

Sutter Health Plus Formulary

Drug List for HMO Members

Effective April 1, 2024

This formulary is the list of prescription drugs available to Sutter Health Plus members for all plans and products Sutter Health Plus offers.

This formulary is subject to change. All past versions of the formulary are no longer in use. Sutter Health Plus last updated the formulary on April 1, 2024. The current formulary is available to members on the CVS Caremark® custom website for Sutter Health Plus members at info.caremark.com/oe/sutterhealthplus. It is also available on the Sutter Health Plus website at sutterhealthplus.org/pharmacy.

Members can find complete information about their prescription drug benefits, including cost sharing amounts in their Evidence of Coverage and Disclosure Form (EOC). The EOCs are available on the Sutter Health Plus member portal at shplus.org/memberportal (registration required).

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This document is the Sutter Health Plus Formulary, a list of Food and Drug Administration (FDA)-approved generic and brand name drugs covered by Sutter Health Plus under your outpatient prescription drug benefit. This formulary outlines the preferred drugs covered by your outpatient prescription drug benefit. Drugs that are preferred for certain conditions are listed as Preferred within the description in the Coverage Requirements and Limits column of the drug list portion. The availability of a drug on the formulary does not mean your doctor will prescribe it for your condition. The formulary helps you and your doctor determine the right drug to prescribe to treat your needs. Drugs not listed on the formulary, or “non-formulary drugs,” will also be covered if medically necessary. All non-formulary drugs must be prior authorized.

The CVS Caremark Pharmacy and Therapeutics (P&T) Committee assesses all drugs included in the formulary for clinical appropriateness, process requirements and coverage limitations. When necessary, the Sutter Health Plus P&T Committee reviews, approves and modifies CVS Caremark selections. Doctors and pharmacists make up both P&T Committees. They meet regularly to decide what drugs should be included in the formulary. The P&T Committees choose drugs based on their safety, effectiveness and value.

Updates To the Formulary

CVS Caremark updates the drugs on a monthly basis, and content may change. Changes to the drugs listed in this formulary may include:

- Removing a drug or dosage form of a drug.
- Changing tier placement of a drug that results in a different cost share.
- Adding or changing prior authorization and step therapy requirements for a drug.

During your plan year, any changes to the formulary that benefit you, such as moving a drug to a lower tier for lower cost share, happen right away. Sutter Health Plus notifies you at least 60 days in advance of any changes that increase your cost share or impose new limits or processes on a drug you take.

You can get the most current formulary on the Sutter Health Plus website at sutterhealthplus.org/pharmacy, or the CVS Caremark guest website for Sutter Health Plus members at info.caremark.com/oe/sutterhealthplus.

If you have questions about your pharmacy coverage or the list of drugs covered by Sutter Health Plus, call Sutter Health Plus Member Services at

855-315-5800. Member Services is available Monday through Friday, 8 a.m. to 7 p.m. Member Services can answer questions about your pharmacy benefits, including:

- The process for submitting a prior authorization (PA) request (exception request) for drugs that require PA or a step therapy exception.
- Information about drugs covered under your medical benefit versus your pharmacy benefit.
- Actual dollar amounts of your cost sharing (copays, coinsurance and deductibles).

How To Use the Formulary

Sutter Health Plus organizes the drugs by drug category and class based on the Medi-Span drug classification system. The drugs in each category are in alphabetical order by their generic name or most common brand name.

The formulary lists generic drugs in all ***bold and italicized lowercase*** letters. The formulary lists brand name drugs in all CAPITAL letters followed by the generic name in parentheses in all ***bold and italicized lowercase*** letters.

Example:

Drug Type	How drug will appear in the categorical list
generic drug	<i>Pravastatin</i>
brand drug	PRAVACHOL (<i>pravastatin</i>)

When a generic equivalent for a brand name drug is available and covered, Sutter Health Plus lists the generic drug separately from the brand name drug in all ***bold and italicized lowercase*** letters.

When a generic equivalent for a brand name drug is not available or not covered, Sutter Health Plus does not list the generic drug separately.

When a manufacturer markets a generic drug under a proprietary, trademark-protected brand name, we list the brand name after the generic drug in parentheses with the first letter of each word capitalized. For example, (Digoxin) DIGITEK.

Members can search the formulary by using the index, either by generic or brand name, and by therapeutic drug category. Brand names usually cost more and are not preferred over generic alternatives. Any drug not found in

this list or any updates published by CVS Caremark or Sutter Health Plus requires prior authorization.

Some drugs have certain process requirements or limitations for coverage. We identify these drugs on the formulary by the letters listed and explained below. Your Sutter Health Plus EOC explains the details of the process requirements and limitations and how you or your provider can ask for exceptions.

Abbreviation	Definition	Comments
AG	Age Edit	Drug may not be recommended for some patients based on age
PA	Prior Authorization	Requires your doctor to request prior authorization to support use of this drug
PA**	Prior Authorization	Requires prior authorization when step therapy is not met
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	Step Therapy	Coverage may depend on previous use of another drug
OAC	Oral Anticancer	Orally administered anticancer drugs have a maximum limit on the copayment amount

Benefit Coverage and Limitations

This printed formulary does not provide information regarding the specific benefit coverage and limitations an individual member may have. Many members have specific benefit inclusions, exclusions, cost shares or a lack of coverage, which the formulary does not reflect. For example, drugs for the treatment of infertility may not be covered. Refer to your specific plan documents for more information regarding your specific coverage.

Depending on a member’s specific benefit, the following may apply:

1. Generic Substitution

When available, Sutter Health Plus uses the FDA-approved generic drugs in most situations, regardless of the brand name indicated. Members usually have lower cost share when they use generic drugs.

If a member or the member’s provider requests a brand name drug instead of an approved generic, the member, based on their coverage, is usually required to pay the additional amount of the difference between the

pharmacy’s contracted rate for the brand name drug and the allowed prescription drug amount. Doctors can request prior authorization if they determine that there is a medical need for the brand name drug.

2. Four-Tier Benefit

The formulary is a four-tier benefit design. Tiers are the different cost levels you pay for a drug. Each tier is assigned a member cost share. This is how much you pay when you fill a prescription. You can refer to your Benefits and Coverage Matrix to determine your cost share for each drug tier. The four tiers are:

- Tier 1 – Most generic drugs and low-cost preferred brand name drugs are covered at the lowest cost share.
- Tier 2 – Preferred brand name drugs, non-preferred generic drugs and drugs recommended by the Sutter Health Plus P&T Committee based on safety, efficacy and cost are covered at the second lowest tier cost share.
- Tier 3 – Non-preferred brand name drugs or drugs that the Sutter Health Plus P&T Committee recommends based on safety, efficacy and cost are covered at the third lowest tier cost share. These drugs generally have a preferred and often less costly therapeutic alternative at a lower tier.
- Tier 4 – Drugs that are biologics, drugs that the FDA or drug manufacturer requires be distributed through a specialty pharmacy, drugs that require the member to have special training or clinical monitoring for self-administration, or drugs that cost Sutter Health Plus more than \$600 net of rebates for a one-month supply.

Sutter Health Plus also uses the following abbreviations next to some drugs to help members identify certain drug categories.

Abbreviation	Definition	Comments
CM	Contraceptive Management	Drugs used for contraceptive management
DM	Diabetes Management	Drugs used for diabetes management
PC	Preventive Health or Care	Those preventive care drugs with \$0 cost share
SP	Specialty	Specialty Drugs are usually injectable, infused, oral or inhaled and require close supervision and therapy monitoring

If your drug is in Tier 2 or 3, look to see if there is a Tier 1 option available. Discuss these options with your doctor. Member cost sharing for oral anticancer drugs will not exceed \$250 per prescription for up to a 30-day supply. If your benefit plan is a high-deductible health plan compatible with a health savings account, this does not apply until after you meet your deductible.

It is important to note that drug costs change frequently. If you have a percent-of-cost coinsurance or deductible, you can confirm your cost share by calling CVS Caremark or your pharmacy before picking up your prescription.

3. Preventive Care

All preventive care drug categories have products that Sutter Health Plus covers with \$0 cost share. Sutter Health Plus covers these preventive care drugs, including but not limited to contraceptives and smoking cessation products, at \$0 when a participating doctor prescribes and you use a network pharmacy. We list preventive care drugs and products in the print formulary as Tier 0 to help differentiate this group of drugs that have a \$0 cost share. Refer to your EOC for more information regarding coverage of preventive care drugs and products.

4. Contraceptive Coverage

Sutter Health Plus covers select FDA-approved contraceptive drugs, devices and other products, including over-the-counter at \$0 cost share.

If your doctor determines you need a drug, device or product that Sutter Health Plus does not cover at \$0 cost share, they can submit a prior authorization for coverage. If CVS Caremark determines the request is medically necessary, Sutter Health Plus covers at \$0 cost share.

Sutter Health Plus covers up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives that a provider, pharmacist or location licensed or authorized to dispense drugs or supplies dispenses at one time to a member.

5. Diabetic Drug Coverage

Sutter Health Plus covers diabetes blood testing equipment, blood glucose meters and their supplies, such as test strips, lancets and lancet devices, under the prescription drug benefit. A participating provider must prescribe the equipment and members must pick up at a participating retail or mail order pharmacy.

6. Medical Benefit Drug Coverage

The formulary only applies to outpatient drugs provided to members. It does not apply to drugs used in inpatient settings like the hospital or administered by a provider in a clinic or office setting.

Sutter Health Plus covers drugs that require administration by a doctor or other clinician (such as a home health nurse) as a medical benefit, rather than a prescription drug benefit. These include chemotherapy, home infusion and injectable drugs (other than self-injectables). You can find complete information about the differences between drugs covered under your medical benefit and drugs covered under your prescription drug benefit in your EOC.

7. Prior Authorization

There are a number of drugs listed in the formulary that require prior authorization to ensure appropriate use based on criteria set by the P&T Committees. Examples include drugs used for complex or non-FDA-approved indications (off-label use), specialty drugs and drugs requiring step therapy. Prescription drugs not listed in the formulary (non-formulary) also require prior authorization to determine medical necessity. CVS Caremark reviews each request on an individual patient need basis.

8. Drug Quantity Limits

Some drugs have quantity limits — drugs that Sutter Health Plus and CVS Caremark cover for specific quantities per prescription or time periods. A member's doctor can request prior authorization for quantities that exceed these limits. Some drugs prescribed for sexual dysfunction, such as Cialis, Levitra or Viagra (or their generic equivalents), are limited to a certain number of tablets per time period.

9. Step Therapy

Step therapy requires providers to prescribe certain prescription drugs for a particular medical condition before Sutter Health Plus covers other drugs with the same indications. When a drug is subject to step therapy, members may have to try one or more first-line drugs prior to CVS Caremark approving a second-line drug. Sutter Health Plus and CVS Caremark base step therapy requirements on national treatment guidelines, FDA recommendations and the relative cost of treatment. CVS Caremark reviews prior authorization requests for approving exceptions to step therapy requirements when such exceptions are medically necessary and/or clinically appropriate.

Requesting Prior Authorizations

Providers must submit a prior authorization request to CVS Caremark for drugs that require prior authorization, step therapy or exceed the quantity limit. CVS Caremark also reviews requests for medical necessity for non-formulary drugs through this same prior authorization process. Providers can submit a request to CVS Caremark using one of the following methods:

- Fax a completed Prescription Drug Prior Authorization or Step Therapy Exception Request Form to CVS Caremark at 888-836-0730.
- Call CVS Caremark at 844-740-0635 and provide all necessary information requested.
- Online at covermymeds.com (registration required).

CVS Caremark processes and reaches a decision on prior authorization requests within a timeframe appropriate for the patient's condition, not to exceed 72 hours for non-urgent requests and 24 hours for urgent or exigent requests. CVS Caremark notifies the member, or the member's authorized representative, and the prescribing provider of the decision within 24 hours for urgent or exigent requests, and within 72 hours for non-urgent requests. If CVS Caremark does not respond within these timeframes, the prior authorization or step therapy request is considered approved. For non-urgent requests, coverage will be authorized for the duration of the prescription, including refills. For urgent or exigent requests, coverage, including refills, will be authorized for the duration of the exigency.

If CVS Caremark denies the request, the member may file a grievance with Sutter Health Plus. For more information, refer to the Grievances section of your EOC.

CVS Caremark may authorize continuation of coverage for a drug previously approved for a member's medical condition, as long as the provider continues to prescribe for the same medical condition and it remains a safe and effective treatment option.

Exigent circumstances exist when one of the following is true:

- A member is suffering from a health condition that may seriously jeopardize their life, health or ability to regain maximum function.
- A member is undergoing a current course of treatment using a non-formulary drug.

An incomplete request may delay the authorization process or result in a denial. Additionally, if the prior authorization request does not meet established guidelines, CVS Caremark may not approve it and may recommend a different drug. Refer to your EOC for more information regarding prior authorization timelines.

Locating a Retail Pharmacy

Sutter Health Plus does not cover prescription drugs dispensed by non-participating pharmacies, except:

- For emergency or urgent situations, including drugs prescribed for mental health and substance use disorder treatment, or
- When dispensed as part of a Community Assistance, Recovery, and Empowerment (CARE) agreement or CARE plan approved by a court.

You can search for a participating retail pharmacy by clicking the Find a Pharmacy link at info.caremark.com/oe/sutterhealthplus.

You can search for a pharmacy by entering a ZIP code or a city and state.

You can also find a pharmacy by using the CVS Caremark Pharmacy Locator tool on the CVS Caremark member portal at caremark.com (registration required).

Mail Order With CVS Caremark

CVS Caremark Mail Service Pharmacy is the CVS Caremark mail order pharmacy. Mail order allows you to receive up to a 100-day supply, as your benefit plan allows, of your maintenance drugs.

If you currently receive your maintenance drug from a retail pharmacy, call CVS Caremark Customer Care at 844-740-0635 and a representative can help you transfer your prescription to home delivery.

If you need to fill a new prescription for a maintenance drug, your doctor can complete a FastStart® New Prescription Fax Form and fax it along with a prescription for up to a 100-day supply to 800-378-0323 or send the prescription electronically.

You can also complete the CVS Caremark Mail Service Order Form and mail it along with your hard-copy prescription and required copay to CVS Caremark at P.O. Box 659541, San Antonio, TX 78265-9541.

Specialty Pharmacy Services

Specialty drugs are usually injectable, infused, oral or inhaled and require close supervision and therapy monitoring. The Sutter Health Plus Specialty Pharmacy Program focuses on patient safety, with requirements designed to assure that you:

- Know how to take these drugs correctly.
- Receive safe, effective specialty drugs.
- Have timely and convenient access to the specialty drugs you need.

CVS Caremark contracts with CVS Specialty®. CVS Specialty provides mail order fulfillment of specialty prescription drugs to the member's home or

place of business. (Note: Specialty drugs, regardless of tier, are not available through the CVS Caremark Mail Service Pharmacy mail order program.)

CVS Specialty also provides member programs and services, including access to specialty-trained pharmacists and nurses 24-hours a day, seven days a week and online tools to help members manage their specialty drugs.

Contact CVS Specialty at 800-237-2767 or visit caremark.com.

Definitions

Sutter Health Plus may use the following words and definitions throughout this formulary.

Brand name drug: A drug that a manufacturer markets under a proprietary, trademark protected name. The brand name drug is listed in all CAPITAL letters.

Coinsurance: A percentage of the charges that members must pay for covered services after the deductible, if a deductible applies.

Copayment: A specific dollar amount that members must pay for covered services after the deductible if a deductible applies.

Cost Sharing: The amount members must pay for covered services, including deductibles, copayments and coinsurance. Cost Sharing is also referred to as out-of-pocket cost.

Deductible: The amount a member must pay for covered healthcare benefits before the member's health plan begins paying for all or part of the cost of the health care benefit under the terms of the policy.

Drug Tier: 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 member's portion of the cost for the drug.

Exception Request: A request for coverage of a prescription drug. If a member, their designee or prescribing healthcare provider submits an exception request for coverage of a prescription drug, Sutter Health Plus plan allows coverage of the prescription drug when the drug is determined to be medically necessary to treat the member's condition.

Exigent Circumstances: When a member is suffering from a health condition that may seriously jeopardize the member's life, health or ability to

regain maximum function, or when a member is undergoing a current course of treatment using a non-formulary drug.

Formulary: The complete list of self-administered, FDA-approved, outpatient prescription drugs evaluated by the Sutter Health Plus P&T Committee for use and eligible for coverage under the Sutter Health Plus health plan. Formulary is also known as a prescription drug list.

Generic Drug: 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 all ***bold and italicized lowercase*** letters.

Member: A subscriber (defined below), or a qualified dependent family member enrolled in a health plan who is entitled to receive covered services.

Non-formulary drug: A self-administered, FDA-approved, outpatient prescription drug that is not listed on the formulary following evaluation by the Sutter Health Plus P&T Committee.

Participating provider: A participating provider group, participating physician, hospital, other licensed health professional, or licensed health facility or other health professional authorized under California law to practice in the State of California, who or which, at the time care is provided to a member, has a contract with Sutter Health Plus to provide covered services to members.

Prescribing provider: A healthcare provider authorized to write a prescription to treat a medical condition for a health plan member.

Prescription: An oral, written or electronic order by a provider for a specific member. The prescription contains the name of the drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the provider, the signature of the provider if the prescription is in writing, and if requested by the member, the medical condition or purpose for which the provider is prescribing the drug.

Prescription drug: A drug a member's provider prescribes that requires a prescription under applicable law.

Prior authorization: The requirement that the member's participating provider receives prior authorization for a prescription drug before Sutter Health Plus covers the drug. The health plan must grant a prior authorization when it is medically necessary for the member to obtain the drug.

Step therapy: Requires providers to prescribe certain prescription drugs for a particular medical condition before Sutter Health Plus covers other drugs with the same indications. When a drug is subject to step therapy, members may have to try one or more first-line drugs prior to approving a second-line drug.

Subscriber: A member who is eligible for membership on their own behalf and not by virtue of dependent status, and who meets the eligibility requirements as a subscriber.

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AMPHETAMINES		
<i>amphetamine sulfate tab 5 mg</i>	1	QL (120 tabs every 25 days)
<i>amphetamine sulfate tab 10 mg</i>	1	QL (120 tabs every 25 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	1	QL (60 caps every 25 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	1	QL (60 caps every 25 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	1	QL (90 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	1	QL (90 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	1	QL (30 caps every 25 days)
<i>amphetamine-dextroamphetamine tab 5 mg</i>	1	QL (90 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	1	QL (90 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 10 mg</i>	1	QL (90 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	1	QL (90 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 15 mg</i>	1	QL (60 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 20 mg</i>	1	QL (60 tabs every 25 days)
<i>amphetamine-dextroamphetamine tab 30 mg</i>	1	QL (30 tabs every 25 days)
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	1	QL (120 caps every 25 days)
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	1	QL (120 caps every 25 days)
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	1	QL (60 caps every 25 days)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (1200 mL every 25 days)
(Dextroamphetamine Sulfate Oral Solution 5 mg/5ml)	1	QL (1200 mL every 25 days)
PROCENTRA		
<i>dextroamphetamine sulfate tab 2.5 mg</i>	1	QL (120 tabs every 25 days)
(Dextroamphetamine Sulfate Tab 2.5 mg) ZENZEDI	1	QL (120 tabs every 25 days)
<i>dextroamphetamine sulfate tab 5 mg</i>	1	QL (120 tabs every 25 days)

AGE - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA**** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Dextroamphetamine Sulfate Tab 5 mg) ZENZEDI	1	QL (120 tabs every 25 days)
dextroamphetamine sulfate tab 7.5 mg	1	QL (120 tabs every 25 days)
(Dextroamphetamine Sulfate Tab 7.5 mg) ZENZEDI	1	QL (120 tabs every 25 days)
dextroamphetamine sulfate tab 10 mg	1	QL (120 tabs every 25 days)
(Dextroamphetamine Sulfate Tab 10 mg) ZENZEDI	1	QL (120 tabs every 25 days)
dextroamphetamine sulfate tab 15 mg	1	QL (60 tabs every 25 days)
(Dextroamphetamine Sulfate Tab 15 mg) ZENZEDI	1	QL (60 tabs every 25 days)
dextroamphetamine sulfate tab 20 mg	1	QL (60 tabs every 25 days)
(Dextroamphetamine Sulfate Tab 20 mg) ZENZEDI	1	QL (60 tabs every 25 days)
dextroamphetamine sulfate tab 30 mg	1	QL (30 tabs every 25 days)
(Dextroamphetamine Sulfate Tab 30 mg) ZENZEDI	1	QL (30 tabs every 25 days)
lisdexamfetamine dimesylate cap 10 mg	1	QL (60 caps every 25 days)
lisdexamfetamine dimesylate cap 20 mg	1	QL (60 caps every 25 days)
lisdexamfetamine dimesylate cap 30 mg	1	QL (60 caps every 25 days)
lisdexamfetamine dimesylate cap 40 mg	1	QL (30 caps every 25 days)
lisdexamfetamine dimesylate cap 50 mg	1	QL (30 caps every 25 days)
lisdexamfetamine dimesylate cap 60 mg	1	QL (30 caps every 25 days)
lisdexamfetamine dimesylate cap 70 mg	1	QL (30 caps every 25 days)
lisdexamfetamine dimesylate chew tab 10 mg	1	QL (60 tabs every 25 days)
lisdexamfetamine dimesylate chew tab 20 mg	1	QL (60 tabs every 25 days)
lisdexamfetamine dimesylate chew tab 30 mg	1	QL (60 tabs every 25 days)
lisdexamfetamine dimesylate chew tab 40 mg	1	QL (30 tabs every 25 days)
lisdexamfetamine dimesylate chew tab 50 mg	1	QL (30 tabs every 25 days)
lisdexamfetamine dimesylate chew tab 60 mg	1	QL (30 tabs every 25 days)
methamphetamine hcl tab 5 mg	1	QL (150 tabs every 25 days)
ANALEPTICS		
caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	1	
ANOREXIANTS NON-AMPHETAMINE		
benzphetamine hcl tab 50 mg	1	
diethylpropion hcl tab 25 mg	1	
diethylpropion hcl tab er 24hr 75 mg	1	
phendimetrazine tartrate tab 35 mg	1	
phentermine hcl cap 15 mg	1	
phentermine hcl cap 30 mg	1	
phentermine hcl cap 37.5 mg	1	
phentermine hcl tab 37.5 mg	1	
QSYMIA CAP 3.75-23 (phentermine hcl-topiramate)	2	PA
QSYMIA CAP 7.5-46MG (phentermine hcl-topiramate)	2	PA
QSYMIA CAP 11.25-69 (phentermine hcl-topiramate)	2	PA

AGE - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA**** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QSYMIA CAP 15-92MG (<i>phentermine hcl-topiramate</i>)	2	PA
ANTI-OBESITY AGENTS		
<i>orlistat cap 120 mg</i>	1	
SAXENDA INJ 18MG/3ML (<i>liraglutide (weight management)</i>)	2	PA
WEGOVY INJ 0.5MG (<i>semaglutide (weight management)</i>)	2	PA
WEGOVY INJ 0.25MG (<i>semaglutide (weight management)</i>)	2	PA
WEGOVY INJ 1.7MG (<i>semaglutide (weight management)</i>)	2	PA
WEGOVY INJ 1MG (<i>semaglutide (weight management)</i>)	2	PA
WEGOVY INJ 2.4MG (<i>semaglutide (weight management)</i>)	2	PA
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	1	QL (120 caps every 25 days)
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	1	QL (120 caps every 25 days)
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	1	QL (120 caps every 25 days)
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	1	QL (60 caps every 25 days)
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	1	QL (30 caps every 25 days)
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	1	QL (30 caps every 25 days)
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	1	QL (30 caps every 25 days)
<i>clonidine hcl tab er 12hr 0.1 mg</i>	1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	1	
QELBREE CAP 100MG ER (<i>viloxazine hcl (adhd)</i>)	2	QL (90 caps every 25 days)
QELBREE CAP 150MG ER (<i>viloxazine hcl (adhd)</i>)	2	QL (90 caps every 25 days)
QELBREE CAP 200MG ER (<i>viloxazine hcl (adhd)</i>)	2	QL (90 caps every 25 days)
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG (<i>solriamfetol hcl</i>)	2	PA
SUNOSI TAB 150MG (<i>solriamfetol hcl</i>)	2	PA
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG (<i>pitolisant hcl</i>)	4	SP, PA, QL (2 tabs every 1 day)
WAKIX TAB 17.8MG (<i>pitolisant hcl</i>)	4	SP, PA, QL (2 tabs every 1 day)
STIMULANTS - MISC.		
<i>armodafinil tab 50 mg</i>	1	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>armodafinil tab 150 mg</i>	1	PA
<i>armodafinil tab 200 mg</i>	1	PA
<i>armodafinil tab 250 mg</i>	1	PA
AZSTARYS CAP 26.1-5.2 (<i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i>)	2	QL (30 caps every 25 days)
AZSTARYS CAP 39.2-7.8 (<i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i>)	2	QL (30 caps every 25 days)
AZSTARYS CAP 52.3-10. (<i>serdexmethylphenidate chloride-dexmethylphenidate hcl</i>)	2	QL (30 caps every 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 5 mg</i>	1	QL (60 caps every 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 10 mg</i>	1	QL (60 caps every 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 15 mg</i>	1	QL (60 caps every 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 20 mg</i>	1	QL (60 caps every 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 25 mg</i>	1	QL (30 caps every 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 30 mg</i>	1	QL (30 caps every 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 35 mg</i>	1	QL (30 caps every 25 days)
<i>dexmethylphenidate hcl cap er 24 hr 40 mg</i>	1	QL (30 caps every 25 days)
<i>dexmethylphenidate hcl tab 2.5 mg</i>	1	QL (120 tabs every 25 days)
<i>dexmethylphenidate hcl tab 5 mg</i>	1	QL (120 tabs every 25 days)
<i>dexmethylphenidate hcl tab 10 mg</i>	1	QL (60 tabs every 25 days)
<i>methylphenidate hcl cap er 10 mg (cd)</i>	1	QL (60 caps every 25 days)
<i>methylphenidate hcl cap er 20 mg (cd)</i>	1	QL (60 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 10 mg (la)</i>	1	QL (60 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 10 mg (xr)</i>	1	QL (60 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 15 mg (xr)</i>	1	QL (60 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 20 mg (la)</i>	1	QL (60 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 20 mg (xr)</i>	1	QL (60 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	1	QL (60 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	1	QL (60 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl cap er 30 mg (cd)</i>	1	QL (60 caps every 25 days)
<i>methylphenidate hcl cap er 40 mg (cd)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl cap er 50 mg (cd)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl cap er 60 mg (cd)</i>	1	QL (30 caps every 25 days)
<i>methylphenidate hcl chew tab 2.5 mg</i>	1	QL (180 tabs every 25 days)
<i>methylphenidate hcl chew tab 5 mg</i>	1	QL (180 tabs every 25 days)
<i>methylphenidate hcl chew tab 10 mg</i>	1	QL (180 tabs every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl soln 5 mg/5ml</i>	1	QL (1800 mL every 25 days)
<i>methylphenidate hcl soln 10 mg/5ml</i>	1	QL (900 mL every 25 days)
<i>methylphenidate hcl tab 5 mg</i>	1	QL (180 tabs every 25 days)
<i>methylphenidate hcl tab 10 mg</i>	1	QL (180 tabs every 25 days)
<i>methylphenidate hcl tab 20 mg</i>	1	QL (90 tabs every 25 days)
<i>methylphenidate hcl tab er 10 mg</i>	1	QL (90 tabs every 25 days)
<i>methylphenidate hcl tab er 20 mg</i>	1	QL (90 tabs every 25 days)
<i>methylphenidate hcl tab er 24hr 18 mg</i>	1	QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er 24hr 27 mg</i>	1	QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er 24hr 36 mg</i>	1	QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er 24hr 54 mg</i>	1	QL (30 tabs every 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	1	QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	1	QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	1	QL (60 tabs every 25 days)
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	1	QL (30 tabs every 25 days)
<i>methylphenidate td patch 10 mg/9hr</i>	1	QL (30 patches every 25 days)
<i>methylphenidate td patch 15 mg/9hr</i>	1	QL (30 patches every 25 days)
<i>methylphenidate td patch 20 mg/9hr</i>	1	QL (30 patches every 25 days)
<i>methylphenidate td patch 30 mg/9hr</i>	1	QL (30 patches every 25 days)
<i>modafinil tab 100 mg</i>	1	PA
<i>modafinil tab 200 mg</i>	1	PA

ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES

ALLERGENIC EXTRACTS

GRASTEK SUB 2800BAU (<i>timothy grass pollen allergen extract</i>)	2	PA
ORALAIR SUB 300 IR (<i>grass mixed pollens allergen extract</i>)	2	PA
RAGWITEK SUB (<i>short ragweed pollen allergen extract</i>)	2	PA

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS

<i>neomycin sulfate tab 500 mg</i>	1	
<i>tobramycin nebu soln 300 mg/4ml</i>	4	SP, PA, QL (56 Ampules every 28 days)
<i>tobramycin nebu soln 300 mg/5ml</i>	4	SP, PA, QL (56 Ampules every 28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES		
ADALIMU-ADAZ INJ 40/0.4ML	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
ADALIMU-ADAZ INJ 40/0.4ML	4	SP, PA, QL (4 syringes every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA INJ 10/0.1ML (<i>adalimumab</i>)	4	SP, PA, QL (2 PFS every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA INJ 20/0.2ML (<i>adalimumab</i>)	4	SP, PA, QL (4 PFS every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA INJ 40/0.4ML (<i>adalimumab</i>)	4	SP, PA, QL (Up to 4 every 28 days based on diagnosis); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMIRA KIT 40MG/0.8 (<i>adalimumab</i>)	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEDIA INJ CROHNS (<i>adalimumab</i>)	4	SP, PA, QL (2 PFS every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEDIA INJ CROHNS (<i>adalimumab</i>)	4	SP, PA, QL (3 PFS every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN INJ 40/0.4ML (<i>adalimumab</i>)	4	SP, PA, QL (Up to 4 every 28 days based on diagnosis); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN INJ 40MG/0.8 (<i>adalimumab</i>)	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN INJ 80/0.8ML (<i>adalimumab</i>)	4	SP, PA, QL (2 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMIRA PEN INJ CD/UC/HS (<i>adalimumab</i>)	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN KIT CD/UC/HS (<i>adalimumab</i>)	4	SP, PA, QL (3 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN KIT PED UC (<i>adalimumab</i>)	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HUMIRA PEN KIT PS/UV (<i>adalimumab</i>)	4	SP, PA, QL (3 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ INJ 10/0.1ML (<i>adalimumab-adaz</i>)	4	SP, PA, QL (2 syringes every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ INJ 20/0.2ML (<i>adalimumab-adaz</i>)	4	SP, PA, QL (4 syringes every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYRIMOZ INJ 40/0.4ML (<i>adalimumab-adaz</i>)	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ INJ 40/0.4ML (<i>adalimumab-adaz</i>)	4	SP, PA, QL (4 syringes every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ INJ 40/0.8ML (<i>adalimumab-adaz</i>)	4	SP, PA, QL (4 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ INJ 80/0.8ML (<i>adalimumab-adaz</i>)	4	SP, PA, QL (2 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ SENS INJ 80/0.8ML (<i>adalimumab-adaz</i>)	4	PA, QL (2 pens every 28 days); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ SENS INJ 80/0.8ML (<i>adalimumab-adaz</i>)	4	SP, PA, QL (2 pens every 28 days); QL (2 pens every 28 days), Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYRIMOZ-CROH INJ UC SP (<i>adalimumab-adaz</i>)	4	SP, PA, QL (Not for daily use (0.008 pens every day)); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ-PED INJ CROHNS (<i>adalimumab-adaz</i>)	4	SP, PA, QL (Not for daily use (0.005 syringes every day)); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ-PED INJ CROHNS (<i>adalimumab-adaz</i>)	4	SP, PA, QL (Not for daily use (0.008 syringes every day)); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
HYRIMOZ-PLAQ INJ PSORIASI (<i>adalimumab-adaz</i>)	4	SP, PA, QL (Not for daily use (0.004 pens every day)); Preferred for Ankylosing Spondylitis, Crohn's Disease, Psoriasis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis, All Other Conditions
ANTIRHEUMATIC - ENZYME INHIBITORS		
RINVOQ TAB 15MG ER (<i>upadacitinib</i>)	4	SP, PA, QL (1 tab every 1 day); Preferred for Ankylosing Spondylitis, Crohn's Disease, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis, Rheumatoid Arthritis, Ulcerative Colitis
RINVOQ TAB 30MG ER (<i>upadacitinib</i>)	4	SP, PA, QL (1 tab every 1 day); Preferred for Ulcerative Colitis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RINVOQ TAB 45MG ER (<i>upadacitinib</i>)	4	SP, PA, QL (1 tab every day. Max of 56 day supply); Preferred for Ulcerative Colitis
XELJANZ SOL 1MG/ML (<i>tofacitinib citrate</i>)	4	PA, QL (10 mL every 1 day); SP, Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TAB 5MG (<i>tofacitinib citrate</i>)	4	SP, PA, QL (2 tabs every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ TAB 10MG (<i>tofacitinib citrate</i>)	4	SP, PA, QL (2 tabs every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TAB 11MG (<i>tofacitinib citrate</i>)	4	SP, PA, QL (1 tab every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis
XELJANZ XR TAB 22MG (<i>tofacitinib citrate</i>)	4	SP, PA, QL (1 tab every 1 day); Preferred for Rheumatoid Arthritis, Ulcerative Colitis

ANTIRHEUMATIC ANTIMETABOLITES

RASUVO INJ 7.5MG (<i>methotrexate (antirheumatic)</i>)	4	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 10MG (<i>methotrexate (antirheumatic)</i>)	4	SP, PA, QL (4 pens every 28 days)
RASUVO INJ 12.5MG (<i>methotrexate (antirheumatic)</i>)	4	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 15MG (<i>methotrexate (antirheumatic)</i>)	4	SP, PA, QL (4 pens every 28 days)
RASUVO INJ 17.5MG (<i>methotrexate (antirheumatic)</i>)	4	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 20MG (<i>methotrexate (antirheumatic)</i>)	4	SP, PA, QL (4 pens every 28 days)
RASUVO INJ 22.5MG (<i>methotrexate (antirheumatic)</i>)	4	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 25MG (<i>methotrexate (antirheumatic)</i>)	4	SP, PA, QL (4 injections every 28 days)
RASUVO INJ 30MG (<i>methotrexate (antirheumatic)</i>)	4	SP, PA, QL (4 injections every 28 days)

