl soln 2 %	1	
dorzolamide hcl-timolol mal soln 22.3-6.8 mg/ml	1	
latanoprost soln 0.005 %	1	
levobunolol hcl soln 0.5 %	1	
LUMIGAN SOLN 0.01 % ***[bimatoprost]***	2	
methazolamide tabs 25 mg	1	
methazolamide tabs 50 mg	1	
MIOCHOL-E SOLR 20 MG ***[acetylcholine chloride]***	2	MB
MIOSTAT SOLN 0.01 % ***[carbachol (ophth)]***	2	MB
PHOSPHOLINE IODIDE SOLR 0.125 % ***[echothiophate iodide]***	2	
pilocarpine hcl soln 1 %	1	
pilocarpine hcl soln 2 %	1	
pilocarpine hcl soln 4 %	1	
timolol maleate soln 0.25 %	1	
timolol maleate soln 0.5 %	1	
EENT DRUGS, MISCELLANEOUS		
ACETIC ACID SOLN 2 % ***[acetic acid (otic)]***	1	
acetic acid-aluminum acetate soln 2 %	2	
apraclonidine hcl soln 0.5 %	1	
BSS SOLN ***[ophthalmic irrigation solution - intraocular]***	2	MB
EYLEA SOLN 2 MG/0.05ML ***[aflibercept]***	2	MB
JETREA SOLN 0.5 MG/0.2ML ***[ocriplasmin]***	2	MB
LACRISERT INST 5 MG ***[artificial tear insert]***	2	
LUCENTIS SOLN 0.3 MG/0.05ML ***[ranibizumab]***	2	QL - 30 day(s),MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
LUCENTIS SOLN 0.5 MG/0.05ML ***[ranibizumab]***	2	QL - 30 day(s),MB
LUCENTIS SOSY 0.3 MG/0.05ML ***[ranibizumab]***	2	QL - 30 day(s),MB
LUCENTIS SOSY 0.5 MG/0.05ML ***[ranibizumab]***	2	QL - 30 day(s),MB
PHOTREXA-PHOTREXA VISCOUS KIT SOSY 0.146 &0.146-20 % ***[riboflavin5-phos sod & riboflavin 5-phosphate sodium-dextran]***	2	
VISUDYNE SOLR 15 MG ***[verteporfin]***	2	MB
LOCAL ANESTHETICS		
AKTEN GEL 3.5 % ***[lidocaine hcl (ophth)]***	2	
[Proparacaine Hcl] ALCAINE SOLN 0.5 %	2	
C-TOPICAL SOLN 4 % ***[cocaine hcl]***	2	
lidocaine viscous hcl soln 2 %	1	
proparacaine hcl soln 0.5 %	1	
TETRACAINE HCL SOLN 0.5 % ***[tetracaine hcl (ophth)]***	1	
TETRAVISC SOLN 0.5 % ***[tetracaine hcl (ophth)]***	2	
MYDRIATICS		
ATROPINE SULFATE OINT 1 % ***[atropine sulfate (ophthalmic)]***	2	
ATROPINE SULFATE SOLN 1 % ***[atropine sulfate (ophthalmic)]***	1	
[Cyclopentolate Hcl] CYCLOGYL SOLN 0.5 %	2	
[Cyclopentolate W/ Phenylephrine] CYCLOMYDRIL SOLN 0.2-1 %	2	
cyclopentolate hcl soln 1 %	1	
HOMATROPAIRE SOLN 5 % ***[homatropine hbr]***	1	
tropicamide soln 1 %	1	
VASOCONSTRICTORS		
naphazoline hcl soln 0.1 %	2	
PHENYLEPHRINE HCL SOLN 10 % ***[phenylephrine hcl (mydriatic)]***	1	
PHENYLEPHRINE HCL SOLN 2.5 % ***[phenylephrine hcl (mydriatic)]***	1	
GASTROINTESTINAL DRUGS		
ANTACIDS AND ADSORBENTS		
ANTACID PLUS ANTI-GAS RELIEF SUSP 200-200-20 MG/5ML ***[alum & mag hydrox-simethicone]***	1	
ANTACID PLUS ANTI-GAS RELIEF SUSP 400-400-40 MG/5ML ***[alum & mag hydrox-simethicone]***	1	
GELUSIL CHEW 200-200-25 MG ***[alum & mag hydrox-simethicone]***	2	
ANTI-INFLAMMATORY AGENTS		
balsalazide disodium caps 750 mg	1	
CANASA SUPP 1000 MG ***[mesalamine]***	2	
LIALDA TBEC 1.2 GM ***[mesalamine]***	2	
mesalamine enem 4 gm	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
mesalamine tbec 1.2 gm	1	
PENTASA CPCR 250 MG ***[mesalamine]***	2	
PENTASA CPCR 500 MG ***[mesalamine]***	2	
ANTIDIARRHEA AGENTS		
diphenoxylate-atropine liqd 2.5-0.025 mg/5ml	1	
diphenoxylate-atropine tabs 2.5-0.025 mg	1	
PAREGORIC TINC 2 MG/5ML ***[paregoric]***	2	
ANTIEMETICS		
AKYNZEO CAPS 300-0.5 MG ***[netupitant-palonosetron]***	2	QL - 30 day(s)
fosaprepitant dimeglumine solr 150 mg	1	MB
ondansetron hcl soln 4 mg/2ml	1	MB
ondansetron hcl soln 40 mg/20ml	1	MB
ondansetron hcl tabs 4 mg	1	
ondansetron hcl tabs 8 mg	1	
ondansetron tbdp 4 mg	1	
ondansetron tbdp 8 mg	1	
scopolamine pt72 1 mg/3days	1	
TRANSDERM-SCOP (1.5 MG) PT72 1 MG/3DAYS ***[scopolamine]***	2	
ANTIULCER AGENTS AND ACID SUPPRESSANTS		
CARAFATE SUSP 1 GM/10ML ***[sucralfate]***	2	
cimetidine hcl soln 300 mg/5ml	1	
famotidine inj 10mg/ml	1	MB
famotidine premixed soln 20-0.9 mg/50ml-%	1	MB
famotidine soln 20 mg/2ml	1	MB
famotidine soln 40 mg/4ml	1	MB
famotidine susr 40 mg/5ml	1	
famotidine tabs 20 mg	1	
famotidine tabs 40 mg	1	
misoprostol tabs 100 mcg	1	
misoprostol tabs 200 mcg	1	
omeprazole cpdr 10 mg	1	
omeprazole cpdr 20 mg	1	
omeprazole cpdr 40 mg	1	
pantoprazole sodium solr 40 mg	1	MB
pantoprazole sodium tbec 20 mg	1	
pantoprazole sodium tbec 40 mg	1	
ranitidine hcl soln 150 mg/6ml	1	MB
ranitidine hcl soln 50 mg/2ml	1	MB
ranitidine hcl syrp 150 mg/10ml	1	
ranitidine hcl tabs 150 mg	1	
ranitidine hcl tabs 300 mg	1	
sucralfate tabs 1 gm	1	
CATHARTICS AND LAXATIVES		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CASCARA SAGRADA EXTR 1 GM/ML ***[cascara sagrada]***	2	
DOCUSATE SODIUM LIQD 50 MG/5ML ***[docusate sodium]***	1	
MILK OF MAGNESIA SUSP 7.75 % ***[magnesium hydroxide]***	1	
peg 3350/electrolytes solr 240 gm	1	PREV
SORBITOL SOLN 70 % ***[sorbitol (laxative)]***	2	
CHOLELITHOLYTIC AGENTS		
ursodiol tabs 250 mg	1	
ursodiol tabs 500 mg	1	
DIGESTANTS		
CREON CPEP 12000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
CREON CPEP 24000-76000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
CREON CPEP 3000-9500 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
CREON CPEP 36000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
CREON CPEP 6000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 10000-32000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 15000-47000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 20000-63000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 25000-79000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 3000-14000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 40000-126000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
ZENPEP CPEP 5000-24000 UNIT ***[pancrelipase (lipase-protease-amylase)]***	2	
PROKINETIC AGENTS		
metoclopramide hcl soln 5 mg/5ml	1	
metoclopramide hcl soln 5 mg/ml	1	MB
metoclopramide hcl tabs 10 mg	1	
metoclopramide hcl tabs 5 mg	1	
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA CAPS 3 MG ***[auranofin]***	2	
HEAVY METAL ANTAGONISTS		
HEAVY METAL ANTAGONISTS		
CHEMET CAPS 100 MG ***[succimer]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
deferasirox tabs 360 mg	1	QL - 30 day(s)
deferasirox tabs 90 mg	1	QL - 30 day(s)
deferoxamine mesylate inj 2gm	1	MB
deferoxamine mesylate solr 500 mg	1	MB
DEPEN TITRATABS TABS 250 MG ***[penicillamine]***	2	
EXJADE TBSO 125 MG ***[deferasirox]***	2	QL - 30 day(s)
EXJADE TBSO 250 MG ***[deferasirox]***	2	QL - 30 day(s)
EXJADE TBSO 500 MG ***[deferasirox]***	2	QL - 30 day(s)
JADENU SPRINKLE PACK 180 MG ***[deferasirox]***	2	QL - 30 day(s)
JADENU SPRINKLE PACK 360 MG ***[deferasirox]***	2	QL - 30 day(s)
JADENU SPRINKLE PACK 90 MG ***[deferasirox]***	2	QL - 30 day(s)
JADENU TABS 180 MG ***[deferasirox]***	2	QL - 30 day(s)
JADENU TABS 360 MG ***[deferasirox]***	2	QL - 30 day(s)
JADENU TABS 90 MG ***[deferasirox]***	2	QL - 30 day(s)
HORMONES AND SYNTHETIC SUBSTITUTES		
ADRENALS		
ASMANEX (120 METERED DOSES) AEPB 220 MCG/INH ***[mometasone furoate (inhalation)]***	2	
ASMANEX (30 METERED DOSES) AEPB 110 MCG/INH ***[mometasone furoate (inhalation)]***	2	
ASMANEX (60 METERED DOSES) AEPB 220 MCG/INH ***[mometasone furoate (inhalation)]***	2	
ASMANEX HFA AERO 100 MCG/ACT ***[mometasone furoate (inhalation)]***	2	
ASMANEX HFA AERO 200 MCG/ACT ***[mometasone furoate (inhalation)]***	2	
betamethasone sod phos & acet susp 6 (3-3) mg/ml	1	MB
budesonide susp 0.25 mg/2ml	1	
budesonide susp 0.5 mg/2ml	1	
cortisone acetate tabs 25 mg	1	
dexamethasone elix 0.5 mg/5ml	1	
[Dexamethasone] DEXAMETHASONE INTENSOL CONC 1 MG/ML	1	
dexamethasone sodium phosphate soln 10 mg/ml	1	MB
dexamethasone sodium phosphate soln 4 mg/ml	1	MB
dexamethasone soln 0.5 mg/5ml	1	
dexamethasone tabs 0.5 mg	1	
dexamethasone tabs 0.75 mg	1	
dexamethasone tabs 1 mg	1	
dexamethasone tabs 1.5 mg	1	
dexamethasone tabs 2 mg	1	
dexamethasone tabs 4 mg	1	
dexamethasone tabs 6 mg	1	
FLOVENT HFA AERO 44 MCG/ACT ***[fluticasone propionate hfa]***	2	
fludrocortisone acetate tabs 0.1 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
hydrocortisone tabs 10 mg	1	
hydrocortisone tabs 20 mg	1	
hydrocortisone tabs 5 mg	1	
KENALOG SUSP 10 MG/ML ***[triamcinolone acetonide]***	2	MB
KENALOG SUSP 40 MG/ML ***[triamcinolone acetonide]***	2	MB
MEDROL TABS 2 MG ***[methylprednisolone]***	2	
methylprednisolone acetate susp 40 mg/ml	1	MB
methylprednisolone acetate susp 80 mg/ml	1	MB
methylprednisolone sodium succ solr 1000 mg	1	MB
methylprednisolone sodium succ solr 125 mg	1	MB
methylprednisolone sodium succ solr 40 mg	1	MB
methylprednisolone tabs 16 mg	1	
methylprednisolone tabs 32 mg	1	
methylprednisolone tabs 4 mg	1	
methylprednisolone tabs 8 mg	1	
methylprednisolone tbpk 4 mg	1	
[Prednisolone] MILLIPRED TABS 5 MG	2	
prednisolone sodium phosphate soln 15 mg/5ml	1	
prednisolone sodium phosphate soln 6.7 (5 base) mg/5ml	1	
[Prednisone] PREDNISONE INTENSOL CONC 5 MG/ML	1	
prednisone soln 5 mg/5ml	1	
prednisone tabs 1 mg	1	
prednisone tabs 10 mg	1	
prednisone tabs 2.5 mg	1	
prednisone tabs 20 mg	1	
prednisone tabs 5 mg	1	
prednisone tabs 50 mg	1	
prednisone tbpk 5 mg (21)	1	
PULMICORT FLEXHALER AEPB 180 MCG/ACT ***[budesonide (inhalation)]***	2	
QVAR AERS 40 MCG/ACT ***[beclomethasone dipropionate]***	2	
QVAR AERS 80 MCG/ACT ***[beclomethasone dipropionate]***	2	
SOLU-CORTEF SOLR 100 MG ***[hydrocortisone sod succinate]***	2	MB
SOLU-CORTEF SOLR 1000 MG ***[hydrocortisone sod succinate]***	2	MB
SOLU-CORTEF SOLR 250 MG ***[hydrocortisone sod succinate]***	2	MB
SOLU-CORTEF SOLR 500 MG ***[hydrocortisone sod succinate]***	2	MB
SOLU-MEDROL SOLR 500 MG ***[methylprednisolone sod succ]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ANDROGENS		
ANDRODERM PT24 2 MG/24HR ***[testosterone]***	2	
ANDRODERM PT24 4 MG/24HR ***[testosterone]***	2	
[Methyltestosterone] ANDROID CAPS 10 MG	2	
[Fluoxymesterone] ANDROXY TABS 10 MG	2	
danazol caps 100 mg	1	
danazol caps 200 mg	1	
danazol caps 50 mg	1	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 100 MG/ML	1	
[Testosterone Cypionate] DEPO-TESTOSTERONE SOLN 200 MG/ML	1	
methyltestosterone tabs 10 mg	2	
oxandrolone tabs 2.5 mg	1	
testosterone cypionate soln 200 mg/ml	1	
testosterone enanthate soln 200 mg/ml	1	
testosterone gel 12.5 mg/act (1%)	1	
ANTIDIABETIC AGENTS		
acarbose tabs 100 mg	1	
acarbose tabs 25 mg	1	
acarbose tabs 50 mg	1	
BYDUREON BCISE AUIJ 2 MG/0.85ML ***[exenatide]***	2	
BYDUREON PEN 2 MG ***[exenatide]***	2	
glimepiride tabs 1 mg	1	
glimepiride tabs 2 mg	1	
glimepiride tabs 4 mg	1	
glipizide tabs 10 mg	1	
glipizide tabs 5 mg	1	
glipizide tb24 10 mg	1	
glipizide tb24 2.5 mg	1	
glipizide tb24 5 mg	1	
glipizide-metformin hcl tabs 2.5-250 mg	1	
glipizide-metformin hcl tabs 2.5-500 mg	1	
glipizide-metformin hcl tabs 5-500 mg	1	
glyburide tabs 1.25 mg	1	
glyburide tabs 2.5 mg	1	
glyburide tabs 5 mg	1	
HUMALOG SOLN 100 UNIT/ML ***[insulin lispro]***	2	
HUMULIN 70/30 KWIKAISER PERMANENTEEN SUPN (70-30) 100 UNIT/ML ***[insulin nph isophane & reg (human)]***	2	
HUMULIN 70/30 SUSP (70-30) 100 UNIT/ML ***[insulin nph isophane & reg (human)]***	2	
HUMULIN N KWIKAISER PERMANENTEEN SUPN 100 UNIT/ML ***[insulin nph (human) (isophane)]***	2	
HUMULIN N SUSP 100 UNIT/ML ***[insulin nph (human)***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
(isophane)]		
HUMULIN R SOLN 100 UNIT/ML ***[insulin regular (human)]***	2	
HUMULIN R U-500 (CONCENTRATED) SOLN 500 UNIT/ML ***[insulin regular (human)]***	2	
HUMULIN R U-500 KWIKAISER PERMANENTEEN SOPN 500 UNIT/ML ***[insulin regular (human)]***	2	
JARDIANCE TABS 10 MG ***[empagliflozin]***	2	
JARDIANCE TABS 25 MG ***[empagliflozin]***	2	
LANTUS SOLN 100 UNIT/ML ***[insulin glargine]***	2	
metformin hcl er tb24 500 mg	1	
metformin hcl er tb24 750 mg	1	
metformin hcl tabs 1000 mg	1	
metformin hcl tabs 500 mg	1	
metformin hcl tabs 850 mg	1	
pioglitazone hcl tabs 15 mg	1	
pioglitazone hcl tabs 30 mg	1	
pioglitazone hcl tabs 45 mg	1	
tolbutamide tabs 500 mg	2	
TRADJENTA TABS 5 MG ***[linagliptin]***	2	
VICTOZA SOPN 18 MG/3ML ***[liraglutide]***	2	
ANTIHYPOGLYCEMIC AGENTS		
BAQSIMI TWO PACK POWD 3 MG/DOSE ***[glucagon]***	2	
GLUCAGEN HYPOKIT SOLR 1 MG ***[glucagon hcl (rdna)]***	2	MB
GLUCAGEN INJ 1MG ***[glucagon hcl (rdna)]***	2	MB
GLUCAGON EMERGENCY KIT 1 MG ***[glucagon (rdna)]***	2	MB
CONTRACEPTIVES		
[Norethindrone-eth Estradiol (triphasic)] ARANELLE TABS 0.5/1/0.5-35 MG-MCG	1	PREV
[Norgestrel & Ethinyl Estradiol] CRYSELLE-28 TABS 0.3-30 MG-MCG	1	PREV
drospirenone-ethinyl estradiol tabs 3-0.02 mg	1	PREV
drospirenone-ethinyl estradiol tabs 3-0.03 mg	1	PREV
[Levonorgestrel (emergency Oc)] ECONTRA EZ TABS 1.5 MG	1	PREV
ELLA TABS 30 MG ***[ulipristal acetate]***	2	PREV
[Etonogestrel-ethinyl Estradiol] ELURYNG RING 0.12-0.015 MG/24HR	1	
JOLIVETTE TABS 0.35 MG ***[norethindrone (contraceptive)]***	1	PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1.5/30 TABS 1.5-30 MG-MCG	1	PREV
[Norethin Acet & Estrad-fe] JUNEL FE 1/20 TABS 1-20 MG-MCG	1	PREV
[Ethynodiol Diacet & Eth Estrad] KELNOR 1/50 TABS 1-	1	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
50 MG-MCG		
[Norethindrone Acet & Eth Estra] LOESTRIN 1/20 (21) TABS 1-20 MG-MCG	1	PREV
[Levonorgestrel & Eth Estradiol] LUTERA TABS 0.1-20 MG-MCG	1	PREV
MIRENA (52 MG) IUD 20 MCG/24HR ***[levonorgestrel (iud)]***	2	PREV,MB
[Norethindrone & Eth Estradiol] NECON 0.5/35 (28) TABS 0.5-35 MG-MCG	1	PREV
[Norethindrone-eth Estradiol (biphasic)] NECON 10/11 (28) TABS 35 MCG	2	PREV
NEXPLANON IMPL 68 MG ***[etonogestrel]***	2	MB
[Norethindrone & Eth Estradiol] NORTREL 1/35 (28) TABS 1-35 MG-MCG	1	
[Norethindrone-eth Estradiol (triphasic)] NORTREL 7/7/7 TABS 0.5/0.75/1-35 MG-MCG	1	PREV
NUVARING RING 0.12-0.015 MG/24HR ***[etonogestrel-ethinyl estradiol]***	2	PREV
[Norgestrel & Ethinyl Estradiol] OGESTREL TABS 0.5-50 MG-MCG	2	PREV
[Levonorgestrel & Eth Estradiol] PORTIA-28 TABS 0.15-30 MG-MCG	1	PREV
[Desogestrel & Ethinyl Estradiol] RECLIPSEN TABS 0.15-30 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol] SPRINTEC 28 TABS 0.25-35 MG-MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-LO-SPRINTEC TABS 0.18/0.215/0.25 MG-25 MCG	1	PREV
[Norgestimate-ethinyl Estradiol (triphasic)] TRI-SPRINTEC TABS 0.18/0.215/0.25 MG-35 MCG	1	PREV
[Levonorgestrel-eth Estradiol (triphasic)] TRIVORA (28) TABS 50-30/75-40/ 125-30 MCG	1	PREV
[Norelgestromin-ethinyl Estradiol] XULANE PTWK 150-35 MCG/24HR	2	PREV
[Ethynodiol Diacet & Eth Estrad] ZOVIA 1/35E (28) TABS 1-35 MG-MCG	1	PREV
ESTROGENS AND ESTROGEN AGONISTS-ANTAGONISTS		
CLIMARA PTWK 0.025 MG/24HR ***[estradiol]***	2	
CLIMARA PTWK 0.0375 MG/24HR ***[estradiol]***	2	
CLIMARA PTWK 0.05 MG/24HR ***[estradiol]***	2	
CLIMARA PTWK 0.06 MG/24HR ***[estradiol]***	2	
CLIMARA PTWK 0.075 MG/24HR ***[estradiol]***	2	
CLIMARA PTWK 0.1 MG/24HR ***[estradiol]***	2	
clomiphene citrate tabs 50 mg	1	
DELESTROGEN OIL 10 MG/ML ***[estradiol valerate]***	2	
DELESTROGEN OIL 20 MG/ML ***[estradiol valerate]***	2	
DELESTROGEN OIL 40 MG/ML ***[estradiol valerate]***	2	
[Estradiol Cypionate] DEPO-ESTRADIOL OIL 5 MG/ML	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
EEMT HS TABS 0.625-1.25 MG ***[esterified estrogens & methyltestosterone]***	1	
EEMT TABS 1.25-2.5 MG ***[esterified estrogens & methyltestosterone]***	1	
[Estradiol Vaginal] ESTRACE CREA 0.1 MG/GM	2	
estradiol pttw 0.025 mg/24hr	1	
estradiol pttw 0.0375 mg/24hr	1	
estradiol pttw 0.05 mg/24hr	1	
estradiol pttw 0.075 mg/24hr	1	
estradiol pttw 0.1 mg/24hr	1	
estradiol ptwk 0.05 mg/24hr	1	
estradiol ptwk 0.075 mg/24hr	1	
estradiol tabs 0.5 mg	1	
estradiol tabs 1 mg	1	
estradiol tabs 2 mg	1	
estradiol valerate oil 20 mg/ml	1	
estradiol valerate oil 40 mg/ml	1	
ESTRING RING 2 MG ***[estradiol vaginal]***	2	
PREMARIN CREA 0.625 MG/GM ***[estrogens, conjugated vaginal]***	2	
PREMARIN SOLR 25 MG ***[estrogens, conjugated]***	2	MB
raloxifene hcl tabs 60 mg	1	PREV
GONADOTROPINS		
GONAL-F RFF REDIJECT SOLN 300 UNIT/0.5ML ***[follitropin alfa]***	2	
GONAL-F RFF REDIJECT SOLN 450 UNT/0.75ML ***[follitropin alfa]***	2	
GONAL-F RFF REDIJECT SOLN 900 UNIT/1.5ML ***[follitropin alfa]***	2	
GONAL-F RFF SOLR 75 UNIT ***[follitropin alfa]***	2	
GONAL-F SOLR 1050 UNIT ***[follitropin alfa]***	2	MB
GONAL-F SOLR 450 UNIT ***[follitropin alfa]***	2	MB
MENOPUR SOLR 75 UNIT ***[menotropins]***	2	
NOVAREL SOLR 10000 UNIT ***[chorionic gonadotropin]***	1	MB
OVIDREL INJ 250 MCG/0.5ML ***[choriogonadotropin alfa]***	2	
SYNAREL SOLN 2 MG/ML ***[nafarelin acetate]***	2	
PARATHYROID		
calcitonin (salmon) soln 200 unit/act	1	
FORTEO SOLN 600 MCG/2.4ML ***[teriparatide (recombinant)]***	2	QL - 30 day(s)
PITUITARY		
ACTHAR GEL 80 UNIT/ML ***[corticotropin]***	2	LD,MB
DDAVP RHINAL TUBE SOLN 0.01 % ***[desmopressin acetate refrigerated]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
desmopressin ace spray refrig soln 0.01 %	1	
desmopressin acetate soln 4 mcg/ml	1	MB
desmopressin acetate spray soln 0.01 %	1	
desmopressin acetate tabs 0.1 mg	1	
desmopressin acetate tabs 0.2 mg	1	
PROGESTINS		
DEPO-PROVERA SUSP 400 MG/ML ***[medroxyprogesterone acetate (antineoplastic)]***	2	MB
ENDOMETRIN INST 100 MG ***[progesterone (vaginal)]***	2	
hydroxyprogesterone caproate soln 1.25 gm/5ml	1	QL - 30 day(s),MB
MAKENA OIL 250 MG/ML ***[hydroxyprogesterone caproate]***	2	QL - 30 day(s),MB
medroxyprogesterone acetate susp 150 mg/ml	1	MB
medroxyprogesterone acetate susy 150 mg/ml	1	MB
medroxyprogesterone acetate tabs 10 mg	1	
medroxyprogesterone acetate tabs 2.5 mg	1	
medroxyprogesterone acetate tabs 5 mg	1	
norethindrone acetate tabs 5 mg	1	
PROGESTERONE OIL 50 MG/ML ***[progesterone]***	1	MB
SOMATROPIN AGONISTS-ANTAGONISTS		
OMNITROPE SOLN 10 MG/1.5ML ***[somatropin]***	2	QL - 30 day(s)
OMNITROPE SOLN 5 MG/1.5ML ***[somatropin]***	2	QL - 30 day(s)
SEROSTIM SOLR 4 MG ***[somatropin (non-refrigerated)]***	2	QL - 30 day(s)
SEROSTIM SOLR 5 MG ***[somatropin (non-refrigerated)]***	2	QL - 30 day(s)
SEROSTIM SOLR 6 MG ***[somatropin (non-refrigerated)]***	2	QL - 30 day(s)
THYROID AND ANTITHYROID AGENTS		
levothyroxine sodium tabs 100 mcg	1	
levothyroxine sodium tabs 112 mcg	1	
levothyroxine sodium tabs 125 mcg	1	
levothyroxine sodium tabs 150 mcg	1	
levothyroxine sodium tabs 175 mcg	1	
levothyroxine sodium tabs 200 mcg	1	
levothyroxine sodium tabs 25 mcg	1	
levothyroxine sodium tabs 300 mcg	1	
levothyroxine sodium tabs 50 mcg	1	
levothyroxine sodium tabs 75 mcg	1	
levothyroxine sodium tabs 88 mcg	1	
LEVOXYL TABS 137 MCG ***[levothyroxine sodium]***	1	
liothyronine sodium tabs 25 mcg	1	
liothyronine sodium tabs 5 mcg	1	
liothyronine sodium tabs 50 mcg	1	
methimazole tabs 10 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
methimazole tabs 5 mg	1	
propylthiouracil tabs 50 mg	1	
SSKI SOLN 1 GM/ML ***[potassium iodide (expectorant)]***	2	
LOCAL ANESTHETICS		
LOCAL ANESTHETICS		
BUPIVACAINE FISIOPHARMA SOLN 2.5 MG/ML ***[bupivacaine hcl]***	2	MB
bupivacaine hcl (pf) soln 0.25 %	1	MB
bupivacaine hcl (pf) soln 0.5 %	1	MB
bupivacaine hcl (pf) soln 0.75 %	1	MB
bupivacaine hcl soln 0.25 %	1	MB
bupivacaine hcl soln 0.5 %	1	MB
bupivacaine in dextrose soln 0.75-8.25 %	1	MB
chloroprocaine hcl (pf) soln 2 %	1	MB
lidocaine hcl (cardiac) pf sosy 50 mg/5ml	2	MB
lidocaine hcl (pf) soln 0.5 %	1	MB
lidocaine hcl (pf) soln 1 %	1	MB
lidocaine hcl soln 0.5 %	1	MB
lidocaine hcl soln 1 %	1	MB
lidocaine-epinephrine soln 0.5 %-1:200000	1	MB
lidocaine-epinephrine soln 1 %-1:100000	1	MB
lidocaine-epinephrine soln 2 %-1:100000	1	MB
lidocaine-epinephrine soln 2 %-1:200000	1	MB
NAROPIN INJ 10MG/ML ***[ropivacaine hcl]***	2	MB
NAROPIN SOLN 2 MG/ML ***[ropivacaine hcl]***	2	MB
NAROPIN SOLN 5 MG/ML ***[ropivacaine hcl]***	2	MB
NESACAINE SOLN 1 % ***[chloroprocaine hcl]***	2	MB
NESACAINE SOLN 2 % ***[chloroprocaine hcl]***	2	MB
[Mepivacaine Hcl] POLOCAINE-MPF SOLN 1.5 %	1	MB
TETRACAINE HCL SOLN 1 % ***[tetracaine hcl]***	2	MB
MISCELLANEOUS THERAPEUTIC AGENTS		
MISCELLANEOUS THERAPEUTIC AGENTS		
acetylcysteine soln 10 %	1	
acetylcysteine soln 20 %	1	
acetylcysteine soln 200 mg/ml	1	MB
acitretin caps 10 mg	1	QL - 30 day(s)
acitretin caps 25 mg	1	QL - 30 day(s)
ACTIMMUNE SOLN 2000000 UNIT/0.5ML ***[interferon gamma-1b]***	2	QL - 30 day(s)
alendronate sodium tabs 10 mg	1	
alendronate sodium tabs 35 mg	1	
alendronate sodium tabs 40 mg	2	
alendronate sodium tabs 70 mg	1	
allopurinol tabs 100 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
allopurinol tabs 300 mg	1	
[Disulfiram] ANTABUSE TABS 250 MG	2	
ATGAM INJ 50 MG/ML ***[lymphocyte immune globulin,anti-thymocyte globulin (equine)]***	2	MB
AVONEX KIT 30MCG ***[interferon beta-1a]***	2	QL - 30 day(s),MB
AVONEX PEN AJKT 30 MCG/0.5ML ***[interferon beta-1a]***	2	QL - 30 day(s),MB
azathioprine tabs 50 mg	1	
BOTOX SOLR 200 UNIT ***[onabotulinumtoxina]***	2	MB
BRIDION SOLN 200 MG/2ML ***[sugammadex sodium]***	2	MB
CERDELGA CAPS 84 MG ***[eliglustat tartrate]***	2	QL - 30 day(s)
cinacalcet hcl tabs 30 mg	1	
cinacalcet hcl tabs 60 mg	1	
cinacalcet hcl tabs 90 mg	1	
CINRYZE SOLR 500 UNIT ***[c1 esterase inhibitor (human)]***	2	QL - 30 day(s),MB
COLCHICINE CAPS 0.6 MG ***[colchicine]***	2	
CYSTADANE POWD ***[betaine]***	2	QL - 30 day(s)
CYSTAGON CAPS 150 MG ***[cysteamine bitartrate]***	2	QL - 30 day(s)
CYSTAGON CAPS 50 MG ***[cysteamine bitartrate]***	2	QL - 30 day(s)
disulfiram tabs 250 mg	1	
disulfiram tabs 500 mg	1	
ELMIRON CAPS 100 MG ***[pentosan polysulfate sodium]***	2	
ENBREL SOLR 25 MG ***[etanercept]***	2	QL - 30 day(s)
ENBREL SOSY 25 MG/0.5ML ***[etanercept]***	2	QL - 30 day(s)
ENBREL SOSY 50 MG/ML ***[etanercept]***	2	QL - 30 day(s)
ENBREL SURECLICK SOAJ 50 MG/ML ***[etanercept]***	2	QL - 30 day(s)
etidronate disodium tabs 200 mg	2	
etidronate disodium tabs 400 mg	2	
EXTAVIA KIT 0.3 MG ***[interferon beta-1b]***	2	QL - 30 day(s)
finasteride tabs 5 mg	1	
FIRAZYR SOLN 30 MG/3ML ***[icatibant acetate]***	2	QL - 30 day(s)
FLUORITAB CHEW 2.2 (1 F) MG ***[sodium fluoride]***	1	PREV
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 100 MG	1	
[Cyclosporine Modified (for Microemulsion)] GENGRAF CAPS 25 MG	1	
[Glatiramer Acetate] GLATOPA SOSY 20 MG/ML	1	QL - 30 day(s)
GRASTEK SUBL 2800 BAU ***[timothy grass pollen allergen extract]***	2	
HAEGARDA SOLR 2000 UNIT ***[c1 esterase inhibitor (human)]***	2	QL - 30 day(s)
HAEGARDA SOLR 3000 UNIT ***[c1 esterase inhibitor (human)]***	2	QL - 30 day(s)
HUMIRA PEN PNKT 40 MG/0.8ML ***[adalimumab]***	2	QL - 30 day(s)