INTERLEUKIN-6 RECEPTOR INHIBITORS

KEVZARA INJ 150/1.14 (<i>sarilumab</i>)	4	SP, PA, QL (2 pens every 4 Weeks); Preferred for Rheumatoid Arthritis
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KEVZARA INJ 150/1.14 (<i>sarilumab</i>)	4	SP, PA, QL (2 syringes every 4 Weeks); Preferred for Rheumatoid Arthritis
KEVZARA INJ 200/1.14 (<i>sarilumab</i>)	4	SP, PA, QL (2 pens every 4 Weeks); Preferred for Rheumatoid Arthritis
KEVZARA INJ 200/1.14 (<i>sarilumab</i>)	4	SP, PA, QL (2 syringes every 4 Weeks); Preferred for Rheumatoid Arthritis

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib cap 50 mg</i>	1	
<i>celecoxib cap 100 mg</i>	1	
<i>celecoxib cap 200 mg</i>	1	
<i>celecoxib cap 400 mg</i>	1	
<i>diclofenac potassium tab 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 25 mg</i>	1	
<i>diclofenac sodium tab delayed release 50 mg</i>	1	
<i>diclofenac sodium tab delayed release 75 mg</i>	1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	1	
<i>etodolac cap 200 mg</i>	1	
<i>etodolac cap 300 mg</i>	1	
<i>etodolac tab 400 mg</i>	1	
<i>etodolac tab 500 mg</i>	1	
<i>etodolac tab er 24hr 400 mg</i>	1	
<i>etodolac tab er 24hr 500 mg</i>	1	
<i>etodolac tab er 24hr 600 mg</i>	1	
<i>flurbiprofen tab 50 mg</i>	1	
<i>flurbiprofen tab 100 mg</i>	1	
<i>ibuprofen tab 400 mg</i>	1	
(Ibuprofen Tab 400 mg) IBU	1	
<i>ibuprofen tab 600 mg</i>	1	
(Ibuprofen Tab 600 mg) IBU	1	
<i>ibuprofen tab 800 mg</i>	1	
(Ibuprofen Tab 800 mg) IBU	1	
<i>indomethacin cap 25 mg</i>	1	
<i>indomethacin cap 50 mg</i>	1	
<i>indomethacin cap er 75 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>indomethacin suppos 50 mg</i>	1	
<i>indomethacin susp 25 mg/5ml</i>	1	
<i>ketorolac tromethamine tab 10 mg</i>	1	
<i>meclofenamate sodium cap 50 mg</i>	1	
<i>meclofenamate sodium cap 100 mg</i>	1	
<i>mefenamic acid cap 250 mg</i>	1	
<i>meloxicam susp 7.5 mg/5ml</i>	1	
<i>meloxicam tab 7.5 mg</i>	1	
<i>meloxicam tab 15 mg</i>	1	
<i>nabumetone tab 500 mg</i>	1	
<i>nabumetone tab 750 mg</i>	1	
<i>naproxen sodium tab 275 mg</i>	1	
<i>naproxen sodium tab 550 mg</i>	1	
<i>naproxen tab 250 mg</i>	1	
<i>naproxen tab 375 mg</i>	1	
<i>naproxen tab 500 mg</i>	1	
<i>naproxen tab ec 375 mg</i>	1	
(Naproxen Tab Ec 375 mg) EC-NAPROXEN	1	
<i>naproxen tab ec 500 mg</i>	1	
(Naproxen Tab Ec 500 mg) EC-NAPROXEN	1	
<i>oxaprozin cap 300 mg</i>	1	
<i>oxaprozin tab 600 mg</i>	1	
<i>piroxicam cap 10 mg</i>	1	
<i>piroxicam cap 20 mg</i>	1	
<i>sulindac tab 150 mg</i>	1	
<i>sulindac tab 200 mg</i>	1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30 (<i>apremilast</i>)	4	SP, PA, QL (55 tabs every 28 days); Preferred for Psoriasis, Psoriatic Arthritis
OTEZLA TAB 30MG (<i>apremilast</i>)	4	SP, PA, QL (2 tabs every 1 day); Preferred for Psoriasis, Psoriatic Arthritis
PYRIMIDINE SYNTHESIS INHIBITORS		
<i>leflunomide tab 10 mg</i>	1	
<i>leflunomide tab 20 mg</i>	1	
SELECTIVE COSTIMULATION MODULATORS		
ORENCIA CLCK INJ 125MG/ML (<i>abatacept</i>)	4	SP, PA, QL (4 syringes every 28 days); Preferred for Rheumatoid Arthritis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORENCIA INJ 50/0.4ML (<i>abatacept</i>)	4	SP, PA, QL (4 pens every 28 days); Preferred for Rheumatoid Arthritis
ORENCIA INJ 87.5/0.7 (<i>abatacept</i>)	4	SP, PA, QL (4 syringes every 28 days); Preferred for Rheumatoid Arthritis
ORENCIA INJ 125MG/ML (<i>abatacept</i>)	4	SP, PA, QL (4 pens every 28 days); Preferred for Rheumatoid Arthritis

SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS

ENBREL INJ 25/0.5ML (<i>etanercept</i>)	4	SP, PA, QL (8 syringes every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL INJ 25MG (<i>etanercept</i>)	4	SP, PA, QL (8 vials every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL INJ 50MG/ML (<i>etanercept</i>)	4	SP, PA, QL (4 syringes every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL MINI INJ 50MG/ML (<i>etanercept</i>)	4	SP, PA, QL (4 cartridges every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions
ENBREL SRCLK INJ 50MG/ML (<i>etanercept</i>)	4	SP, PA, QL (4 injections every 28 days); Preferred for Ankylosing Spondylitis, Psoriatic Arthritis, Rheumatoid Arthritis, All Other Conditions

ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER

ANALGESIC COMBINATIONS

<i>butalbital-acetaminophen tab 50-325 mg</i>	1	QL (48 tabs every 25 days)
(Butalbital-Acetaminophen Tab 50-325 mg) TENCON	1	QL (48 tabs every 25 days)
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	1	QL (48 tabs every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Butalbital-Acetaminophen-Caffeine Tab 50-325-40 mg) BAC	1	QL (48 tabs every 25 days)
butalbital-aspirin-caffeine cap 50-325-40 mg	1	QL (48 caps every 25 days)
SALICYLATES		
diflunisal tab 500 mg	1	
salsalate tab 750 mg	1	
ANALGESICS - OPIOID - DRUGS TO TREAT PAIN		
OPIOID AGONISTS		
codeine sulfate tab 30 mg	1	PA
fentanyl citrate buccal tab 100 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 200 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 400 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 600 mcg (base equiv)	1	PA
fentanyl citrate buccal tab 800 mcg (base equiv)	1	PA
fentanyl citrate lozenge on a handle 200 mcg	1	PA
fentanyl citrate lozenge on a handle 400 mcg	1	PA
fentanyl citrate lozenge on a handle 600 mcg	1	PA
fentanyl citrate lozenge on a handle 800 mcg	1	PA
fentanyl citrate lozenge on a handle 1200 mcg	1	PA
fentanyl citrate lozenge on a handle 1600 mcg	1	PA
fentanyl td patch 72hr 12 mcg/hr	1	PA, QL (10 patches every 25 days); PA**
fentanyl td patch 72hr 25 mcg/hr	1	PA, QL (10 patches every 25 days); PA**
fentanyl td patch 72hr 37.5 mcg/hr	1	PA, QL (10 patches every 25 days); PA**
fentanyl td patch 72hr 50 mcg/hr	1	PA, QL (10 patches every 25 days); PA**
fentanyl td patch 72hr 62.5 mcg/hr	1	PA, QL (10 patches every 25 days); PA**
fentanyl td patch 72hr 75 mcg/hr	1	PA, QL (10 patches every 25 days); PA**
fentanyl td patch 72hr 87.5 mcg/hr	1	PA, QL (10 patches every 25 days); PA**
fentanyl td patch 72hr 100 mcg/hr	1	PA, QL (10 patches every 25 days); PA**
hydrocodone bitartrate cap er 12hr 10 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate cap er 12hr 15 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate cap er 12hr 20 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate cap er 12hr 30 mg	1	PA, QL (2 caps every 1 day)
hydrocodone bitartrate cap er 12hr 40 mg	1	PA, QL (2 caps every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	1	PA, QL (2 caps every 1 day)
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>hydromorphone hcl liqd 1 mg/ml</i>	1	PA, QL (600 mL every 30 days)
<i>hydromorphone hcl tab 2 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>hydromorphone hcl tab 4 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>hydromorphone hcl tab 8 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>hydromorphone hcl tab er 24hr 8 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>hydromorphone hcl tab er 24hr 12 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>hydromorphone hcl tab er 24hr 16 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>hydromorphone hcl tab er 24hr 32 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>meperidine hcl oral soln 50 mg/5ml</i>	1	PA, QL (90 mL every 30 days)
<i>meperidine hcl tab 50 mg</i>	1	PA, QL (18 tabs every 30 days)
<i>methadone hcl conc 10 mg/ml</i> (Methadone Hcl Conc 10 mg/ml) METHADONE HYDROCHLORIDE I	1	QL (3 mL every 1 day); PA** PA, QL (3 mL every 1 day); PA**
<i>methadone hcl soln 5 mg/5ml</i>	1	PA, QL (15 mL every 1 day); PA**
<i>methadone hcl soln 10 mg/5ml</i>	1	PA, QL (15 mL every 1 day); PA**
<i>methadone hcl tab 5 mg</i>	1	PA, QL (3 tabs every 1 day); PA**
<i>methadone hcl tab 10 mg</i>	1	PA, QL (3 tabs every 1 day); PA**
<i>methadone hcl tab for oral susp 40 mg</i> (Methadone Hcl Tab For Oral Susp 40 mg) METHADOSE	1	QL (9 tabs every 30 days) QL (9 tabs every 30 days)
<i>morphine sulfate beads cap er 24hr 30 mg</i>	1	PA, QL (1 cap every 1 day); PA**
<i>morphine sulfate beads cap er 24hr 45 mg</i>	1	PA, QL (1 cap every 1 day); PA**
<i>morphine sulfate beads cap er 24hr 60 mg</i>	1	PA, QL (1 cap every 1 day); PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>morphine sulfate beads cap er 24hr 75 mg</i>	1	PA, QL (1 cap every 1 day); PA**
<i>morphine sulfate beads cap er 24hr 90 mg</i>	1	PA, QL (1 cap every 1 day); PA**
<i>morphine sulfate beads cap er 24hr 120 mg</i>	1	PA, QL (1 cap every 1 day); PA**
<i>morphine sulfate cap er 24hr 10 mg</i>	1	PA, QL (2 caps every 1 day); PA**
<i>morphine sulfate cap er 24hr 20 mg</i>	1	PA, QL (2 caps every 1 day); PA**
<i>morphine sulfate cap er 24hr 30 mg</i>	1	PA, QL (2 caps every 1 day); PA**
<i>morphine sulfate cap er 24hr 50 mg</i>	1	PA, QL (2 caps every 1 day); PA**
<i>morphine sulfate cap er 24hr 60 mg</i>	1	PA, QL (2 caps every 1 day); PA**
<i>morphine sulfate cap er 24hr 80 mg</i>	1	PA, QL (2 caps every 1 day); PA**
<i>morphine sulfate cap er 24hr 100 mg</i>	1	PA, QL (2 caps every 1 day); PA**
<i>morphine sulfate oral soln 10 mg/5ml</i>	1	PA, QL (900 mL every 30 days)
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (180 mL every 30 days)
<i>morphine sulfate tab 15 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>morphine sulfate tab 30 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>morphine sulfate tab er 15 mg</i>	1	PA, QL (3 tabs every 1 day); PA**
<i>morphine sulfate tab er 30 mg</i>	1	PA, QL (3 tabs every 1 day); PA**
<i>morphine sulfate tab er 60 mg</i>	1	PA, QL (3 tabs every 1 day); PA**
<i>morphine sulfate tab er 100 mg</i>	1	PA, QL (3 tabs every 1 day); PA**
<i>morphine sulfate tab er 200 mg</i>	1	PA, QL (3 tabs every 1 day); PA**
<i>oxycodone hcl cap 5 mg</i>	1	PA, QL (180 caps every 30 days)
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	1	PA, QL (180 mL every 30 days)
<i>oxycodone hcl soln 5 mg/5ml</i>	1	PA, QL (900 mL every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone hcl tab 5 mg</i>	1	PA, QL (360 tabs every 30 days)
<i>oxycodone hcl tab 10 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxycodone hcl tab 15 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxycodone hcl tab 20 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxycodone hcl tab 30 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	1	PA, QL (2 tabs every 1 day); PA**
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	1	PA, QL (2 tabs every 1 day); PA**
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	1	PA, QL (2 tabs every 1 day); PA**
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	1	PA, QL (2 tabs every 1 day); PA**
<i>oxymorphone hcl tab 5 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>oxymorphone hcl tab 10 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>tramadol hcl oral soln 5 mg/ml</i>	1	PA, QL (60 mL every day)
<i>tramadol hcl tab 50 mg</i>	1	PA, QL (180 tabs every 30 days)
<i>tramadol hcl tab er 24hr 100 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>tramadol hcl tab er 24hr 200 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>tramadol hcl tab er 24hr 300 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	1	PA, QL (1 tab every 1 day); PA**
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	1	PA, QL (1 tab every 1 day); PA**
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	1	QL (2700 mL every 25 days)
<i>acetaminophen w/ codeine tab 300-15 mg</i>	1	QL (400 tabs every 25 days)
<i>acetaminophen w/ codeine tab 300-30 mg</i>	1	QL (360 tabs every 25 days)
<i>acetaminophen w/ codeine tab 300-60 mg</i>	1	QL (180 tabs every 25 days)
<i>acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg</i>	1	QL (300 caps every 25 days)
(Acetaminophen-Caffeine-Dihydrocodeine Cap 320.5-30-16 mg) TREZIX	1	QL (300 caps every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	1	QL (48 caps every 25 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	1	QL (48 caps every 25 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	1	QL (48 caps every 25 days)
(Butalbital-Aspirin-Caff W/ Codeine Cap 50-325-40-30 mg) ASCOMP/CODEINE	1	QL (48 caps every 25 days)
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	1	QL (2700 mL every 25 days)
hydrocodone-acetaminophen tab 5-300 mg	1	QL (240 tabs every 25 days)
hydrocodone-acetaminophen tab 5-325 mg	1	QL (240 tabs every 25 days)
hydrocodone-acetaminophen tab 7.5-300 mg	1	QL (180 tabs every 25 days)
hydrocodone-acetaminophen tab 7.5-325 mg	1	QL (180 tabs every 25 days)
hydrocodone-acetaminophen tab 10-300 mg	1	QL (180 tabs every 25 days)
hydrocodone-acetaminophen tab 10-325 mg	1	QL (180 tabs every 25 days)
hydrocodone-ibuprofen tab 5-200 mg	1	QL (50 tabs every 25 days)
hydrocodone-ibuprofen tab 7.5-200 mg	1	QL (50 tabs every 25 days)
hydrocodone-ibuprofen tab 10-200 mg	1	QL (50 tabs every 25 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	1	QL (360 tabs every 25 days)
(Oxycodone W/ Acetaminophen Tab 2.5-325 mg) ENDOCET	1	QL (360 tabs every 25 days)
oxycodone w/ acetaminophen tab 5-325 mg	1	QL (360 tabs every 25 days)
(Oxycodone W/ Acetaminophen Tab 5-325 mg) ENDOCET	1	QL (360 tabs every 25 days)
oxycodone w/ acetaminophen tab 7.5-325 mg	1	QL (240 tabs every 25 days)
(Oxycodone W/ Acetaminophen Tab 7.5-325 mg) ENDOCET	1	QL (240 tabs every 25 days)
oxycodone w/ acetaminophen tab 10-325 mg	1	QL (180 tabs every 25 days)
(Oxycodone W/ Acetaminophen Tab 10-325 mg) ENDOCET	1	QL (180 tabs every 25 days)
tramadol-acetaminophen tab 37.5-325 mg	1	QL (40 tabs every 25 days)
OPIOID PARTIAL AGONISTS		
BELBUCA MIS 75MCG (buprenorphine hcl)	2	PA, QL (2 films every 1 day); PA**
BELBUCA MIS 150MCG (buprenorphine hcl)	2	PA, QL (2 films every 1 day); PA**
BELBUCA MIS 300MCG (buprenorphine hcl)	2	PA, QL (2 films every 1 day); PA**
BELBUCA MIS 450MCG (buprenorphine hcl)	2	PA, QL (2 films every 1 day); PA**

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BELBUCA MIS 600MCG (<i>buprenorphine hcl</i>)	2	PA, QL (2 films every 1 day); PA**
BELBUCA MIS 750MCG (<i>buprenorphine hcl</i>)	2	PA, QL (2 films every 1 day); PA**
BELBUCA MIS 900MCG (<i>buprenorphine hcl</i>)	2	PA, QL (2 films every 1 day); PA**
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	1	QL (3 tabs every 1 day)
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	1	QL (3 tabs every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	1	QL (3 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	1	QL (3 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	1	QL (3 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	1	QL (2 films every 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	1	QL (3 tabs every 1 day)
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	1	QL (3 tabs every 1 day)
<i>buprenorphine td patch weekly 5 mcg/hr</i>	1	PA, QL (4 patches every 28 days); PA**
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	1	PA, QL (4 patches every 28 days); PA**
<i>buprenorphine td patch weekly 10 mcg/hr</i>	1	PA, QL (4 patches every 28 days); PA**
<i>buprenorphine td patch weekly 15 mcg/hr</i>	1	PA, QL (4 patches every 28 days); PA**
<i>buprenorphine td patch weekly 20 mcg/hr</i>	1	PA, QL (4 patches every 28 days); PA**
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	1	PA, QL (2 bottles every 25 days)
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	1	PA
ZUBSOLV SUB 0.7-0.18 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 1.4-0.36 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 2.9-0.71 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	QL (3 tabs every 1 day)
ZUBSOLV SUB 5.7-1.4 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	QL (3 tabs every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZUBSOLV SUB 8.6-2.1 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	QL (2 tabs every 1 day)
ZUBSOLV SUB 11.4-2.9 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	2	QL (1 tab every 1 day)

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

<i>danazol cap 50 mg</i>	1	
<i>danazol cap 100 mg</i>	1	
<i>danazol cap 200 mg</i>	1	
<i>methyltestosterone cap 10 mg</i>	1	
NATESTO GEL 5.5MG (<i>testosterone</i>)	2	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	1	PA
(Testosterone Cypionate Im Inj In Oil 100 mg/ml)	1	PA
DEPO-TESTOSTERONE		
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	1	PA
(Testosterone Cypionate Im Inj In Oil 200 mg/ml)	1	PA
DEPO-TESTOSTERONE		
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	1	PA
<i>testosterone td gel 10mg/act (2%)</i>	1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	1	PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	1	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	1	PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	1	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	1	PA
<i>testosterone td soln 30 mg/act</i>	1	PA

ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS

INTRARECTAL STEROIDS

<i>budesonide rectal foam 2 mg/act</i>	1	
CORTIFOAM AER 90MG (<i>hydrocortisone acetate (intrarectal)</i>)	2	
<i>hydrocortisone enema 100 mg/60ml</i>	1	

RECTAL COMBINATIONS

<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	1	
PROCTOFOAM AER HC 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	2	

RECTAL STEROIDS

<i>hydrocortisone perianal cream 1%</i>	1	
<i>hydrocortisone perianal cream 2.5%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Hydrocortisone Perianal Cream 2.5%) PROCTO-MED HC	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTOSOL HC	1	
(Hydrocortisone Perianal Cream 2.5%) PROCTOZONE-HC	1	
VASODILATING AGENTS		
<i>nitroglycerin oint 0.4%</i>	1	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
<i>albendazole tab 200 mg</i>	1	
EMVERM CHW 100MG (<i>mebendazole</i>)	2	
<i>ivermectin tab 3 mg</i>	1	PA
<i>praziquantel tab 600 mg</i>	1	
STROMECTOL TAB 3MG (<i>ivermectin</i>)	3	PA
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
<i>metronidazole cap 375 mg</i>	1	
<i>metronidazole tab 250 mg</i>	1	
<i>metronidazole tab 500 mg</i>	1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	1	
<i>tinidazole tab 250 mg</i>	1	
<i>tinidazole tab 500 mg</i>	1	
<i>trimethoprim tab 100 mg</i>	1	
XIFAXAN TAB 550MG (<i>rifaximin</i>)	2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	1	
(Sulfamethoxazole-Trimethoprim Susp 200-40 mg/5ml) SULFATRIM PEDIATRIC	1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml</i>	1	
<i>nitazoxanide tab 500 mg</i>	1	
GLYCOPEPTIDES		
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	1	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	1	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	1	
<i>dapsone tab 100 mg</i>	1	
LINCOSAMIDES		
<i>clindamycin hcl cap 75 mg</i>	1	
<i>clindamycin hcl cap 150 mg</i>	1	
<i>clindamycin hcl cap 300 mg</i>	1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	1	
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	1	
<i>linezolid tab 600 mg</i>	1	
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	1	
<i>methenamine hippurate tab 1 gm</i>	1	
<i>methenamine mandelate tab 0.5 gm</i>	1	
<i>methenamine mandelate tab 1 gm</i>	1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	1	
<i>nitrofurantoin susp 25 mg/5ml</i>	1	
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	1	
<i>ranolazine tab er 12hr 1000 mg</i>	1	
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	1	
<i>isosorbide dinitrate tab 10 mg</i>	1	
<i>isosorbide dinitrate tab 20 mg</i>	1	
<i>isosorbide dinitrate tab 30 mg</i>	1	
<i>isosorbide mononitrate tab 10 mg</i>	1	
<i>isosorbide mononitrate tab 20 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>isosorbide mononitrate tab er 24hr 60 mg</i>	1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	1	
NITRO-DUR DIS 0.3MG/HR (<i>nitroglycerin</i>)	2	
NITRO-DUR DIS 0.8MG/HR (<i>nitroglycerin</i>)	2	
<i>nitroglycerin sl tab 0.3 mg</i>	1	
<i>nitroglycerin sl tab 0.4 mg</i>	1	
<i>nitroglycerin sl tab 0.6 mg</i>	1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	1	
ANTI-ANXIETY AGENTS - DRUGS TO TREAT ANXIETY		
ANTI-ANXIETY AGENTS - MISC.		
<i>bupirone hcl tab 5 mg</i>	1	
<i>bupirone hcl tab 7.5 mg</i>	1	
<i>bupirone hcl tab 10 mg</i>	1	
<i>bupirone hcl tab 15 mg</i>	1	
<i>bupirone hcl tab 30 mg</i>	1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl tab 10 mg</i>	1	
<i>hydroxyzine hcl tab 25 mg</i>	1	
<i>hydroxyzine hcl tab 50 mg</i>	1	
<i>hydroxyzine pamoate cap 25 mg</i>	1	
<i>hydroxyzine pamoate cap 50 mg</i>	1	
<i>hydroxyzine pamoate cap 100 mg</i>	1	
<i>meprobamate tab 200 mg</i>	1	
<i>meprobamate tab 400 mg</i>	1	
BENZODIAZEPINES		
<i>alprazolam orally disintegrating tab 0.5 mg</i>	1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	1	
<i>alprazolam orally disintegrating tab 1 mg</i>	1	
<i>alprazolam orally disintegrating tab 2 mg</i>	1	
<i>alprazolam tab 0.5 mg</i>	1	
<i>alprazolam tab 0.25 mg</i>	1	
<i>alprazolam tab 1 mg</i>	1	
<i>alprazolam tab 2 mg</i>	1	
<i>alprazolam tab er 24hr 0.5 mg</i>	1	
(Alprazolam Tab Er 24hr 0.5 mg) ALPRAZOLAM XR	1	
<i>alprazolam tab er 24hr 1 mg</i>	1	
(Alprazolam Tab Er 24hr 1 mg) ALPRAZOLAM XR	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>alprazolam tab er 24hr 2 mg</i>	1	
(Alprazolam Tab Er 24hr 2 mg) ALPRAZOLAM XR	1	
<i>alprazolam tab er 24hr 3 mg</i>	1	
(Alprazolam Tab Er 24hr 3 mg) ALPRAZOLAM XR	1	
<i>chlordiazepoxide hcl cap 5 mg</i>	1	
<i>chlordiazepoxide hcl cap 10 mg</i>	1	
<i>chlordiazepoxide hcl cap 25 mg</i>	1	
<i>clorazepate dipotassium tab 3.75 mg</i>	1	
<i>clorazepate dipotassium tab 7.5 mg</i>	1	
<i>clorazepate dipotassium tab 15 mg</i>	1	
<i>diazepam conc 5 mg/ml</i>	1	
(Diazepam Conc 5 mg/ml) DIAZEPAM INTENSOL	1	
<i>diazepam oral soln 1 mg/ml</i>	1	
<i>diazepam tab 2 mg</i>	1	
<i>diazepam tab 5 mg</i>	1	
<i>diazepam tab 10 mg</i>	1	
<i>lorazepam conc 2 mg/ml</i>	1	
<i>lorazepam tab 0.5 mg</i>	1	
<i>lorazepam tab 1 mg</i>	1	
<i>lorazepam tab 2 mg</i>	1	
<i>oxazepam cap 10 mg</i>	1	
<i>oxazepam cap 15 mg</i>	1	
<i>oxazepam cap 30 mg</i>	1	

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	1	
<i>disopyramide phosphate cap 150 mg</i>	1	
<i>quinidine gluconate tab er 324 mg</i>	1	

ANTIARRHYTHMICS TYPE I-B

<i>mexiletine hcl cap 150 mg</i>	1	
<i>mexiletine hcl cap 200 mg</i>	1	
<i>mexiletine hcl cap 250 mg</i>	1	

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	1	
<i>flecainide acetate tab 100 mg</i>	1	
<i>flecainide acetate tab 150 mg</i>	1	
<i>propafenone hcl cap er 12hr 225 mg</i>	1	
<i>propafenone hcl cap er 12hr 325 mg</i>	1	
<i>propafenone hcl cap er 12hr 425 mg</i>	1	
<i>propafenone hcl tab 150 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>propafenone hcl tab 225 mg</i>	1	
<i>propafenone hcl tab 300 mg</i>	1	
ANTIARRHYTHMICS TYPE III		
<i>amiodarone hcl tab 100 mg</i>	1	
(Amiodarone Hcl Tab 100 mg) PACERONE	1	
<i>amiodarone hcl tab 200 mg</i>	1	
(Amiodarone Hcl Tab 200 mg) PACERONE	1	
<i>amiodarone hcl tab 400 mg</i>	1	
(Amiodarone Hcl Tab 400 mg) PACERONE	1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	4	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	4	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	4	PA
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	2	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE		
ANTI-INFLAMMATORY AGENTS		
<i>cromolyn sodium soln nebu 20 mg/2ml</i>	1	QL (240 mL every 25 days)
ANTIASTHMATIC - MONOCLONAL ANTIBODIES		
FASENRA INJ 30MG/ML (<i>benralizumab</i>)	4	SP, PA, QL (1 pen every 56 days)
FASENRA PEN INJ 30MG/ML (<i>benralizumab</i>)	4	SP, PA, QL (1 pen every 56 days)
NUCALA INJ 40MG/0.4 (<i>mepolizumab</i>)	4	SP, PA, QL (1 syringe every 28 days)
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	4	SP, PA, QL (3 PFS every 28 days)
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	4	SP, PA, QL (3 injections every 28 days)
TEZSPIRE INJ 210MG (<i>tezepelumab-ekko</i>)	4	SP, PA, QL (1 pen every 28 days)
XOLAIR INJ 75/0.5 (<i>omalizumab</i>)	4	SP, PA, QL (2 every 28 days)
XOLAIR INJ 150MG/ML (<i>omalizumab</i>)	4	SP, PA, QL (8 PFS every 28 days)
XOLAIR INJ 300/2ML (<i>omalizumab</i>)	4	SP, PA; QL
XOLAIR SOL 150MG (<i>omalizumab</i>)	4	SP, PA, QL (8 vials every 28 days)
BRONCHODILATORS - ANTICHOLINERGICS		
<i>ipratropium bromide inhal soln 0.02%</i>	1	QL (313 mL every 25 days)
SPIRIVA AER 1.25MCG (<i>tiotropium bromide monohydrate</i>)	2	QL (1 inhaler every 25 days)

AGE - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA**** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SPIRIVA SPR 2.5MCG (<i>tiotropium bromide monohydrate</i>)	2	QL (1 inhaler every 25 days)
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	1	QL (30 ea every 25 days)
YUPELRI SOL (<i>revefenacin</i>)	2	QL (90 mL every 25 days)
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	1	
<i>zafirlukast tab 10 mg</i>	1	
<i>zafirlukast tab 20 mg</i>	1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast tab 250 mcg</i>	1	
<i>roflumilast tab 500 mcg</i>	1	
STEROID INHALANTS		
<i>budesonide inhalation susp 0.5 mg/2ml</i>	1	QL (120 mL every 25 days)
<i>budesonide inhalation susp 0.25 mg/2ml</i>	1	QL (180 mL every 25 days)
<i>budesonide inhalation susp 1 mg/2ml</i>	1	QL (60 mL every 25 days)
PULMICORT INH 90MCG (<i>budesonide (inhalation)</i>)	2	QL (3 inhalers every 25 days)
PULMICORT INH 180MCG (<i>budesonide (inhalation)</i>)	2	QL (2 inhalers every 25 days)
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG (<i>albuterol-budesonide</i>)	2	QL (3 inhalers every 25 days)
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	1	QL (2 inhalers every 30 days)
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	1	QL (120 ea every 25 days)
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (375 mL every 25 days)
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	1	QL (375 mL every 25 days)
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (375 mL every 25 days)
<i>albuterol sulfate syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate tab 2 mg</i>	1	
<i>albuterol sulfate tab 4 mg</i>	1	
ANORO ELLIPT AER 62.5-25 (<i>umeclidinium-vilanterol</i>)	2	QL (60 blisters every 25 days)
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	1	QL (120 mL every 25 days)
BREO ELLIPTA INH 50-25MCG (<i>fluticasone furoate-vilanterol</i>)	2	QL (1 inhaler every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BREO ELLIPTA INH 100-25 (<i>fluticasone furoate-vilanterol</i>)	2	QL (60 blisters every 25 days)
BREO ELLIPTA INH 200-25 (<i>fluticasone furoate-vilanterol</i>)	2	QL (60 blisters every 25 days)
BREZTRI AERO AER SPHERE (<i>budesonide-glycopyrrolate-formoterol fumarate</i>)	2	QL (1.028 inhalers every 25 days)
BREZTRI AERO AER SPHERE (<i>budesonide-glycopyrrolate-formoterol fumarate</i>)	2	QL (1.864 inhalers every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act</i>	1	PA, QL (3 inhalers every 25 days)
<i>budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act</i>	1	PA, QL (3 inhalers every 25 days)
DULERA AER 50-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	3	QL (1 inhaler every 25 days)
DULERA AER 100-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	3	QL (1 inhaler every 25 days)
DULERA AER 200-5MCG (<i>mometasone furoate-formoterol fumarate dihydrate</i>)	3	QL (1 inhaler every 25 days)
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	1	QL (60 inhalations every 25 days)
(Fluticasone-Salmeterol Aer Powder Ba 100-50 mcg/act) WIXELA INHUB	1	QL (60 inhalations every 25 days)
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	1	QL (60 inhalations every 25 days)
(Fluticasone-Salmeterol Aer Powder Ba 250-50 mcg/act) WIXELA INHUB	1	QL (60 inhalations every 25 days)
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	1	QL (60 inhalations every 25 days)
(Fluticasone-Salmeterol Aer Powder Ba 500-50 mcg/act) WIXELA INHUB	1	QL (60 inhalations every 25 days)
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	1	QL (120 mL every 25 days)
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	1	QL (540 mL every 25 days)
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	1	QL (300 mL every 25 days)
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	1	QL (300 mL every 25 days)
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	1	QL (300 mL every 25 days)
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	1	QL (90 ea every 25 days)
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	1	QL (2 inhalers every 25 days)
SEREVENT DIS AER 50MCG (<i>salmeterol xinafoate</i>)	2	QL (60 inhalations every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STIOLTO AER 2.5-2.5 (<i>tiotropium bromide-olodaterol hcl</i>)	2	QL (1 inhaler every 25 days)
STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)	2	QL (1 inhaler every 25 days)
<i>terbutaline sulfate tab 2.5 mg</i>	1	
<i>terbutaline sulfate tab 5 mg</i>	1	
TRELEGY AER 100MCG (<i>fluticasone-umeclidinium-vilanterol</i>)	2	QL (1 inhaler every 25 days)
TRELEGY AER 100MCG (<i>fluticasone-umeclidinium-vilanterol</i>)	2	QL (2 inhalers every 25 days)
TRELEGY AER 200MCG (<i>fluticasone-umeclidinium-vilanterol</i>)	2	QL (1 inhaler every 25 days)
TRELEGY AER 200MCG (<i>fluticasone-umeclidinium-vilanterol</i>)	2	QL (2 inhalers every 25 days)

XANTHINES

<i>theophylline elixir 80 mg/15ml</i>	1	
(Theophylline Elixir 80 mg/15ml) ELIXOPHYLLIN	1	
<i>theophylline soln 80 mg/15ml</i>	1	
<i>theophylline tab er 12hr 300 mg</i>	1	
<i>theophylline tab er 12hr 450 mg</i>	1	
<i>theophylline tab er 24hr 400 mg</i>	1	
<i>theophylline tab er 24hr 600 mg</i>	1	

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tab 1 mg</i>	1	
(Warfarin Sodium Tab 1 mg) JANTOVEN	1	
<i>warfarin sodium tab 2 mg</i>	1	
(Warfarin Sodium Tab 2 mg) JANTOVEN	1	
<i>warfarin sodium tab 2.5 mg</i>	1	
(Warfarin Sodium Tab 2.5 mg) JANTOVEN	1	
<i>warfarin sodium tab 3 mg</i>	1	
(Warfarin Sodium Tab 3 mg) JANTOVEN	1	
<i>warfarin sodium tab 4 mg</i>	1	
(Warfarin Sodium Tab 4 mg) JANTOVEN	1	
<i>warfarin sodium tab 5 mg</i>	1	
(Warfarin Sodium Tab 5 mg) JANTOVEN	1	
<i>warfarin sodium tab 6 mg</i>	1	
(Warfarin Sodium Tab 6 mg) JANTOVEN	1	
<i>warfarin sodium tab 7.5 mg</i>	1	
(Warfarin Sodium Tab 7.5 mg) JANTOVEN	1	
<i>warfarin sodium tab 10 mg</i>	1	
(Warfarin Sodium Tab 10 mg) JANTOVEN	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIRECT FACTOR XA INHIBITORS		
ELIQUIS ST P TAB 5MG (<i>apixaban</i>)	2	
ELIQUIS TAB 2.5MG (<i>apixaban</i>)	2	
ELIQUIS TAB 5MG (<i>apixaban</i>)	2	
XARELTO STAR TAB 15/20MG (<i>rivaroxaban</i>)	2	
XARELTO SUS 1MG/ML (<i>rivaroxaban</i>)	2	
XARELTO TAB 2.5MG (<i>rivaroxaban</i>)	2	
XARELTO TAB 10MG (<i>rivaroxaban</i>)	2	
XARELTO TAB 15MG (<i>rivaroxaban</i>)	2	
XARELTO TAB 20MG (<i>rivaroxaban</i>)	2	
HEPARINS AND HEPARINOID-LIKE AGENTS		
<i>enoxaparin sodium inj 300 mg/3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 30 mg/0.3ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 40 mg/0.4ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 60 mg/0.6ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 80 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 100 mg/ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 120 mg/0.8ml</i>	1	
<i>enoxaparin sodium inj soln pref syr 150 mg/ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 5 mg/0.4ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml</i>	1	
<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	1	
FRAGMIN INJ 2500/0.2 (<i>dalteparin sodium</i>)	2	
FRAGMIN INJ 2500/ML (<i>dalteparin sodium</i>)	2	
FRAGMIN INJ 5000/0.2 (<i>dalteparin sodium</i>)	2	
FRAGMIN INJ 7500/0.3 (<i>dalteparin sodium</i>)	2	
FRAGMIN INJ 10000/ML (<i>dalteparin sodium</i>)	2	
FRAGMIN INJ 12500UNT (<i>dalteparin sodium</i>)	2	
FRAGMIN INJ 15000UNT (<i>dalteparin sodium</i>)	2	
FRAGMIN INJ 18000UNT (<i>dalteparin sodium</i>)	2	
FRAGMIN INJ 95000UNT (<i>dalteparin sodium</i>)	2	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
THROMBIN INHIBITORS		
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	1	
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
AMPA GLUTAMATE RECEPTOR ANTAGONISTS		
FYCOMPA SUS 0.5MG/ML (<i>perampanel</i>)	2	
FYCOMPA TAB 2MG (<i>perampanel</i>)	2	
FYCOMPA TAB 4MG (<i>perampanel</i>)	2	
FYCOMPA TAB 6MG (<i>perampanel</i>)	2	
FYCOMPA TAB 8MG (<i>perampanel</i>)	2	
FYCOMPA TAB 10MG (<i>perampanel</i>)	2	
FYCOMPA TAB 12MG (<i>perampanel</i>)	2	
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam suspension 2.5 mg/ml</i>	1	
<i>clobazam tab 10 mg</i>	1	
<i>clobazam tab 20 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	1	
<i>clonazepam orally disintegrating tab 1 mg</i>	1	
<i>clonazepam orally disintegrating tab 2 mg</i>	1	
<i>clonazepam tab 0.5 mg</i>	1	
<i>clonazepam tab 1 mg</i>	1	
<i>clonazepam tab 2 mg</i>	1	
<i>diazepam rectal gel delivery system 2.5 mg</i>	1	
<i>diazepam rectal gel delivery system 10 mg</i>	1	
<i>diazepam rectal gel delivery system 20 mg</i>	1	
NAYZILAM SPR 5MG (<i>midazolam (anticonvulsant)</i>)	2	QL (5 bottles every 30 days)
VALTOCO SPR 5MG (<i>diazepam (anticonvulsant)</i>)	2	
VALTOCO SPR 10MG (<i>diazepam (anticonvulsant)</i>)	2	
VALTOCO SPR 15MG (<i>diazepam (anticonvulsant)</i>)	2	
VALTOCO SPR 20MG (<i>diazepam (anticonvulsant)</i>)	2	
ANTICONVULSANTS - MISC.		
APTiom TAB 200MG (<i>eslicarbazepine acetate</i>)	2	
APTiom TAB 400MG (<i>eslicarbazepine acetate</i>)	2	
APTiom TAB 600MG (<i>eslicarbazepine acetate</i>)	2	
APTiom TAB 800MG (<i>eslicarbazepine acetate</i>)	2	

AGE - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA**** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
carbamazepine cap er 12hr 100 mg	1	
carbamazepine cap er 12hr 200 mg	1	
carbamazepine cap er 12hr 300 mg	1	
carbamazepine chew tab 100 mg	1	
carbamazepine susp 100 mg/5ml	1	
carbamazepine tab 200 mg	1	
(Carbamazepine Tab 200 mg) EPITOL	1	
carbamazepine tab er 12hr 100 mg	1	
carbamazepine tab er 12hr 200 mg	1	
carbamazepine tab er 12hr 400 mg	1	
EPIDIOLEX SOL 100MG/ML (cannabidiol)	4	SP, PA, QL (800 mL every 30 days)
gabapentin cap 100 mg	1	
gabapentin cap 300 mg	1	
gabapentin cap 400 mg	1	
gabapentin oral soln 250 mg/5ml	1	
gabapentin tab 600 mg	1	
gabapentin tab 800 mg	1	
lacosamide oral solution 10 mg/ml	1	
lacosamide tab 50 mg	1	
lacosamide tab 100 mg	1	
lacosamide tab 150 mg	1	
lacosamide tab 200 mg	1	
lamotrigine orally disintegrating tab 25 mg	1	
lamotrigine orally disintegrating tab 50 mg	1	
lamotrigine orally disintegrating tab 100 mg	1	
lamotrigine orally disintegrating tab 200 mg	1	
lamotrigine tab 25 mg	1	
(Lamotrigine Tab 25 mg) SUBVENITE	1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit	1	
(Lamotrigine Tab 25 mg (42) & 100 mg (7) Starter Kit) SUBVENITE STARTER KIT/ORA	1	
lamotrigine tab 35 x 25 mg starter kit	1	
(Lamotrigine Tab 35 X 25 mg Starter Kit) SUBVENITE STARTER KIT/BLU	1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit	1	
(Lamotrigine Tab 84 X 25 mg & 14 X 100 mg Starter Kit) SUBVENITE STARTER KIT/GRE	1	
lamotrigine tab 100 mg	1	
(Lamotrigine Tab 100 mg) SUBVENITE	1	
lamotrigine tab 150 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Lamotrigine Tab 150 mg) SUBVENITE	1	
lamotrigine tab 200 mg	1	
(Lamotrigine Tab 200 mg) SUBVENITE	1	
lamotrigine tab chewable dispersible 5 mg	1	
lamotrigine tab chewable dispersible 25 mg	1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	1	
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	1	
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	1	
lamotrigine tab er 24hr 25 mg	1	
lamotrigine tab er 24hr 50 mg	1	
lamotrigine tab er 24hr 100 mg	1	
lamotrigine tab er 24hr 200 mg	1	
lamotrigine tab er 24hr 250 mg	1	
lamotrigine tab er 24hr 300 mg	1	
levetiracetam oral soln 100 mg/ml	1	
levetiracetam tab 250 mg	1	
levetiracetam tab 500 mg	1	
(Levetiracetam Tab 500 mg) ROWEEPRA	1	
levetiracetam tab 750 mg	1	
levetiracetam tab 1000 mg	1	
levetiracetam tab er 24hr 500 mg	1	
levetiracetam tab er 24hr 750 mg	1	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	1	
oxcarbazepine tab 150 mg	1	
oxcarbazepine tab 300 mg	1	
oxcarbazepine tab 600 mg	1	
OXTELLAR XR TAB 150MG (oxcarbazepine)	2	
OXTELLAR XR TAB 300MG (oxcarbazepine)	2	
OXTELLAR XR TAB 600MG (oxcarbazepine)	2	
pregabalin cap 25 mg	1	
pregabalin cap 50 mg	1	
pregabalin cap 75 mg	1	
pregabalin cap 100 mg	1	
pregabalin cap 150 mg	1	
pregabalin cap 200 mg	1	
pregabalin cap 225 mg	1	
pregabalin cap 300 mg	1	
pregabalin soln 20 mg/ml	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>primidone tab 50 mg</i>	1	
<i>primidone tab 250 mg</i>	1	
<i>rufinamide susp 40 mg/ml</i>	1	
<i>rufinamide tab 200 mg</i>	1	
<i>rufinamide tab 400 mg</i>	1	
<i>topiramate cap er 24hr 25 mg</i>	1	
<i>topiramate cap er 24hr 50 mg</i>	1	
<i>topiramate cap er 24hr 100 mg</i>	1	
<i>topiramate cap er 24hr 200 mg</i>	1	
<i>topiramate sprinkle cap 15 mg</i>	1	
<i>topiramate sprinkle cap 25 mg</i>	1	
<i>topiramate tab 25 mg</i>	1	
<i>topiramate tab 50 mg</i>	1	
<i>topiramate tab 100 mg</i>	1	
<i>topiramate tab 200 mg</i>	1	
<i>zonisamide cap 25 mg</i>	1	
<i>zonisamide cap 50 mg</i>	1	
<i>zonisamide cap 100 mg</i>	1	
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	1	
<i>felbamate tab 400 mg</i>	1	
<i>felbamate tab 600 mg</i>	1	
XCOPRI PAK 12.5-25 (<i>cenobamate</i>)	2	
XCOPRI PAK 50-100MG (<i>cenobamate</i>)	2	
XCOPRI PAK 100-150 (<i>cenobamate</i>)	2	
XCOPRI PAK 150-200 (<i>cenobamate</i>)	2	
XCOPRI TAB 50MG (<i>cenobamate</i>)	2	
XCOPRI TAB 100MG (<i>cenobamate</i>)	2	
XCOPRI TAB 150MG (<i>cenobamate</i>)	2	
XCOPRI TAB 200MG (<i>cenobamate</i>)	2	
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	1	
<i>tiagabine hcl tab 4 mg</i>	1	
<i>tiagabine hcl tab 12 mg</i>	1	
<i>tiagabine hcl tab 16 mg</i>	1	
<i>vigabatrin powd pack 500 mg</i>	4	SP, PA, QL (6 packets every 1 day)
(Vigabatrin Powd Pack 500 mg) VIGADRONE	4	SP, PA, QL (6 packets every 1 day)
(Vigabatrin Powd Pack 500 mg) VIGPODER	4	SP, PA, QL (6 packets every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>vigabatrin tab 500 mg</i>	4	SP, PA, QL (6 tabs every 1 day)
HYDANTOINS		
<i>phenytoin chew tab 50 mg</i>	1	
<i>phenytoin sodium extended cap 100 mg</i>	1	
<i>phenytoin sodium extended cap 200 mg</i>	1	
(Phenytoin Sodium Extended Cap 200 mg) PHENYTEK	1	
<i>phenytoin sodium extended cap 300 mg</i>	1	
(Phenytoin Sodium Extended Cap 300 mg) PHENYTEK	1	
<i>phenytoin susp 125 mg/5ml</i>	1	
SUCCINIMIDES		
<i>ethosuximide cap 250 mg</i>	1	
<i>ethosuximide soln 250 mg/5ml</i>	1	
<i>methsuximide cap 300 mg</i>	1	
VALPROIC ACID		
<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium tab delayed release 125 mg</i>	1	
<i>divalproex sodium tab delayed release 250 mg</i>	1	
<i>divalproex sodium tab delayed release 500 mg</i>	1	
<i>divalproex sodium tab er 24 hr 250 mg</i>	1	
<i>divalproex sodium tab er 24 hr 500 mg</i>	1	
<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	1	
<i>valproic acid cap 250 mg</i>	1	
ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION		
ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)		
<i>mirtazapine orally disintegrating tab 15 mg</i>	1	
<i>mirtazapine orally disintegrating tab 30 mg</i>	1	
<i>mirtazapine orally disintegrating tab 45 mg</i>	1	
<i>mirtazapine tab 7.5 mg</i>	1	
<i>mirtazapine tab 15 mg</i>	1	
<i>mirtazapine tab 30 mg</i>	1	
<i>mirtazapine tab 45 mg</i>	1	
ANTIDEPRESSANTS - MISC.		
<i>bupropion hcl tab 75 mg</i>	1	
<i>bupropion hcl tab 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 100 mg</i>	1	
<i>bupropion hcl tab er 12hr 150 mg</i>	1	
<i>bupropion hcl tab er 12hr 200 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bupropion hcl tab er 24hr 150 mg</i>	1	
<i>bupropion hcl tab er 24hr 300 mg</i>	1	
MONOAMINE OXIDASE INHIBITORS (MAOIS)		
<i>phenelzine sulfate tab 15 mg</i>	1	
<i>tranylcypromine sulfate tab 10 mg</i>	1	
SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)		
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	1	
<i>fluoxetine hcl cap 10 mg</i>	1	
<i>fluoxetine hcl cap 20 mg</i>	1	
<i>fluoxetine hcl cap 40 mg</i>	1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl tab 10 mg</i>	1	
<i>fluoxetine hcl tab 20 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	1	
<i>fluvoxamine maleate tab 25 mg</i>	1	
<i>fluvoxamine maleate tab 50 mg</i>	1	
<i>fluvoxamine maleate tab 100 mg</i>	1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	1	
<i>paroxetine hcl tab 10 mg</i>	1	
<i>paroxetine hcl tab 20 mg</i>	1	
<i>paroxetine hcl tab 30 mg</i>	1	
<i>paroxetine hcl tab 40 mg</i>	1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	1	
<i>sertraline hcl tab 25 mg</i>	1	
<i>sertraline hcl tab 50 mg</i>	1	
<i>sertraline hcl tab 100 mg</i>	1	
SEROTONIN MODULATORS		
<i>nefazodone hcl tab 50 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>nefazodone hcl tab 100 mg</i>	1	
<i>nefazodone hcl tab 150 mg</i>	1	
<i>nefazodone hcl tab 200 mg</i>	1	
<i>nefazodone hcl tab 250 mg</i>	1	
<i>trazodone hcl tab 50 mg</i>	1	
<i>trazodone hcl tab 100 mg</i>	1	
<i>trazodone hcl tab 150 mg</i>	1	
<i>trazodone hcl tab 300 mg</i>	1	
TRINTELLIX TAB 5MG (<i>vortioxetine hbr</i>)	2	
TRINTELLIX TAB 10MG (<i>vortioxetine hbr</i>)	2	
TRINTELLIX TAB 20MG (<i>vortioxetine hbr</i>)	2	
<i>vilazodone hcl tab 10 mg</i>	1	
<i>vilazodone hcl tab 20 mg</i>	1	
<i>vilazodone hcl tab 40 mg</i>	1	
SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)		
<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	1	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRICYCLIC AGENTS		
<i>amitriptyline hcl tab 10 mg</i>	1	
<i>amitriptyline hcl tab 25 mg</i>	1	
<i>amitriptyline hcl tab 50 mg</i>	1	
<i>amitriptyline hcl tab 75 mg</i>	1	
<i>amitriptyline hcl tab 100 mg</i>	1	
<i>amitriptyline hcl tab 150 mg</i>	1	
<i>amoxapine tab 25 mg</i>	1	
<i>amoxapine tab 50 mg</i>	1	
<i>amoxapine tab 100 mg</i>	1	
<i>amoxapine tab 150 mg</i>	1	
<i>clomipramine hcl cap 25 mg</i>	1	
<i>clomipramine hcl cap 50 mg</i>	1	
<i>clomipramine hcl cap 75 mg</i>	1	
<i>desipramine hcl tab 10 mg</i>	1	
<i>desipramine hcl tab 25 mg</i>	1	
<i>desipramine hcl tab 50 mg</i>	1	
<i>desipramine hcl tab 75 mg</i>	1	
<i>desipramine hcl tab 100 mg</i>	1	
<i>desipramine hcl tab 150 mg</i>	1	
<i>doxepin hcl cap 10 mg</i>	1	
<i>doxepin hcl cap 25 mg</i>	1	
<i>doxepin hcl cap 50 mg</i>	1	
<i>doxepin hcl cap 75 mg</i>	1	
<i>doxepin hcl cap 100 mg</i>	1	
<i>doxepin hcl cap 150 mg</i>	1	
<i>doxepin hcl conc 10 mg/ml</i>	1	
<i>imipramine hcl tab 10 mg</i>	1	
<i>imipramine hcl tab 25 mg</i>	1	
<i>imipramine hcl tab 50 mg</i>	1	
<i>imipramine pamoate cap 75 mg</i>	1	
<i>imipramine pamoate cap 100 mg</i>	1	
<i>imipramine pamoate cap 125 mg</i>	1	
<i>imipramine pamoate cap 150 mg</i>	1	
<i>nortriptyline hcl cap 10 mg</i>	1	
<i>nortriptyline hcl cap 25 mg</i>	1	
<i>nortriptyline hcl cap 50 mg</i>	1	
<i>nortriptyline hcl cap 75 mg</i>	1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	1	
<i>protriptyline hcl tab 5 mg</i>	1	
<i>protriptyline hcl tab 10 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>trimipramine maleate cap 25 mg</i>	1	
<i>trimipramine maleate cap 50 mg</i>	1	
<i>trimipramine maleate cap 100 mg</i>	1	
ANTIDIABETICS - DRUGS TO TREAT DIABETES		
ALPHA-GLUCOSIDASE INHIBITORS		
<i>acarbose tab 25 mg</i>	1	DM
<i>acarbose tab 50 mg</i>	1	DM
<i>acarbose tab 100 mg</i>	1	DM
<i>miglitol tab 25 mg</i>	1	DM
<i>miglitol tab 50 mg</i>	1	DM
<i>miglitol tab 100 mg</i>	1	DM
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG (<i>pramlintide acetate</i>)	2	DM
SYMLNPEN 120 INJ 1000MCG (<i>pramlintide acetate</i>)	2	DM
ANTIDIABETIC COMBINATIONS		
<i>glipizide-metformin hcl tab 2.5-250 mg</i>	1	DM
<i>glipizide-metformin hcl tab 2.5-500 mg</i>	1	DM
<i>glipizide-metformin hcl tab 5-500 mg</i>	1	DM
<i>glyburide-metformin tab 1.25-250 mg</i>	1	DM
<i>glyburide-metformin tab 2.5-500 mg</i>	1	DM
<i>glyburide-metformin tab 5-500 mg</i>	1	DM
GLYXAMBI TAB 10-5 MG (<i>empagliflozin-linagliptin</i>)	2	DM
GLYXAMBI TAB 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	DM
JANUMET TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	2	DM
JANUMET TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	2	DM
JANUMET XR TAB 50-500MG (<i>sitagliptin-metformin hcl</i>)	2	DM
JANUMET XR TAB 50-1000 (<i>sitagliptin-metformin hcl</i>)	2	DM
JANUMET XR TAB 100-1000 (<i>sitagliptin-metformin hcl</i>)	2	DM
<i>pioglitazone hcl-glimepiride tab 30-2 mg</i>	1	DM
<i>pioglitazone hcl-glimepiride tab 30-4 mg</i>	1	DM
<i>pioglitazone hcl-metformin hcl tab 15-500 mg</i>	1	DM
<i>pioglitazone hcl-metformin hcl tab 15-850 mg</i>	1	DM
<i>saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg</i>	1	DM
<i>saxagliptin-metformin hcl tab er 24hr 5-500 mg</i>	1	DM
<i>saxagliptin-metformin hcl tab er 24hr 5-1000 mg</i>	1	DM
SOLIQUA INJ 100/33 (<i>insulin glargine-lixisenatide</i>)	2	PA; DM
SYNJARDY TAB (<i>empagliflozin-metformin hcl</i>)	2	DM

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNJARDY TAB 5-500MG (<i>empagliflozin-metformin hcl</i>)	2	DM
SYNJARDY TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	2	DM
SYNJARDY TAB 12.5-500 (<i>empagliflozin-metformin hcl</i>)	2	DM
SYNJARDY XR TAB (<i>empagliflozin-metformin hcl</i>)	2	DM
SYNJARDY XR TAB 5-1000MG (<i>empagliflozin-metformin hcl</i>)	2	DM
SYNJARDY XR TAB 10-1000 (<i>empagliflozin-metformin hcl</i>)	2	DM
SYNJARDY XR TAB 25-1000 (<i>empagliflozin-metformin hcl</i>)	2	DM
TRIJARDY XR TAB (<i>empagliflozin-linagliptin-metformin</i>)	2	DM
XIGDUO XR TAB 2.5-1000 (<i>dapagliflozin propanediol-metformin hcl</i>)	2	DM
XIGDUO XR TAB 5-500MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	DM
XIGDUO XR TAB 5-1000MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	DM
XIGDUO XR TAB 10-500MG (<i>dapagliflozin propanediol-metformin hcl</i>)	2	DM
XIGDUO XR TAB 10-1000 (<i>dapagliflozin propanediol-metformin hcl</i>)	2	DM
XULTOPHY INJ 100/3.6 (<i>insulin degludec-liraglutide</i>)	2	PA; DM
BIGUANIDES		
<i>metformin hcl oral soln 500 mg/5ml</i>	1	DM
<i>metformin hcl tab 500 mg</i>	1	DM
<i>metformin hcl tab 850 mg</i>	1	DM
<i>metformin hcl tab 1000 mg</i>	1	DM
<i>metformin hcl tab er 24hr 500 mg</i>	1	DM
<i>metformin hcl tab er 24hr 750 mg</i>	1	DM
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE (<i>glucagon</i>)	2	DM
BAQSIMI TWO POW 3MG/DOSE (<i>glucagon</i>)	2	DM
<i>diazoxide susp 50 mg/ml</i>	1	DM
<i>glucagon (rdna) for inj kit 1 mg</i>	1	DM
GVOKE HYPO 1 INJ 1MG/.2ML (<i>glucagon</i>)	2	DM
GVOKE HYPO 1 INJ .5/.1ML (<i>glucagon</i>)	2	DM

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GVOKE HYPO 2 INJ 1MG/.2ML (<i>glucagon</i>)	2	DM
GVOKE HYPO 2 INJ .5/.1ML (<i>glucagon</i>)	2	DM
GVOKE KIT SOL 1MG/0.2M (<i>glucagon</i>)	2	DM
GVOKE PFS INJ (<i>glucagon</i>)	2	DM
<i>mifepristone tab 300 mg</i>	4	PA, QL (4 tabs every 1 day)
ZEGALOGUE INJ 0.6/0.6 (<i>dasiglucagon hcl</i>)	2	DM
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG (<i>sitagliptin phosphate</i>)	2	DM
JANUVIA TAB 50MG (<i>sitagliptin phosphate</i>)	2	DM
JANUVIA TAB 100MG (<i>sitagliptin phosphate</i>)	2	DM
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	1	DM
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	1	DM
INCRETIN MIMETIC AGENTS		
MOUNJARO INJ 2.5/0.5 (<i>tirzepatide</i>)	2	PA; DM
MOUNJARO INJ 5MG/0.5 (<i>tirzepatide</i>)	2	PA; DM
MOUNJARO INJ 7.5/0.5 (<i>tirzepatide</i>)	2	PA; DM
MOUNJARO INJ 10MG/0.5 (<i>tirzepatide</i>)	2	PA; DM
MOUNJARO INJ 12.5/0.5 (<i>tirzepatide</i>)	2	PA; DM
MOUNJARO INJ 15MG/0.5 (<i>tirzepatide</i>)	2	PA; DM
OZEMPIC INJ 2MG/3ML (<i>semaglutide</i>)	2	PA; DM
OZEMPIC INJ 4MG/3ML (<i>semaglutide</i>)	2	PA; DM
OZEMPIC INJ 8MG/3ML (<i>semaglutide</i>)	2	PA; DM
RYBELSUS TAB 3MG (<i>semaglutide</i>)	2	PA; DM
RYBELSUS TAB 7MG (<i>semaglutide</i>)	2	PA; DM
RYBELSUS TAB 14MG (<i>semaglutide</i>)	2	PA; DM
TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>)	2	PA; DM
TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>)	2	PA; DM
TRULICITY INJ 3/0.5 (<i>dulaglutide</i>)	2	PA; DM
TRULICITY INJ 4.5/0.5 (<i>dulaglutide</i>)	2	PA; DM
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	2	PA; DM
INSULIN		
BASAGLAR INJ 100UNIT (<i>insulin glargine</i>)	2	
FIASP FLEX INJ TOUCH (<i>insulin aspart (with niacinamide)</i>)	2	DM
FIASP INJ 100/ML (<i>insulin aspart (with niacinamide)</i>)	2	DM
FIASP PENFIL INJ U-100 (<i>insulin aspart (with niacinamide)</i>)	2	DM
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	2	DM
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	2	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOLIN INJ 70/30 FP (<i>insulin nph isophane & reg (human)</i>)	2	DM
NOVOLIN N INJ 100 UNIT (<i>insulin nph (human) (isophane)</i>)	2	DM
NOVOLIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	2	DM
NOVOLIN R INJ 100 UNIT (<i>insulin regular (human)</i>)	2	DM
NOVOLIN R INJ U-100 (<i>insulin regular (human)</i>)	2	DM
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	2	DM
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>)	2	DM
TOUJEO MAX INJ 300/ML (<i>insulin glargine</i>)	2	DM
TOUJEO SOLO INJ 300/ML (<i>insulin glargine</i>)	2	DM
TRESIBA FLEX INJ 100UNIT (<i>insulin degludec</i>)	2	DM
TRESIBA FLEX INJ 200UNIT (<i>insulin degludec</i>)	2	DM
TRESIBA INJ 100UNIT (<i>insulin degludec</i>)	2	DM
INSULIN SENSITIZING AGENTS		
<i>pioglitazone hcl tab 15 mg (base equiv)</i>	1	DM
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	1	DM
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	1	DM
MEGLITINIDE ANALOGUES		
<i>nateglinide tab 60 mg</i>	1	DM
<i>nateglinide tab 120 mg</i>	1	DM
<i>repaglinide tab 0.5 mg</i>	1	DM
<i>repaglinide tab 1 mg</i>	1	DM
<i>repaglinide tab 2 mg</i>	1	DM
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)	2	DM
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	2	DM
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	2	DM
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	2	DM
SULFONYLUREAS		
<i>glimepiride tab 1 mg</i>	1	DM
<i>glimepiride tab 2 mg</i>	1	DM
<i>glimepiride tab 4 mg</i>	1	DM
<i>glipizide tab 5 mg</i>	1	DM
<i>glipizide tab 10 mg</i>	1	DM
<i>glipizide tab er 24hr 2.5 mg</i>	1	DM
(Glipizide Tab Er 24hr 2.5 mg) GLIPIZIDE XL	1	DM
<i>glipizide tab er 24hr 5 mg</i>	1	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Glipizide Tab Er 24hr 5 mg) GLIPIZIDE XL	1	DM
glipizide tab er 24hr 10 mg	1	DM
(Glipizide Tab Er 24hr 10 mg) GLIPIZIDE XL	1	DM
glyburide micronized tab 1.5 mg	1	DM
glyburide micronized tab 3 mg	1	DM
glyburide micronized tab 6 mg	1	DM
glyburide tab 1.25 mg	1	DM
glyburide tab 2.5 mg	1	DM
glyburide tab 5 mg	1	DM

ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA

ANTIPERISTALTIC AGENTS

diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml	1	
diphenoxylate w/ atropine tab 2.5-0.025 mg	1	

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

ANTIDOTES - CHELATING AGENTS

deferasirox granules packet 90 mg	4	SP, PA
deferasirox granules packet 180 mg	4	SP, PA
deferasirox granules packet 360 mg	4	SP, PA
deferasirox tab 90 mg	4	SP, PA
deferasirox tab 180 mg	4	SP, PA
deferasirox tab 360 mg	4	SP, PA
deferasirox tab for oral susp 125 mg	4	SP, PA
deferasirox tab for oral susp 250 mg	4	SP, PA
deferasirox tab for oral susp 500 mg	4	SP, PA
deferiprone tab 500 mg	4	SP, PA
deferiprone tab 1000 mg	4	SP, PA

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

VISTOGARD PAK 10GM (uridine triacetate (emergency treatment))	2	QL (20 packets every 5 days)
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OPIOID ANTAGONISTS

naloxone hcl inj 4 mg/10ml	1	
naloxone hcl nasal spray 4 mg/0.1ml	1	QL (4 ea every 25 days)
naloxone hcl soln cartridge 0.4 mg/ml	1	
naloxone hcl soln prefilled syringe 2 mg/2ml	1	
naltrexone hcl tab 50 mg	1	