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HUMIRA PSKT 10 MG/0.2ML ***[adalimumab]***	2	QL - 30 day(s)
HUMIRA PSKT 20 MG/0.4ML ***[adalimumab]***	2	QL - 30 day(s)
HUMIRA PSKT 40 MG/0.8ML ***[adalimumab]***	2	QL - 30 day(s)
icatibant acetate soln 30 mg/3ml	1	QL - 30 day(s)
INFLECTRA SOLR 100 MG ***[infliximab-dyyb]***	2	MB
KALYDECO TABS 150 MG ***[ivacaftor]***	2	QL - 30 day(s)
KINERET SOSY 100 MG/0.67ML ***[anakinra]***	2	QL - 30 day(s)
LEFLUNOMIDE TABS 10 MG ***[leflunomide]***	1	
leflunomide tabs 20 mg	1	
leucovorin calcium solr 100 mg	1	MB
leucovorin calcium tabs 25 mg	1	
leucovorin calcium tabs 5 mg	1	
levocarnitine inj 200mg/ml	1	MB
LEVOCARNITINE SOLN 1 GM/10ML ***[levocarnitine (metabolic modifiers)]***	1	
LEVOCARNITINE TABS 330 MG ***[levocarnitine (metabolic modifiers)]***	1	
LUDENT CHEW 0.55 (0.25 F) MG ***[sodium fluoride]***	1	PREV
mesna soln 100 mg/ml	1	MB
MESNEX TABS 400 MG ***[mesna]***	2	QL - 30 day(s)
mycophenolate mofetil caps 250 mg	1	
mycophenolate mofetil susr 200 mg/ml	1	
mycophenolate mofetil tabs 500 mg	1	
MYOBLOC SOLN 10000 UNIT/2ML ***[rimabotulinumtoxinb]***	2	MB
MYOBLOC SOLN 2500 UNIT/0.5ML ***[rimabotulinumtoxinb]***	2	MB
MYOBLOC SOLN 5000 UNIT/ML ***[rimabotulinumtoxinb]***	2	MB
NEORAL SOLN 100 MG/ML ***[cyclosporine modified (for microemulsion)]***	2	
octreotide acetate soln 100 mcg/ml	1	MB
octreotide acetate soln 1000 mcg/ml	1	MB
octreotide acetate soln 200 mcg/ml	1	MB
octreotide acetate soln 50 mcg/ml	1	MB
octreotide acetate soln 500 mcg/ml	1	MB
ORENCIA CLICKJECT SOAJ 125 MG/ML ***[abatacept]***	2	QL - 30 day(s)
ORENCIA SOLR 250 MG ***[abatacept]***	2	QL - 30 day(s),MB
ORENCIA SOSY 125 MG/ML ***[abatacept]***	2	
ORENCIA SOSY 50 MG/0.4ML ***[abatacept]***	2	QL - 30 day(s)
ORENCIA SOSY 87.5 MG/0.7ML ***[abatacept]***	2	QL - 30 day(s)
OTEZLA TAB 10/20/30 ***[apremilast]***	2	QL - 30 day(s)
OTEZLA TABS 30 MG ***[apremilast]***	2	QL - 30 day(s)
OTEZLA TBPK 10 & 20 & 30 MG ***[apremilast]***	2	QL - 30 day(s)
pamidronate disodium solr 30 mg	1	MB
pamidronate disodium solr 90 mg	1	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
PREVIDENT 5000 PLUS CREA 1.1 % ***[sodium fluoride (dental)]***	2	
PREVIDENT GEL 1.1 % ***[sodium fluoride (dental)]***	2	
PREVIDENT SOLN 0.2 % ***[sodium fluoride (dental)]***	2	
PROGRAF SOLN 5 MG/ML ***[tacrolimus]***	2	MB
RAPAMUNE SOLN 1 MG/ML ***[sirolimus]***	2	
RASUVO SOAJ 10 MG/0.2ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 12.5 MG/0.25ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 15 MG/0.3ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 17.5 MG/0.35ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 20 MG/0.4ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 22.5 MG/0.45ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 25 MG/0.5ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 27.5 MG/0.55ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 30 MG/0.6ML ***[methotrexate (antirheumatic)]***	2	
RASUVO SOAJ 7.5 MG/0.15ML ***[methotrexate (antirheumatic)]***	2	
REMICADE SOLR 100 MG ***[infliximab]***	2	MB
RIMSO-50 SOLN 50 % ***[dimethyl sulfoxide]***	2	MB
SANDIMMUNE CAPS 100 MG ***[cyclosporine]***	2	
SANDIMMUNE CAPS 25 MG ***[cyclosporine]***	2	
SANDIMMUNE SOLN 100 MG/ML ***[cyclosporine]***	2	
SANDIMMUNE SOLN 50 MG/ML ***[cyclosporine]***	2	MB
SANDOSTATIN LAR DEPOT KIT 10 MG ***[octreotide acetate]***	2	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 20 MG ***[octreotide acetate]***	2	QL - 30 day(s),MB
SANDOSTATIN LAR DEPOT KIT 30 MG ***[octreotide acetate]***	2	QL - 30 day(s),MB
SF 5000 PLUS CREA 1.1 % ***[sodium fluoride (dental)]***	1	
sirolimus soln 1 mg/ml	1	
sirolimus tabs 0.5 mg	1	
sirolimus tabs 1 mg	1	
sirolimus tabs 2 mg	1	
SODIUM FLUORIDE CHEW 1.1 (0.5 F) MG ***[sodium fluoride]***	1	
SODIUM FLUORIDE SOLN 1.1 (0.5 F) MG/ML ***[sodium fluoride]***	1	PREV

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
SOLIRIS SOLN 300 MG/30ML ***[eculizumab]***	2	MB
tacrolimus caps 0.5 mg	1	
tacrolimus caps 1 mg	1	
tacrolimus caps 5 mg	1	
TAKHZYRO SOLN 300 MG/2ML ***[lanadelumab-flyo]***	2	QL - 30 day(s)
THALOMID CAPS 100 MG ***[thalidomide]***	2	QL - 30 day(s)
THALOMID CAPS 150 MG ***[thalidomide]***	2	QL - 30 day(s)
THALOMID CAPS 200 MG ***[thalidomide]***	2	QL - 30 day(s)
THALOMID CAPS 50 MG ***[thalidomide]***	2	QL - 30 day(s)
THIOLA TABS 100 MG ***[tiopronin]***	2	
TRI-CHLOR LIQD 80 % ***[trichloroacetic acid]***	2	
TYSABRI CONC 300 MG/15ML ***[natalizumab]***	2	QL - 30 day(s),LD,MB
XELJANZ TABS 10 MG ***[tofacitinib citrate]***	2	QL
XELJANZ TABS 5 MG ***[tofacitinib citrate]***	2	QL - 30 day(s)
XELJANZ XR TB24 11 MG ***[tofacitinib citrate]***	2	QL - 30 day(s)
zoledronic acid conc 4 mg/5ml	1	MB
zoledronic acid soln 5 mg/100ml	1	MB
OXYTOCICS		
OXYTOCICS		
CERVIDIL INST 10 MG ***[dinoprostone]***	2	
HEMABATE SOLN 250 MCG/ML ***[carboprost tromethamine]***	2	MB
methylergonovine maleate soln 0.2 mg/ml	1	MB
methylergonovine maleate tabs 0.2 mg	1	
MIFEPREX TABS 200 MG ***[mifepristone]***	2	PREV
PROSTIN E2 SUPP 20 MG ***[dinoprostone]***	2	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
ALPROSTADIL POWD ***[alprostadil (bulk)]***	2	
BACLOFEN POWD ***[baclofen]***	2	
BACTERIOSTATIC WATER(BENZ ALC) SOLN ***[water for inject, bacteriostatic benzyl alcohol]***	2	MB
BIOTIN-D POWD ***[biotin (bulk)]***	2	
BORIC ACID POWD ***[boric acid (bulk)]***	2	
CHLOROFORM SOL ***[chloroform]***	2	
CLOBETASOL PROPIONATE POW PROPIONA ***[clobetasol propionate]***	2	
CLONIDINE HCL POWD ***[clonidine hcl]***	2	
CLOTRIMAZOLE CRYS ***[clotrimazole (topical)]***	2	
COAL TAR SOLN 20 % ***[coal tar (crude)]***	2	
COLLODION FLEXIBLE LIQD ***[collodion flexible]***	2	
DILTIAZEM HCL POWD ***[diltiazem hcl (bulk)]***	2	
GABAPENTIN POWD ***[gabapentin (bulk)]***	2	
GLYCERIN LIQD ***[glycerin (bulk)]***	2	
GLYCOPYRROLATE POWD ***[glycopyrrolate (bulk)]***	2	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HYDROCORTISONE POWD ***[hydrocortisone (topical)]***	2	
HYDROPHILIC OINT ***[hydrophilic ointment]***	2	
HYDROXYPROGESTERONE CAPROATE POWD ***[hydroxyprogesterone caproate (bulk)]***	2	
ISOSORBIDE POWD ***[isosorbide (bulk)]***	2	
KETAMINE HCL POWD ***[ketamine hcl (bulk)]***	2	
KETOPROFEN POWD ***[ketoprofen (bulk)]***	2	
L-CITRULLINE POWD ***[citrulline (bulk)]***	2	
L-ISOLEUCINE POWD ***[isoleucine]***	2	
L-PROLINE POWD ***[proline]***	2	
LIDOCAINE HCL POWD ***[lidocaine hcl (bulk)]***	2	
METRONIDAZOLE POWD ***[metronidazole (bulk)]***	2	
PAPAVERINE HCL POWD ***[papaverine hcl]***	2	
PHENTOLAMINE MESYLATE POWD ***[phentolamine mesylate (bulk)]***	2	
POLYETHYLENE GLYCOL 8000 POWD ***[polyethylene glycol 8000]***	2	
PROGESTERONE MICRONIZED POWD ***[progesterone micronized (bulk)]***	2	
QUINACRINE HCL POW DIHYDRAT ***[quinacrine hcl]***	2	
SALICYLIC ACID POWD ***[salicylic acid (bulk)]***	2	
SORBITOL SOLN 70 % ***[sorbitol]***	2	
STERILE WATER FOR INJECTION SOLN ***[water for injection, sterile]***	1	MB
SULFUR PRECIPITATED POWD ***[sulfur (bulk)]***	2	
TESTOSTERONE PROPIONATE POWD ***[testosterone propionate (bulk)]***	2	
THYMOL CRYS ***[thymol]***	2	
TRIAMCINOLONE ACETONIDE POWD ***[triamcinolone acetonide (topical)]***	2	
VERAPAMIL HCL POWD ***[verapamil hcl]***	2	
ZINC SULFATE HEPTAHYDRATE POWD ***[zinc sulfate]***	2	
ZINC SULFATE MONOHYDRATE POWD ***[zinc sulfate]***	2	
RESPIRATORY TRACT AGENTS		
ANTI-INFLAMMATORY AGENTS		
ALVESCO AERS 160 MCG/ACT ***[ciclesonide]***	2	
ALVESCO AERS 80 MCG/ACT ***[ciclesonide]***	2	
cromolyn sodium conc 100 mg/5ml	1	
cromolyn sodium nebu 20 mg/2ml	1	
montelukast sodium chew 4 mg	1	
montelukast sodium chew 5 mg	1	
montelukast sodium pack 4 mg	1	
montelukast sodium tabs 10 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
ANTITUSSIVES		
benzonatate caps 100 mg	1	
CHERATUSSIN AC SYRP 100-10 MG/5ML ***[guaifenesin-codeine]***	1	
hydrocodone-homatropine syrp 5-1.5 mg/5ml	1	
PHENYLHISTINE DH LIQD 30-2-10 MG/5ML ***[pseudoeph-chlorphen w/ cod]***	2	
[Hydrocodone W/ Homatropine] TUSSIGON TABS 5-1.5 MG	1	
VIRTUSSIN DAC SOLN 30-10-100 MG/5ML ***[pseudoephedrine w/ codeine-gg]***	1	
MUCOLYTIC AGENTS		
SODIUM CHLORIDE NEBU 0.9 % ***[sodium chloride (inhalant)]***	1	
SODIUM CHLORIDE NEBU 3 % ***[sodium chloride (inhalant)]***	1	
SODIUM CHLORIDE NEBU 7 % ***[sodium chloride (inhalant)]***	1	
PULMONARY SURFACTANTS		
CUROSURF SUSP 120 MG/1.5ML ***[poractant alfa]***	2	MB
CUROSURF SUSP 240 MG/3ML ***[poractant alfa]***	2	MB
SURVANTA SUSP 25-0.9 MG/ML-% ***[beractant in nacl]***	2	MB
RESPIRATORY AGENTS, MISCELLANEOUS		
ARALAST NP SOLR 500 MG ***[alpha1-proteinase inhibitor (human)]***	2	QL - 30 day(s),MB
KALYDECO PACK 50 MG ***[ivacaftor]***	2	QL - 30 day(s)
KALYDECO PACK 75 MG ***[ivacaftor]***	2	QL - 30 day(s)
OPSUMIT TABS 10 MG ***[macitentan]***	2	QL - 30 day(s)
ORKAMBI PACK 100-125 MG ***[lumacaftor-ivacaftor]***	2	QL - 30 day(s)
ORKAMBI PACK 150-188 MG ***[lumacaftor-ivacaftor]***	2	QL - 30 day(s)
ORKAMBI TABS 100-125 MG ***[lumacaftor-ivacaftor]***	2	QL - 30 day(s)
ORKAMBI TABS 200-125 MG ***[lumacaftor-ivacaftor]***	2	QL - 30 day(s)
SYMDEKO TBPK 100-150 & 150 MG ***[tezacaftor-ivacaftor]***	2	QL - 30 day(s)
SYMDEKO TBPK 50-75 & 75 MG ***[tezacaftor-ivacaftor]***	2	
XOLAIR SOLR 150 MG ***[omalizumab]***	2	QL - 30 day(s)
XOLAIR SOSY 150 MG/ML ***[omalizumab]***	2	QL - 30 day(s)
XOLAIR SOSY 75 MG/0.5ML ***[omalizumab]***	2	QL - 30 day(s)
VASODILATING		
TRACLEER TBSO 32 MG ***[bosentan]***	2	QL - 30 day(s)
SERUMS, TOXOIDS, AND VACCINES		
SERUMS		
CARIMUNE NF SOLR 12 GM ***[immune globulin (human) iv]***	2	MB
CARIMUNE NF SOLR 6 GM ***[immune globulin (human) iv]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
CROFAB SOLR ***[crotalidae polyvalent immune fab (ovine)]***	2	MB
CYTOGAM INJ 50 MG/ML ***[cytomegalovirus immune globulin (human)]***	2	MB
DIGIFAB SOLR 40 MG ***[digoxin immune fab]***	2	MB
FLEBOGAMMA DIF SOLN 0.5 GM/10ML ***[immune globulin (human) iv]***	2	MB
FLEBOGAMMA DIF SOLN 2.5 GM/50ML ***[immune globulin (human) iv]***	2	MB
FLEBOGAMMA DIF SOLN 20 GM/400ML ***[immune globulin (human) iv]***	2	MB
FLEBOGAMMA DIF SOLN 5 GM/50ML ***[immune globulin (human) iv]***	2	MB
GAMASTAN S/D INJ ***[immune globulin (human) im]***	2	MB
GAMMAGARD S/D LESS IGA SOLR 10 GM ***[immune globulin (human) iv]***	2	MB
GAMMAGARD S/D LESS IGA SOLR 5 GM ***[immune globulin (human) iv]***	2	MB
GAMMAGARD SOLN 30 GM/300ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMMAPLEX SOLN 10 GM/200ML ***[immune globulin (human) iv]***	2	MB
GAMMAPLEX SOLN 20 GM/400ML ***[immune globulin (human) iv]***	2	MB
GAMMAPLEX SOLN 5 GM/100ML ***[immune globulin (human) iv]***	2	MB
GAMUNEX-C SOLN 1 GM/10ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMUNEX-C SOLN 10 GM/100ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMUNEX-C SOLN 2.5 GM/25ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMUNEX-C SOLN 20 GM/200ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
GAMUNEX-C SOLN 5 GM/50ML ***[immune globulin (human) iv or subcutaneous]***	2	MB
HIZENTRA SOLN 1 GM/5ML ***[immune globulin (human) subcutaneous]***	2	QL - 30 day(s)
HIZENTRA SOLN 10 GM/50ML ***[immune globulin (human) subcutaneous]***	2	QL - 30 day(s)
HIZENTRA SOLN 2 GM/10ML ***[immune globulin (human) subcutaneous]***	2	QL - 30 day(s)
HIZENTRA SOLN 4 GM/20ML ***[immune globulin (human) subcutaneous]***	2	QL - 30 day(s)
HYPERRAB SOLN 300 UNIT/ML ***[rabies immune globulin (human)]***	2	MB
NABI-HB SOLN ***[hepatitis b immune globulin (human)]***	2	MB
OCTAGAM SOLN 1 GM/20ML ***[immune globulin***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
(human) iv]		
OCTAGAM SOLN 2.5 GM/50ML ***[immune globulin (human) iv]***	2	MB
OCTAGAM SOLN 25 GM/500ML ***[immune globulin (human) iv]***	2	MB
ODACTRA SUBL 12 SQ-HDM ***[dust mite mixed allergen extract]***	2	
PRIVIGEN SOLN 10 GM/100ML ***[immune globulin (human) iv]***	2	MB
PRIVIGEN SOLN 20 GM/200ML ***[immune globulin (human) iv]***	2	MB
PRIVIGEN SOLN 5 GM/50ML ***[immune globulin (human) iv]***	2	MB
RHOPHYLAC SOSY 1500 UNIT/2ML ***[rho d immune globulin (human)]***	2	MB
TOXOIDS		
ADACEL SUSP 5-2-15.5 LF-MCG/0.5 ***[tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap)]***	2	MB
DIPHTHERIA-TETANUS TOXOIDS DT SUSP 25-5 LFU/0.5ML ***[diphtheria-tetanus toxoids (dt)]***	2	
INFANRIX SUSP 25-58-10 ***[diphtheria, acellular pertussis & tetanus toxoids]***	2	MB
TDVAX SUSP 2-2 LF/0.5ML ***[tetanus-diphtheria toxoids (td)]***	2	MB
VACCINES		
ACTHIB SOLR ***[haemophilus b polysac conj vac]***	2	MB
AFLURIA SUSP ***[influenza virus vaccine split]***	2	MB
BEXSERO SUSY ***[meningococcal vac group b (recombant omv adjuvanted)]***	2	MB
ENGERIX-B SUSP 10 MCG/0.5ML ***[hepatitis b vaccine (recomb)]***	2	MB
ENGERIX-B SUSP 20 MCG/ML ***[hepatitis b vaccine (recomb)]***	2	MB
FLUAD SUSY 0.5 ML ***[influenza virus vaccine types a & b surface antigen adjuvant]***	2	MB
FLUZONE HIGH-DOSE SUSY 0.5 ML ***[influenza virus vaccine split high-dose preservative free]***	2	MB
FLUZONE SUSP ***[influenza virus vaccine split]***	2	MB
GARDASIL 9 SUSP ***[human papillomavirus (hpv) 9-valent recombinant vaccine]***	2	MB
GARDASIL 9 SUSY ***[human papillomavirus (hpv) 9-valent recombinant vaccine]***	2	MB
GARDASIL SUSP ***[human papillomavirus (hpv) quadrivalent recombinant vaccine]***	2	MB
HAVRIX SUSP 1440 EL U/ML ***[hepatitis a vaccine]***	2	MB
HAVRIX SUSP 720 EL U/0.5ML ***[hepatitis a vaccine]***	2	MB
IXIARO SUSP ***[japanese encephalitis vaccine inactivated adsorbed]***	2	MB