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT3 RECEPTOR ANTAGONISTS

granisetron hcl tab 1 mg	1	QL (12 tabs every 21 days)
ondansetron hcl oral soln 4 mg/5ml	1	QL (200 mL every 21 days)
ondansetron hcl tab 4 mg	1	QL (18 tabs every 21 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ondansetron hcl tab 8 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron hcl tab 24 mg</i>	1	QL (2 tabs every 21 days)
<i>ondansetron orally disintegrating tab 4 mg</i>	1	QL (18 tabs every 21 days)
<i>ondansetron orally disintegrating tab 8 mg</i>	1	QL (18 tabs every 21 days)
<i>SANCUSO DIS 3.1MG (granisetron)</i>	2	QL (2 patches every 21 days)
ANTIEMETICS - ANTICHOLINERGIC		
<i>meclizine hcl tab 50 mg</i>	1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	1	
<i>trimethobenzamide hcl cap 300 mg</i>	1	
ANTIEMETICS - MISCELLANEOUS		
<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	1	
<i>dronabinol cap 2.5 mg</i>	1	QL (60 caps every 25 days)
<i>dronabinol cap 5 mg</i>	1	QL (60 caps every 25 days)
<i>dronabinol cap 10 mg</i>	1	QL (60 caps every 25 days)
SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS		
<i>aprepitant capsule 40 mg</i>	1	QL (3 caps every 180 days)
<i>aprepitant capsule 80 mg</i>	1	QL (4 caps every 21 days)
<i>aprepitant capsule 125 mg</i>	1	QL (2 caps every 21 days)
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	1	QL (6 tabs every 21 days)
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
<i>flucytosine cap 250 mg</i>	1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	1	
<i>griseofulvin microsize tab 500 mg</i>	1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	1	
<i>griseofulvin ultramicrosize tab 250 mg</i>	1	
<i>nystatin tab 500000 unit</i>	1	
<i>terbinafine hcl tab 250 mg</i>	1	
IMIDAZOLE-RELATED ANTIFUNGALS		
<i>fluconazole for susp 10 mg/ml</i>	1	
<i>fluconazole for susp 40 mg/ml</i>	1	
<i>fluconazole tab 50 mg</i>	1	
<i>fluconazole tab 100 mg</i>	1	
<i>fluconazole tab 150 mg</i>	1	
<i>fluconazole tab 200 mg</i>	1	
<i>itraconazole cap 100 mg</i>	1	
<i>itraconazole oral soln 10 mg/ml</i>	1	
<i>ketoconazole tab 200 mg</i>	1	
<i>posaconazole susp 40 mg/ml</i>	1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VFEND SUS 40MG/ML (voriconazole)	2	PA
VFEND TAB 50MG (voriconazole)	2	PA
VFEND TAB 200MG (voriconazole)	2	PA
voriconazole for susp 40 mg/ml	1	PA
voriconazole tab 50 mg	1	PA
voriconazole tab 200 mg	1	PA
ANTIHISTAMINES - DRUGS TO TREAT ALLERGIES		
ANTIHISTAMINES - ETHANOLAMINES		
carbinoxamine maleate soln 4 mg/5ml	1	
carbinoxamine maleate tab 4 mg	1	
clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)	1	
clemastine fumarate tab 2.68 mg	1	
ANTIHISTAMINES - NON-SEDATING		
desloratadine tab 5 mg	1	
desloratadine tab orally disintegrating 2.5 mg	1	
desloratadine tab orally disintegrating 5 mg	1	
ANTIHISTAMINES - PHENOTHIAZINES		
promethazine hcl suppos 12.5 mg	1	
(Promethazine Hcl Suppos 12.5 mg) PROMETHEGAN	1	
promethazine hcl suppos 25 mg	1	
(Promethazine Hcl Suppos 25 mg) PROMETHEGAN	1	
(Promethazine Hcl Suppos 50 mg) PROMETHEGAN	1	
promethazine hcl syrup 6.25 mg/5ml	1	
promethazine hcl tab 12.5 mg	1	
promethazine hcl tab 25 mg	1	
promethazine hcl tab 50 mg	1	
ANTIHISTAMINES - PIPERIDINES		
cyproheptadine hcl syrup 2 mg/5ml	1	
cyproheptadine hcl tab 4 mg	1	
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH CHOLESTEROL		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
NEXLETOL TAB 180MG (bempedoic acid)	2	
ANTIHYPERTENSIVES - COMBINATIONS		
ezetimibe-simvastatin tab 10-10 mg	1	
ezetimibe-simvastatin tab 10-20 mg	1	
ezetimibe-simvastatin tab 10-40 mg	1	
ezetimibe-simvastatin tab 10-80 mg	1	
NEXLIZET TAB 180/10MG (bempedoic acid-ezetimibe)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIHYPERLIPIDEMICS - MISC.		
omega-3-acid ethyl esters cap 1 gm	1	
VASCEPA CAP 0.5GM (<i>icosapent ethyl</i>)	1	
VASCEPA CAP 1GM (<i>icosapent ethyl</i>)	1	
BILE ACID SEQUESTRANTS		
cholestyramine light powder 4 gm/dose	1	
(Cholestyramine Light Powder 4 gm/dose) PREVALITE	1	
cholestyramine light powder packets 4 gm	1	
(Cholestyramine Light Powder Packets 4 gm) PREVALITE	1	
cholestyramine powder 4 gm/dose	1	
cholestyramine powder packets 4 gm	1	
colesevelam hcl packet for susp 3.75 gm	1	
colesevelam hcl tab 625 mg	1	
colestipol hcl granule packets 5 gm	1	
colestipol hcl granules 5 gm	1	
colestipol hcl tab 1 gm	1	
FIBRIC ACID DERIVATIVES		
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	1	
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	1	
fenofibrate cap 150 mg	1	
fenofibrate micronized cap 43 mg	1	
fenofibrate micronized cap 67 mg	1	
fenofibrate micronized cap 134 mg	1	
fenofibrate micronized cap 200 mg	1	
fenofibrate tab 48 mg	1	
fenofibrate tab 54 mg	1	
fenofibrate tab 145 mg	1	
fenofibrate tab 160 mg	1	
fenofibric acid tab 35 mg	1	
fenofibric acid tab 105 mg	1	
gemfibrozil tab 600 mg	1	
HMG COA REDUCTASE INHIBITORS		
atorvastatin calcium tab 10 mg (base equivalent)	0	AGE; CM, PC
atorvastatin calcium tab 20 mg (base equivalent)	0	AGE; PC
atorvastatin calcium tab 40 mg (base equivalent)	1	
atorvastatin calcium tab 80 mg (base equivalent)	1	
fluvastatin sodium cap 20 mg (base equivalent)	0	AGE; PC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	0	AGE; PC
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	0	AGE; PC
<i>lovastatin tab 10 mg</i>	0	AGE; PC
<i>lovastatin tab 20 mg</i>	0	AGE; PC
<i>lovastatin tab 40 mg</i>	0	AGE; PC
<i>pitavastatin calcium tab 1 mg</i>	1	AGE
<i>pitavastatin calcium tab 2 mg</i>	1	AGE
<i>pitavastatin calcium tab 4 mg</i>	1	AGE
<i>pravastatin sodium tab 10 mg</i>	0	AGE; PC
<i>pravastatin sodium tab 20 mg</i>	0	AGE; PC
<i>pravastatin sodium tab 40 mg</i>	0	AGE; PC
<i>pravastatin sodium tab 80 mg</i>	0	AGE; PC
<i>rosuvastatin calcium tab 5 mg</i>	0	AGE; PC
<i>rosuvastatin calcium tab 10 mg</i>	0	AGE; PC
<i>rosuvastatin calcium tab 20 mg</i>	1	
<i>rosuvastatin calcium tab 40 mg</i>	1	
<i>simvastatin tab 5 mg</i>	0	AGE; PC
<i>simvastatin tab 10 mg</i>	0	AGE; PC
<i>simvastatin tab 20 mg</i>	0	AGE; PC
<i>simvastatin tab 40 mg</i>	0	AGE; PC
<i>simvastatin tab 80 mg</i>	1	
INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS		
<i>ezetimibe tab 10 mg</i>	1	
NICOTINIC ACID DERIVATIVES		
<i>niacin tab er 500 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	1	
PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS		
REPATHA INJ 140MG/ML (<i>evolocumab</i>)	2	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5 (<i>evolocumab</i>)	2	PA, QL (1 cartridges every 28 day)
REPATHA SURE INJ 140MG/ML (<i>evolocumab</i>)	2	PA, QL (3 pens every 28 day)
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACE INHIBITORS		
<i>benazepril hcl tab 5 mg</i>	1	
<i>benazepril hcl tab 10 mg</i>	1	
<i>benazepril hcl tab 20 mg</i>	1	
<i>benazepril hcl tab 40 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>captopril tab 12.5 mg</i>	1	
<i>captopril tab 25 mg</i>	1	
<i>captopril tab 50 mg</i>	1	
<i>captopril tab 100 mg</i>	1	
<i>enalapril maleate oral soln 1 mg/ml</i>	1	
<i>enalapril maleate tab 2.5 mg</i>	1	
<i>enalapril maleate tab 5 mg</i>	1	
<i>enalapril maleate tab 10 mg</i>	1	
<i>enalapril maleate tab 20 mg</i>	1	
<i>fosinopril sodium tab 10 mg</i>	1	
<i>fosinopril sodium tab 20 mg</i>	1	
<i>fosinopril sodium tab 40 mg</i>	1	
<i>lisinopril tab 2.5 mg</i>	1	
<i>lisinopril tab 5 mg</i>	1	
<i>lisinopril tab 10 mg</i>	1	
<i>lisinopril tab 20 mg</i>	1	
<i>lisinopril tab 30 mg</i>	1	
<i>lisinopril tab 40 mg</i>	1	
<i>moexipril hcl tab 7.5 mg</i>	1	
<i>moexipril hcl tab 15 mg</i>	1	
<i>perindopril erbumine tab 2 mg</i>	1	
<i>perindopril erbumine tab 4 mg</i>	1	
<i>perindopril erbumine tab 8 mg</i>	1	
<i>quinapril hcl tab 5 mg</i>	1	
<i>quinapril hcl tab 10 mg</i>	1	
<i>quinapril hcl tab 20 mg</i>	1	
<i>quinapril hcl tab 40 mg</i>	1	
<i>ramipril cap 1.25 mg</i>	1	
<i>ramipril cap 2.5 mg</i>	1	
<i>ramipril cap 5 mg</i>	1	
<i>ramipril cap 10 mg</i>	1	
<i>trandolapril tab 1 mg</i>	1	
<i>trandolapril tab 2 mg</i>	1	
<i>trandolapril tab 4 mg</i>	1	
AGENTS FOR PHEOCHROMOCYTOMA		
<i>metirosine cap 250 mg</i>	1	
<i>phenoxybenzamine hcl cap 10 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGONISTS		
<i>candesartan cilexetil tab 4 mg</i>	1	
<i>candesartan cilexetil tab 8 mg</i>	1	
<i>candesartan cilexetil tab 16 mg</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>candesartan cilexetil tab 32 mg</i>	1	
<i>irbesartan tab 75 mg</i>	1	
<i>irbesartan tab 150 mg</i>	1	
<i>irbesartan tab 300 mg</i>	1	
<i>losartan potassium tab 25 mg</i>	1	
<i>losartan potassium tab 50 mg</i>	1	
<i>losartan potassium tab 100 mg</i>	1	
<i>olmesartan medoxomil tab 5 mg</i>	1	
<i>olmesartan medoxomil tab 20 mg</i>	1	
<i>olmesartan medoxomil tab 40 mg</i>	1	
<i>telmisartan tab 20 mg</i>	1	
<i>telmisartan tab 40 mg</i>	1	
<i>telmisartan tab 80 mg</i>	1	
<i>valsartan oral soln 4 mg/ml</i>	1	
<i>valsartan tab 40 mg</i>	1	
<i>valsartan tab 80 mg</i>	1	
<i>valsartan tab 160 mg</i>	1	
<i>valsartan tab 320 mg</i>	1	
ANTIADRENERGIC ANTIHYPERTENSIVES		
<i>clonidine hcl tab 0.1 mg</i>	1	
<i>clonidine hcl tab 0.2 mg</i>	1	
<i>clonidine hcl tab 0.3 mg</i>	1	
<i>clonidine hcl tab er 24hr 0.17 mg (base equivalent)</i>	1	
<i>clonidine td patch weekly 0.1 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.2 mg/24hr</i>	1	
<i>clonidine td patch weekly 0.3 mg/24hr</i>	1	
<i>doxazosin mesylate tab 1 mg</i>	1	
<i>doxazosin mesylate tab 2 mg</i>	1	
<i>doxazosin mesylate tab 4 mg</i>	1	
<i>doxazosin mesylate tab 8 mg</i>	1	
<i>guanfacine hcl tab 1 mg</i>	1	
<i>guanfacine hcl tab 2 mg</i>	1	
<i>prazosin hcl cap 1 mg</i>	1	
<i>prazosin hcl cap 2 mg</i>	1	
<i>prazosin hcl cap 5 mg</i>	1	
<i>terazosin hcl cap 1 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 2 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 5 mg (base equivalent)</i>	1	
<i>terazosin hcl cap 10 mg (base equivalent)</i>	1	
ANTIHYPERTENSIVE COMBINATIONS		
<i>amlodipine besylate-benazepril hcl cap 2.5-10 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine besylate-benazepril hcl cap 5-10 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 5-40 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-20 mg</i>	1	
<i>amlodipine besylate-benazepril hcl cap 10-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 5-40 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-20 mg</i>	1	
<i>amlodipine besylate-olmesartan medoxomil tab 10-40 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 5-320 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-160 mg</i>	1	
<i>amlodipine besylate-valsartan tab 10-320 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg	1	
captopril & hydrochlorothiazide tab 25-15 mg	1	
captopril & hydrochlorothiazide tab 25-25 mg	1	
captopril & hydrochlorothiazide tab 50-15 mg	1	
captopril & hydrochlorothiazide tab 50-25 mg	1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg	1	
enalapril maleate & hydrochlorothiazide tab 10-25 mg	1	
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 150-12.5 mg	1	
irbesartan-hydrochlorothiazide tab 300-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 10-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg	1	
lisinopril & hydrochlorothiazide tab 20-25 mg	1	
losartan potassium & hydrochlorothiazide tab 50-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg	1	
losartan potassium & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 50-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-25 mg	1	
metoprolol & hydrochlorothiazide tab 100-50 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg	1	
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg	1	
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	1	
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	1	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	1	
<i>eplerenone tab 50 mg</i>	1	
VASODILATORS		
<i>hydralazine hcl tab 10 mg</i>	1	
<i>hydralazine hcl tab 25 mg</i>	1	
<i>hydralazine hcl tab 50 mg</i>	1	
<i>hydralazine hcl tab 100 mg</i>	1	QL (9 tabs every 1 day)
<i>minoxidil tab 2.5 mg</i>	1	
<i>minoxidil tab 10 mg</i>	1	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	1	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>chloroquine phosphate tab 250 mg</i>	1	
<i>chloroquine phosphate tab 500 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydroxychloroquine sulfate tab 200 mg</i>	1	
<i>mefloquine hcl tab 250 mg</i>	1	
<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	1	
<i>pyrimethamine tab 25 mg</i>	1	
<i>quinine sulfate cap 324 mg</i>	1	
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS		
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	1	
<i>pyridostigmine bromide tab 60 mg</i>	1	
<i>pyridostigmine bromide tab er 180 mg</i>	1	
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS		
<i>cycloserine cap 250 mg</i>	1	
<i>ethambutol hcl tab 100 mg</i>	1	
<i>ethambutol hcl tab 400 mg</i>	1	
<i>isoniazid syrup 50 mg/5ml</i>	1	
<i>isoniazid tab 100 mg</i>	1	
<i>isoniazid tab 300 mg</i>	1	
<i>pyrazinamide tab 500 mg</i>	1	
<i>rifabutin cap 150 mg</i>	1	
<i>rifampin cap 150 mg</i>	1	
<i>rifampin cap 300 mg</i>	1	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER		
ALKYLATING AGENTS		
<i>cyclophosphamide cap 25 mg</i>	1	OAC
<i>cyclophosphamide cap 50 mg</i>	1	OAC
GLEOSTINE CAP 10MG (<i>lomustine</i>)	4	SP; OAC
GLEOSTINE CAP 40MG (<i>lomustine</i>)	4	SP; OAC
GLEOSTINE CAP 100MG (<i>lomustine</i>)	4	SP; OAC
LEUKERAN TAB 2MG (<i>chlorambucil</i>)	2	OAC
<i>melphalan tab 2 mg</i>	1	OAC
MYLERAN TAB 2MG (<i>busulfan</i>)	2	OAC
<i>temozolomide cap 5 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 20 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 100 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 140 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 180 mg</i>	4	SP, PA; OAC
<i>temozolomide cap 250 mg</i>	4	SP, PA; OAC
ANTIMETABOLITES		
<i>capecitabine tab 150 mg</i>	4	SP, PA; OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
capecitabine tab 500 mg	4	SP, PA; OAC
mercaptopurine tab 50 mg	1	OAC
methotrexate sodium for inj 1 gm	1	
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)	1	
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)	1	
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)	1	
methotrexate sodium tab 2.5 mg (base equiv)	1	OAC
ONUREG TAB 200MG (azacitidine)	4	SP, PA, QL (14 tabs every 28 days); OAC
ONUREG TAB 300MG (azacitidine)	4	SP, PA, QL (14 tabs every 28 days); OAC
PURIXAN SUS 20MG/ML (mercaptopurine)	4	SP, PA; OAC
TABLOID TAB 40MG (thioguanine)	2	OAC
TREXALL TAB 5MG (methotrexate sodium)	2	OAC
TREXALL TAB 7.5MG (methotrexate sodium)	2	OAC
TREXALL TAB 10MG (methotrexate sodium)	2	OAC
TREXALL TAB 15MG (methotrexate sodium)	2	OAC
XELODA TAB 150MG (capecitabine)	4	SP, PA; OAC
XELODA TAB 500MG (capecitabine)	4	SP, PA; OAC
ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS		
INLYTA TAB 1MG (axitinib)	4	SP, PA, QL (8 tabs every 1 day); OAC
INLYTA TAB 5MG (axitinib)	4	SP, PA, QL (4 tabs every 1 day); OAC
LENVIMA CAP 4MG (lenvatinib mesylate)	4	SP, PA, QL (1 cap every 1 day); OAC
LENVIMA CAP 8 MG (lenvatinib mesylate)	4	SP, PA, QL (2 caps every 1 day); OAC
LENVIMA CAP 10 MG (lenvatinib mesylate)	4	SP, PA, QL (1 cap every 1 day); OAC
LENVIMA CAP 12MG (lenvatinib mesylate)	4	SP, PA, QL (3 caps every 1 day); OAC
LENVIMA CAP 14 MG (lenvatinib mesylate)	4	SP, PA, QL (2 caps every 1 day); OAC
LENVIMA CAP 18 MG (lenvatinib mesylate)	4	SP, PA, QL (3 caps every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LENVIMA CAP 20 MG (<i>lenvatinib mesylate</i>)	4	SP, PA, QL (2 caps every 1 day); OAC
LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>)	4	SP, PA, QL (3 caps every 1 day); OAC
ANTINEOPLASTIC - EGFR INHIBITORS		
<i>erlotinib hcl tab 25 mg (base equivalent)</i>	4	SP, PA, QL (2 tabs every 1 day); OAC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>gefitinib tab 250 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
TAGRISSO TAB 40MG (<i>osimertinib mesylate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
TAGRISSO TAB 80MG (<i>osimertinib mesylate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
TARCEVA TAB 25MG (<i>erlotinib hcl</i>)	4	SP, PA, QL (2 tabs every 1 day); OAC
TARCEVA TAB 100MG (<i>erlotinib hcl</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
TARCEVA TAB 150MG (<i>erlotinib hcl</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG (<i>vismodegib</i>)	4	SP, PA, QL (1 cap every 1 day); OAC
ODOMZO CAP 200MG (<i>sonidegib phosphate</i>)	4	SP, PA, QL (1 cap every 1 day); OAC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
<i>abiraterone acetate tab 250 mg</i>	4	SP, PA, QL (4 tabs every 1 day); OAC
<i>abiraterone acetate tab 500 mg</i>	4	SP, PA, QL (2 tabs every 1 day); OAC
<i>anastrozole tab 1 mg</i>	0	AGE; OAC, PC
<i>bicalutamide tab 50 mg</i>	1	OAC
ERLEADA TAB 60MG (<i>apalutamide</i>)	4	SP, PA, QL (4 tabs every 1 day); OAC
ERLEADA TAB 240MG (<i>apalutamide</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
<i>exemestane tab 25 mg</i>	0	AGE; OAC, PC
<i>letrozole tab 2.5 mg</i>	1	OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)</i>	4	SP, PA
LYSODREN TAB 500MG (<i>mitotane</i>)	2	SP; OAC
<i>megestrol acetate susp 40 mg/ml</i>	1	OAC
<i>megestrol acetate tab 20 mg</i>	1	OAC
<i>megestrol acetate tab 40 mg</i>	1	OAC
<i>nilutamide tab 150 mg</i>	1	OAC
NUBEQA TAB 300MG (<i>darolutamide</i>)	4	SP, PA, QL (4 tabs every 1 day); OAC
<i>tamoxifen citrate tab 10 mg (base equivalent)</i>	0	AGE; OAC, PC
<i>tamoxifen citrate tab 20 mg (base equivalent)</i>	0	QL (90 tabs every 25 days), AGE; OAC, PC
<i>toremifene citrate tab 60 mg (base equivalent)</i>	1	OAC
XTANDI CAP 40MG (<i>enzalutamide</i>)	4	SP, PA, QL (4 caps every 1 day); OAC
XTANDI TAB 40MG (<i>enzalutamide</i>)	4	SP, PA, QL (4 tabs every 1 day); OAC
XTANDI TAB 80MG (<i>enzalutamide</i>)	4	SP, PA, QL (2 tabs every 1 day); OAC
YONSA TAB 125MG (<i>abiraterone acetate micronized</i>)	4	SP, PA, QL (4 tabs every 1 day); OAC
ANTINEOPLASTIC - IMMUNOMODULATORS		
POMALYST CAP 1MG (<i>pomalidomide</i>)	4	SP, PA, QL (21 caps every 28 days); OAC
POMALYST CAP 2MG (<i>pomalidomide</i>)	4	SP, PA, QL (21 caps every 28 days); OAC
POMALYST CAP 3MG (<i>pomalidomide</i>)	4	SP, PA, QL (21 caps every 28 days); OAC
POMALYST CAP 4MG (<i>pomalidomide</i>)	4	SP, PA, QL (21 caps every 28 days); OAC
ANTINEOPLASTIC COMBINATIONS		
INQOVI TAB 35-100MG (<i>decitabine-cedazuridine</i>)	4	SP, PA, QL (10 tabs every 25 days); OAC
KISQALI 200 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	4	SP, PA, QL (54 tabs every 30 days); OAC
KISQALI 400 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	4	SP, PA, QL (70 tabs every 28 days); OAC
KISQALI 600 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	4	SP, PA, QL (91 tabs every 28 days); OAC
LONSURF TAB 15-6.14 (<i>trifluridine-tipiracil</i>)	4	SP, PA, QL (100 tabs 28 days); OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LONSURF TAB 20-8.19 (<i>trifluridine-tipiracil</i>)	4	SP, PA, QL (80 tabs 28 days); OAC
ANTINEOPLASTIC ENZYME INHIBITORS		
ALECENSA CAP 150MG (<i>alectinib hcl</i>)	4	SP, PA, QL (8 caps every 1 day); OAC
ALUNBRIG PAK (<i>brigatinib</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
ALUNBRIG TAB 30MG (<i>brigatinib</i>)	2	SP, PA, QL (4 tabs every 1 day); OAC
ALUNBRIG TAB 90MG (<i>brigatinib</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
ALUNBRIG TAB 180MG (<i>brigatinib</i>)	2	SP, PA, QL (1 tab every 1 day); OAC
BALVERSA TAB 3MG (<i>erdafitinib</i>)	4	SP, PA, QL (3 tabs every 1 day); OAC
BALVERSA TAB 4MG (<i>erdafitinib</i>)	4	SP, PA, QL (2 tabs every 1 day); OAC
BALVERSA TAB 5MG (<i>erdafitinib</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
BOSULIF CAP 50MG (<i>bosutinib</i>)	4	PA, QL (1 cap every 1 day)
BOSULIF CAP 100MG (<i>bosutinib</i>)	4	PA, QL (10 caps every 1 day)
BOSULIF TAB 100MG (<i>bosutinib</i>)	4	SP, PA, QL (3 tabs every 1 day); OAC
BOSULIF TAB 400MG (<i>bosutinib</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
BOSULIF TAB 500MG (<i>bosutinib</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
BRAFTOVI CAP 75MG (<i>encorafenib</i>)	4	SP, PA, QL (6 caps every 1 day); OAC
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
CABOMETYX TAB 20MG (<i>cabozantinib s-malate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
CABOMETYX TAB 40MG (<i>cabozantinib s-malate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
CABOMETYX TAB 60MG (<i>cabozantinib s-malate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>)	2	SP, PA, QL (2 tabs every 1 day); OAC
COMETRIQ KIT 60MG (<i>cabozantinib s-malate</i>)	4	SP, PA, QL (1 kit every 30 days); OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMETRIQ KIT 100MG (<i>cabozantinib s-malate</i>)	4	SP, PA, QL (1 kit every 30 days); OAC
COMETRIQ KIT 140MG (<i>cabozantinib s-malate</i>)	4	SP, PA, QL (1 kit every 30 days); OAC
COPIKTRA CAP 15MG (<i>duvelisib</i>)	4	SP, PA, QL (2 caps every 1 day); OAC
COPIKTRA CAP 25MG (<i>duvelisib</i>)	4	SP, PA, QL (2 caps every 1 day); OAC
COTELLIC TAB 20MG (<i>cobimetinib fumarate</i>)	4	SP, PA, QL (63 tabs every 28 days); OAC
<i>everolimus tab 2.5 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 5 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 7.5 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab 10 mg</i>	4	SP, PA, QL (1 tab every 1 day); OAC
<i>everolimus tab for oral susp 2 mg</i>	4	SP, PA, QL (2 tabs every 1 day); OAC
<i>everolimus tab for oral susp 3 mg</i>	4	SP, PA, QL (3 tabs every 1 day); OAC
<i>everolimus tab for oral susp 5 mg</i>	4	SP, PA, QL (2 tabs every 1 day); OAC
GAVRETO CAP 100MG (<i>pralsetinib</i>)	4	SP, PA, QL (4 caps every 1 day); OAC
IBRANCE CAP 75MG (<i>palbociclib</i>)	4	SP, PA, QL (21 caps every 28 days); OAC
IBRANCE CAP 100MG (<i>palbociclib</i>)	4	SP, PA, QL (21 caps every 28 days); OAC
IBRANCE CAP 125MG (<i>palbociclib</i>)	4	SP, PA, QL (21 caps every 28 days); OAC
IBRANCE TAB 75MG (<i>palbociclib</i>)	4	SP, PA, QL (21 tabs every 28 days); OAC
IBRANCE TAB 100MG (<i>palbociclib</i>)	4	SP, PA, QL (21 tabs every 28 days); OAC
IBRANCE TAB 125MG (<i>palbociclib</i>)	4	SP, PA, QL (21 tabs every 28 days); OAC
IDHIFA TAB 50MG (<i>enasidenib mesylate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
IDHIFA TAB 100MG (<i>enasidenib mesylate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	4	SP, PA, QL (4 tabs every 1 day); OAC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	4	SP, PA, QL (2 tabs every 1 day); OAC
KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)	4	SP, PA, QL (21 tabs every 28 days); OAC
KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)	4	SP, PA, QL (42 tabs every 28 days); OAC
KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)	4	SP, PA, QL (63 tabs every 28 days); OAC
KOSELUGO CAP 10MG (<i>selumetinib sulfate</i>)	2	SP, PA, QL (8 caps every 1 day); OAC
KOSELUGO CAP 25MG (<i>selumetinib sulfate</i>)	2	SP, PA, QL (4 caps every 1 day); OAC
KRAZATI TAB 200MG (<i>adagrasib</i>)	2	SP, PA, QL (6 tabs every 1 day); OAC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	4	SP, PA, QL (6 tabs every 1 day); OAC
LUMAKRAS TAB 120MG (<i>sotorasib</i>)	4	SP, PA, QL (8 tabs every 1 day); OAC
LUMAKRAS TAB 320MG (<i>sotorasib</i>)	4	SP, PA, QL (3 tabs every 1 day); OAC
LYNPARZA TAB 100MG (<i>olaparib</i>)	4	SP, PA, QL (4 tabs every 1 day); OAC
LYNPARZA TAB 150MG (<i>olaparib</i>)	4	SP, PA, QL (4 tabs every 1 day); OAC
MEKTOVI TAB 15MG (<i>binimetinib</i>)	4	SP, PA, QL (6 tabs every 1 day); OAC
NERLYNX TAB 40MG (<i>neratinib maleate</i>)	4	SP, PA, QL (6 tabs every 1 day); OAC
NINLARO CAP 2.3MG (<i>ixazomib citrate</i>)	4	SP, PA, QL (3 caps every 28 days); OAC
NINLARO CAP 3MG (<i>ixazomib citrate</i>)	4	SP, PA, QL (3 caps every 28 days); OAC
NINLARO CAP 4MG (<i>ixazomib citrate</i>)	4	SP, PA, QL (3 caps every 28 days); OAC
<i>pazopanib hcl tab 200 mg (base equiv)</i>	4	SP, PA, QL (4 tabs every 1 day)
PIQRAY 200MG TAB DOSE (<i>alpelisib</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
PIQRAY 250MG TAB DOSE (<i>alpelisib</i>)	4	SP, PA, QL (2 tabs every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PIQRAY 300MG TAB DOSE (<i>alpelisib</i>)	4	SP, PA, QL (2 tabs every 1 day); OAC
RETEVMO CAP 40MG (<i>selpercatinib</i>)	4	SP, PA, QL (2 caps every 1 day); OAC
RETEVMO CAP 80MG (<i>selpercatinib</i>)	4	SP, PA, QL (4 caps every 1 day); OAC
ROZLYTREK CAP 100MG (<i>entrectinib</i>)	4	SP, PA, QL (1 cap every 1 day); OAC
ROZLYTREK CAP 200MG (<i>entrectinib</i>)	4	SP, PA, QL (3 caps every 1 day); OAC
ROZLYTREK PAK 50MG (<i>entrectinib</i>)	4	SP, PA, QL (12 packets every 1 day); QL, OAC
RYDAPT CAP 25MG (<i>midostaurin</i>)	4	SP, PA, QL (8 caps every 1 day); OAC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	4	SP, PA, QL (4 tabs every 1 day); OAC
SPRYCEL TAB 20MG (<i>dasatinib</i>)	4	SP, PA, QL (3 tabs every 1 day); OAC
SPRYCEL TAB 50MG (<i>dasatinib</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
SPRYCEL TAB 70MG (<i>dasatinib</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
SPRYCEL TAB 80MG (<i>dasatinib</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
SPRYCEL TAB 100MG (<i>dasatinib</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
SPRYCEL TAB 140MG (<i>dasatinib</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
STIVARGA TAB 40MG (<i>regorafenib</i>)	4	SP, PA, QL (3 tabs every 1 day); OAC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	4	PA, QL (1 cap every 1 day); SP, OAC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	4	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	4	SP, PA, QL (1 cap every 1 day); OAC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	4	SP, PA, QL (1 cap every 1 day); OAC
TYKERB TAB 250MG (<i>lapatinib ditosylate</i>)	4	SP, PA, QL (6 tabs every 1 day); OAC
VERZENIO TAB 50MG (<i>abemaciclib</i>)	4	SP, PA, QL (2 tabs every 1 day); OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VERZENIO TAB 100MG (<i>abemaciclib</i>)	4	SP, PA, QL (2 tabs every 1 day); OAC
VERZENIO TAB 150MG (<i>abemaciclib</i>)	4	SP, PA, QL (2 tabs every 1 day); OAC
VERZENIO TAB 200MG (<i>abemaciclib</i>)	4	SP, PA, QL (2 tabs every 1 day); OAC
VITRAKVI CAP 25MG (<i>larotrectinib sulfate</i>)	4	SP, PA, QL (6 caps every 1 day); OAC
VITRAKVI CAP 100MG (<i>larotrectinib sulfate</i>)	4	SP, PA, QL (2 caps every 1 day); OAC
VITRAKVI SOL 20MG/ML (<i>larotrectinib sulfate</i>)	4	SP, PA, QL (10 mL every 1 day); OAC
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	4	SP, PA, QL (3 tabs every 1 day); OAC
ZEJULA TAB 100MG (<i>niraparib tosylate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
ZEJULA TAB 200MG (<i>niraparib tosylate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
ZEJULA TAB 300MG (<i>niraparib tosylate</i>)	4	SP, PA, QL (1 tab every 1 day); OAC
ZELBORAF TAB 240MG (<i>vemurafenib</i>)	4	SP, PA, QL (8 tabs every 1 day); OAC
ZOLINZA CAP 100MG (<i>vorinostat</i>)	4	SP, PA, QL (4 caps every 1 day); OAC
ZYDELIG TAB 100MG (<i>idelalisib</i>)	4	SP, PA, QL (2 tabs every 1 day); OAC
ZYDELIG TAB 150MG (<i>idelalisib</i>)	4	SP, PA, QL (2 tabs every 1 day); OAC
ZYKADIA TAB 150MG (<i>ceritinib</i>)	4	SP, PA, QL (3 tabs every 1 day); OAC

ANTINEOPLASTICS MISC.

ACTIMMUNE INJ 2MU/0.5 (<i>interferon gamma-1b</i>)	4	SP, PA
BESREMI SOL 500MCG (<i>ropeginterferon alfa-2b-njft</i>)	2	SP, PA, QL (2 syringes every 28 days)
<i>bexarotene cap 75 mg</i>	4	SP, PA; OAC
<i>hydroxyurea cap 500 mg</i>	1	OAC
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	2	SP; OAC
<i>tretinoin cap 10 mg</i>	1	OAC

CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS

<i>leucovorin calcium tab 5 mg</i>	1	OAC
<i>leucovorin calcium tab 10 mg</i>	1	OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>leucovorin calcium tab 15 mg</i>	1	OAC
<i>leucovorin calcium tab 25 mg</i>	1	OAC
MITOTIC INHIBITORS		
<i>etoposide cap 50 mg</i>	1	OAC
TOPOISOMERASE I INHIBITORS		
<i>HYCAMTIN CAP 0.25MG (topotecan hcl)</i>	4	SP, PA; OAC
<i>HYCAMTIN CAP 1MG (topotecan hcl)</i>	4	SP, PA; OAC
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE		
ANTIPARKINSON ADJUNCTIVE THERAPY		
<i>carbidopa tab 25 mg</i>	1	
ANTIPARKINSON ANTICHOLINERGICS		
<i>benztropine mesylate tab 0.5 mg</i>	1	
<i>benztropine mesylate tab 1 mg</i>	1	
<i>benztropine mesylate tab 2 mg</i>	1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl tab 2 mg</i>	1	
<i>trihexyphenidyl hcl tab 5 mg</i>	1	
ANTIPARKINSON COMT INHIBITORS		
<i>entacapone tab 200 mg</i>	1	
<i>tolcapone tab 100 mg</i>	1	
ANTIPARKINSON DOPAMINERGICS		
<i>amantadine hcl cap 100 mg</i>	1	
<i>amantadine hcl soln 50 mg/5ml</i>	1	
<i>amantadine hcl tab 100 mg</i>	1	
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	4	SP, PA, QL (20 cartridges every 30 days)
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab 10-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-100 mg</i>	1	
<i>carbidopa & levodopa tab 25-250 mg</i>	1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbidopa & levodopa tab er 50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	1	
DHIVY TAB 25-100MG (<i>carbidopa-levodopa</i>)	3	
INBRIJA CAP 42MG (<i>levodopa</i>)	2	PA, QL (10 caps every 1 day)
NEUPRO DIS 1MG/24HR (<i>rotigotine</i>)	2	
NEUPRO DIS 2MG/24HR (<i>rotigotine</i>)	2	
NEUPRO DIS 3MG/24HR (<i>rotigotine</i>)	2	
NEUPRO DIS 4MG/24HR (<i>rotigotine</i>)	2	
NEUPRO DIS 6MG/24HR (<i>rotigotine</i>)	2	
NEUPRO DIS 8MG/24HR (<i>rotigotine</i>)	2	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	1	
<i>pramipexole dihydrochloride tab 1 mg</i>	1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	1	
<i>ropinirole hydrochloride tab 1 mg</i>	1	
<i>ropinirole hydrochloride tab 2 mg</i>	1	
<i>ropinirole hydrochloride tab 3 mg</i>	1	
<i>ropinirole hydrochloride tab 4 mg</i>	1	
<i>ropinirole hydrochloride tab 5 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	1	
RYTARY CAP 95MG (<i>carbidopa-levodopa</i>)	2	
RYTARY CAP 145MG (<i>carbidopa-levodopa</i>)	2	
RYTARY CAP 195MG (<i>carbidopa-levodopa</i>)	2	
RYTARY CAP 245MG (<i>carbidopa-levodopa</i>)	2	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	1	
<i>selegiline hcl cap 5 mg</i>	1	
<i>selegiline hcl tab 5 mg</i>	1	
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES		
ANTIMANIC AGENTS		
<i>lithium carbonate cap 150 mg</i>	1	
<i>lithium carbonate cap 300 mg</i>	1	
<i>lithium carbonate cap 600 mg</i>	1	
<i>lithium carbonate tab 300 mg</i>	1	
<i>lithium carbonate tab er 300 mg</i>	1	
<i>lithium carbonate tab er 450 mg</i>	1	
ANTIPSYCHOTICS - MISC.		
<i>lurasidone hcl tab 20 mg</i>	1	
<i>lurasidone hcl tab 40 mg</i>	1	
<i>lurasidone hcl tab 60 mg</i>	1	
<i>lurasidone hcl tab 80 mg</i>	1	
<i>lurasidone hcl tab 120 mg</i>	1	
NUPLAZID CAP 34MG (<i>pimavanserin tartrate</i>)	4	SP, PA, QL (1 cap every 1 day)
NUPLAZID TAB 10MG (<i>pimavanserin tartrate</i>)	4	SP, PA, QL (1 tab every 1 day)
VRAYLAR CAP 1.5-3MG (<i>cariprazine hcl</i>)	2	
VRAYLAR CAP 1.5MG (<i>cariprazine hcl</i>)	2	
VRAYLAR CAP 3MG (<i>cariprazine hcl</i>)	2	
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	2	
VRAYLAR CAP 6MG (<i>cariprazine hcl</i>)	2	
<i>ziprasidone hcl cap 20 mg</i>	1	