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
KINRIX SUSP ***[diph-tetanus tox ad-acell pertussis & polio virus, ipv vac]***	2	MB
M-M-R II SOLR ***[measles, mumps & rubella virus vaccines]***	2	MB
MENVEO SOLR ***[meningococcal (a,c,y&w-135) oligosaccharide conjugate vac]***	2	MB
PEDIARIX SUSP ***[diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac]***	2	MB
PNEUMOVAX 23 INJ 25 MCG/0.5ML ***[pneumococcal vac polyvalent]***	2	MB
PREVNAR 13 SUSP ***[pneumococcal 13-valent conjugate vaccine]***	2	MB
PROQUAD SUSR ***[measles-mumps-rubella-varicella virus vaccines]***	2	MB
ROTARIX SUSR ***[rotavirus vaccine, live oral]***	2	MB
ROTATEQ SOLN ***[rotavirus vaccine, live oral pentavalent]***	2	MB
SHINGRIX SUSR 50 MCG/0.5ML ***[zoster vaccine recombinant adjuvanted]***	2	MB
TICE BCG SUSR 50 MG ***[bcg live intravesical]***	2	MB
TWINRIX SUSP 720-20 ELU-MCG/ML ***[hepatitis a (inactivated)-hepatitis b (recombinant) vaccines]***	2	MB
TYPHIM VI SOLN 25 MCG/0.5ML ***[typhoid vi polysaccharide vaccine]***	2	MB
VAQTA SUSP 25 UNIT/0.5ML ***[hepatitis a vaccine]***	2	MB
VAQTA SUSP 50 UNIT/ML ***[hepatitis a vaccine]***	2	MB
VAXCHORA SUSR ***[cholera vaccine live attenuated]***	2	MB
VIVOTIF CPDR ***[typhoid vaccine]***	2	MB
ZOSTAVAX SUSR 19400 UNT/0.65ML ***[zoster vaccine live]***	2	MB
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTI-INFECTIVES		
alclometasone dipropionate crea 0.05 %	1	
BACITRACIN OINT 500 UNIT/GM ***[bacitracin (topical)]***	1	
BACITRACIN ZINC OINT 500 UNIT/GM ***[bacitracin zinc]***	1	
benzoyl peroxide-erythromycin gel 5-3 %	1	
clindamycin phosphate crea 2 %	1	
clindamycin phosphate gel 1 %	1	
clindamycin phosphate lotn 1 %	1	
clindamycin phosphate soln 1 %	1	
CLOBEX LOTN 0.05 % ***[clobetasol propionate]***	2	
CLOBEX SPRAY LIQD 0.05 % ***[clobetasol propionate]***	2	
clotrimazole troc 10 mg	1	
erythromycin soln 2 %	1	
gentamicin sulfate crea 0.1 %	1	
gentamicin sulfate oint 0.1 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HYDROCORTISONE-IODOQUINOL CREA 1-1 % ***[iodoquinol-hc]***	1	
ISAGEL GEL 60 % ***[antiseptic products, misc.]***	2	
ketoconazole sham 2 %	1	
malathion lotn 0.5 %	1	
metronidazole crea 0.75 %	1	
metronidazole gel 0.75 %	1	
mupirocin oint 2 %	1	
neomycin-polymyxin b gu soln 40-200000	1	
[Neomycin/polymyxin B Gu] NEOSPORIN GU IRRIGANT SOLN 40-200000	2	MB
nystatin crea 100000 unit/gm	1	
[Nystatin (topical)] NYSTOP POWD 100000 UNIT/GM	1	
permethrin crea 5 %	1	
selenium sulfide lotn 2.5 %	1	
SILVER SULFADIAZINE CREA 1 % ***[silver sulfadiazine]***	1	
SULFAMYLON CREA 85 MG/GM ***[mafenide acetate]***	2	
ANTI-INFLAMMATORY AGENTS		
alclometasone dipropionate oint 0.05 %	1	
ANUCORT-HC SUPP 25 MG ***[hydrocortisone acetate (rectal)]***	1	
betamethasone dipropionate aug crea 0.05 %	1	
betamethasone dipropionate aug gel 0.05 %	1	
betamethasone dipropionate aug oint 0.05 %	1	
BETAMETHASONE VALERATE CREA 0.1 % ***[betamethasone valerate]***	1	
betamethasone valerate foam 0.12 %	1	
BETAMETHASONE VALERATE OINT 0.1 % ***[betamethasone valerate]***	1	
clobetasol propionate crea 0.05 %	1	
clobetasol propionate gel 0.05 %	1	
clobetasol propionate lotn 0.05 %	1	
clobetasol propionate oint 0.05 %	1	
clobetasol propionate soln 0.05 %	1	
CORDRAN TAPE 4 MCG/SQCM ***[flurandrenolide]***	2	
CORTISPORIN OINT 1 % ***[bacitracin-polymyxin-neomycin hc]***	2	
desonide oint 0.05 %	1	
desoximetasone crea 0.25 %	1	
fluocinolone acetonide body oil 0.01 %	1	
fluocinolone acetonide scalp oil 0.01 %	1	
fluocinolone acetonide soln 0.01 %	1	
fluocinonide oint 0.05 %	1	
fluocinonide soln 0.05 %	1	
fluticasone propionate oint 0.005 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % ***[pramoxine-hc]***	1	
hydrocortisone crea 2.5 %	1	
hydrocortisone enem 100 mg/60ml	1	
hydrocortisone lotn 2.5 %	1	
hydrocortisone oint 2.5 %	1	
mometasone furoate crea 0.1 %	1	
mometasone furoate oint 0.1 %	1	
mometasone furoate soln 0.1 %	1	
[Pramoxine-hc] PRAMOSONE CREA 1-1 %	2	
[Pramoxine-hc] PRAMOSONE LOTN 1-1 %	2	
[Pramoxine-hc] PRAMOSONE LOTN 1-2.5 %	2	
PRAMOSONE OINT 1-1 % ***[pramoxine-hc]***	2	
PRAMOSONE OINT 1-2.5 % ***[pramoxine-hc]***	2	
[Hydrocortisone (rectal)] PROCTOZONE-HC CREA 2.5 %	1	
triamcinolone acetonide crea 0.025 %	1	
triamcinolone acetonide crea 0.1 %	1	
triamcinolone acetonide crea 0.5 %	1	
triamcinolone acetonide oint 0.025 %	1	
triamcinolone acetonide oint 0.1 %	1	
triamcinolone acetonide oint 0.5 %	1	
triamcinolone acetonide pste 0.1 %	1	
ANTIPRURITICS AND LOCAL ANESTHETICS		
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC CREA 1-1 %	2	
[Hydrocortisone Acetate W/ Pramoxine] ANALPRAM-HC LOTN 2.5-1 %	2	
hydrocortisone ace-pramoxine crea 1-1 %	1	
HYDROCORTISONE ACE-PRAMOXINE CREA 2.5-1 % ***[hydrocortisone acetate w/ pramoxine]***	1	
lidocaine hcl soln 4 %	1	
lidocaine hcl urethral/mucosal gel 2 %	1	
lidocaine hcl urethral/mucosal prsy 2 %	1	
lidocaine oint 5 %	1	
lidocaine-prilocaine crea 2.5-2.5 %	1	
lidocaine-prilocaine kit 2.5-2.5 %	1	
[Hydrocortisone Acetate W/ Pramoxine] PROCTOFOAM HC FOAM 1-1 %	1	
SARNA LOTN 0.5-0.5 % ***[camphor & menthol]***	2	
ASTRINGENTS		
DRYSOL SOLN 20 % ***[aluminum chloride]***	2	
XERAC AC SOLN 6.25 % ***[aluminum chloride in alcohol]***	2	
ZINC OXIDE OINT 20 % ***[zinc oxide (topical)]***	1	
CELL STIMULANTS AND PROLIFERANTS		

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
AVITA CREA 0.025 % ***[tretinoin]***	1	
KEPIVANCE SOLR 6.25 MG ***[palifermin]***	2	QL - 30 day(s),MB
RETIN-A CREA 0.025 % ***[tretinoin]***	1	
RETIN-A CREA 0.05 % ***[tretinoin]***	2	
RETIN-A CREA 0.1 % ***[tretinoin]***	1	
RETIN-A GEL 0.01 % ***[tretinoin]***	1	
RETIN-A GEL 0.025 % ***[tretinoin]***	2	
RETIN-A MICRO GEL 0.04 % ***[tretinoin microsphere]***	1	
RETIN-A MICRO GEL 0.1 % ***[tretinoin microsphere]***	1	
DEPIGMENTING AND PIGMENTING AGENTS		
8-MOP CAPS 10 MG ***[methoxsalen]***	2	
methoxsalen rapid caps 10 mg	1	
OXSORALEN LOTN 1 % ***[methoxsalen (topical)]***	2	
OXSORALEN ULTRA CAPS 10 MG ***[methoxsalen rapid]***	2	
KERATOLYTIC AGENTS		
KERALYT GEL 6 % ***[salicylic acid]***	2	
SULFACETAMIDE SODIUM-SULFUR EMUL 10-5 % ***[sulfacetamide sodium w/ sulfur]***	1	
SULFACETAMIDE SODIUM-SULFUR SUSP 10-5 % ***[sulfacetamide sodium w/ sulfur]***	2	
SULFACETAMIDE SODIUM-SULFUR SUSP 8-4 % ***[sulfacetamide sodium w/ sulfur]***	1	
KERATOPLASTIC AGENTS		
ELTA TAR CREA 2 % ***[coal tar extract]***	2	
SKIN AND MUCOUS MEMBRANE AGENTS, MISCELLANEOUS		
adapalene gel 0.1 %	1	
adapalene gel 0.3 %	1	
adapalene-benzoyl peroxide gel 0.1-2.5 %	1	
AQUAPHOR ADVANCED THERAPY OINT ***[emollient]***	2	
BENZOIN TINC ***[benzoin]***	2	
calcipotriene crea 0.005 %	1	
calcipotriene soln 0.005 %	1	
[Isotretinoin] CLARAVIS CAPS 10 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 20 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 30 MG	1	QL - 30 day(s)
[Isotretinoin] CLARAVIS CAPS 40 MG	1	QL - 30 day(s)
CONDYLOX GEL 0.5 % ***[podofilox]***	2	
COSENTYX (300 MG DOSE) SOSY 150 MG/ML ***[secukinumab]***	2	QL - 30 day(s)
COSENTYX SENSOREADY (300 MG) SOAJ 150 MG/ML ***[secukinumab]***	2	QL - 30 day(s)
COSENTYX SENSOREADY PEN SOAJ 150 MG/ML ***[secukinumab]***	2	QL - 30 day(s)
COSENTYX SOSY 150 MG/ML ***[secukinumab]***	2	QL - 30 day(s)
diclofenac sodium gel 1 %	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
diclofenac sodium soln 1.5 %	1	
DIFFERIN CREA 0.1 % ***[adapalene]***	2	
DIFFERIN GEL 0.1 % ***[adapalene]***	2	
DIFFERIN GEL 0.3 % ***[adapalene]***	2	
DRITHO-CREME HP CREA 1 % ***[anthralin]***	2	
ELIDEL CREA 1 % ***[pimecrolimus]***	2	
EPIDUO FORTE GEL 0.3-2.5 % ***[adapalene-benzoyl peroxide]***	2	
EPIDUO GEL 0.1-2.5 % ***[adapalene-benzoyl peroxide]***	2	
fluocinonide gel 0.05 %	1	
FLUOROPLEX CREA 1 % ***[fluorouracil (topical)]***	2	
fluorouracil crea 5 %	1	
fluorouracil soln 2 %	1	
fluorouracil soln 5 %	1	
imiquimod crea 5 %	1	
LEVULAN KERASTICK SOLR 20 % ***[aminolevulinic acid hcl]***	2	
pimecrolimus crea 1 %	1	
podofilox soln 0.5 %	1	
SANTYL OINT 250 UNIT/GM ***[collagenase]***	2	
SKYRIZI (150 MG DOSE) PSKT 75 MG/0.83ML ***[risankizumab-rzaa]***	2	
SODIUM CHLORIDE TABS 1 GM ***[sodium chloride]***	1	
STELARA SOLN 45 MG/0.5ML ***[ustekinumab]***	2	
STELARA SOSY 45 MG/0.5ML ***[ustekinumab]***	2	
STELARA SOSY 90 MG/ML ***[ustekinumab]***	2	
tacrolimus oint 0.03 %	1	
tacrolimus oint 0.1 %	1	
TARGRETIN GEL 1 % ***[bexarotene (topical)]***	2	
tazarotene crea 0.1 %	1	
TAZORAC CREA 0.05 % ***[tazarotene]***	2	
TAZORAC GEL 0.05 % ***[tazarotene]***	2	
TAZORAC GEL 0.1 % ***[tazarotene]***	2	
TREMFYA SOPN 100 MG/ML ***[guselkumab]***	2	
TREMFYA SOSY 100 MG/ML ***[guselkumab]***	2	
VECTICAL OINT 3 MCG/GM ***[calcitriol (topical)]***	2	
SMOOTH MUSCLE RELAXANTS		
GENITOURINARY SMOOTH MUSCLE RELAXANTS		
oxybutynin chloride er tb24 10 mg	1	
oxybutynin chloride er tb24 15 mg	1	
oxybutynin chloride er tb24 5 mg	1	
oxybutynin chloride syrp 5 mg/5ml	1	
oxybutynin chloride tabs 5 mg	1	
OXYTROL PTTW 3.9 MG/24HR ***[oxybutynin]***	2	
solifenacin succinate tabs 10 mg	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
solifenacin succinate tabs 5 mg	1	
trospium chloride er cp24 60 mg	1	
trospium chloride tabs 20 mg	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS		
aminophylline soln 25 mg/ml	1	MB
theophylline er tb12 100 mg	1	
theophylline er tb12 200 mg	1	
theophylline er tb12 300 mg	1	
theophylline er tb12 450 mg	1	
THEOPHYLLINE IN D5W SOLN 0.8-5 MG/ML-% ***[theophylline in dextrose]***	2	MB
VITAMINS		
MULTIVITAMIN PREPARATIONS		
INFUVITE ADULT INJ ***[multiple vitamin]***	2	MB
INFUVITE PEDIATRIC SOLN ***[pediatric multiple vitamins]***	2	MB
MULTI-VIT/FLUORIDE SOLN 0.25 MG/ML ***[pediatric multivitamins w/fl]***	1	
MULTI-VIT/FLUORIDE/IRON SOLN 0.25-10 MG/ML ***[ped multivitamins w/fl & iron]***	1	
MULTI-VITAMIN/FLUORIDE SOLN 0.25 MG/ML ***[pediatric multivitamins w/fl]***	1	
MULTIVITAMIN/FLUORIDE CHEW 0.25 MG ***[pediatric multivitamins w/fl]***	1	
MULTIVITAMIN/FLUORIDE CHEW 0.5 MG ***[pediatric multivitamins w/fl]***	1	
MULTIVITAMIN/FLUORIDE CHEW 1 MG ***[pediatric multivitamins w/fl]***	1	
MULTIVITAMIN/FLUORIDE SOLN 0.5 MG/ML ***[pediatric multivitamins w/fl]***	1	
MVC-FLUORIDE CHEW 0.25 MG ***[pediatric multivitamins w/fl]***	1	
MVC-FLUORIDE CHEW 0.5 MG ***[pediatric multivitamins w/fl]***	1	
MVC-FLUORIDE CHEW 1 MG ***[pediatric multivitamins w/fl]***	1	
POLY-VI-SOL SOLN ***[pediatric multiple vitamin w/ c]***	2	
POLY-VI-SOL/IRON SOLN ***[pediatric multiple vitamins w/ iron]***	2	
POLY-VITA SOLN 35 MG/ML ***[pediatric multiple vitamin w/ c]***	1	
RENAL CAPS 1 MG ***[b-complex w/ c & folic acid]***	1	
TRI-VI-SOL SOLN 750-400-35 UNIT-MG/ML ***[pediatric vitamins adc]***	2	
TRI-VIT/FLUORIDE SOLN 0.5 MG/ML ***[pediatric vitamins acd w/ fluoride]***	1	
TRIPLE-VITAMIN/FLUORIDE SOLN 0.25 MG/ML ***[pediatric vitamins acd w/ fluoride]***	1	