AGE - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA**** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ziprasidone hcl cap 40 mg</i>	1	
<i>ziprasidone hcl cap 60 mg</i>	1	
<i>ziprasidone hcl cap 80 mg</i>	1	
BENZISOXAZOLES		
<i>paliperidone tab er 24hr 1.5 mg</i>	1	
<i>paliperidone tab er 24hr 3 mg</i>	1	
<i>paliperidone tab er 24hr 6 mg</i>	1	
<i>paliperidone tab er 24hr 9 mg</i>	1	
PERSERIS INJ 90MG (<i>risperidone</i>)	0	PA
PERSERIS INJ 120MG (<i>risperidone</i>)	0	PA
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	1	PA
<i>risperidone microspheres for im extended rel susp 25 mg</i>	1	PA
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	1	PA
<i>risperidone microspheres for im extended rel susp 50 mg</i>	1	PA
<i>risperidone orally disintegrating tab 0.5 mg</i>	1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	1	
<i>risperidone orally disintegrating tab 1 mg</i>	1	
<i>risperidone orally disintegrating tab 2 mg</i>	1	
<i>risperidone orally disintegrating tab 3 mg</i>	1	
<i>risperidone orally disintegrating tab 4 mg</i>	1	
<i>risperidone soln 1 mg/ml</i>	1	
<i>risperidone tab 0.5 mg</i>	1	
<i>risperidone tab 0.25 mg</i>	1	
<i>risperidone tab 1 mg</i>	1	
<i>risperidone tab 2 mg</i>	1	
<i>risperidone tab 3 mg</i>	1	
<i>risperidone tab 4 mg</i>	1	
BUTYROPHENONES		
<i>haloperidol decanoate im soln 50 mg/ml</i>	0	PA
<i>haloperidol decanoate im soln 100 mg/ml</i>	0	PA
<i>haloperidol lactate oral conc 2 mg/ml</i>	1	
<i>haloperidol tab 0.5 mg</i>	1	
<i>haloperidol tab 1 mg</i>	1	
<i>haloperidol tab 2 mg</i>	1	
<i>haloperidol tab 5 mg</i>	1	
<i>haloperidol tab 10 mg</i>	1	
<i>haloperidol tab 20 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIBENZAPINES		
<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	1	
<i>clozapine orally disintegrating tab 25 mg</i>	1	
<i>clozapine orally disintegrating tab 100 mg</i>	1	
<i>clozapine orally disintegrating tab 150 mg</i>	1	
<i>clozapine orally disintegrating tab 200 mg</i>	1	
<i>clozapine tab 25 mg</i>	1	
<i>clozapine tab 50 mg</i>	1	
<i>clozapine tab 100 mg</i>	1	
<i>clozapine tab 200 mg</i>	1	
<i>loxapine succinate cap 5 mg</i>	1	
<i>loxapine succinate cap 10 mg</i>	1	
<i>loxapine succinate cap 25 mg</i>	1	
<i>loxapine succinate cap 50 mg</i>	1	
<i>olanzapine orally disintegrating tab 5 mg</i>	1	
<i>olanzapine orally disintegrating tab 10 mg</i>	1	
<i>olanzapine orally disintegrating tab 15 mg</i>	1	
<i>olanzapine orally disintegrating tab 20 mg</i>	1	
<i>olanzapine tab 2.5 mg</i>	1	
<i>olanzapine tab 5 mg</i>	1	
<i>olanzapine tab 7.5 mg</i>	1	
<i>olanzapine tab 10 mg</i>	1	
<i>olanzapine tab 15 mg</i>	1	
<i>olanzapine tab 20 mg</i>	1	
<i>quetiapine fumarate tab 25 mg</i>	1	
<i>quetiapine fumarate tab 50 mg</i>	1	
<i>quetiapine fumarate tab 100 mg</i>	1	
<i>quetiapine fumarate tab 150 mg</i>	1	
<i>quetiapine fumarate tab 200 mg</i>	1	
<i>quetiapine fumarate tab 300 mg</i>	1	
<i>quetiapine fumarate tab 400 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	1	
DIHYDROINDOLONES		
<i>molindone hcl tab 5 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>molindone hcl tab 10 mg</i>	1	
<i>molindone hcl tab 25 mg</i>	1	
PHENOTHIAZINES		
<i>chlorpromazine hcl tab 10 mg</i>	1	
<i>chlorpromazine hcl tab 25 mg</i>	1	
<i>chlorpromazine hcl tab 50 mg</i>	1	
<i>chlorpromazine hcl tab 100 mg</i>	1	
<i>chlorpromazine hcl tab 200 mg</i>	1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	0	PA
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	1	
<i>fluphenazine hcl tab 1 mg</i>	1	
<i>fluphenazine hcl tab 2.5 mg</i>	1	
<i>fluphenazine hcl tab 5 mg</i>	1	
<i>fluphenazine hcl tab 10 mg</i>	1	
<i>perphenazine tab 2 mg</i>	1	
<i>perphenazine tab 4 mg</i>	1	
<i>perphenazine tab 8 mg</i>	1	
<i>perphenazine tab 16 mg</i>	1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	1	
<i>prochlorperazine suppos 25 mg</i>	1	
(Prochlorperazine Suppos 25 mg) COMPRO	1	
<i>thioridazine hcl tab 10 mg</i>	1	
<i>thioridazine hcl tab 25 mg</i>	1	
<i>thioridazine hcl tab 50 mg</i>	1	
<i>thioridazine hcl tab 100 mg</i>	1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	1	
QUINOLINONE DERIVATIVES		
ABILIFY MAIN INJ 300MG (<i>aripiprazole</i>)	0	PA
ABILIFY MAIN INJ 400MG (<i>aripiprazole</i>)	0	PA
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	1	
<i>aripiprazole tab 2 mg</i>	1	
<i>aripiprazole tab 5 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>aripiprazole tab 10 mg</i>	1	
<i>aripiprazole tab 15 mg</i>	1	
<i>aripiprazole tab 20 mg</i>	1	
<i>aripiprazole tab 30 mg</i>	1	
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	1	
<i>thiothixene cap 2 mg</i>	1	
<i>thiothixene cap 5 mg</i>	1	
<i>thiothixene cap 10 mg</i>	1	
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT		
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT		
<i>formaldehyde solution 10%</i>	1	
<i>hydrogen peroxide soln 30%</i>	1	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	1	SP, QL (30 mL every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	1	SP, QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	1	SP, QL (1 tab every 1 day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	1	SP, QL (30 caps every 30 days)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	1	SP, QL (60 caps every 30 days)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	1	SP, QL (30 caps every 30 days)
BIKTARVY TAB (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	2	SP, QL (30 tabs every 30 days)
CIMDUO TAB 300-300 (<i>lamivudine-tenofovir disoproxil fumarate</i>)	2	SP, QL (1 tab every 1 day)
<i>darunavir tab 600 mg</i>	1	SP, ST, PA, QL (60 tabs every 30 days); PA**
<i>darunavir tab 800 mg</i>	1	SP, ST, PA, QL (30 tabs every 30 days); PA**
DESCOVY TAB 120-15MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	0	SP, QL (1 tab every 1 day); PC
DESCOVY TAB 200/25MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	0	SP, QL (1 tab every 1 day); PC
DOVATO TAB 50-300MG (<i>dolutegravir sodium-lamivudine</i>)	2	SP, QL (1 tab every 1 day)
<i>efavirenz tab 600 mg</i>	1	SP, QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	1	SP, QL (30 tabs every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	1	SP, QL (30 tabs every 30 days)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	1	SP, QL (30 tabs every 30 days)
<i>emtricitabine caps 200 mg</i>	1	SP, QL (1 cap every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	1	SP, QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	1	SP, QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	1	SP, QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	0	SP, QL (1 tab every 1 day); PC
EMTRIVA SOL 10MG/ML (<i>emtricitabine</i>)	2	SP, QL (680 mL every 28 days)
<i>etravirine tab 100 mg</i>	1	SP, QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	1	SP, QL (120 tabs every 30 days)
FUZEON INJ 90MG (<i>enfuvirtide</i>)	2	SP, PA, QL (60 Vials every 30 days)
GENVOYA TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	2	SP, QL (30 tabs every 30 days)
ISENTRESS CHW 25MG (<i>raltegravir potassium</i>)	2	SP, QL (180 tabs every 30 days)
ISENTRESS CHW 100MG (<i>raltegravir potassium</i>)	2	SP, QL (180 tabs every 30 days)
ISENTRESS HD TAB 600MG (<i>raltegravir potassium</i>)	2	SP, QL (60 tabs every 30 days)
ISENTRESS POW 100MG (<i>raltegravir potassium</i>)	2	SP, QL (60 packets every 30 days)
ISENTRESS TAB 400MG (<i>raltegravir potassium</i>)	2	SP, QL (120 tabs every 30 days)
<i>lamivudine oral soln 10 mg/ml</i>	1	SP, QL (32 mL every 1 day)
<i>lamivudine tab 150 mg</i>	1	SP, QL (1 tab every 1 day)
<i>lamivudine tab 300 mg</i>	1	SP, QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	1	SP, QL (16 mL every 1 day)
<i>lopinavir-ritonavir tab 100-25 mg</i>	1	SP, QL (240 tabs every 30 days)
<i>lopinavir-ritonavir tab 200-50 mg</i>	1	SP, QL (120 tabs every 30 days)
<i>maraviroc tab 150 mg</i>	1	SP, QL (60 tabs every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>maraviroc tab 300 mg</i>	1	SP, QL (120 tabs every 30 days)
<i>nevirapine susp 50 mg/5ml</i>	1	SP, QL (1200 mL every 30 days)
<i>nevirapine tab 200 mg</i>	1	SP, QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	1	SP, QL (1 tab every 1 day)
ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	2	SP, QL (30 tabs every 30 days)
<i>ritonavir tab 100 mg</i>	1	SP, QL (360 tabs every 30 days)
SYMTUZA TAB (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	2	SP, QL (30 tabs every 30 days)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	1	SP, QL (1 tab every 1 day)
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	2	SP, QL (360 tabs every 30 days)
TIVICAY TAB 50MG (<i>dolutegravir sodium</i>)	2	SP, QL (60 tabs every 30 days)
TRIUMEQ PD TAB (<i>abacavir-dolutegravir-lamivudine</i>)	2	SP, QL (6 tabs every 1 day)
TRIUMEQ TAB (<i>abacavir-dolutegravir-lamivudine</i>)	2	SP, QL (1 tab every 1 day)
<i>zidovudine cap 100 mg</i>	1	SP, QL (180 caps every 30 days)
<i>zidovudine syrup 10 mg/ml</i>	1	SP, QL (64 mL every 1 day)
<i>zidovudine tab 300 mg</i>	1	SP, QL (2 tabs every 1 day)
CMV AGENTS		
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	1	QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	1	QL (4 tabs every 1 day)
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	1	SP
<i>entecavir tab 0.5 mg</i>	1	SP, QL (30 tabs every 30 days)
<i>entecavir tab 1 mg</i>	1	SP, QL (30 tabs every 30 days)
EPCLUSA PAK 150-37.5 (<i>sofosbuvir-velpatasvir</i>)	4	PA, QL (1 packet every 1 day); SP, For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA PAK 200-50MG (<i>sofosbuvir-velpatasvir</i>)	4	PA, QL (1 packet every 1 day); SP, For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 200-50MG (<i>sofosbuvir-velpatasvir</i>)	4	SP, PA, QL (1 tab every 1 day); For genotypes 1, 2, 3, 4, 5, 6
EPCLUSA TAB 400-100 (<i>sofosbuvir-velpatasvir</i>)	4	SP, PA, QL (1 tab every 1 day); For genotypes 1, 2, 3, 4, 5, 6

AGE - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA**** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HARVONI PAK (<i>ledipasvir-sofosbuvir</i>)	4	SP, PA, QL (1 packet every 1 day); For genotypes 1, 4, 5, 6
HARVONI PAK 45-200MG (<i>ledipasvir-sofosbuvir</i>)	4	SP, PA, QL (1 packet every 1 day); For genotypes 1, 4, 5, 6
HARVONI TAB 45-200MG (<i>ledipasvir-sofosbuvir</i>)	4	SP, PA, QL (1 tab every 1 day); For genotypes 1, 4, 5, 6
HARVONI TAB 90-400MG (<i>ledipasvir-sofosbuvir</i>)	4	SP, PA, QL (1 tab every 1 day); For genotypes 1, 4, 5, 6
<i>lamivudine tab 100 mg (hbv)</i>	1	SP
<i>ribavirin cap 200 mg</i>	1	SP, PA
<i>ribavirin tab 200 mg</i>	1	SP, PA
SOVALDI PAK 150MG (<i>sofosbuvir</i>)	4	SP, PA, QL (1 packet every 1 day)
SOVALDI PAK 200MG (<i>sofosbuvir</i>)	4	SP, PA, QL (1 packet every 1 day)
SOVALDI TAB 200MG (<i>sofosbuvir</i>)	4	SP, PA, QL (1 tab every 1 day)
SOVALDI TAB 400MG (<i>sofosbuvir</i>)	4	SP, PA, QL (1 tab every 1 day)
VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>)	2	SP, PA, QL (30 tabs every 30 days)
VOSEVI TAB (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	4	SP, PA, QL (1 tab every 1 day); For use in patients previously treated with an HCV regimen containing an NS5A inhibitor (for genotypes 1-6) or sofosbuvir without an NS5A inhibitor (for genotypes 1a or 3).

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	1	
<i>acyclovir susp 200 mg/5ml</i>	1	
<i>acyclovir tab 400 mg</i>	1	
<i>acyclovir tab 800 mg</i>	1	
<i>famciclovir tab 125 mg</i>	1	
<i>famciclovir tab 250 mg</i>	1	
<i>famciclovir tab 500 mg</i>	1	
<i>valacyclovir hcl tab 1 gm</i>	1	
<i>valacyclovir hcl tab 500 mg</i>	1	

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	1	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	1	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	1	QL (20 caps every 90 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	1	QL (360 mL every 90 days)
RELENZA MIS DISKHALE (<i>zanamivir</i>)	2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	1	

BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

ALPHA-BETA BLOCKERS

<i>carvedilol phosphate cap er 24hr 10 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	1	
<i>carvedilol tab 3.125 mg</i>	1	
<i>carvedilol tab 6.25 mg</i>	1	
<i>carvedilol tab 12.5 mg</i>	1	
<i>carvedilol tab 25 mg</i>	1	
<i>labetalol hcl tab 100 mg</i>	1	
<i>labetalol hcl tab 200 mg</i>	1	
<i>labetalol hcl tab 300 mg</i>	1	

BETA BLOCKERS CARDIO-SELECTIVE

<i>acebutolol hcl cap 200 mg</i>	1	
<i>acebutolol hcl cap 400 mg</i>	1	
<i>atenolol tab 25 mg</i>	1	
<i>atenolol tab 50 mg</i>	1	
<i>atenolol tab 100 mg</i>	1	
<i>betaxolol hcl tab 10 mg</i>	1	
<i>betaxolol hcl tab 20 mg</i>	1	
<i>bisoprolol fumarate tab 5 mg</i>	1	
<i>bisoprolol fumarate tab 10 mg</i>	1	
<i>metoprolol succinate tab er 24hr 25 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 50 mg (tartrate equiv)</i>	1	
<i>metoprolol succinate tab er 24hr 100 mg (tartrate equiv)</i>	1	QL (90 tabs every 25 days)
<i>metoprolol succinate tab er 24hr 200 mg (tartrate equiv)</i>	1	QL (90 tabs every 25 days)
<i>metoprolol tartrate tab 25 mg</i>	1	
<i>metoprolol tartrate tab 37.5 mg</i>	1	
<i>metoprolol tartrate tab 50 mg</i>	1	
<i>metoprolol tartrate tab 75 mg</i>	1	
<i>metoprolol tartrate tab 100 mg</i>	1	
<i>nebivolol hcl tab 2.5 mg (base equivalent)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>nebivolol hcl tab 5 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 10 mg (base equivalent)</i>	1	
<i>nebivolol hcl tab 20 mg (base equivalent)</i>	1	

BETA BLOCKERS NON-SELECTIVE

<i>nadolol tab 20 mg</i>	1	
<i>nadolol tab 40 mg</i>	1	
<i>nadolol tab 80 mg</i>	1	
<i>pindolol tab 5 mg</i>	1	
<i>pindolol tab 10 mg</i>	1	
<i>propranolol hcl cap er 24hr 60 mg</i>	1	
<i>propranolol hcl cap er 24hr 80 mg</i>	1	
<i>propranolol hcl cap er 24hr 120 mg</i>	1	
<i>propranolol hcl cap er 24hr 160 mg</i>	1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	1	
<i>propranolol hcl tab 10 mg</i>	1	
<i>propranolol hcl tab 20 mg</i>	1	
<i>propranolol hcl tab 40 mg</i>	1	
<i>propranolol hcl tab 60 mg</i>	1	
<i>propranolol hcl tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 80 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 120 mg</i>	1	
<i>sotalol hcl (afib/afl) tab 160 mg</i>	1	
<i>sotalol hcl tab 80 mg</i>	1	
<i>sotalol hcl tab 120 mg</i>	1	
<i>sotalol hcl tab 160 mg</i>	1	
<i>sotalol hcl tab 240 mg</i>	1	
<i>timolol maleate tab 5 mg</i>	1	
<i>timolol maleate tab 10 mg</i>	1	
<i>timolol maleate tab 20 mg</i>	1	

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	1	
<i>diltiazem hcl cap er 12hr 60 mg</i>	1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl cap er 24hr 120 mg</i>	1	
(Diltiazem Hcl Cap Er 24hr 120 mg) DILT-XR	1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	1	
(Diltiazem Hcl Cap Er 24hr 180 mg) DILT-XR	1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	1	
(Diltiazem Hcl Cap Er 24hr 240 mg) DILT-XR	1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	1	
(Diltiazem Hcl Coated Beads Cap Er 24hr 120 mg) CARTIA XT	1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	1	
(Diltiazem Hcl Coated Beads Cap Er 24hr 180 mg) CARTIA XT	1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	1	
(Diltiazem Hcl Coated Beads Cap Er 24hr 240 mg) CARTIA XT	1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	1	
(Diltiazem Hcl Coated Beads Cap Er 24hr 300 mg) CARTIA XT	1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg) TAZTIA XT	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 120 mg) TIADYLT ER	1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 180 mg) TAZTIA XT	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 180 mg) TIADYLT ER	1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg) TAZTIA XT	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 240 mg) TIADYLT ER	1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg) TAZTIA XT	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 300 mg) TIADYLT ER	1	
diltiazem hcl extended release beads cap er 24hr 360 mg	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg) TAZTIA XT	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 360 mg) TIADYLT ER	1	
diltiazem hcl extended release beads cap er 24hr 420 mg	1	
(Diltiazem Hcl Extended Release Beads Cap Er 24hr 420 mg) TIADYLT ER	1	
diltiazem hcl tab 30 mg	1	
diltiazem hcl tab 60 mg	1	
diltiazem hcl tab 90 mg	1	
diltiazem hcl tab 120 mg	1	
felodipine tab er 24hr 2.5 mg	1	
felodipine tab er 24hr 5 mg	1	
felodipine tab er 24hr 10 mg	1	
isradipine cap 2.5 mg	1	
isradipine cap 5 mg	1	
levamlodipine maleate tab 2.5 mg	1	
levamlodipine maleate tab 5 mg	1	
nicardipine hcl cap 20 mg	1	
nicardipine hcl cap 30 mg	1	
nifedipine cap 10 mg	1	
nifedipine cap 20 mg	1	
nifedipine tab er 24hr 30 mg	1	
nifedipine tab er 24hr 60 mg	1	
nifedipine tab er 24hr 90 mg	1	
nifedipine tab er 24hr osmotic release 30 mg	1	
nifedipine tab er 24hr osmotic release 60 mg	1	
nifedipine tab er 24hr osmotic release 90 mg	1	
nimodipine cap 30 mg	1	
nisoldipine tab er 24hr 8.5 mg	1	
nisoldipine tab er 24hr 17 mg	1	
nisoldipine tab er 24hr 20 mg	1	
nisoldipine tab er 24hr 25.5 mg	1	
nisoldipine tab er 24hr 30 mg	1	
nisoldipine tab er 24hr 34 mg	1	
nisoldipine tab er 24hr 40 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>verapamil hcl cap er 24hr 100 mg</i>	1	
<i>verapamil hcl cap er 24hr 120 mg</i>	1	
<i>verapamil hcl cap er 24hr 180 mg</i>	1	
<i>verapamil hcl cap er 24hr 200 mg</i>	1	
<i>verapamil hcl cap er 24hr 240 mg</i>	1	
<i>verapamil hcl cap er 24hr 300 mg</i>	1	
<i>verapamil hcl cap er 24hr 360 mg</i>	1	
<i>verapamil hcl tab 40 mg</i>	1	
<i>verapamil hcl tab 80 mg</i>	1	
<i>verapamil hcl tab 120 mg</i>	1	
<i>verapamil hcl tab er 120 mg</i>	1	
<i>verapamil hcl tab er 180 mg</i>	1	
<i>verapamil hcl tab er 240 mg</i>	1	

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin oral soln 0.05 mg/ml</i>	1	
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	1	
<i>digoxin tab 125 mcg (0.125 mg)</i>	1	
<i>digoxin tab 250 mcg (0.25 mg)</i>	1	

CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

CARDIAC MYOSIN INHIBITORS

<i>CAMZYOS CAP 2.5MG (mavacamten)</i>	4	SP, PA, QL (1 cap every 1 day)
<i>CAMZYOS CAP 5MG (mavacamten)</i>	4	SP, PA, QL (1 cap every 1 day)
<i>CAMZYOS CAP 10MG (mavacamten)</i>	4	SP, PA, QL (1 cap every 1 day)
<i>CAMZYOS CAP 15MG (mavacamten)</i>	4	SP, PA, QL (1 cap every 1 day)

CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	1	
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amlodipine besylate-atorvastatin calcium tab 10-10 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-20 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-40 mg	1	
amlodipine besylate-atorvastatin calcium tab 10-80 mg	1	
ENTRESTO TAB 24-26MG (sacubitril-valsartan)	2	
ENTRESTO TAB 49-51MG (sacubitril-valsartan)	2	
ENTRESTO TAB 97-103MG (sacubitril-valsartan)	2	
isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg	1	

IMPOTENCE AGENTS - DRUGS TO TREAT ERECTILE DYSFUNCTION

MUSE SUP 250MCG (alprostadil (vasodilator))	2	QL (8 sup every 25 days)
MUSE SUP 500MCG (alprostadil (vasodilator))	2	QL (8 sup every 25 days)
MUSE SUP 1000MCG (alprostadil (vasodilator))	2	QL (8 sup every 25 days)
sildenafil citrate tab 25 mg	1	QL (8 tabs every 25 days)
sildenafil citrate tab 50 mg	1	QL (8 tabs every 25 days)
sildenafil citrate tab 100 mg	1	QL (8 tabs every 25 days)
tadalafil tab 2.5 mg	1	ST, PA, QL (30 tabs every 25 days); PA**
tadalafil tab 5 mg	1	ST, PA, QL (30 tabs every 25 days); PA**
tadalafil tab 10 mg	1	QL (8 tabs every 25 days)
tadalafil tab 20 mg	1	QL (8 tabs every 25 days)
ildenafil hcl orally disintegrating tab 10 mg	1	QL (8 tabs every 25 days)
ildenafil hcl tab 2.5 mg	1	QL (8 tabs every 25 days)
ildenafil hcl tab 5 mg	1	QL (8 tabs every 25 days)
ildenafil hcl tab 10 mg	1	QL (8 tabs every 25 days)
ildenafil hcl tab 20 mg	1	QL (8 tabs every 25 days)

PROSTAGLANDIN VASODILATORS

ORENITRAM TAB 0.25MG (treprostinil diolamine)	4	SP, PA
ORENITRAM TAB 0.125MG (treprostinil diolamine)	4	SP, PA
ORENITRAM TAB 1MG (treprostinil diolamine)	4	SP, PA
ORENITRAM TAB 2.5MG (treprostinil diolamine)	4	SP, PA
ORENITRAM TAB 5MG (treprostinil diolamine)	4	SP, PA
ORENITRAM TAB MONTH 1 (treprostinil diolamine)	4	PA; SP
ORENITRAM TAB MONTH 2 (treprostinil diolamine)	4	PA; SP
ORENITRAM TAB MONTH 3 (treprostinil diolamine)	4	PA; SP
TYVASO REFIL SOL 0.6MG/ML (treprostinil)	4	SP, PA, QL (28 ampules every 28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TYVASO SOL 0.6MG/ML (<i>treprostinil</i>)	4	SP, PA, QL (28 ampules every 28 days)
TYVASO START SOL 0.6MG/ML (<i>treprostinil</i>)	4	SP, PA, QL (28 ampules every 28 days)
VENTAVIS SOL 10MCG/ML (<i>iloprost</i>)	4	SP, PA, QL (270 ampules every 30 days)
VENTAVIS SOL 20MCG/ML (<i>iloprost</i>)	4	SP, PA, QL (270 ampules every 30 days)

PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS

<i>ambrisentan tab 5 mg</i>	4	SP, PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i>	4	SP, PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i>	4	SP, PA, QL (2 tabs every 1 day)
OPSUMIT TAB 10MG (<i>macitentan</i>)	4	SP, PA, QL (1 tab every 1 day)

PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS

<i>sildenafil citrate for suspension 10 mg/ml</i>	4	SP, PA, QL (26.134 mL every 1 day)
<i>sildenafil citrate tab 20 mg</i>	4	SP, PA, QL (12 tabs every 1 day)
<i>tadalafil tab 20 mg (pah)</i>	4	SP, PA, QL (2 tabs every 1 day)
(Tadalafil Tab 20 mg (Pah)) ALYQ	4	SP, PA, QL (2 tabs every 1 day)
TADLIQ SUS 20MG/5ML (<i>tadalafil (pulmonary hypertension)</i>)	4	SP, PA, QL (10 mL every 1 day)

PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST

UPTRAVI PACK TAB 200/800 (<i>selexipag</i>)	4	SP, PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG (<i>selexipag</i>)	4	SP, PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG (<i>selexipag</i>)	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG (<i>selexipag</i>)	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG (<i>selexipag</i>)	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	4	SP, PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	4	SP, PA, QL (2 tabs every 1 day)

PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR

ADEMPAS TAB 0.5MG (<i>riociguat</i>)	4	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	4	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG (<i>riociguat</i>)	4	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	4	SP, PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG (<i>riociguat</i>)	4	SP, PA, QL (3 tabs every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SINUS NODE INHIBITORS		
CORLANOR TAB 5MG (<i>ivabradine hcl</i>)	2	
CORLANOR TAB 7.5MG (<i>ivabradine hcl</i>)	2	
TRANSTHYRETIN STABILIZERS		
VYNDAMAX CAP 61MG (<i>tafamidis</i>)	4	SP, PA, QL (1 cap every 1 day)
VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)		
VERQUVO TAB 2.5MG (<i>vericiguat</i>)	2	
VERQUVO TAB 5MG (<i>vericiguat</i>)	2	
VERQUVO TAB 10MG (<i>vericiguat</i>)	2	
CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS		
CEPHALOSPORINS - 1ST GENERATION		
<i>cefadroxil cap 500 mg</i>	1	
<i>cefadroxil for susp 250 mg/5ml</i>	1	
<i>cefadroxil for susp 500 mg/5ml</i>	1	
<i>cefadroxil tab 1 gm</i>	1	
<i>cephalexin cap 250 mg</i>	1	
<i>cephalexin cap 500 mg</i>	1	
<i>cephalexin cap 750 mg</i>	1	
<i>cephalexin for susp 125 mg/5ml</i>	1	
<i>cephalexin for susp 250 mg/5ml</i>	1	
<i>cephalexin tab 250 mg</i>	1	
<i>cephalexin tab 500 mg</i>	1	
CEPHALOSPORINS - 2ND GENERATION		
<i>cefaclor cap 250 mg</i>	1	
<i>cefaclor cap 500 mg</i>	1	
<i>cefaclor for susp 250 mg/5ml</i>	1	
<i>cefprozil for susp 125 mg/5ml</i>	1	
<i>cefprozil for susp 250 mg/5ml</i>	1	
<i>cefprozil tab 250 mg</i>	1	
<i>cefprozil tab 500 mg</i>	1	
<i>cefuroxime axetil tab 250 mg</i>	1	
<i>cefuroxime axetil tab 500 mg</i>	1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	1	
<i>cefdinir for susp 125 mg/5ml</i>	1	
<i>cefdinir for susp 250 mg/5ml</i>	1	
<i>cefixime cap 400 mg</i>	1	
<i>cefixime for susp 100 mg/5ml</i>	1	
<i>cefixime for susp 200 mg/5ml</i>	1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cefprozime proxetil for susp 100 mg/5ml</i>	1	
<i>cefprozime proxetil tab 100 mg</i>	1	
<i>cefprozime proxetil tab 200 mg</i>	1	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
COMBINATION CONTRACEPTIVES - ORAL		
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) AZURETTE	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) KARIVA	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) PIMTREA	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) SIMLIYA	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) VIORELE	0	CM, PC
(Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 mg(21/5)) VOLNEA	0	CM, PC
(Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025mg-Mg) VELIVET	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) APRI	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CYRED EQ	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ENSKYCE	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ISIBLOOM	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) JULEBER	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) KALLIGA	0	CM, PC
(Desogestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) RECLIPSEN	0	CM, PC
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg</i>	0	CM, PC
<i>drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg</i>	0	CM, PC
(Drospirenone-Ethinyl Estrad-Levomefolate Tab 3-0.03-0.451 mg) TYDEMY	0	CM, PC
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i>	0	CM, PC

AGE - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA**** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) JASMIEL	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) LO- ZUMANDIMINE	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) LORYNA	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) NIKKI	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.02 mg) VESTURA	0	CM, PC
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) OCELLA	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) SYEDA	0	CM, PC
(Drospirenone-Ethinyl Estradiol Tab 3-0.03 mg) ZUMANDIMINE	0	CM, PC
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	0	CM, PC
(Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg) KELNOR 1/35	0	CM, PC
(Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 mg-35 mcg) ZOVIA 1/35	0	CM, PC
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	0	CM, PC
(Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 mg-50 mcg) KELNOR 1/50	0	CM, PC
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	0	CM, PC
(Levonor-Eth Est Tab 0.15-0.02/0.025/0.03 mg & eth Est 0.01 mg) RIVELSA	0	CM, PC
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	0	CM, PC
(Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)) CAMRESE LO	0	CM, PC
(Levonorg-Eth Est Tab 0.1-0.02mg(84) & Eth Est Tab 0.01mg(7)) LOJAIMIESS	0	CM, PC
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	0	CM, PC
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) AMETHIA	0	CM, PC
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) ASHLYNA	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) CAMRESE	0	CM, PC
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) DAYSEE	0	CM, PC
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) JAIMIESS	0	CM, PC
(Levonorg-Eth Est Tab 0.15-0.03mg(84) & Eth Est Tab 0.01mg(7)) SIMPESS	0	CM, PC
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) ICLEVIA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) INTROVALE	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) JOLESSA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 mg) SETLAKIN	0	CM, PC
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AFIRMELLE	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AUBRA EQ	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) AVIANE	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) DELYLA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) FALMINA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) LESSINA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) LUTERA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) SRONYX	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.1 mg-20 mcg) VIENVA	0	CM, PC
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) ALTAVERA	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) AYUNA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) CHATEAL EQ	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) KURVELO	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) LEVORA 0.15/30-28	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) MARLISSA	0	CM, PC
(Levonorgestrel & Ethinyl Estradiol Tab 0.15 mg-30 mcg) PORTIA-28	0	CM, PC
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	0	CM, PC
(Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg) ENPRESSE-28	0	CM, PC
(Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg) LEVONEST	0	CM, PC
(Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30mg-Mcg) TRIVORA-28	0	CM, PC
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	0	CM, PC
(Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg) AMETHYST	0	CM, PC
(Levonorgestrel-Ethinyl Estradiol (Continuous) Tab 90-20 mcg) DOLISHALE	0	CM, PC
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	1	
(Levonorgestrel-Ethinyl Estradiol-Fe Tab 0.1 mg-20 mcg (21)) JOYEAUX	1	
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	0	CM, PC
NATAZIA TAB (estradiol valerate-dienogest)	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) BALZIVA	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) BRIELLYN	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) PHILITH	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.4 mg-35 mcg) VYFEMLA	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) NECON 0.5/35-28	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) NORTREL 0.5/35 (28)	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 0.5 mg-35 mcg) WERA	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) ALYACEN 1/35	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) DASETTA 1/35	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) NORTREL 1/35	0	CM, PC
(Norethindrone & Ethinyl Estradiol Tab 1 mg-35 mcg) NYLIA 1/35	0	CM, PC
<i>norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg</i>	0	CM, PC
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.4 mg-35 mcg) WYMZYA FE	0	CM, PC
<i>norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg</i>	0	CM, PC
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg) KAITLIB FE	0	CM, PC
(Norethindrone & Ethinyl Estradiol-Fe Chew Tab 0.8 mg-25 mcg) LAYOLIS FE	0	CM, PC
<i>norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg</i>	0	CM, PC
(Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg) TILIA FE	0	CM, PC
(Norethindrone Ac-Ethinyl Estrad-Fe Tab 1-20/1-30/1-35 mg-Mcg) TRI-LEGEST FE	0	CM, PC
<i>norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg</i>	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) AUROVELA 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) JUNEL 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) LARIN 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) LOESTRIN 1/20-21	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1 mg-20 mcg) MICROGESTIN 1/20	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg</i>	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) AUROVELA 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) HAILEY 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) JUNEL 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) LARIN 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) LOESTRIN 1.5/30-21	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol Tab 1.5 mg-30 mcg) MICROGESTIN 1.5/30	0	CM, PC
<i>norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg</i>	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) AUROVELA FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) BLISOVI FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) HAILEY FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) JUNEL FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) LARIN FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) LOESTRIN FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) MICROGESTIN FE 1/20	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1 mg-20 mcg) TARINA FE 1/20 EQ	0	CM, PC
<i>norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg</i>	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) AUROVELA FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) BLISOVI FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) HAILEY FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) JUNEL FE 1.5/30	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) LARIN FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) LOESTRIN FE 1.5/30	0	CM, PC
(Norethindrone Ace & Ethinyl Estradiol-Fe Tab 1.5 mg-30 mcg) MICROGESTIN FE 1.5/30	0	CM, PC
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	0	CM, PC
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) CHARLOTTE 24 FE	0	CM, PC
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) FINZALA	0	CM, PC
(Norethindrone Ace-Eth Estradiol-Fe Chew Tab 1 mg-20 mcg (24)) MIBELAS 24 FE	0	CM, PC
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) GEMMILY	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) MERZEE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Cap 1 mg-20 mcg (24)) TAYSOFY	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) AUROVELA 24 FE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) BLISOVI 24 FE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) HAILEY 24 FE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) JUNEL FE 24	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) LARIN 24 FE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) MICROGESTIN 24 FE	0	CM, PC
(Norethindrone Ace-Ethinyl Estradiol-Fe Tab 1 mg-20 mcg (24)) TARINA 24 FE	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) ALYACEN 7/7/7	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) DASETTA 7/7/7	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) NORTREL 7/7/7	0	CM, PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 mg-Mcg) NYLIA 7/7/7	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg) ARANELLE	0	CM, PC
(Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 mg-Mcg) LEENA	0	CM, PC
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) ESTARYLLA	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) MILI	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) MONO-LINYAH	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) NYMYO	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) SPRINTEC 28	0	CM, PC
(Norgestimate & Ethinyl Estradiol Tab 0.25 mg-35 mcg) VYLIBRA	0	CM, PC
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-ESTARYLLA	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-MARZIA	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-MILI	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-LO-SPRINTEC	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-25/0.215-25/0.25-25 mg-Mcg) TRI-VYLIBRA LO	0	CM, PC
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-ESTARYLLA	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-LINYAH	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-MILI	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-NYMYO	0	CM, PC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-SPRINTEC	0	CM, PC
(Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 mg-Mcg) TRI-VYLIBRA	0	CM, PC
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) CRYSELLE-28	0	CM, PC
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) ELINEST	0	CM, PC
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) LOW-OGESTREL	0	CM, PC
(Norgestrel & Ethinyl Estradiol Tab 0.3 mg-30 mcg) TURQOZ	0	CM, PC
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr	0	CM, PC
(Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr) XULANE	0	CM, PC
(Norelgestromin-Ethinyl Estradiol Td Ptwk 150-35 mcg/24hr) ZAFEMY	0	CM, PC
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS (segesterone acetate-ethinyl estradiol)	0	QL (1 ring every 300 days); CM, PC
NUVARING MIS (etonogestrel-ethinyl estradiol)	0	QL (13 rings every 300 days); PC
EMERGENCY CONTRACEPTIVES		
ELLA TAB 30MG (ulipristal acetate)	0	CM, PC
levonorgestrel tab 1.5 mg	0	CM, PC
(Levonorgestrel Tab 1.5 mg) AFTERA	0	CM, PC
(Levonorgestrel Tab 1.5 mg) AFTERPILL	0	CM, PC
(Levonorgestrel Tab 1.5 mg) ECONTRA EZ	0	CM, PC
(Levonorgestrel Tab 1.5 mg) ECONTRA ONE-STEP	0	CM, PC
(Levonorgestrel Tab 1.5 mg) MY CHOICE	0	CM, PC
(Levonorgestrel Tab 1.5 mg) MY WAY	0	CM, PC
(Levonorgestrel Tab 1.5 mg) NEW DAY	0	CM, PC
(Levonorgestrel Tab 1.5 mg) OPCICON ONE-STEP	0	CM, PC
(Levonorgestrel Tab 1.5 mg) OPTION 2	0	CM, PC
(Levonorgestrel Tab 1.5 mg) REACT	0	CM, PC
(Levonorgestrel Tab 1.5 mg) TAKE ACTION	0	CM, PC
PROGESTIN CONTRACEPTIVES - ORAL		
norethindrone tab 0.35 mg	0	CM, PC
(Norethindrone Tab 0.35 mg) CAMILA	0	CM, PC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Norethindrone Tab 0.35 mg) DEBLITANE	0	CM, PC
(Norethindrone Tab 0.35 mg) ERRIN	0	CM, PC
(Norethindrone Tab 0.35 mg) HEATHER	0	CM, PC
(Norethindrone Tab 0.35 mg) INCASSIA	0	CM, PC
(Norethindrone Tab 0.35 mg) JENCYCLA	0	CM, PC
(Norethindrone Tab 0.35 mg) LYLEQ	0	CM, PC
(Norethindrone Tab 0.35 mg) LYZA	0	CM, PC
(Norethindrone Tab 0.35 mg) NORA-BE	0	CM, PC
(Norethindrone Tab 0.35 mg) NORLYROC	0	CM, PC
(Norethindrone Tab 0.35 mg) SHAROBEL	0	CM, PC