Prescription Drug Name	Drug Tier	Coverage Requirements/Limits
VITAMIN A		
AQUASOL A SOLN 50000 UNIT/ML ***[vitamin a]***	2	MB
VITAMIN B COMPLEX		
cyanocobalamin soln 1000 mcg/ml	1	MB
folic acid soln 5 mg/ml	2	MB
NIACIN ER CPCR 250 MG ***[niacin]***	1	
NIACIN ER CPCR 500 MG ***[niacin]***	1	
NIACIN TABS 100 MG ***[niacin]***	1	
NIACIN TABS 250 MG ***[niacin]***	1	
NIACIN TABS 50 MG ***[niacin]***	1	
NIACIN TABS 500 MG ***[niacin]***	1	
POTABA CAPS 500 MG ***[potassium aminobenzoate]***	2	
pyridoxine hcl soln 100 mg/ml	1	MB
SLO-NIACIN TBCR 250 MG ***[niacin]***	1	
SLO-NIACIN TBCR 500 MG ***[niacin]***	2	
SLO-NIACIN TBCR 750 MG ***[niacin]***	2	
thiamine hcl soln 100 mg/ml	1	MB
VITAMIN C		
ASCORBIC ACID SOLN 500 MG/ML ***[ascorbic acid]***	1	MB
VITAMIN D		
calcitriol caps 0.25 mcg	1	
calcitriol caps 0.5 mcg	1	
vitamin d (ergocalciferol) caps 1.25 mg (50000 ut)	1	
VITAMIN K ACTIVITY		
MEPHYTON TABS 5 MG ***[phytonadione]***	2	
phytonadione soln 1 mg/0.5ml	1	MB
vitamin k1 soln 1 mg/0.5ml	1	MB
vitamin k1 soln 10 mg/ml	1	MB

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Language Assistance Services

English: We provide interpreter services at no cost to you, 24 hours a day, 7 days a week, during all hours of operation. You can have an interpreter help answer your questions about our health care coverage. You can also request materials translated in your language at no cost to you. Just call us at **1-800-464-4000**, 24 hours a day, 7 days a week (closed holidays). TTY users call **711**.

Arabic

: نؤمن خدمات الترجمة الفورية مجانًا لك على مدار الساعة كافة أيام الأسبوع طوال ساعات العمل. بإمكانك طلب مساعدة المترجم الفوري للإجابة على كافة أسئلتك حول التغطية الصحية التي نقدمها. بالإضافة إلى ذلك، يمكنك طلب ترجمة الوثائق الطبية للغتك مجانًا. ما عليك سوى الاتصال بنا على الرقم **1-800-464-4000** على مدار الساعة كافة أيام الأسبوع (مغلق أيام العطلات). لمستخدمي خدمة الهاتف النصي يرجي الاتصال على الرقم (**711**).

Armenian: Մենք օրը 24 ժամ, շաբաթը 7 օր, մեր աշխատանքի բոլոր ժամերին Ձեզ համար անվճար բանավոր թարգմանչի ծառայություններ ենք տրամադրում: Թարգմանչի օգնությամբ Դուք կարող եք պատասխան ստանալ Ձեր հարցերին՝ մեր կողմից տրամադրվող առողջության ապահովագրության վերաբերյալ: Կարող եք նաև Ձեր լեզվով թարգմանված գրավոր նյութեր խնդրել, որոնք Ձեզ համար անվճար են: Պարզապես զանգահարեք մեզ՝ **1-800-464-4000** հեռախոսահամարով՝ օրը 24 ժամ՝ շաբաթը 7 օր (տոն օրերին փակ է): TTY-ից օգտվողները պետք է զանգահարեն **711** համարով:

Farsi

: ما خدمات مترجم شفاهی را در 24 ساعت شبانروز و 7 روز هفته در طول همه ساعات کاری بدون اخذ هزینه در اختیار شما قرار می دهیم. شما می توانید برای کمک در پاسخگویی به سؤالات خود در مورد پوشش مراقبت درمانی ما از یک مترجم شفاهی بهره مند شوید. همچنین می توانید درخواست کنید که همه جزوات بدون اخذ هزینه به زبان شما ترجمه شوند. کافیست در 24 ساعت شبانروز و 7 روز هفته (به استثنای روزهای تعطیل) با ما به شماره **1-800-464-4000** تماس بگیرید. کاربران TTY با شماره **711** تماس بگیرند

Hindi: हम संचालन के सभी घंटों के दौरान आपको बिना किसी लागत के दुभाषिया सेवाएँ ,दिन के **24** घंटे ,सप्ताह के सातों दिन प्रदान करते हैं। आप हमारी स्वास्थ्य देखभाल कवरेज के बारे में आपके प्रश्नों के जवाब के लिए एक दुभाषिये की सहायता ले सकते हैं। आप बिना किसी लागत के सामग्रियों को अपनी भाषा में अनुवाद करवाने के लिए अनुरोध भी कर सकते हैं। बस केवल हमें **1-800-464-4000** पर ,दिन के **24** घंटे ,सप्ताह के सातों दिन)छुट्टियों वाले दिन बंद रहता है (कॉल करें। **TTY** उपयोगकर्ता **711**पर कॉल करें।

Hmong: Peb muaj neeg txhais lus pub dawb rau koj, 24 teev ib hnub twg,
7 hnub ib lim tiam twg, thawm cov sij hawm qhib ua lag luam.Koj muaj tau ib tug neeg txhais lus los pab teb koj cov lus nug txog peb cov kev pab them nqi kho mob.Koj thov tau kom muab cov ntaub ntawv txhais uas koj hom lus pub dawb rau koj.Tsuas hu rau **1-800-464-4000**, 24 teev ib hnub twg, 7 hnub ib lim tiam twg (cov hnub caiv kaw). Cov neeg siv TTY hu **711**.

Japanese: 当院では、全診療時間を通じて、 通訳サービスを無料で、年中無休、終日ご利用いただけます。当院の医療内容についてのご質問および回答には、 通訳がお手伝いいたします。 また、日本語に翻訳された資料を無料で請求できます。お気軽に **1-800-464-4000** までお電話ください （祭日を除き年中無休）。TTYユーザーは**711**にお電話ください。

Khmer: យើងផ្តល់សេវានៃអ្នកបកប្រែ ដោយឥតអស់ថ្លៃដល់អ្នកឡើយ 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ ក្នុងអំឡុងម៉ោងធ្វើការទាំងអស់។ អ្នកអាចមានអ្នកបកប្រែ ដើម្បីជួយឆ្លើយសំណួររបស់អ្នក អំពីការរ៉ាប់រងថែទាំសុខភាព របស់យើង។ អ្នកក៏អាចស្នើសុំសំភារៈដែលបានបកប្រែជាភាសាខ្មែរ ដោយឥតអស់ថ្លៃដល់អ្នកដែរ។

ក្រាន់តែទូរស័ព្ទមកយើង តាមលេខ **1-800-464-4000** បាន 24 ម៉ោងមួយថ្ងៃ 7 ថ្ងៃមួយអាទិត្យ (បិទថ្ងៃបុណ្យ)។ អ្នកប្រើ TTY ហៅលេខ **711** ។

Korean: 업무 시간 동안에는 요일 및 시간에 관계없이 통역 서비스를 무료로 이용하실 수 있습니다. 통역의도움을받아 건강 보험 혜택에 관하여 질문하고 답변을 들으실 수 있습니다. 또한, 귀하가 사용하는 언어로 번역된 자료를 요청해 무료로 제공받으실 수 있습니다. 요일 및 시간에 관계없이 **1-800-464-4000**번으로 전화해 문의하십시오(공휴일 휴무). TTY 사용자 번호 **711**.

Navajo: Nih7 ata’ halne’4 1k1’adoolwo[7g77 nihei h0l= t’11 j77k’4, t’11 naadiin d99’ ah44’iilkeedgo, tsosts’id yisk32j8’, nd1’anishgo oolki[biyi’ g0n4. Ata’ halne’4 nik1’adoolwo[na’7dikid nee h0l==go d77 ats’77s baa 1h1y32 bik’4st7’7g77 bin1’7di[kidgo. !1d00 a[d0’ naaltsoos l1 t’11 n7 nizaad k’ehji 1ln4ehgo t’11 j77k’4 1dooln77[. Nih7ch’i’ hod77lnih koj8’ **1-800-464-4000** j98go d00 t[‘4e’ nidi, tsosts’id yisk32j8’ dimoo na’adleehj8’ (Holidaysgo 47 da’deelkaal) doo da’diits’a’7g77 chodayoo[‘9n7g77 koj8’ hod77lnih **711**

Punjabi: ਅਸੀਂ ਕਾਰਵਾਈ ਦੇ ਸਾਰੇ ਘੰਟਿਆਂ ਦੇ ਦੌਰਾਨ ,ਤੁਹਾਨੂੰ ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ ,ਦਿਨ ਦੇ 24ਘੰਟੇ ,ਹਫਤੇ ਦੇ 7ਦਿਨ ,ਦੁਭਾਸ਼ੀਆ ਸੇਵਾਵਾਂ ਮੁਹੱਈਆ ਕਰਵਾਉਂਦੇ ਹਾਂ। ਤੁਸੀਂ ਸਾਡੀ ਸਿਹਤ ਦੇਖਭਾਲ ਕਵਰੇਜ ਬਾਰੇ ਆਪਣੇ ਸਵਾਲਾਂ ਦੇ ਜਵਾਬ ਲਈ ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਦੀ ਮਦਦ ਲੈ ਸਕਦੇ ਹੋ। ਤੁਸੀਂ ਬਿਨਾਂ ਕਿਸੀ ਲਾਗਤ ਦੇ ਸਮੱਗਰੀਆਂ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਅਨੁਵਾਦ ਕਰਵਾਉਣ ਦੀ ਬੇਨਤੀ ਕਰ ਸਕਦੇ ਹੋ। ਬਸ ਸਿਰਫ਼ ਸਾਨੂੰ **1-800-464-4000** ਤੇ ,ਦਿਨ ਦੇ 24ਘੰਟੇ ,ਹਫ਼ਤੇ ਦੇ 7 ਦਿਨ)ਛੁੱਟੀਆਂ ਵਾਲੇ ਦਿਨ ਬੰਦ ਰਹਿੰਦਾ ਹੈ (ਫ਼ੋਨ ਕਰੋ।TTY ਦਾ ਉਪਯੋਗ ਕਰਨ ਵਾਲੇ **711**‘ ਤੇ ਫ਼ੋਨ ਕਰਨ।

Russian: Мы всегда в часы работы обеспечиваем Вас услугами устного переводчика, 24 часа в сутки, 7 дней в неделю. Чтобы получить ответы на свои вопросы о нашем страховом покрытии услуг здравоохранения, Вы можете воспользоваться помощью устного переводчика. Вы также можете запросить бесплатный перевод материалов на Ваш язык. Просто позвоните нам по телефону **1-800-464-4000**, который доступен 24 часа в сутки, 7 дней в неделю (кроме праздничных дней). Пользователи линии TTY могут звонить по номеру **711**.