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

GLUCOCORTICOSTEROIDS

<i>budesonide delayed release particles cap 3 mg</i>	1	
<i>deflazacort tab 6 mg</i>	4	PA, QL (2 tabs every 1 day)
<i>deflazacort tab 18 mg</i>	4	PA, QL (1 tab every 1 day)
<i>deflazacort tab 30 mg</i>	4	PA, QL (1 tab every 1 day)
<i>deflazacort tab 36 mg</i>	4	PA, QL (1 tab every 1 day)
<i>dexamethasone elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone soln 0.5 mg/5ml</i>	1	
<i>dexamethasone tab 0.5 mg</i>	1	
<i>dexamethasone tab 0.75 mg</i>	1	
<i>dexamethasone tab 1 mg</i>	1	
<i>dexamethasone tab 1.5 mg</i>	1	
<i>dexamethasone tab 2 mg</i>	1	
<i>dexamethasone tab 4 mg</i>	1	
<i>dexamethasone tab 6 mg</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (21)</i>	1	
(Dexamethasone Tab Therapy Pack 1.5 mg (21)) HIDEX 6-DAY	1	
<i>dexamethasone tab therapy pack 1.5 mg (35)</i>	1	
<i>dexamethasone tab therapy pack 1.5 mg (51)</i>	1	
<i>hydrocortisone tab 5 mg</i>	1	
<i>hydrocortisone tab 10 mg</i>	1	
<i>hydrocortisone tab 20 mg</i>	1	
MEDROL TAB 2MG (<i>methylprednisolone</i>)	3	
<i>methylprednisolone tab 4 mg</i>	1	
<i>methylprednisolone tab 8 mg</i>	1	
<i>methylprednisolone tab 16 mg</i>	1	
<i>methylprednisolone tab 32 mg</i>	1	
<i>methylprednisolone tab therapy pack 4 mg (21)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prednisolone sod phos orally disintegr tab 10 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 15 mg (base eq)</i>	1	
<i>prednisolone sod phos orally disintegr tab 30 mg (base eq)</i>	1	
<i>prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)</i>	1	
<i>prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)</i>	1	
<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	1	
<i>prednisolone soln 15 mg/5ml</i>	1	QL (180 mL every 30 days)
<i>prednisolone tab 5 mg</i>	1	
<i>prednisone oral soln 5 mg/5ml</i>	1	
<i>prednisone tab 1 mg</i>	1	
<i>prednisone tab 2.5 mg</i>	1	
<i>prednisone tab 5 mg</i>	1	
<i>prednisone tab 10 mg</i>	1	
<i>prednisone tab 20 mg</i>	1	
<i>prednisone tab 50 mg</i>	1	
<i>prednisone tab therapy pack 5 mg (21)</i>	1	
<i>prednisone tab therapy pack 5 mg (48)</i>	1	
<i>prednisone tab therapy pack 10 mg (21)</i>	1	
<i>prednisone tab therapy pack 10 mg (48)</i>	1	
UCERIS TAB 9MG (<i>budesonide</i>)	1	

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	1	
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COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES - DRUGS TO TREAT COUGH

<i>benzonatate cap 100 mg</i>	1	
<i>benzonatate cap 150 mg</i>	1	
<i>benzonatate cap 200 mg</i>	1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	1	QL (Up to a 7 day supply of 210 mL)
(Hydrocodone Bitart-Homatropine Methylbrom Soln 5-1.5 mg/5ml) HYDROMET	1	QL (Up to a 7 day supply of 210 mL)
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	1	QL (Up to a 7 day supply of 42 tabs)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COUGH/COLD/ALLERGY COMBINATIONS		
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml	1	QL (Up to a 7 day supply of 70 mL)
(Promethazine & Phenylephrine Syrup 6.25-5 mg/5ml) PROMETHAZINE VC	1	
promethazine w/ codeine syrup 6.25-10 mg/5ml	1	QL (Up to a 7 day supply of 210 mL)
promethazine-dm syrup 6.25-15 mg/5ml	1	
(Promethazine-Phenylephrine-Codeine Syrup 6.25-5-10 mg/5ml) PROMETHAZINE VC/CODEINE	1	QL (Up to a 7 day supply of 210 mL)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml	1	
(Pseudoephed-Bromphen-Dm Syrup 30-2-10 mg/5ml) BROMFED DM	1	
EXPECTORANTS - DRUGS TO TREAT COUGH		
potassium iodide oral soln 1 gm/ml	1	
MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS		
sodium chloride soln nebu 0.9%	1	
sodium chloride soln nebu 3%	1	
(Sodium Chloride Soln Nebu 3%) NEBUSAL	1	
sodium chloride soln nebu 7%	1	
(Sodium Chloride Soln Nebu 7%) PULMOSAL	1	
sodium chloride soln nebu 10%	1	
MUCOLYTICS - DRUGS TO TREAT COUGH		
acetylcysteine inhal soln 10%	1	
acetylcysteine inhal soln 20%	1	
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS		
ACNE PRODUCTS		
adapalene cream 0.1%	1	
adapalene gel 0.3%	1	
adapalene-benzoyl peroxide gel 0.1-2.5%	1	
adapalene-benzoyl peroxide gel 0.3-2.5%	1	
AKLIEF CRE 0.005% (trifarotene)	2	
benzoyl peroxide foam 9.8%	1	
benzoyl peroxide-erythromycin gel 5-3%	1	
benzoyl peroxide-hydrocortisone lotion 5-0.5%	1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%	1	
(Clindamycin Phosph-Benzoyl Peroxide (Refrig) Gel 1.2 (1)-5%) NEUAC	1	
clindamycin phosphate foam 1%	1	
(Clindamycin Phosphate Foam 1%) CLINDACIN	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clindamycin phosphate gel 1%</i>	1	
<i>clindamycin phosphate lotion 1%</i>	1	
<i>clindamycin phosphate soln 1%</i>	1	
<i>clindamycin phosphate swab 1%</i>	1	
(Clindamycin Phosphate Swab 1%) CLINDACIN ETZ PLEDGETS	1	
(Clindamycin Phosphate Swab 1%) CLINDACIN-P	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1-5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%</i>	1	
<i>clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%</i>	1	
<i>clindamycin phosphate-tretinoin gel 1.2-0.025%</i>	1	AGE
<i>dapsone gel 5%</i>	1	
<i>dapsone gel 7.5%</i>	1	
<i>erythromycin gel 2%</i>	1	
(Erythromycin Pads 2%) ERY	1	
<i>erythromycin soln 2%</i>	1	
<i>isotretinoin cap 10 mg</i>	1	
(Isotretinoin Cap 10 mg) ACCUTANE	1	
(Isotretinoin Cap 10 mg) AMNESTEEM	1	
(Isotretinoin Cap 10 mg) CLARAVIS	1	
(Isotretinoin Cap 10 mg) ZENATANE	1	
<i>isotretinoin cap 20 mg</i>	1	
(Isotretinoin Cap 20 mg) ACCUTANE	1	
(Isotretinoin Cap 20 mg) AMNESTEEM	1	
(Isotretinoin Cap 20 mg) CLARAVIS	1	
(Isotretinoin Cap 20 mg) ZENATANE	1	
<i>isotretinoin cap 30 mg</i>	1	
(Isotretinoin Cap 30 mg) ACCUTANE	1	
(Isotretinoin Cap 30 mg) CLARAVIS	1	
(Isotretinoin Cap 30 mg) ZENATANE	1	
<i>isotretinoin cap 40 mg</i>	1	
(Isotretinoin Cap 40 mg) ACCUTANE	1	
(Isotretinoin Cap 40 mg) AMNESTEEM	1	
(Isotretinoin Cap 40 mg) CLARAVIS	1	
(Isotretinoin Cap 40 mg) ZENATANE	1	
<i>sulfacetamide sodium lotion 10% (acne)</i>	1	
(Sulfacetamide Sodium W/ Sulfur Emulsion 10-1%) SULFAMEZ WASH	1	
<i>tretinoin cream 0.1%</i>	1	AGE

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tretinoin cream 0.05%</i>	1	AGE
<i>tretinoin cream 0.025%</i>	1	AGE
<i>tretinoin gel 0.01%</i>	1	AGE
<i>tretinoin gel 0.05%</i>	1	AGE
<i>tretinoin gel 0.025%</i>	1	AGE
<i>tretinoin microsphere gel 0.1%</i>	1	AGE
<i>tretinoin microsphere gel 0.04%</i>	1	AGE
<i>tretinoin microsphere gel 0.08%</i>	1	AGE
TWYNEO CRE 0.1-3% (<i>tretinoin-benzoyl peroxide</i>)	2	
WINLEVI CRE 1% (<i>clascoterone</i>)	2	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine patch 1.3%</i>	1	
<i>diclofenac sodium soln 1.5%</i>	1	
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate cream 0.1%</i>	1	
<i>gentamicin sulfate oint 0.1%</i>	1	
<i>mupirocin oint 2%</i>	1	
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	1	
<i>ciclopirox shampoo 1%</i>	1	
<i>ciclopirox solution 8%</i>	1	PA
(Ciclopirox Solution 8%) CICLODAN	1	PA
<i>clotrimazole w/ betamethasone cream 1-0.05%</i>	1	
<i>clotrimazole w/ betamethasone lotion 1-0.05%</i>	1	
<i>econazole nitrate cream 1%</i>	1	
<i>ketoconazole cream 2%</i>	1	
<i>ketoconazole shampoo 2%</i>	1	
<i>miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%</i>	1	
<i>naftifine hcl cream 1%</i>	1	
<i>naftifine hcl cream 2%</i>	1	
<i>naftifine hcl gel 2%</i>	1	
NAFTIN GEL 1% (<i>naftifine hcl</i>)	2	
<i>nystatin cream 100000 unit/gm</i>	1	
<i>nystatin oint 100000 unit/gm</i>	1	
<i>nystatin topical powder 100000 unit/gm</i>	1	
(Nystatin Topical Powder 100000 unit/gm) KLAYESTA	1	
(Nystatin Topical Powder 100000 unit/gm) NYAMYC	1	

AGE - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA**** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Nystatin Topical Powder 100000 unit/gm) NYSTOP	1	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	1	
oxiconazole nitrate cream 1%	1	
sulconazole nitrate cream 1%	1	
sulconazole nitrate solution 1%	1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel 1%	4	SP, PA
diclofenac sodium (actinic keratoses) gel 3%	1	
fluorouracil cream 5%	1	
fluorouracil soln 2%	1	
fluorouracil soln 5%	1	
ANTIPSORIATICS		
acitretin cap 10 mg	1	
acitretin cap 17.5 mg	1	
acitretin cap 25 mg	1	
BIMZELX INJ 160MG/ML (bimekizumab-bkzx)	4	SP, PA, QL (2 pens every 42 days)
BIMZELX INJ 160MG/ML (bimekizumab-bkzx)	4	SP, PA, QL (2 syringes every 42 days)
calcipotriene oint 0.005%	1	
(Calcipotriene Oint 0.005%) CALCITRENE	1	
calcipotriene soln 0.005% (50 mcg/ml)	1	
COSENTYX INJ 75MG/0.5 (secukinumab)	4	SP, PA, QL (1 syringe every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX INJ 150MG/ML (secukinumab)	4	SP, PA, QL (1 syringe every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX INJ 300DOSE (secukinumab)	4	SP, PA, QL (2 syringes every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COSENTYX PEN INJ 150MG/ML (<i>secukinumab</i>)	4	SP, PA, QL (1 pen every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX PEN INJ 300DOSE (<i>secukinumab</i>)	4	SP, PA, QL (2 pens every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
COSENTYX UNO INJ 300/2ML (<i>secukinumab</i>)	4	SP, PA, QL (1 pen every 28 days); Preferred for Ankylosing Spondylitis, Non-Radiographic Axial Spondyloarthritis, Psoriatic Arthritis
<i>methoxsalen rapid cap 10 mg</i>	1	
SKYRIZI INJ 150MG/ML (<i>risankizumab-rzaa</i>)	4	SP, PA, QL (1 syringe every 63 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis
SKYRIZI PEN INJ 150MG/ML (<i>risankizumab-rzaa</i>)	4	SP, PA, QL (1 pen every 63 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis
SOTYKTU TAB 6MG (<i>deucravacitinib</i>)	4	SP, PA, QL (1 tab every 1 day)
STELARA INJ 45MG/0.5 (<i>ustekinumab</i>)	4	SP, PA, QL (1 syringe every 12 weeks (84 days)); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
STELARA INJ 45MG/0.5 (<i>ustekinumab</i>)	4	SP, PA, QL (1 vials every 12 Weeks); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis
STELARA INJ 90MG/ML (<i>ustekinumab</i>)	4	SP, PA, QL (1 PFS every 8 Weeks (56 days)); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis, Ulcerative Colitis

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TALTZ INJ 80MG/ML (<i>ixekizumab</i>)	4	SP, PA, QL (1 pen every 28 days); Preferred for Psoriasis
TALTZ INJ 80MG/ML (<i>ixekizumab</i>)	4	SP, PA, QL (1 syringe every 28 days); Preferred for Psoriasis
tazarotene cream 0.1%	1	AGE
tazarotene gel 0.1%	1	AGE
tazarotene gel 0.05%	1	AGE
TREMFYA INJ 100MG/ML (<i>guselkumab</i>)	4	SP, PA, QL (1 PFS every 8 Weeks (56 days)); Preferred for Psoriasis, Psoriatic Arthritis
TREMFYA INJ 100MG/ML (<i>guselkumab</i>)	4	SP, PA, QL (1 pen every 8 Weeks); Preferred for Psoriasis, Psoriatic Arthritis
VTAMA CRE 1% (<i>tapinarof</i>)	2	
ZORYVE CRE 0.3% (<i>roflumilast (topical)</i>)	2	
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5%	1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	1	
penciclovir cream 1%	1	
BURN PRODUCTS		
mafenide acetate packet for topical soln 5% (50 gm)	1	
silver sulfadiazine cream 1%	1	
(Silver Sulfadiazine Cream 1%) SSD	1	
CORTICOSTEROIDS - TOPICAL		
alclometasone dipropionate cream 0.05%	1	
alclometasone dipropionate oint 0.05%	1	
amcinonide oint 0.1%	1	
betamethasone dipropionate augmented cream 0.05%	1	
betamethasone dipropionate augmented gel 0.05%	1	
betamethasone dipropionate augmented lotion 0.05%	1	
betamethasone dipropionate augmented oint 0.05%	1	
betamethasone dipropionate cream 0.05%	1	
betamethasone dipropionate lotion 0.05%	1	
betamethasone valerate aerosol foam 0.12%	1	
betamethasone valerate cream 0.1% (base equivalent)	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	1	
BRYHALI LOT 0.01% (<i>halobetasol propionate</i>)	2	
<i>clobetasol propionate cream 0.05%</i>	1	
<i>clobetasol propionate emollient base cream 0.05%</i>	1	
<i>clobetasol propionate foam 0.05%</i>	1	
<i>clobetasol propionate gel 0.05%</i>	1	
<i>clobetasol propionate lotion 0.05%</i>	1	
<i>clobetasol propionate oint 0.05%</i>	1	
<i>clobetasol propionate shampoo 0.05%</i>	1	
(Clobetasol Propionate Shampoo 0.05%) CLODAN	1	
<i>clobetasol propionate soln 0.05%</i>	1	
<i>desonide cream 0.05%</i>	1	
<i>desonide lotion 0.05%</i>	1	
<i>desonide oint 0.05%</i>	1	
<i>desoximetasone cream 0.05%</i>	1	
<i>desoximetasone cream 0.25%</i>	1	
<i>desoximetasone gel 0.05%</i>	1	
<i>desoximetasone oint 0.25%</i>	1	
<i>desoximetasone spray 0.25%</i>	1	
ENSTILAR AER (<i>calcipotriene-betamethasone dipropionate</i>)	2	
<i>fluocinolone acetonide cream 0.01%</i>	1	
<i>fluocinolone acetonide cream 0.025%</i>	1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	1	
<i>fluocinolone acetonide oint 0.025%</i>	1	
<i>fluocinolone acetonide soln 0.01%</i>	1	
<i>fluocinonide cream 0.05%</i>	1	
<i>fluocinonide emulsified base cream 0.05%</i>	1	
<i>fluocinonide gel 0.05%</i>	1	
<i>fluocinonide oint 0.05%</i>	1	
<i>fluocinonide soln 0.05%</i>	1	
<i>fluticasone propionate cream 0.05%</i>	1	
<i>fluticasone propionate lotion 0.05%</i>	1	
<i>fluticasone propionate oint 0.005%</i>	1	
<i>halobetasol propionate cream 0.05%</i>	1	
<i>halobetasol propionate oint 0.05%</i>	1	
<i>hydrocortisone butyrate cream 0.1%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>hydrocortisone butyrate oint 0.1%</i>	1	
<i>hydrocortisone butyrate soln 0.1%</i>	1	
<i>hydrocortisone cream 2.5%</i>	1	
<i>hydrocortisone lotion 2.5%</i>	1	
<i>hydrocortisone oint 2.5%</i>	1	
<i>hydrocortisone valerate cream 0.2%</i>	1	
<i>hydrocortisone valerate oint 0.2%</i>	1	
<i>mometasone furoate cream 0.1%</i>	1	
<i>mometasone furoate oint 0.1%</i>	1	
<i>mometasone furoate solution 0.1% (lotion)</i>	1	
<i>triamcinolone acetonide cream 0.1%</i>	1	
<i>triamcinolone acetonide cream 0.5%</i>	1	
(Triamcinolone Acetonide Cream 0.5%) TRIDERM	1	
<i>triamcinolone acetonide cream 0.025%</i>	1	
<i>triamcinolone acetonide lotion 0.1%</i>	1	
<i>triamcinolone acetonide lotion 0.025%</i>	1	
<i>triamcinolone acetonide oint 0.1%</i>	1	
<i>triamcinolone acetonide oint 0.5%</i>	1	
<i>triamcinolone acetonide oint 0.025%</i>	1	
ECZEMA AGENTS		
ADBRY INJ 150MG/ML (<i>tralokinumab-ldrm</i>)	4	PA, QL (4 syringes every 28 days); SP
CIBINQO TAB 50MG (<i>abrocitinib</i>)	4	SP, PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG (<i>abrocitinib</i>)	4	SP, PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG (<i>abrocitinib</i>)	4	SP, PA, QL (1 tab every 1 day)
DUPIXENT INJ 200/1.14 (<i>dupilumab</i>)	4	SP, PA, QL (2 PFS every 28 days)
DUPIXENT INJ 200MG (<i>dupilumab</i>)	4	SP, PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML (<i>dupilumab</i>)	4	SP, PA, QL (4 pens every 28 days)
OPZELURA CRE 1.5% (<i>ruxolitinib phosphate (topical)</i>)	2	
EMOLLIENT/KERATOLYTIC AGENTS		
(Urea Cream 39%) UREDEB	1	
HAIR GROWTH AGENTS		
LITFULO CAP 50MG (<i>ritlecitinib tosylate</i>)	4	SP, PA, QL (1 cap every 1 day)
IMMUNOMODULATING AGENTS - TOPICAL		
<i>imiquimod cream 3.75%</i>	1	
<i>imiquimod cream 5%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IMMUNOSUPPRESSIVE AGENTS - TOPICAL		
<i>pimecrolimus cream 1%</i>	1	ST, PA; PA**
<i>tacrolimus oint 0.1%</i>	1	ST, PA; PA**
<i>tacrolimus oint 0.03%</i>	1	ST, PA; PA**
KERATOLYTIC/ANTIMITOTIC AGENTS		
<i>podofilox gel 0.5%</i>	1	
<i>podofilox soln 0.5%</i>	1	
LOCAL ANESTHETICS - TOPICAL		
<i>ethyl chloride aerosol spray</i>	1	
(Lidocaine Hcl Gel 2%) 7T LIDO GEL	1	QL (30 gm every 25 days)
<i>lidocaine hcl soln 4%</i>	1	QL (50 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (12 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	1	QL (3 injections every 25 days)
(Lidocaine Hcl Urethral/mucosal Gel Prefilled Syringe 2%) GLYDO	1	QL (10 injections every 25 days)
<i>lidocaine oint 5%</i>	1	QL (50 gm every 25 days)
<i>lidocaine patch 5%</i>	1	
(Lidocaine Patch 5%) LIDOCAN III	1	
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	1	QL (30 gm every 25 days)
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2% (<i>crisaborole</i>)	2	
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	1	
<i>brimonidine tartrate gel 0.33% (base equivalent)</i>	1	
FINACEA AER 15% (<i>azelaic acid</i>)	2	
<i>metronidazole cream 0.75%</i>	1	
<i>metronidazole gel 0.75%</i>	1	
<i>metronidazole gel 1%</i>	1	
<i>metronidazole lotion 0.75%</i>	1	
ORACEA CAP 40MG (<i>doxycycline (rosacea)</i>)	2	
SOOLANTRA CRE 1% (<i>ivermectin (rosacea)</i>)	1	
SCABICIDES & PEDICULICIDES		
(Crotamiton Lotion 10%) CROTAN	1	
<i>malathion lotion 0.5%</i>	1	
<i>permethrin cream 5%</i>	1	
<i>spinosad susp 0.9%</i>	1	
TAR PRODUCTS		
<i>coal tar soln 20%</i>	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS		
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL (<i>glucose blood</i>)	1	QL (150 strips every 25 days); DM
ACCU-CHEK TES GUIDE (<i>glucose blood</i>)	1	QL (150 strips every 25 days); DM
ACCU-CHEK TES SMART (<i>glucose blood</i>)	1	QL (150 strips every 25 days); DM
DXTERITY TES KIT COVID-19 (<i>covid-19 home collection test</i>)	0	
HOME ACCESS KIT HIV-1 (<i>hiv-1 test</i>)	0	PC
ONETOUCH TES ULTRA (<i>glucose blood</i>)	1	QL (150 strips every 25 days); DM
ONETOUCH TES ULTRA (<i>glucose blood</i>)	2	QL (150 strips every 25 days); DM
ONETOUCH TES VERIO (<i>glucose blood</i>)	1	QL (150 strips every 25 days); DM
ONETOUCH TES VERIO (<i>glucose blood</i>)	2	QL (150 strips every 25 days); DM
ORAQUICK KIT (<i>hiv 1/2 test</i>)	0	PC
PIXEL COVID KIT HOME TES (<i>covid-19 home collection test</i>)	0	
SIMPLICITY KIT COVID-19 (<i>covid-19 home collection test</i>)	0	
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
CREON CAP 6000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
CREON CAP 12000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
CREON CAP 24000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
CREON CAP 36000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
VIOKACE TAB 10440 (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
VIOKACE TAB 20880 (<i>pancrelipase (lipase-protease-amylase)</i>)	2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
ZENPEP CAP 10000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
ZENPEP CAP 15000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
ZENPEP CAP 25000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
ZENPEP CAP 40000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	
ZENPEP CAP 60000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	2	

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	1	
<i>acetazolamide tab 125 mg</i>	1	
<i>acetazolamide tab 250 mg</i>	1	
<i>dichlorphenamide tab 50 mg</i>	4	SP, PA, QL (4 tabs every 1 day)
<i>methazolamide tab 25 mg</i>	1	
<i>methazolamide tab 50 mg</i>	1	

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	1	
<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	1	