Spanish: Ofrecemos servicios de traducción al español sin costo alguno para usted durante todo el horario de atención, 24 horas al día, siete días a la semana. Puede contar con la ayuda de un intérprete para responder las preguntas que tenga sobre nuestra cobertura de atención médica. Además, puede solicitar que los materiales se traduzcan a su idioma sin costo alguno. Solo llame al **1-800-788-0616**, 24 horas al día, siete días a la semana (cerrado los días festivos). Los usuarios de TTY, deben llamar al **711**.

Tagalog: May magagamit na mga serbisyo ng tagasalin ng wika nang wala kang babayaran, 24 na oras bawat araw, 7 araw bawat linggo, sa lahat oras ng trabaho. Makakatulong ang tagasalin ng wika sa pagsagot sa mga tanong mo tungkol sa iyong coverage sa pangangalagang pangkalusugan. Maaari kang humingi ng mga babasahin na isinalin sa iyong wika nang wala kang babayaran. Tawagan lamang kami sa **1-800-464-4000**, 24 na oras bawat araw, 7 araw bawat linggo (sarado sa mga pista opisyal). Ang mga gumagamit ng TTY ay maaaring tumawag sa **711**.

Thai: เรามีบริการล่ามฟรีสำหรับคุณตลอด 24 ชั่วโมง ทุกวันตลอดชั่วโมงทำการของเราคุณสามารถขอให้ล่ามช่วยตอบคำถามของคุณที่เกี่ยวกับความคุ้มครองการดูแลสุขภาพของเราและคุณยังสามารถขอให้มีการแปลเอกสารเป็นภาษาที่คุณใช้ได้โดยไม่มีการคิดค่าบริการเพียงโทรหาเราที่หมายเลข **1-800-464-4000** ตลอด 24 ชั่วโมงทุกวัน (ปิดให้บริการในวันหยุดราชการ) ผู้ใช้ TTYโปรดโทรไปที่ **711**

Chinese: 我們每週7天，每天24小時在所有營業時間內免費爲您提供口譯服務。
您可以請口譯員協助回答有關我們健康保險的問題。您也可以免費索取翻譯成您所用語言的資料。我們每週7天，每天24小時均歡迎您打電話
1-800-757-7585 前來聯絡（節假日 休息）。聽障及語障專線 (TTY) 使用者請撥 **711**。

Vietnamese: Chúng tôi cung cấp dịch vụ thông dịch miễn phí cho quý vị 24 giờ mỗi ngày, 7 ngày trong tuần, trong tất cả các giờ làm việc. Quý vị có thể được thông dịch viên giúp trả lời thắc mắc về quyền lợi bảo hiểm sức khỏe của chúng tôi. Quý vị cũng có thể yêu cầu được cấp miễn phí tài liệu phiên dịch ra ngôn ngữ của quý vị. Chỉ cần gọi cho chúng tôi tại số **1-800-464-4000**, 24 giờ mỗi ngày, 7 ngày trong tuần (trừ các ngày lễ). Người dùng TTY xin gọi **711**.

Nondiscrimination Notice

Kaiser Permanente does not discriminate on the basis of age, race, ethnicity, color, national origin, cultural background, ancestry, religion, sex, gender identity, gender expression, sexual orientation, marital status, physical or mental disability, source of payment, genetic information, citizenship, primary language, or immigration status.

Language assistance services are available from our Member Services Contact Center 24 hours a day, seven days a week (except closed holidays). Interpreter services, including sign language, are available at no cost to you during all hours of operation. We can also provide you, your family, and friends with any special assistance needed to access our facilities and services. In addition, you may request health plan materials translated in your language and may also request these materials in large text or in other formats to accommodate your needs. For more information, call **1-800-464-4000** (TTY users call **711**).

A grievance is any expression of dissatisfaction expressed by you or your authorized representative through the grievance process. A grievance includes a complaint or an appeal. For example, if you believe that we have discriminated against you, you can file a grievance. Please refer to your *Evidence of Coverage* or *Certificate of Insurance* or speak with a Member Services representative for the dispute resolution options that apply to you. This is especially important if you are a Medicare, MediCal, MRMIP, MediCal Access, FEHBP, or CalPERS member because you have different dispute resolution options available.

You may submit a grievance in the following ways:

- By completing a Complaint or Benefit Claim/Request form at a Member Services office located at a Plan Facility (please refer to *Your Guidebook* for addresses)
- By mailing your written grievance to a Member Services office at a Plan Facility (please refer to *Your Guidebook* for addresses)
- By calling our Member Service Contact Center toll free at **1-800-464-4000** (TTY users call **711**)
- By completing the grievance form on our website at kp.org

Please call our Member Service Contact Center if you need help submitting a grievance.

The Kaiser Permanente Civil Rights Coordinator will be notified of all grievances related to discrimination on the basis of race, color, national origin, sex, age, or disability. You may also contact the Kaiser Permanente Civil Rights Coordinator directly at One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at *ocrportal.hhs.gov/ocr/portal/lobby.jsf*, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at ***www.hhs.gov/ocr/office/file/index.html***.

Kaiser Permanente no discrimina a ninguna persona por su edad, raza, etnia, color, país de origen, antecedentes culturales, ascendencia, religión, sexo, identidad de género, expresión de género, orientación sexual, estado civil, discapacidad física o mental, fuente de pago, información genética, ciudadanía, lengua materna o estado migratorio.

La Central de Llamadas de Servicio a los Miembros (Member Service Contact Center) brinda servicios de asistencia con el idioma las 24 horas del día, los siete días de la semana (excepto los días festivos). Se ofrecen servicios de interpretación sin costo alguno para usted durante el horario de atención, incluido el lenguaje de señas. También podemos ofrecerle a usted, a sus familiares y amigos cualquier ayuda especial que necesiten para acceder a nuestros centros de atención y servicios. Además, puede solicitar los materiales del plan de salud traducidos a su idioma, y también los puede solicitar con letra grande o en otros formatos que se adapten a sus necesidades. Para obtener más información, llame al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**).

Una queja es una expresión de inconformidad que manifiesta usted o su representante autorizado a través del proceso de quejas. Una queja incluye una queja formal o una apelación. Por ejemplo, si usted cree que ha sufrido discriminación de nuestra parte, puede presentar una queja. Consulte su *Evidencia de Cobertura (Evidence of Coverage)* o *Certificado de Seguro (Certificate of Insurance)*, o comuníquese con un representante de Servicio a los Miembros (Member Services) para conocer las opciones de resolución de disputas que le corresponden. Esto tiene especial importancia si es miembro de Medicare, MediCal, MRMIP (Major Risk Medical Insurance Program, Programa de Seguro Médico para Riesgos Mayores), MediCal Access, FEHBP (Federal Employees Health Benefits Program, Programa de Beneficios Médicos para los Empleados Federales) o CalPERS ya que dispone de otras opciones para resolver disputas.

Puede presentar una queja de las siguientes maneras:

- completando un formulario de queja o de reclamación/solicitud de beneficios en una oficina de Servicio a los Miembros ubicada en un centro del plan (consulte las direcciones en *Su Guía*)
- enviando por correo su queja por escrito a una oficina de Servicio a los Miembros en un centro del plan (consulte las direcciones en *Su Guía*)
- llamando a la línea telefónica gratuita de la Central de Llamadas de Servicio a los Miembros al **1-800-788-0616** (los usuarios de la línea TTY deben llamar al **711**)
- completando el formulario de queja en nuestro sitio web en **kp.org**

Llame a nuestra Central de Llamadas de Servicio a los Miembros si necesita ayuda para presentar una queja.

Se le informará al coordinador de derechos civiles (Civil Rights Coordinator) de Kaiser Permanente de todas las quejas relacionadas con la discriminación por motivos de raza, color, país de origen, género, edad o discapacidad. También puede comunicarse directamente con el coordinador de derechos civiles de Kaiser Permanente en One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612.

También puede presentar una queja formal de derechos civiles de forma electrónica ante la Oficina de Derechos Civiles (Office for Civil Rights) en el Departamento de Salud y Servicios Humanos de los Estados Unidos (U. S. Department of Health and Human Services) mediante el portal de quejas formales de la Oficina de Derechos Civiles (Office for Civil Rights), en *ocrportal.hhs.gov/ocr/portal/lobby.jsf,* o por correo postal o por teléfono a: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 1-800-537-

7697(línea TDD). Los formularios de queja formal están disponibles en ***www.hhs.gov/ocr/office/file/index.html***.

Kaiser Permanente禁止以年齡、種族、族裔、膚色、原國籍、文化背景、血統、宗教、性別、性別認同、性別表達方式、性取向、婚姻狀況、生理或心理殘障、支付來源、遺傳資訊、公民身份、主要語言或移民身份為由而對任何人進行歧視。

計劃成員服務聯絡中心提供語言協助服務；每週七天24小時晝夜服務（法定節假日除外）。本機構在全部辦公時間內免費為您提供口譯服務，其中包括手語。我們還可為您、您的親屬和朋友提供任何必要的特別補助，以便您使用本機構的設施與服務。此外，您還可請求以您的語言提供健康保險計劃資料之譯本，並可請求採用大號字體或其他版本格式提供此類資料的譯本，藉以滿足您的需求。若需詳細資訊，請致電**1-800-757-7585**（TTY專線使用者請撥**711**）。

冤情申訴係指您或您的授權代表透過冤情申訴程序所表達的不滿陳訴。申訴冤情包括投訴或上訴。例如，如果您認為自己受到本機構的歧視，則可提出冤情申訴。若需瞭解可供您選擇的適用爭議解決方案，請參閱您的《承保範圍說明書》(*Evidence of Coverage*）或《保險證明書》（*Certificate of Insurance*），或者與計劃成員服務代表交談。對於Medicare、MediCal、MRMIP、MediCal Access、FEHBP或CalPERS計劃成員，這尤其重要；原因在於，為這些成員提供的爭議解決方案選擇有所不同。

您可透過以下方式提出冤情申訴：

- 於設在本計劃服務設施的某個計劃成員服務處填妥一份《投訴或保險福利索償/請書》（請參閱您的《通訊地址指南冊》，以便查找相關地址）
- 將您的冤情申訴書郵寄至設在本計劃服務設施的某個計劃成員服務處（請參閱您的《通訊地址指南冊》，以便查找相關地址）
- 免費致電本機構的計劃成員服務聯絡中心，電話號碼是**1-800-757-7585**（TTY專線使用者請撥**711**）
- 在本機構的網站上填妥一份冤情申訴書，網址是**kp.org**

如果您在提交冤情申訴書的過程中需要協助，請致電本機構的計劃成員服務聯絡中心。

涉及種族、膚色、原國籍、性別、年齡或身體殘障歧視的一切冤情申訴都將通告給Kaiser Permanente的民權事務協調員 (Civil Rights Coordinator）。您也可與Kaiser Permanente的民權事務協調員直接聯絡；聯絡地址是One Kaiser Plaza, 12th Floor, Suite 1223, Oakland, CA 94612。

您還可以採用電子方式透過民權辦公處（Office for Civil Rights）的投訴入口網站（Civil Rights Complaint Portal）向美國衛生與公共服務部民權辦公處（U.S. Department of Health and Human Services, Office for Civil Rights）提出民權投訴，網址是***ocrportal.hhs.gov/ocr/portal/lobby.jsf***；或者按照如下聯絡資訊採用郵寄或電話方式聯絡：U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, D.C. 20201,
1-800-368-1019, 1-800-537-7697（TDD專線。可從網站上下載投訴書，網址
www.hhs.gov/ocr/office/file/index.html。

KAISER PERMANENTE®

California Member Services
24 hours a day, seven days a week (closed holidays) 1-800-464-4000 English
1- 800-788-0616 Spanish
1-800-757-7585 Chinese dialects
711 TTY for the hearing/speech impaired

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