LOOP DIURETICS

<i>bumetanide tab 0.5 mg</i>	1	
<i>bumetanide tab 1 mg</i>	1	
<i>bumetanide tab 2 mg</i>	1	
<i>ethacrynic acid tab 25 mg</i>	1	
<i>furosemide oral soln 8 mg/ml</i>	1	
<i>furosemide oral soln 10 mg/ml</i>	1	
<i>furosemide tab 20 mg</i>	1	
<i>furosemide tab 40 mg</i>	1	
<i>furosemide tab 80 mg</i>	1	
<i>torseamide tab 5 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>toremide tab 10 mg</i>	1	
<i>toremide tab 20 mg</i>	1	
<i>toremide tab 100 mg</i>	1	
POTASSIUM SPARING DIURETICS		
<i>amiloride hcl tab 5 mg</i>	1	
<i>spironolactone susp 25 mg/5ml</i>	1	
<i>spironolactone tab 25 mg</i>	1	
<i>spironolactone tab 50 mg</i>	1	
<i>spironolactone tab 100 mg</i>	1	
<i>triamterene cap 50 mg</i>	1	
<i>triamterene cap 100 mg</i>	1	
THIAZIDES AND THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone tab 25 mg</i>	1	
<i>chlorthalidone tab 50 mg</i>	1	
<i>hydrochlorothiazide cap 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 12.5 mg</i>	1	
<i>hydrochlorothiazide tab 25 mg</i>	1	
<i>hydrochlorothiazide tab 50 mg</i>	1	
<i>indapamide tab 1.25 mg</i>	1	
<i>indapamide tab 2.5 mg</i>	1	
<i>metolazone tab 2.5 mg</i>	1	
<i>metolazone tab 5 mg</i>	1	
<i>metolazone tab 10 mg</i>	1	
ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES		
BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS		
<i>alendronate sodium oral soln 70 mg/75ml</i>	1	
<i>alendronate sodium tab 5 mg</i>	1	
<i>alendronate sodium tab 10 mg</i>	1	
<i>alendronate sodium tab 35 mg</i>	1	
<i>alendronate sodium tab 70 mg</i>	1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	1	
FORTEO INJ 600/2.4 (<i>teriparatide (recombinant)</i>)	4	SP, PA, QL (1 pen every 30 days)
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	1	
<i>risedronate sodium tab 5 mg</i>	1	
<i>risedronate sodium tab 30 mg</i>	1	
<i>risedronate sodium tab 35 mg</i>	1	
<i>risedronate sodium tab 150 mg</i>	1	
<i>risedronate sodium tab delayed release 35 mg</i>	1	
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	4	SP, PA, QL (1 pen every 30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TYMLOS INJ (<i>abaloparatide</i>)	4	SP, PA, QL (1 pen every 30 days)
CORTICOTROPIN		
ACTHAR INJ 80UNIT (<i>corticotropin</i>)	4	SP, PA, QL (35 mL every 21 days)
CORTROPHIN GEL 80UNIT (<i>corticotropin</i>)	4	SP, PA, QL (35 mL every 21 days)
FERTILITY REGULATORS		
CHOR GONADOT INJ 10000UNT (Clomiphene Citrate Tab 50 mg) CLOMID	4 1	SP, PA
FOLLISTIM AQ INJ 300UNIT (<i>follitropin beta</i>)	4	SP, PA, QL (15 cartridges every 28 days)
FOLLISTIM AQ INJ 600UNIT (<i>follitropin beta</i>)	4	SP, PA, QL (10 cartridges every 28 days)
FOLLISTIM AQ INJ 900UNIT (<i>follitropin beta</i>)	4	SP, PA, QL (17 cartridges every 28 days)
GONAL-F INJ 450UNIT (<i>follitropin alfa</i>)	4	SP, PA, QL (10 vials every 28 days)
GONAL-F INJ 1050UNIT (<i>follitropin alfa</i>)	4	SP, PA, QL (6 vials every 28 days)
GONAL-F RFF INJ 75UNIT (<i>follitropin alfa</i>)	4	SP, PA, QL (60 vials every 28 days)
GONAL-F RFF INJ 300/0.5 (<i>follitropin alfa</i>)	4	SP, PA, QL (15 pens every 28 days)
GONAL-F RFF INJ 450/0.75 (<i>follitropin alfa</i>)	4	SP, PA, QL (10 pens every 28 days)
GONAL-F RFF INJ 900/1.5 (<i>follitropin alfa</i>)	4	SP, PA, QL (7 pens every 28 days)
MENOPUR INJ 75UNIT (<i>menotropins</i>)	4	SP, PA
NOVAREL INJ 5000UNIT (<i>chorionic gonadotropin</i>)	4	SP, PA
OVIDREL INJ (<i>choriogonadotropin alfa</i>)	4	SP, PA
PREGNYL INJ 10000UNT (<i>chorionic gonadotropin</i>)	4	SP, PA
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate for inj kit 0.25 mg</i>	4	SP, PA
CETROTIDE KIT 0.25MG (<i>cetorelix acetate</i>)	4	SP, PA
GANIRELIX AC INJ 250/0.5	1	SP, PA
ORLISSA TAB 150MG (<i>elagolix sodium</i>)	2	
ORLISSA TAB 200MG (<i>elagolix sodium</i>)	2	
GROWTH HORMONE RELEASING HORMONES (GHRH)		
EGRIFTA SV INJ 2MG (<i>tesamorelin acetate</i>)	4	SP, PA, QL (1 vial every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GROWTH HORMONES		
HUMATROPE INJ 6MG (<i>somatropin</i>)	4	SP, PA
HUMATROPE INJ 12MG (<i>somatropin</i>)	4	SP, PA
HUMATROPE INJ 24MG (<i>somatropin</i>)	4	PA
NORDITROPIN INJ 5/1.5ML (<i>somatropin</i>)	4	SP, PA
NORDITROPIN INJ 10/1.5ML (<i>somatropin</i>)	4	SP, PA
NORDITROPIN INJ 15/1.5ML (<i>somatropin</i>)	4	SP, PA
NORDITROPIN INJ 30/3ML (<i>somatropin</i>)	4	SP, PA
SEROSTIM INJ 4MG (<i>somatropin (non-refrigerated)</i>)	4	SP, PA
SEROSTIM INJ 5MG (<i>somatropin (non-refrigerated)</i>)	4	SP, PA
SEROSTIM INJ 6MG (<i>somatropin (non-refrigerated)</i>)	4	SP, PA
SOGROYA INJ 5MG/1.5 (<i>somapacitan-beco</i>)	4	SP, PA, QL (4 pens every 28 day)
SOGROYA INJ 10MG/1.5 (<i>somapacitan-beco</i>)	4	SP, PA, QL (4 pens every 28 day)
SOGROYA INJ 15MG/1.5 (<i>somapacitan-beco</i>)	4	SP, PA, QL (4 pens every 28 day)
HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS		
<i>raloxifene hcl tab 60 mg</i>	0	AGE; PC
INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)		
INCRELEX INJ 40MG/4ML (<i>mecasermin</i>)	4	SP, PA
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	4	SP, PA
<i>calcitriol cap 0.5 mcg</i>	1	
<i>calcitriol cap 0.25 mcg</i>	1	
<i>calcitriol oral soln 1 mcg/ml</i>	1	
<i>carglumic acid soluble tab 200 mg</i>	4	SP, PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	4	SP, PA, QL (4 tabs every 1 day)
<i>doxercalciferol cap 0.5 mcg</i>	1	
<i>doxercalciferol cap 1 mcg</i>	1	
<i>doxercalciferol cap 2.5 mcg</i>	1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	1	
<i>levocarnitine tab 330 mg</i>	1	
<i>nitisinone cap 2 mg</i>	4	SP, PA
<i>nitisinone cap 5 mg</i>	4	SP, PA
<i>nitisinone cap 10 mg</i>	4	SP, PA
<i>nitisinone cap 20 mg</i>	4	SP, PA
ORFADIN CAP 2MG (<i>nitisinone</i>)	2	SP, PA
ORFADIN CAP 5MG (<i>nitisinone</i>)	2	SP, PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORFADIN CAP 10MG (<i>nitisinone</i>)	2	SP, PA
ORFADIN CAP 20MG (<i>nitisinone</i>)	2	SP, PA
ORFADIN SUS 4MG/ML (<i>nitisinone</i>)	2	SP, PA
paricalcitol cap 1 mcg	1	
paricalcitol cap 2 mcg	1	
paricalcitol cap 4 mcg	1	
PHEBURANE MIS 483/GM (<i>sodium phenylbutyrate</i>)	4	SP, PA, QL (46.4 gm every 1 day)
sapropterin dihydrochloride powder packet 100 mg (Sapropterin Dihydrochloride Powder Packet 100 mg)	4	SP, PA
JAVYGTOR	4	SP, PA
sapropterin dihydrochloride powder packet 500 mg (Sapropterin Dihydrochloride Powder Packet 500 mg)	4	SP, PA
JAVYGTOR	4	SP, PA
sapropterin dihydrochloride tab 100 mg (Sapropterin Dihydrochloride Tab 100 mg)	4	SP, PA
JAVYGTOR	4	SP, PA
SENSIPAR TAB 30MG (<i>cinacalcet hcl</i>)	4	SP, PA, QL (2 tabs every 1 day)
SENSIPAR TAB 60MG (<i>cinacalcet hcl</i>)	4	SP, PA, QL (2 tabs every 1 day)
SENSIPAR TAB 90MG (<i>cinacalcet hcl</i>)	4	SP, PA, QL (4 tabs every 1 day)
sodium phenylbutyrate oral powder 3 gm/teaspoonful	4	SP, PA, QL (26.6 gm every 1 day)
sodium phenylbutyrate tab 500 mg	4	SP, PA, QL (40 tabs every 1 day)
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG (<i>finerenone</i>)	2	
KERENDIA TAB 20MG (<i>finerenone</i>)	2	
NATRIURETIC PEPTIDES		
VOXZOGO INJ 0.4MG (<i>vosoritide</i>)	4	SP, PA, QL (1 vial every 1 day)
VOXZOGO INJ 0.56MG (<i>vosoritide</i>)	4	SP, PA, QL (1 vial every 1 day)
VOXZOGO INJ 1.2MG (<i>vosoritide</i>)	4	SP, PA, QL (1 vial every 1 day)
POSTERIOR PITUITARY HORMONES		
desmopressin acetate nasal spray soln 0.01%	1	
desmopressin acetate nasal spray soln 0.01% (refrigerated)	1	
desmopressin acetate tab 0.1 mg	1	
desmopressin acetate tab 0.2 mg	1	
PROGESTERONE RECEPTOR ANTAGONISTS		
mifepristone tab 200 mg	1	
PROLACTIN INHIBITORS		
cabergoline tab 0.5 mg	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	4	SP, PA, QL (3 ampules every 1 day)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	4	SP, PA, QL (3 ampules every 1 day)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	4	SP, PA, QL (1.5 vials every 1 day)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	4	SP, PA, QL (3 ampules every 1 day)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	4	SP, PA, QL (9 vials every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	4	SP, PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	4	SP, PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	4	SP, PA, QL (3 syringes every 1 day)
SANDOSTATIN INJ 50MCG/ML (<i>octreotide acetate</i>)	4	SP, PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 100MCG (<i>octreotide acetate</i>)	4	SP, PA, QL (3 ampules every 1 day)
SANDOSTATIN INJ 500MCG (<i>octreotide acetate</i>)	4	SP, PA, QL (3 ampules every 1 day)
VASOPRESSIN RECEPTOR ANTAGONISTS		
SAMSCA TAB 15MG (<i>tolvaptan</i>)	4	SP, PA
SAMSCA TAB 30MG (<i>tolvaptan</i>)	4	SP, PA
<i>tolvaptan tab 15 mg</i>	4	SP, PA
<i>tolvaptan tab 30 mg</i>	4	SP, PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
CLIMARA PRO DIS WEEKLY (<i>estradiol-levonorgestrel</i>)	2	
COMBIPATCH DIS (<i>estradiol & norethindrone acetate</i>)	2	
DUAVEE TAB 0.45-20 (<i>conjugated estrogens-bazedoxifene</i>)	2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	1	
(Estradiol & Norethindrone Acetate Tab 0.5-0.1 mg)	1	
AMABELZ		
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Estradiol & Norethindrone Acetate Tab 1-0.5 mg) MIMVEY	1	
MYFEMBREE TAB (<i>relugolix-estradiol-norethindrone acetate</i>)	2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	1	
(Norethindrone Acetate-Ethinyl Estradiol Tab 0.5 mg-2.5 mcg) FYAVOLV	1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	1	
(Norethindrone Acetate-Ethinyl Estradiol Tab 1 mg-5 mcg) FYAVOLV	1	
(Norethindrone Acetate-Ethinyl Estradiol Tab 1 mg-5 mcg) JINTELI	1	
ORIAHNN CAP (<i>elagolix sodium-estradiol-norethindrone acetate</i>)	2	
PREMPHASE TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	
PREMPRO TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	
PREMPRO TAB 0.3-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	
PREMPRO TAB 0.45-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	
PREMPRO TAB 0.625-5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	2	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
<i>estradiol tab 0.5 mg</i>	1	
<i>estradiol tab 1 mg</i>	1	
<i>estradiol tab 2 mg</i>	1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	1	
(Estradiol Td Patch Twice Weekly 0.1 mg/24hr) DOTTI	1	
(Estradiol Td Patch Twice Weekly 0.1 mg/24hr) LYLLANA	1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Estradiol Td Patch Twice Weekly 0.05 mg/24hr) DOTTI	1	
(Estradiol Td Patch Twice Weekly 0.05 mg/24hr) LYLLANA	1	
estradiol td patch twice weekly 0.025 mg/24hr	1	
(Estradiol Td Patch Twice Weekly 0.025 mg/24hr) DOTTI	1	
(Estradiol Td Patch Twice Weekly 0.025 mg/24hr) LYLLANA	1	
estradiol td patch twice weekly 0.075 mg/24hr	1	
(Estradiol Td Patch Twice Weekly 0.075 mg/24hr) DOTTI	1	
(Estradiol Td Patch Twice Weekly 0.075 mg/24hr) LYLLANA	1	
estradiol td patch twice weekly 0.0375 mg/24hr	1	
(Estradiol Td Patch Twice Weekly 0.0375 mg/24hr) DOTTI	1	
(Estradiol Td Patch Twice Weekly 0.0375 mg/24hr) LYLLANA	1	
estradiol td patch weekly 0.1 mg/24hr	1	
estradiol td patch weekly 0.05 mg/24hr	1	
estradiol td patch weekly 0.06 mg/24hr	1	
estradiol td patch weekly 0.025 mg/24hr	1	
estradiol td patch weekly 0.075 mg/24hr	1	
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	1	
estradiol valerate im in oil 10 mg/ml	1	
estradiol valerate im in oil 20 mg/ml	1	
estradiol valerate im in oil 40 mg/ml	1	

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

CIPRO (5%) SUS 250MG/5 (ciprofloxacin)	3	
CIPRO (10%) SUS 500MG/5 (ciprofloxacin)	3	
ciprofloxacin hcl tab 250 mg (base equiv)	1	
ciprofloxacin hcl tab 500 mg (base equiv)	1	
ciprofloxacin hcl tab 750 mg (base equiv)	1	
levofloxacin oral soln 25 mg/ml	1	
levofloxacin tab 250 mg	1	
levofloxacin tab 500 mg	1	
levofloxacin tab 750 mg	1	
moxifloxacin hcl tab 400 mg (base equiv)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>ofloxacin tab 300 mg</i>	1	
<i>ofloxacin tab 400 mg</i>	1	
GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
FARNESOID X RECEPTOR (FXR) AGONISTS		
<i>OCALIVA TAB 5MG (obeticholic acid)</i>	4	SP, PA, QL (1 tab every 1 day)
<i>OCALIVA TAB 10MG (obeticholic acid)</i>	4	SP, PA, QL (1 tab every 1 day)
GALLSTONE SOLUBILIZING AGENTS		
<i>ursodiol cap 300 mg</i>	1	
<i>ursodiol tab 250 mg</i>	1	
<i>ursodiol tab 500 mg</i>	1	
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	1	PA
<i>lubiprostone cap 24 mcg</i>	1	PA
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	1	
INFLAMMATORY BOWEL AGENTS		
<i>balsalazide disodium cap 750 mg</i>	1	
<i>CIMZIA PREFL KIT 200MG/ML (certolizumab pegol)</i>	4	SP, PA, QL (2 kits every 28 days); Preferred for Non-Radiographic Axial Spondyloarthritis
<i>CIMZIA START KIT 200MG/ML (certolizumab pegol)</i>	4	SP, PA, QL (1 kit every 28 days); Preferred for Non-Radiographic Axial Spondyloarthritis
<i>mesalamine cap dr 400 mg</i>	1	
<i>mesalamine cap er 24hr 0.375 gm</i>	1	
<i>mesalamine cap er 500 mg</i>	1	
<i>mesalamine enema 4 gm</i>	1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	1	
<i>mesalamine suppos 1000 mg</i>	1	
<i>mesalamine tab delayed release 1.2 gm</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
mesalamine tab delayed release 800 mg	1	
SKYRIZI INJ 180/1.2 (risankizumab-rzaa (crohn's))	4	SP, PA, QL (1.2 mL every 42 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis
SKYRIZI INJ 360/2.4 (risankizumab-rzaa (crohn's))	4	SP, PA, QL (1 injection every 42 days); Preferred for Crohn's Disease, Psoriasis, Psoriatic Arthritis
sulfasalazine tab 500 mg	1	
sulfasalazine tab delayed release 500 mg	1	QL (1 tab every 1 day)
INTESTINAL ACIDIFIERS		
lactulose (encephalopathy) solution 10 gm/15ml	1	
(Lactulose (Encephalopathy) Solution 10 gm/15ml) ENULOSE	1	
(Lactulose (Encephalopathy) Solution 10 gm/15ml) GENERLAC	1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
alosetron hcl tab 0.5 mg (base equiv)	1	PA
alosetron hcl tab 1 mg (base equiv)	1	PA
LINZESS CAP 72MCG (linaclotide)	2	
LINZESS CAP 145MCG (linaclotide)	2	
LINZESS CAP 290MCG (linaclotide)	2	
VIBERZI TAB 75MG (eluxadoline)	2	
VIBERZI TAB 100MG (eluxadoline)	2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
alvimopan cap 12 mg	1	
SYMPROIC TAB 0.2MG (naldemedine tosylate)	2	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TAB 210MG (ferric citrate)	2	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca)	1	
sevelamer carbonate packet 0.8 gm	1	
sevelamer carbonate packet 2.4 gm	1	
sevelamer carbonate tab 800 mg	1	
sevelamer hcl tab 400 mg	1	
sevelamer hcl tab 800 mg	1	
SHORT BOWEL SYNDROME (SBS) AGENTS		
GATTEX KIT 5MG (teduglutide (rdna))	4	SP, PA, QL (1 kit every 30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS		
ALKALINIZERS		
<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	1	
(Potassium Citrate & Citric Acid Powder Pack 3300-1002 mg) CYTRA K CRYSTALS	1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	1	
CYSTINOSIS AGENTS		
CYSTAGON CAP 50MG (<i>cysteamine bitartrate</i>)	4	SP, PA
CYSTAGON CAP 150MG (<i>cysteamine bitartrate</i>)	4	SP, PA
HYPEROXALURIA AGENTS		
RIVFLOZA INJ 80/0.5ML (<i>nedosiran sodium</i>)	4	SP, PA
RIVFLOZA INJ 128/0.8 (<i>nedosiran sodium</i>)	4	SP, PA
RIVFLOZA INJ 160MG/ML (<i>nedosiran sodium</i>)	4	SP, PA
PROSTATIC HYPERTROPHY AGENTS		
<i>alfuzosin hcl tab er 24hr 10 mg</i>	1	
<i>dutasteride cap 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl cap 0.5-0.4 mg</i>	1	
<i>finasteride tab 5 mg</i>	1	
<i>silodosin cap 4 mg</i>	1	
<i>silodosin cap 8 mg</i>	1	
<i>tamsulosin hcl cap 0.4 mg</i>	1	
URINARY ANALGESICS		
(Phenazopyridine Hcl Tab 200 mg) PHENAZO	1	
URINARY STONE AGENTS		
<i>tiopronin tab 100 mg</i>	4	SP, PA
GOUT AGENTS - DRUGS TO TREAT GOUT		
GOUT AGENT COMBINATIONS		
<i>colchicine w/ probenecid tab 0.5-500 mg</i>	1	
GOUT AGENTS - DRUGS TO TREAT GOUT		
<i>allopurinol tab 100 mg</i>	1	
<i>allopurinol tab 300 mg</i>	1	
<i>colchicine tab 0.6 mg</i>	1	
<i>febuxostat tab 40 mg</i>	1	
<i>febuxostat tab 80 mg</i>	1	
MITIGARE CAP 0.6MG (<i>colchicine</i>)	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
URICOSURICS		
<i>probenecid tab 500 mg</i>	1	
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS		
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	1	SP, PA, QL (45 syringes every 90 days)
(Icatibant Acetate Subcutaneous Soln Pref Syr 30 mg/3ml) SAJAZIR	4	SP, PA, QL (45 syringes every 90 days)
HEMATOALOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG (<i>fostamatinib disodium</i>)	2	PA, QL (2 tabs every 1 day)
TAVALISSE TAB 150MG (<i>fostamatinib disodium</i>)	2	PA, QL (2 tabs every 1 day)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG (<i>berotralstat hcl</i>)	2	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG (<i>berotralstat hcl</i>)	2	PA, QL (1 cap every 1 day)
TAKHZYRO INJ 150MG/ML (<i>lanadelumab-flyo</i>)	4	SP, PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML (<i>lanadelumab-flyo</i>)	4	SP, PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML (<i>lanadelumab-flyo</i>)	4	SP, PA, QL (2 vials every 28 days)
PLATELET AGGREGATION INHIBITORS		
<i>anagrelide hcl cap 0.5 mg</i>	1	
<i>anagrelide hcl cap 1 mg</i>	1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	1	
BRILINTA TAB 60MG (<i>ticagrelor</i>)	2	
BRILINTA TAB 90MG (<i>ticagrelor</i>)	2	
<i>cilostazol tab 50 mg</i>	1	
<i>cilostazol tab 100 mg</i>	1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	1	
<i>dipyridamole tab 25 mg</i>	1	
<i>dipyridamole tab 50 mg</i>	1	
<i>dipyridamole tab 75 mg</i>	1	
<i>prasugrel hcl tab 5 mg (base equiv)</i>	1	
<i>prasugrel hcl tab 10 mg (base equiv)</i>	1	
HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS		
AGENTS FOR GAUCHER DISEASE		
CERDELGA CAP 84MG (<i>eliglustat tartrate</i>)	4	SP, PA, QL (2 caps every 1 day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>miglustat cap 100 mg</i>	4	SP, PA, QL (3 caps every 1 day)
(Miglustat Cap 100 mg) YARGESA	4	SP, PA, QL (3 caps every 1 day)
ZAVESCA CAP 100MG (<i>miglustat</i>)	4	SP, PA, QL (3 caps every 1 day)
AGENTS FOR SICKLE CELL DISEASE		
ENDARI POW 5GM (<i>glutamine (sickle cell)</i>)	4	SP, PA, QL (6 packets every 1 day)
SIKLOS TAB 100MG (<i>hydroxyurea (sickle cell disease)</i>)	2	
SIKLOS TAB 1000MG (<i>hydroxyurea (sickle cell disease)</i>)	2	
COBALAMINS		
<i>cyanocobalamin inj 1000 mcg/ml</i>	1	
(Cyanocobalamin Inj 1000 mcg/ml) DODEX	1	
<i>cyanocobalamin nasal spray 500 mcg/0.1ml</i>	1	
<i>hydroxocobalamin acetate inj 1000 mcg/ml (base equivalent)</i>	1	
FOLIC ACID/FOLATES		
<i>folic acid cap 0.8 mg</i>	0	PC
<i>folic acid inj 5 mg/ml</i>	1	
<i>folic acid tab 400 mcg</i>	0	PC
(Folic Acid Tab 400 mcg) GNP FOLIC ACID	0	PC
(Folic Acid Tab 400 mcg) HM FOLIC ACID	0	PC
(Folic Acid Tab 400 mcg) PX FOLIC ACID	0	PC
(Folic Acid Tab 400 mcg) RA FOLIC ACID	0	PC
<i>folic acid tab 800 mcg</i>	0	PC
(Folic Acid Tab 800 mcg) CVS FOLIC ACID	0	PC
(Folic Acid Tab 800 mcg) KP FOLIC ACID	0	PC
(Folic Acid Tab 800 mcg) QC FOLIC ACID	0	PC
(Folic Acid Tab 800 mcg) RA FOLIC ACID	0	PC
HEMATOPOIETIC GROWTH FACTORS		
ALVAIZ TAB 9MG (<i>eltrombopag choline</i>)	4	SP, PA
ALVAIZ TAB 18MG (<i>eltrombopag choline</i>)	4	SP, PA
ALVAIZ TAB 36MG (<i>eltrombopag choline</i>)	4	SP, PA
ALVAIZ TAB 54MG (<i>eltrombopag choline</i>)	4	SP, PA
ARANESP INJ 10MCG (<i>darbepoetin alfa</i>)	4	SP, PA
ARANESP INJ 25MCG (<i>darbepoetin alfa</i>)	4	SP, PA
ARANESP INJ 40MCG (<i>darbepoetin alfa</i>)	4	SP, PA
ARANESP INJ 60MCG (<i>darbepoetin alfa</i>)	4	SP, PA
ARANESP INJ 100MCG (<i>darbepoetin alfa</i>)	4	SP, PA
ARANESP INJ 150MCG (<i>darbepoetin alfa</i>)	4	SP, PA
ARANESP INJ 200MCG (<i>darbepoetin alfa</i>)	4	SP, PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ARANESP INJ 300MCG (<i>darbepoetin alfa</i>)	4	SP, PA
ARANESP INJ 500MCG (<i>darbepoetin alfa</i>)	4	SP, PA
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	4	SP, PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG (<i>avatrombopag maleate</i>)	4	SP, PA, QL (3 tabs every 1 day)
FYLNETRA INJ 6MG/0.6 (<i>pegfilgrastim-pbbk</i>)	4	SP, PA, QL (2 syringes every 28 days)
MULPLETA TAB 3MG (<i>lusutrombopag</i>)	4	SP, PA, QL (7 tabs every 14 days)
NIVESTYM INJ 300/0.5 (<i>filgrastim-aafi</i>)	4	SP, PA
NIVESTYM INJ 300MCG (<i>filgrastim-aafi</i>)	4	SP, PA
NIVESTYM INJ 480/0.8 (<i>filgrastim-aafi</i>)	4	SP, PA
NIVESTYM INJ 480MCG (<i>filgrastim-aafi</i>)	4	SP, PA
NYVEPRIA INJ 6/0.6ML (<i>pegfilgrastim-apgf</i>)	4	SP, PA, QL (2 syringes every 28 days)
PROCRIT INJ 2000/ML (<i>epoetin alfa</i>)	4	SP, PA
PROCRIT INJ 3000/ML (<i>epoetin alfa</i>)	4	SP, PA
PROCRIT INJ 4000/ML (<i>epoetin alfa</i>)	4	SP, PA
PROCRIT INJ 10000/ML (<i>epoetin alfa</i>)	4	SP, PA
PROCRIT INJ 20000/ML (<i>epoetin alfa</i>)	4	SP, PA
PROCRIT INJ 40000/ML (<i>epoetin alfa</i>)	4	SP, PA
PROMACTA PAK 25MG (<i>eltrombopag olamine</i>)	4	SP, PA, QL (6 packets every 1 day)
PROMACTA POW 12.5MG (<i>eltrombopag olamine</i>)	4	SP, PA, QL (4 packets every 1 day)
PROMACTA TAB 12.5MG (<i>eltrombopag olamine</i>)	4	SP, PA, QL (1 tab every 1 day)
PROMACTA TAB 25MG (<i>eltrombopag olamine</i>)	4	SP, PA, QL (1 tab every 1 day)
PROMACTA TAB 50MG (<i>eltrombopag olamine</i>)	4	SP, PA, QL (2 tabs every 1 day)
PROMACTA TAB 75MG (<i>eltrombopag olamine</i>)	4	SP, PA, QL (2 tabs every 1 day)
RETACRIT INJ 2000UNIT (<i>epoetin alfa-epbx</i>)	4	SP, PA
RETACRIT INJ 3000UNIT (<i>epoetin alfa-epbx</i>)	4	SP, PA
RETACRIT INJ 4000UNIT (<i>epoetin alfa-epbx</i>)	4	SP, PA
RETACRIT INJ 10000UNT (<i>epoetin alfa-epbx</i>)	4	SP, PA
RETACRIT INJ 20000UNI (<i>epoetin alfa-epbx</i>)	4	SP, PA
RETACRIT INJ 40000UNT (<i>epoetin alfa-epbx</i>)	4	SP, PA
HEMATOPOIETIC MIXTURES		
(Cyanocobalamin-Methylcobalamin Sl Tab 600-600 mcg) ABANEU-SL	1	
(Fe Fum-Iron Polysacch Complex-Fa-B Cmplx-C-Zn-Mn-Cu Cap) K-TAN PLUS	1	
(Fe Fum-Iron Polysacch Complex-Fa-B Cmplx-C-Zn-Mn-Cu Cap) TANDEM PLUS	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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(Fe Fumarate W/ B12-Vit C-Fa-lfc Cap 110-0.015-75-0.5-240 mg) FEROCON	1	
(Fe Fumarate W/ B12-Vit C-Fa-lfc Cap 110-0.015-75-0.5-240 mg) FEROTRINSIC	1	
(Fe Fumarate W/ B12-Vit C-Fa-lfc Cap 110-0.015-75-0.5-240 mg) FOLTRIN	1	
(Fe Fumarate W/ B12-Vit C-Fa-lfc Cap 110-0.015-75-0.5-240 mg) TRICON	1	
(Ferrous Fumarate-Fa-B Complex-C-Zn-Mg-Mn-Cu Tab 106-1 mg) FERROCITE PLUS	1	
(Ferrous Fumarate-Fa-B Complex-C-Zn-Mg-Mn-Cu Tab 106-1 mg) HEMATINIC PLUS VITAMINS/M	1	
folic acid-vitamin b6-vitamin b12 tab 2.2-25-0.5 mg	1	
(Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-0.5 mg) FOLPLEX 2.2	1	
(Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 mg) AIRAVITE	1	
(Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 mg) FOLBEE	1	
(Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 mg) NUFOL	1	
(Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 mg) WESTAB ONE	1	
(Iron-Folic Acid-Vit C-Vit B6-Vit B12-Zinc Tab 150-1.25 mg) CORVITA 150	1	

STEM CELL MOBILIZERS

MOZOBIL INJ (<i>plerixafor</i>)	4	SP, PA
<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	4	SP, PA

HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid oral soln 0.25 gm/ml</i>	1	
<i>aminocaproic acid tab 500 mg</i>	1	
<i>aminocaproic acid tab 1000 mg</i>	1	
<i>tranexamic acid tab 650 mg</i>	1	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

BARBITURATE HYPNOTICS

<i>phenobarbital elixir 20 mg/5ml</i>	1	
<i>phenobarbital tab 15 mg</i>	1	
<i>phenobarbital tab 16.2 mg</i>	1	
<i>phenobarbital tab 30 mg</i>	1	
<i>phenobarbital tab 32.4 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>phenobarbital tab 60 mg</i>	1	
<i>phenobarbital tab 64.8 mg</i>	1	
<i>phenobarbital tab 97.2 mg</i>	1	
<i>phenobarbital tab 100 mg</i>	1	
HYPNOTICS - TRICYCLIC AGENTS		
<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	1	
NON-BARBITURATE HYPNOTICS		
<i>estazolam tab 1 mg</i>	1	QL (15 tabs every 25 days)
<i>estazolam tab 2 mg</i>	1	QL (15 tabs every 25 days)
<i>eszopiclone tab 1 mg</i>	1	QL (15 tabs every 25 days)
<i>eszopiclone tab 2 mg</i>	1	QL (15 tabs every 25 days)
<i>eszopiclone tab 3 mg</i>	1	QL (15 tabs every 25 days)
<i>temazepam cap 7.5 mg</i>	1	QL (15 caps every 25 days)
<i>temazepam cap 15 mg</i>	1	QL (15 caps every 25 days)
<i>temazepam cap 22.5 mg</i>	1	QL (15 caps every 25 days)
<i>temazepam cap 30 mg</i>	1	QL (15 caps every 25 days)
<i>triazolam tab 0.25 mg</i>	1	QL (10 tabs every 25 days)
<i>triazolam tab 0.125 mg</i>	1	QL (10 tabs every 25 days)
<i>zaleplon cap 5 mg</i>	1	QL (15 caps every 25 days)
<i>zaleplon cap 10 mg</i>	1	QL (15 caps every 25 days)
<i>zolpidem tartrate tab 5 mg</i>	1	QL (15 tabs every 25 days)
<i>zolpidem tartrate tab 10 mg</i>	1	QL (15 tabs every 25 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	1	QL (15 tabs every 25 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	1	QL (15 tabs every 25 days)
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG (<i>suvorexant</i>)	2	PA
BELSOMRA TAB 10MG (<i>suvorexant</i>)	2	PA
BELSOMRA TAB 15MG (<i>suvorexant</i>)	2	PA
BELSOMRA TAB 20MG (<i>suvorexant</i>)	2	PA
DAYVIGO TAB 5MG (<i>lemborexant</i>)	2	PA, QL (1 tab every 1 day)
DAYVIGO TAB 10MG (<i>lemborexant</i>)	2	PA
QUVIVIQ TAB 25MG (<i>daridorexant hcl</i>)	2	PA
QUVIVIQ TAB 50MG (<i>daridorexant hcl</i>)	2	PA
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon tab 8 mg</i>	1	QL (15 tabs every 25 days)
<i>tasimelteon capsule 20 mg</i>	4	PA, QL (1 cap every 1 day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LAXATIVES - DRUGS TO TREAT CONSTIPATION		
LAXATIVE COMBINATIONS		
CLENPIQ SOL (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	0	AGE; PC
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm	1	
(Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln 236 gm) GAVILYTE-G	1	
(Peg 3350-Kcl-Na Bicarb-Nacl-Na Sulfate For Soln 240 gm) GAVILYTE-C	1	
peg 3350-kcl-sod bicarb-nacl for soln 420 gm	1	
PEG-PREP KIT (<i>bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride</i>)	0	AGE; PC
sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml	1	AGE
LAXATIVES - MISCELLANEOUS		
lactulose solution 10 gm/15ml	1	
(Lactulose Solution 10 gm/15ml) CONSTULOSE	1	
MACROLIDES - DRUGS TO TREAT INFECTIONS		
AZITHROMYCIN		
azithromycin for susp 100 mg/5ml	1	
azithromycin for susp 200 mg/5ml	1	
azithromycin powd pack for susp 1 gm	1	
azithromycin tab 250 mg	1	
azithromycin tab 500 mg	1	
azithromycin tab 600 mg	1	
CLARITHROMYCIN		
clarithromycin for susp 125 mg/5ml	1	
clarithromycin for susp 250 mg/5ml	1	
clarithromycin tab 250 mg	1	
clarithromycin tab 500 mg	1	
clarithromycin tab er 24hr 500 mg	1	
ERYTHROMYCINS		
erythromycin ethylsuccinate for susp 200 mg/5ml	1	
erythromycin ethylsuccinate for susp 400 mg/5ml	1	
erythromycin ethylsuccinate tab 400 mg	1	
(Erythromycin Ethylsuccinate Tab 400 mg) E.E.S. 400	1	
(Erythromycin Stearate Tab 250 mg) ERYTHROCIN STEARATE	1	
erythromycin tab 250 mg	1	
erythromycin tab 500 mg	1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>erythromycin tab delayed release 250 mg</i>	1	
(Erythromycin Tab Delayed Release 250 mg) ERY-TAB	1	
<i>erythromycin tab delayed release 333 mg</i>	1	
(Erythromycin Tab Delayed Release 333 mg) ERY-TAB	1	
<i>erythromycin tab delayed release 500 mg</i>	1	
(Erythromycin Tab Delayed Release 500 mg) ERY-TAB	1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	1	
FIDAXOMICIN		
DIFICID SUS (<i>fidaxomicin</i>)	2	
DIFICID TAB 200MG (<i>fidaxomicin</i>)	2	
MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING		
BLOOD PRESSURE DEVICES		
BLOOD PRESSURE MONITOR	3	
BLOOD PRESSURE MONITOR (<i>blood pressure monitoring</i>)	3	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
CAYA DPR (<i>diaphragm arc-spring</i>)	0	CM, PC
FC2 FEMALE MIS CONDOM (<i>condoms - female</i>)	0	CM, PC
FEMCAP MIS 22MM (<i>cervical caps</i>)	0	CM, PC
FEMCAP MIS 26MM (<i>cervical caps</i>)	0	CM, PC
FEMCAP MIS 30MM (<i>cervical caps</i>)	0	CM, PC
WIDE-SEAL DPR KIT 60 (<i>diaphragm wide seal</i>)	0	CM, PC
WIDE-SEAL DPR KIT 65 (<i>diaphragm wide seal</i>)	0	CM, PC
WIDE-SEAL DPR KIT 70 (<i>diaphragm wide seal</i>)	0	CM, PC
WIDE-SEAL DPR KIT 75 (<i>diaphragm wide seal</i>)	0	CM, PC
WIDE-SEAL DPR KIT 80 (<i>diaphragm wide seal</i>)	0	CM, PC
WIDE-SEAL DPR KIT 85 (<i>diaphragm wide seal</i>)	0	CM, PC
WIDE-SEAL DPR KIT 90 (<i>diaphragm wide seal</i>)	0	CM, PC
WIDE-SEAL DPR KIT 95 (<i>diaphragm wide seal</i>)	0	CM, PC
DIABETIC SUPPLIES		
ACCU-CHEK KIT FASTCLIX (<i>lancets misc.</i>)	2	DM
ACCU-CHEK KIT SOFTCLIX (<i>lancets misc.</i>)	2	DM
ACTI-LANCE MIS 28G (<i>lancets</i>)	3	DM
ACTI-LANCE MIS LITE 28G (<i>lancets</i>)	3	DM
ACTI-LANCE MIS SPEC 17G (<i>lancets</i>)	3	DM
ACTI-LANCE MIS UNIV 23G (<i>lancets</i>)	3	DM

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADVCATE SAFE MIS LANC 26G (<i>lancets</i>)	3	DM
ADVOCATE MIS LANC 30G (<i>lancets</i>)	3	DM
ADVOCATE MIS LANCETS (<i>lancets</i>)	3	DM
AGAMATRIX MIS 33G (<i>lancets</i>)	3	DM
AIMSCO TWIST MIS 32G (<i>lancets</i>)	3	DM
AIMSCO TWIST MIS 33G (<i>lancets</i>)	3	DM
AQUALANCE MIS 30G (<i>lancets</i>)	3	DM
ASSURE CMFRT MIS 28G (<i>lancets</i>)	3	DM
ASSURE LANCE MIS 21G (<i>lancets</i>)	3	DM
ASSURE LANCE MIS 28G (<i>lancets</i>)	3	DM
ASSURE LANCE MIS LOW FLOW (<i>lancets</i>)	3	DM
ASSURE LANCE MIS MICRO (<i>lancets</i>)	3	DM
ASSURE LANCE MIS SAFE 25G (<i>lancets</i>)	3	DM
ASSURE LANCE MIS SAFE 30G (<i>lancets</i>)	3	DM
ASSURE PLUS MIS HIGH 18G (<i>lancets</i>)	3	DM
ASSURE PLUS MIS LOW 25G (<i>lancets</i>)	3	DM
ASSURE PLUS MIS MCRO 28G (<i>lancets</i>)	3	DM
ASSURE PLUS MIS NORM 21G (<i>lancets</i>)	3	DM
ASSURE PLUS MIS PEDIATRI (<i>lancets</i>)	3	DM
AURORA LANCE MIS 30G (<i>lancets</i>)	3	DM
AURORA LANCE MIS THIN 23G (<i>lancets</i>)	3	DM
AUTO LANCET MIS (<i>lancets</i>)	3	DM
BD MICROTAIN MIS LANCETS (<i>lancets</i>)	3	DM
BD MICROTAIN MIS LANCETS (<i>lancets</i>)	3	DM
BLOOD GLUCOSE CALLIBRATION	3	DM
BLOOD GLUCOSE CALLIBRATION (<i>blood glucose calibration</i>)	3	DM
CAREONE LANC MIS 30G (<i>lancets</i>)	3	DM
CAREONE LANC MIS THIN 23G (<i>lancets</i>)	3	DM
CARESENS 30G MIS LANCETS (<i>lancets</i>)	3	DM
CARETOUCH MIS LANC 26G (<i>lancets</i>)	3	DM
CARETOUCH MIS LANC 28G (<i>lancets</i>)	3	DM
CARETOUCH MIS LANC 30G (<i>lancets</i>)	3	DM
CARETOUCH MIS TWIST 28 (<i>lancets</i>)	3	DM
CARETOUCH MIS TWIST 30 (<i>lancets</i>)	3	DM
CARETOUCH MIS TWIST 33 (<i>lancets</i>)	3	DM
CLEANLET 28G MIS LANCETS (<i>lancets</i>)	3	DM
CLEVER CHECK MIS (<i>lancets</i>)	3	DM
CLEVER CHECK MIS 30G (<i>lancets</i>)	3	DM
COAGUCHEK MIS LANCETS (<i>lancets</i>)	3	DM
COMFORT ASSU MIS LANC 28G (<i>lancets</i>)	3	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMFORT ASSU MIS LANC 33G (<i>lancets</i>)	3	DM
COMFORT EZ MIS 21G (<i>lancets</i>)	3	DM
COMFORT EZ MIS 23G (<i>lancets</i>)	3	DM
COMFORT EZ MIS 28G (<i>lancets</i>)	3	DM
COMFORT TCH MIS LANC 28G (<i>lancets</i>)	3	DM
COMFORT TCH MIS LANC 30G (<i>lancets</i>)	3	DM
COMFORT TCH MIS LANC 31G (<i>lancets</i>)	3	DM
COMFORTOUCH MIS LANCET (<i>lancets</i>)	3	DM
COUNT-A-DOSE MIS (<i>insulin administration supplies</i>)	2	
CVS LANCETS MIS 21G (<i>lancets</i>)	3	DM
CVS LANCETS MIS 30G (<i>lancets</i>)	3	DM
CVS LANCETS MIS 33G (<i>lancets</i>)	3	DM
CVS LANCETS MIS ORIGINAL (<i>lancets</i>)	3	DM
CVS LANCETS MIS THIN 26G (<i>lancets</i>)	3	DM
CVS LANCETS MIS THIN 30G (<i>lancets</i>)	3	DM
CVS LANCETS MIS THIN 33G (<i>lancets</i>)	3	DM
DEXCOM G6 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	2	DM
DEXCOM G6 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	2	QL (3 boxes every 25 days); DM
DEXCOM G6 MIS TRANSMIT (<i>continuous blood glucose system transmitter</i>)	2	DM
DEXCOM G7 MIS RECEIVER (<i>continuous blood glucose system receiver</i>)	2	DM
DEXCOM G7 MIS SENSOR (<i>continuous blood glucose system sensor</i>)	2	QL (3 boxes every 25 days); DM
DIATHRIVE MIS LANCETS (<i>lancets</i>)	3	DM
DIATHRIVE MIS UT 30G (<i>lancets</i>)	3	DM
DROPLET LANC MIS 30G (<i>lancets</i>)	3	DM
DROPLET PERS MIS LANC 30G (<i>lancets</i>)	3	DM
E-Z JECT MIS 21G (<i>lancets</i>)	3	DM
E-Z JECT MIS 21G COLR (<i>lancets</i>)	3	DM
E-Z JECT MIS 30G (<i>lancets</i>)	3	DM
E-Z JECT MIS 32G COLR (<i>lancets</i>)	3	DM
E-Z JECT MIS LANC 21G (<i>lancets</i>)	3	DM
E-Z JECT MIS THIN 26G (<i>lancets</i>)	3	DM
E-ZJECT LANC MIS 33G (<i>lancets</i>)	3	DM
EASY COMFORT MIS 30G (<i>lancets</i>)	3	DM
EASY COMFORT MIS LANC/30G (<i>lancets</i>)	3	DM
EASY COMFORT MIS TWIST (<i>lancets</i>)	3	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASY TOUCH MIS LANC/21G (<i>lancets</i>)	3	DM
EASY TOUCH MIS LANC/23G (<i>lancets</i>)	3	DM
EASY TOUCH MIS LANC/26G (<i>lancets</i>)	3	DM
EASY TOUCH MIS LANC/28G (<i>lancets</i>)	3	DM
EASY TOUCH MIS LANC/30G (<i>lancets</i>)	3	DM
EASY TOUCH MIS LANC/32G (<i>lancets</i>)	3	DM
EASY TOUCH MIS LANC/33G (<i>lancets</i>)	3	DM
EMBRACE LANC MIS 21G (<i>lancets</i>)	3	DM
EMBRACE LANC MIS 28G (<i>lancets</i>)	3	DM
EMBRACE LANC MIS THIN 30G (<i>lancets</i>)	3	DM
EQL LANCETS MIS 21G COLR (<i>lancets</i>)	3	DM
EQL LANCETS MIS 33G COLR (<i>lancets</i>)	3	DM
EQL LANCETS MIS THIN 26G (<i>lancets</i>)	3	DM
EQL LANCETS MIS THIN 30G (<i>lancets</i>)	3	DM
EZ-LETS 21G MIS LANCETS (<i>lancets</i>)	3	DM
EZ-LETS 26G MIS LANCETS (<i>lancets</i>)	3	DM
EZ-LETS 28G MIS LANCETS (<i>lancets</i>)	3	DM
EZ-LETS 30G MIS LANCETS (<i>lancets</i>)	3	DM
FASTCLIX MIS LANCETS (<i>lancets</i>)	2	DM
FIFTY50 SAFE MIS LANCETS (<i>lancets</i>)	3	DM
FINGERSTIX MIS LANCETS (<i>lancets</i>)	3	DM
FORA LANCETS MIS 30G (<i>lancets</i>)	3	DM
FORA MIS LANCETS (<i>lancets</i>)	3	DM
FREESTYLE MIS LANCETS (<i>lancets</i>)	3	DM
GENTEEL MIS LANCETS (<i>lancets</i>)	3	DM
GENTLE-LET MIS 26G (<i>lancets</i>)	3	DM
GENTLE-LET MIS 28G (<i>lancets</i>)	3	DM
GENTLE-LET MIS LANCETS (<i>lancets</i>)	3	DM
GLOBAL 28G MIS LANCETS (<i>lancets</i>)	3	DM
GLOBAL 30G MIS LANCETS (<i>lancets</i>)	3	DM
GLUCOCOM MIS 28G (<i>lancets</i>)	3	DM
GLUCOCOM MIS 30G (<i>lancets</i>)	3	DM
GLUCOCOM MIS 33G (<i>lancets</i>)	3	DM
GNP LANCETS MIS 21G (<i>lancets</i>)	3	DM
GNP LANCETS MIS 28G (<i>lancets</i>)	3	DM
GNP LANCETS MIS 30G (<i>lancets</i>)	3	DM
GNP LANCETS MIS 33G (<i>lancets</i>)	3	DM
GNP LANCETS MIS THIN 26G (<i>lancets</i>)	3	DM
GOJJI LANCET MIS 30G (<i>lancets</i>)	3	DM
GOODSENSE MIS LANC 26G (<i>lancets</i>)	3	DM
GOODSENSE MIS LANC 30G (<i>lancets</i>)	3	DM

AGE - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA**** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GOODSENSE MIS LANC 33G (<i>lancets</i>)	3	DM
HAEMOLANCE MIS HIGH FLO (<i>lancets</i>)	3	DM
HAEMOLANCE MIS LOW FLOW (<i>lancets</i>)	3	DM
HAEMOLANCE MIS PLUS (<i>lancets</i>)	3	DM
HAEMOLANCE MIS PLUS LOW (<i>lancets</i>)	3	DM
HAEMOLANCE MIS PLUS MAX (<i>lancets</i>)	3	DM
HAEMOLANCE MIS PLUS PED (<i>lancets</i>)	3	DM
HAEMOLANCE MIS RETRACT (<i>lancets</i>)	3	DM
IN TOUCH LAN MIS 30G (<i>lancets</i>)	3	DM
INCONTROL MIS LANC 28G (<i>lancets</i>)	3	DM
INCONTROL MIS LANC 30G (<i>lancets</i>)	3	DM
INCONTROL MIS LANC 33G (<i>lancets</i>)	3	DM
KINNEY MIS LANCETS (<i>lancets</i>)	3	DM
KINNEY THIN MIS LANCETS (<i>lancets</i>)	3	DM
KROGER LANCE MIS (<i>lancets</i>)	3	DM
KROGER LANCE MIS 26G (<i>lancets</i>)	3	DM
KROGER LANCE MIS THIN (<i>lancets</i>)	3	DM
KROGER LANCE MIS THIN 30G (<i>lancets</i>)	3	DM
LANCET MICRO MIS THIN 33G (<i>lancets</i>)	3	DM
LANCET STAND MIS 21G (<i>lancets</i>)	3	DM
LANCET SUPER MIS THIN 30G (<i>lancets</i>)	3	DM
LANCET ULTRA MIS THIN 30G (<i>lancets</i>)	3	DM
LANCETS MICR MIS THIN 33G (<i>lancets</i>)	3	DM
LANCETS MIS	3	DM
LANCETS MIS 21G (<i>lancets</i>)	3	DM
LANCETS MIS 21G COLR (<i>lancets</i>)	3	DM
LANCETS MIS 26G	3	DM
LANCETS MIS 28G (<i>lancets</i>)	3	DM
LANCETS MIS 30G	3	DM
LANCETS MIS 33G (<i>lancets</i>)	3	DM
LANCETS MIS ORIGINAL (<i>lancets</i>)	3	DM
LANCETS MIS THIN (<i>lancets</i>)	3	DM
LANCETS MIS THIN 26G (<i>lancets</i>)	3	DM
LANCETS MIS THIN 30G (<i>lancets</i>)	3	DM
LANCETS SUPR MIS THIN 28G (<i>lancets</i>)	3	DM
LANCETS THIN MIS	3	DM
LANCETS THIN MIS 26G (<i>lancets</i>)	3	DM
LANCETS ULTR MIS THIN (<i>lancets</i>)	3	DM
LANCETS ULTR MIS THIN 31G (<i>lancets</i>)	3	DM
LITE TOUCH MIS LANCETS (<i>lancets</i>)	3	DM
LITETOUCH MIS LANCETS (<i>lancets</i>)	3	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LONGS LANCET MIS STANDARD (<i>lancets</i>)	3	DM
LONGS LANCET MIS THIN (<i>lancets</i>)	3	DM
LONGS LANCET MIS ULTRA TH (<i>lancets</i>)	3	DM
MEDICHOICE MIS LANCET (<i>lancets</i>)	3	DM
MEDLANCE MIS 30G PLUS (<i>lancets</i>)	3	DM
MEDLANCE MIS PLUS 30G (<i>lancets</i>)	3	DM
MEDLANCE PLS MIS 0.8MM (<i>lancets</i>)	3	DM
MEDLANCE PLS MIS EXTR 21G (<i>lancets</i>)	3	DM
MEDLANCE PLS MIS LITE 25G (<i>lancets</i>)	3	DM
MEDLANCE PLS MIS UNIV 21G (<i>lancets</i>)	3	DM
MEIJER LANCE MIS COLOR (<i>lancets</i>)	3	DM
MEIJER LANCE MIS UNIV 21G (<i>lancets</i>)	3	DM
MEIJER LANCE MIS UNIV 30G (<i>lancets</i>)	3	DM
MEIJER LANCE MIS UNIVERSA (<i>lancets</i>)	3	DM
MEIJER MIS LANCETS (<i>lancets</i>)	3	DM
MICRO THIN MIS LANC 33G (<i>lancets</i>)	3	DM
MICROLET MIS LANCETS (<i>lancets</i>)	3	DM
MM TWIST MIS LANCETS (<i>lancets</i>)	3	DM
MOBILE LANCE MIS 30G (<i>lancets</i>)	3	DM
MONOLET MIS LANCETS (<i>lancets</i>)	3	DM
MONOLET OPD MIS LANCETS (<i>lancets</i>)	3	DM
MONOLETTOR MIS LANCETS (<i>lancets</i>)	3	DM
MYGLUCOHEALT MIS LANC 30G (<i>lancets</i>)	3	DM
NOVA SAFETY MIS LANC 23G (<i>lancets</i>)	3	DM
NOVA SAFETY MIS LANC 28G (<i>lancets</i>)	3	DM
NOVA SURE MIS LANCETS (<i>lancets</i>)	3	DM
OMNIPOD 5 G6 KIT INTRO (<i>insulin infusion disposable pump</i>)	2	DM
OMNIPOD 5 G6 MIS PODS (<i>insulin infusion disposable pump</i>)	2	DM
OMNIPOD DASH MIS PODS (<i>insulin infusion disposable pump</i>)	2	DM
OMNIPOD MIS CLASSIC (<i>insulin infusion disposable pump</i>)	2	DM
ON-THE-GO MIS LANC 30G (<i>lancets</i>)	3	DM
ONETOUCH DEL MIS LANC DEV (<i>lancet devices</i>)	2	DM
ONETOUCH DEL MIS PLUS 30G (<i>lancets</i>)	2	DM
ONETOUCH DEL MIS PLUS 33G (<i>lancets</i>)	2	DM
ONETOUCH US MIS 2 30G (<i>lancets</i>)	2	DM
PERFECT 28G MIS LANCETS (<i>lancets</i>)	3	DM
PERFECT 30G MIS LANCETS (<i>lancets</i>)	3	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PHARMACY COU MIS LANCETS (<i>lancets</i>)	3	DM
PIP LANCETS MIS 28G (<i>lancets</i>)	3	DM
PIP LANCETS MIS 30G (<i>lancets</i>)	3	DM
PRO COMFORT MIS 31G (<i>lancets</i>)	3	DM
PRO COMFORT MIS LANC 30G (<i>lancets</i>)	3	DM
PRO COMFORT MIS LANCETS (<i>lancets</i>)	3	DM
PRODIGY MIS 26G (<i>lancets</i>)	3	DM
PRODIGY MIS 28G (<i>lancets</i>)	3	DM
PSS SAFE LAN MIS (<i>lancets</i>)	3	DM
PSS SEL LANC MIS (<i>lancets</i>)	3	DM
PURE COMFORT MIS 30G LAN (<i>lancets</i>)	3	DM
PX LANCETS MIS 28G (<i>lancets</i>)	3	DM
PX LANCETS MIS 33G (<i>lancets</i>)	3	DM
QC LANCETS MIS 28G (<i>lancets</i>)	3	DM
QC LANCETS MIS 30G (<i>lancets</i>)	3	DM
RA E-ZJECT MIS 28G (<i>lancets</i>)	3	DM
RA E-ZJECT MIS THIN 26G (<i>lancets</i>)	3	DM
RA E-ZJECT MIS THIN 28G (<i>lancets</i>)	3	DM
RA E-ZJECT MIS ULT THIN (<i>lancets</i>)	3	DM
READYLANCE MIS 21G (<i>lancets</i>)	3	DM
READYLANCE MIS 23G (<i>lancets</i>)	3	DM
READYLANCE MIS 26G (<i>lancets</i>)	3	DM
READYLANCE MIS 28G (<i>lancets</i>)	3	DM
READYLANCE MIS 30G (<i>lancets</i>)	3	DM
REALITY MIS LANCETS (<i>lancets</i>)	3	DM
REALITY TRIG MIS LANCETS (<i>lancets</i>)	3	DM
RELION LANCE MIS THIN 26G (<i>lancets</i>)	3	DM
RELION LANCE MIS THIN 30G (<i>lancets</i>)	3	DM
RELION MICRO MIS THIN 33G (<i>lancets</i>)	3	DM
RELION ULTRA MIS THIN 30G (<i>lancets</i>)	3	DM
RELION ULTRA MIS THIN PLS (<i>lancets</i>)	3	DM
RIGHTEST MIS GL300 (<i>lancets</i>)	3	DM
SAFE-T-LANCE MIS 21G (<i>lancets</i>)	3	DM
SAFE-T-LANCE MIS 25G (<i>lancets</i>)	3	DM
SAFE-T-LANCE MIS HI FLOW (<i>lancets</i>)	3	DM
SAFE-T-LANCE MIS LOW FLOW (<i>lancets</i>)	3	DM
SAFE-T-LANCE MIS NOR FLOW (<i>lancets</i>)	3	DM
SAFE-T-PRO MIS LANCETS (<i>lancets</i>)	2	DM
SAFE-T-PRO MIS LANCETS (<i>lancets</i>)	3	DM
SAFE-T-PRO MIS PLUS (<i>lancets</i>)	3	DM
SAFETY 21G MIS LANCETS (<i>lancets</i>)	3	DM

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SAFETY 23G MIS LANCETS (<i>lancets</i>)	3	DM
SAFETY 28G MIS LANCETS	3	DM
SAFETY 30G MIS LANCETS (<i>lancets</i>)	3	DM
SAFETY MIS LANCETS (<i>lancets</i>)	3	DM
SAPS HEALTH MIS TWIST (<i>lancets</i>)	3	DM
SAPS TWIST MIS 30G (<i>lancets</i>)	3	DM
SAPSCARE MIS TWIST (<i>lancets</i>)	3	DM
SB LANCETS MIS THIN (<i>lancets</i>)	3	DM
SB LANCETS MIS ULTR THN (<i>lancets</i>)	3	DM
SINGLE-LET MIS 23G (<i>lancets</i>)	3	DM
SM LANCETS MIS 33G (<i>lancets</i>)	3	DM
SMART SENSE MIS LANC 21G (<i>lancets</i>)	3	DM
SMART SENSE MIS LANC 26G (<i>lancets</i>)	3	DM
SMART SENSE MIS LANC 30G (<i>lancets</i>)	3	DM
SMART SENSE MIS LANC 33G (<i>lancets</i>)	3	DM
SMARTEST MIS LANCETS (<i>lancets</i>)	3	DM
SOFTCLIX MIS LANCETS (<i>lancets</i>)	2	DM
SOLUS V2 MIS LANC 28G (<i>lancets</i>)	3	DM
SOLUS V2 MIS LANC 30G (<i>lancets</i>)	3	DM
STERILANCE MIS TL 28G (<i>lancets</i>)	3	DM
STERILANCE MIS TL 30G (<i>lancets</i>)	3	DM
STERILANCE MIS TL 32G (<i>lancets</i>)	3	DM
SUPER THIN MIS LANC 28G (<i>lancets</i>)	3	DM
SUPER THIN MIS LANCETS (<i>lancets</i>)	3	DM
SURE COMFORT MIS LANC 18G (<i>lancets</i>)	3	DM
SURE COMFORT MIS LANC 21G (<i>lancets</i>)	3	DM
SURE COMFORT MIS LANC 23G (<i>lancets</i>)	3	DM
SURE COMFORT MIS LANC 30G (<i>lancets</i>)	3	DM
SURE COMFORT MIS LANCETS (<i>lancets</i>)	3	DM
SUREFLEX MIS LANCETS (<i>lancets</i>)	3	DM
SURELITE MIS LANCETS (<i>lancets</i>)	3	DM
TECHLITE AST MIS LANCETS (<i>lancets</i>)	3	DM
TECHLITE MIS LANC 26G (<i>lancets</i>)	3	
TECHLITE MIS LANC 30G (<i>lancets</i>)	3	DM
TECHLITE MIS LANCETS (<i>lancets</i>)	3	DM
TGT LANCET MIS 26G (<i>lancets</i>)	3	DM
TGT LANCET MIS 30G (<i>lancets</i>)	3	DM
TGT LANCET MIS 33G (<i>lancets</i>)	3	DM
THIN LANCETS MIS 26G (<i>lancets</i>)	3	DM
THIN LANCETS MIS 30G (<i>lancets</i>)	3	DM
THINLETS GP MIS 26G (<i>lancets</i>)	3	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOPCARE MIS LANC 33G (<i>lancets</i>)	3	DM
TRAVEL LANCE MIS ADV 28G (<i>lancets</i>)	3	DM
TRUE COMFORT MIS LANC 30G (<i>lancets</i>)	3	DM
TRUPLUS LANC MIS 26G (<i>lancets</i>)	3	DM
TRUPLUS LANC MIS 28G (<i>lancets</i>)	3	DM
TRUPLUS LANC MIS 30G (<i>lancets</i>)	3	DM
TRUPLUS LANC MIS 33G (<i>lancets</i>)	3	DM
TWIST LANCET MIS 30G	3	DM
TWIST LANCET MIS 30G MULT (<i>lancets</i>)	3	DM
ULTILET MIS 26G (<i>lancets</i>)	3	DM
ULTILET MIS 28G (<i>lancets</i>)	3	DM
ULTILET MIS 30G (<i>lancets</i>)	3	DM
ULTILET MIS 33G (<i>lancets</i>)	3	DM
ULTILET MIS LANCETS (<i>lancets</i>)	3	DM
ULTILET MIS SAFETY (<i>lancets</i>)	3	DM
ULTILET SAFE MIS 21G (<i>lancets</i>)	3	DM
ULTRA THIN MIS 28G (<i>lancets</i>)	3	DM
ULTRA THIN MIS 30G (<i>lancets</i>)	3	DM
ULTRA THIN MIS 31G (<i>lancets</i>)	3	DM
ULTRA THIN MIS 33G (<i>lancets</i>)	3	DM
ULTRA THIN MIS LAN 31G (<i>lancets</i>)	3	DM
ULTRA THIN MIS LANC 28G (<i>lancets</i>)	3	DM
ULTRA THIN MIS LANC 30G (<i>lancets</i>)	3	DM
ULTRA THIN MIS LANCETS (<i>lancets</i>)	3	DM
UNILET EX II MIS 28G (<i>lancets</i>)	3	DM
UNILET EXCEL MIS 23G (<i>lancets</i>)	3	DM
UNILET G.P MIS SUPR 23G (<i>lancets</i>)	3	DM
UNILET G.P. MIS 21G (<i>lancets</i>)	3	DM
UNILET GP 28 MIS ULT THIN (<i>lancets</i>)	3	DM
UNILET LANC MIS 33G (<i>lancets</i>)	3	DM
UNILET LANCE MIS 21G (<i>lancets</i>)	3	DM
UNILET LANCE MIS 28G (<i>lancets</i>)	3	DM
UNILET LANCE MIS 33G (<i>lancets</i>)	3	DM
UNILET LANCT MIS 28G (<i>lancets</i>)	3	DM
UNILET LANCT MIS 30G (<i>lancets</i>)	3	DM
UNILET LANCT MIS 33G (<i>lancets</i>)	3	DM
UNILET MICRO MIS 33G (<i>lancets</i>)	3	DM
UNILET MIS 21G (<i>lancets</i>)	3	DM
UNILET SUPER MIS 23G (<i>lancets</i>)	3	DM
UNILET SUPER MIS G.P. 23G (<i>lancets</i>)	3	DM
UNISTIK 3 MIS GENT 30G (<i>lancets</i>)	3	DM

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UNISTIK PRO MIS LANC 21G (<i>lancets</i>)	3	DM
UNISTIK PRO MIS LANC 28G (<i>lancets</i>)	3	DM
UNISTIK SAFE MIS LANC 28G (<i>lancets</i>)	3	DM
UNISTIK SAFE MIS LANC 30G (<i>lancets</i>)	3	DM
UNISTIK TOUC MIS LANC 21G (<i>lancets</i>)	3	DM
UNISTIK TOUC MIS LANC 23G (<i>lancets</i>)	3	DM
UNISTIK TOUC MIS LANC 28G (<i>lancets</i>)	3	DM
UNISTIK TOUC MIS LANC 30G (<i>lancets</i>)	3	DM
UNITSTIK PRO MIS LANC 25G (<i>lancets</i>)	3	DM
UNIVERSAL 1 MIS 33G (<i>lancets</i>)	3	DM
UNIVERSAL 1 MIS LANC 26G (<i>lancets</i>)	3	DM
UNIVERSAL 1 MIS LANC 30G (<i>lancets</i>)	3	DM
V-GO 20 KIT (<i>insulin infusion disposable pump</i>)	2	DM
V-GO 30 KIT (<i>insulin infusion disposable pump</i>)	2	DM
V-GO 40 KIT (<i>insulin infusion disposable pump</i>)	2	DM
VERIFINE LAN MIS MINI 21G (<i>lancets</i>)	3	DM
VERIFINE LAN MIS MINI 23G (<i>lancets</i>)	3	DM
VERIFINE LAN MIS MINI 28G (<i>lancets</i>)	3	DM
VERIFINE LAN MIS MINI 30G (<i>lancets</i>)	3	DM
VERIFINE MIS UNIV 28G (<i>lancets</i>)	3	DM
VERIFINE MIS UNIV 30G (<i>lancets</i>)	3	DM
VERIFINE MIS UNIV 33G (<i>lancets</i>)	3	DM
VIVAGUARD MIS 28G (<i>lancets</i>)	3	DM
VIVAGUARD MIS 30G (<i>lancets</i>)	3	DM
ZEV RX TWIST MIS LANC 30G (<i>lancets</i>)	3	DM
MISC. DEVICES		
BREAST PUMP MIS HARMONY (<i>misc. devices</i>)	0	PC
BREAST PUMP MIS MANUAL (<i>misc. devices</i>)	0	PC
BREAST PUMP MIS NURSER (<i>misc. devices</i>)	0	PC
TOMMEE TIPPE MIS PUMP (<i>misc. devices</i>)	0	PC
PARENTERAL THERAPY SUPPLIES		
BD INSULIN PEN NEEDLES - OTC (<i>insulin pen needle</i>)	2	DM
BD INSULIN SYRINGE - OTC (<i>insulin syringe/needle u-100</i>)	2	DM
BD INSULIN SYRINGE - OTC (<i>insulin syringes (disposable)</i>)	2	DM
BD INSULIN SYRINGE - RX (<i>insulin syringe/needle u-100</i>)	2	DM
BD INSULIN SYRINGE - RX (<i>insulin syringe/needle u-500</i>)	2	DM

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RESPIRATORY THERAPY SUPPLIES		
ADULT MASK MIS	3	
NEBULIZER MIS CUP/TUBI	3	
SPACER CHAMBER - OTC (<i>spacer/aerosol-holding chamber supplies - masks</i>)	3	
SPACER CHAMBER - OTC (<i>spacer/aerosol-holding chambers</i>)	3	
SPACER CHAMBER - RX (<i>spacer/aerosol-holding chamber supplies - bags</i>)	3	
SPACER CHAMBER - RX (<i>spacer/aerosol-holding chamber supplies - masks</i>)	3	
SPACER CHAMBER - RX (<i>spacer/aerosol-holding chambers</i>)	3	
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG		
AJOVY INJ 225/1.5 (<i>fremanezumab-vfrm</i>)	2	ST, PA, QL (3 pens every 75 days); PA**
AJOVY INJ 225/1.5 (<i>fremanezumab-vfrm</i>)	2	ST, PA, QL (3 syringes every 75 days); PA**
EMGALITY INJ 100MG/ML (<i>galcanezumab-gnlm</i>)	2	ST, PA, QL (9 syringes every 75 days); PA**
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	2	ST, PA, QL (4 pens every 75 days); PA**
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	2	ST, PA, QL (4 syringes every 75 days); PA**
NURTEC TAB 75MG ODT (<i>rimegepant sulfate</i>)	2	
QULIPTA TAB 10MG (<i>atogepant</i>)	2	
QULIPTA TAB 30MG (<i>atogepant</i>)	2	
QULIPTA TAB 60MG (<i>atogepant</i>)	2	
UBRELVY TAB 50MG (<i>ubrogepant</i>)	2	
UBRELVY TAB 100MG (<i>ubrogepant</i>)	2	
MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES		
<i>dihydroergotamine mesylate inj 1 mg/ml</i>	1	
SEROTONIN AGONISTS		
<i>almotriptan malate tab 6.25 mg</i>	1	QL (12 tabs every 25 days)
<i>almotriptan malate tab 12.5 mg</i>	1	QL (12 tabs every 25 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	1	QL (12 tabs every 25 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	1	QL (12 tabs every 25 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	1	QL (18 tabs every 25 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>naratriptan hcl tab 1 mg (base equiv)</i>	1	QL (12 tabs every 25 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	1	QL (12 tabs every 25 days)
ONZETRA XSAI MIS 11MG (sumatriptan succinate)	2	QL (16 nosepieces every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	1	QL (18 tabs every 25 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	1	QL (18 tabs every 25 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	1	QL (18 tabs every 25 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	1	QL (18 tabs every 25 days)
<i>sumatriptan nasal spray 5 mg/act</i>	1	QL (24 inhalers every 25 days)
<i>sumatriptan nasal spray 20 mg/act</i>	1	QL (12 inhalers every 25 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	1	QL (12 injections every 25 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	1	QL (18 injections every 25 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	1	QL (12 injections every 25 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	1	QL (18 injections every 25 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	1	QL (12 injections every 25 days)
<i>sumatriptan succinate tab 25 mg</i>	1	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 50 mg</i>	1	QL (12 tabs every 25 days)
<i>sumatriptan succinate tab 100 mg</i>	1	QL (12 tabs every 25 days)
ZEMBRACE SYM INJ 3/0.5ML (sumatriptan succinate)	2	QL (24 injections every 25 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	1	QL (12 bottles every 30 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	1	QL (12 tabs every 25 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	1	QL (12 tabs every 25 days)
<i>zolmitriptan tab 2.5 mg</i>	1	QL (12 tabs every 25 days)
<i>zolmitriptan tab 5 mg</i>	1	QL (12 tabs every 25 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

FLUORIDE

<i>sodium fluoride chew tab 0.5 mg f (from 1.1 mg naf)</i>	0	AGE; PC
<i>sodium fluoride chew tab 0.25 mg f (from 0.55 mg naf)</i>	0	AGE; PC
<i>sodium fluoride chew tab 1 mg f (from 2.2 mg naf)</i>	1	
<i>sodium fluoride soln 0.5 mg/ml f (from 1.1 mg/ml naf)</i>	0	AGE; PC
<i>sodium fluoride tab 0.5 mg f (from 1.1 mg naf)</i>	0	AGE; PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sodium fluoride tab 1 mg f (from 2.2 mg naf)</i>	1	
IODINE PRODUCTS		
<i>iodine solution strong 5% (lugol's)</i>	1	
PHOSPHATE		
<i>pot phos monobasic w/sod phos di & monobas tab 155-852-130mg</i>	1	
(Pot Phos Monobasic W/sod Phos Di & Monobas Tab 155-852-130mg) PHOSPHA 250 NEUTRAL	1	
(Pot Phos Monobasic W/sod Phos Di & Monobas Tab 155-852-130mg) PHOSPHO-TRIN 250 NEUTRAL	1	
(Pot Phos Monobasic W/sod Phos Di & Monobas Tab 155-852-130mg) WES-PHOS 250 NEUTRAL	1	
(Potassium Phosphate Monobasic Tab 500 mg) PHOSPHO-TRIN K500	1	
POTASSIUM		
(Potassium Bicarbonate Effer Tab 25 meq) EFFER-K	1	
(Potassium Bicarbonate Effer Tab 25 meq) K-PRIME	1	
(Potassium Bicarbonate Effer Tab 25 meq) KLOR-CON/EF	1	
<i>potassium chloride cap er 8 meq</i>	1	
<i>potassium chloride cap er 10 meq</i>	1	
<i>potassium chloride microencapsulated crys er tab 10 meq</i>	1	
(Potassium Chloride Microencapsulated Crys Er Tab 10 meq) KLOR-CON M10	1	
<i>potassium chloride microencapsulated crys er tab 15 meq</i>	1	
(Potassium Chloride Microencapsulated Crys Er Tab 15 meq) KLOR-CON M15	1	
<i>potassium chloride microencapsulated crys er tab 20 meq</i>	1	
(Potassium Chloride Microencapsulated Crys Er Tab 20 meq) KLOR-CON M20	1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	1	
<i>potassium chloride powder packet 20 meq</i>	1	
(Potassium Chloride Powder Packet 20 meq) KLOR-CON	1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	1	
(Potassium Chloride Tab Er 8 meq (600 mg)) KLOR-CON 8	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
potassium chloride tab er 10 meq	1	
(Potassium Chloride Tab Er 10 meq) KLOR-CON 10	1	
potassium chloride tab er 20 meq (1500 mg)	1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING		
penicillamine cap 250 mg	4	SP
penicillamine tab 250 mg	4	SP
trientine hcl cap 250 mg	4	SP
IMMUNOMODULATORS - DRUGS TO TREAT CANCER		
lenalidomide cap 5 mg	4	SP, PA, QL (1 cap every 1 day)
lenalidomide cap 10 mg	4	SP, PA, QL (1 cap every 1 day)
lenalidomide cap 15 mg	4	SP, PA, QL (1 cap every 1 day)
lenalidomide cap 20 mg	4	SP, PA, QL (21 caps every 28 days)
lenalidomide cap 25 mg	4	SP, PA, QL (21 caps every 28 days)
lenalidomide caps 2.5 mg	4	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 2.5MG (lenalidomide)	4	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 5MG (lenalidomide)	4	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 10MG (lenalidomide)	4	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 15MG (lenalidomide)	4	SP, PA, QL (1 cap every 1 day)
REVLIMID CAP 20MG (lenalidomide)	4	SP, PA, QL (21 caps every 28 days)
REVLIMID CAP 25MG (lenalidomide)	4	SP, PA, QL (21 caps every 28 days)
THALOMID CAP 50MG (thalidomide)	4	SP, PA, QL (1 cap every 1 day)
THALOMID CAP 100MG (thalidomide)	4	SP, PA, QL (1 cap every 1 day)
THALOMID CAP 150MG (thalidomide)	4	SP, PA, QL (2 caps every 1 day)
THALOMID CAP 200MG (thalidomide)	4	SP, PA, QL (2 caps every 1 day)
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT		
azathioprine tab 50 mg	1	
azathioprine tab 75 mg	1	
(Azathioprine Tab 75 mg) AZASAN	1	
azathioprine tab 100 mg	1	
(Azathioprine Tab 100 mg) AZASAN	1	
cyclosporine cap 25 mg	1	SP
cyclosporine cap 100 mg	1	SP
cyclosporine modified cap 25 mg	1	SP
(Cyclosporine Modified Cap 25 mg) GENGRAF	1	SP
cyclosporine modified cap 50 mg	1	SP
cyclosporine modified cap 100 mg	1	SP

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Cyclosporine Modified Cap 100 mg) GENGRAF	1	SP
cyclosporine modified oral soln 100 mg/ml	1	SP
(Cyclosporine Modified Oral Soln 100 mg/ml) GENGRAF	1	SP
ENSPRYNG INJ (satralizumab-mwge)	4	SP, PA, QL (1 syringe every 28 days)
everolimus tab 0.5 mg	1	SP
everolimus tab 0.25 mg	1	SP
everolimus tab 0.75 mg	1	SP
everolimus tab 1 mg	1	SP
mycophenolate mofetil cap 250 mg	1	SP
mycophenolate mofetil for oral susp 200 mg/ml	1	SP
mycophenolate mofetil tab 500 mg	1	SP
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	1	SP
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	1	SP
sirolimus oral soln 1 mg/ml	1	SP
sirolimus tab 0.5 mg	1	SP
sirolimus tab 1 mg	1	SP
sirolimus tab 2 mg	1	SP
tacrolimus cap 0.5 mg	1	SP
tacrolimus cap 1 mg	1	SP
tacrolimus cap 5 mg	1	SP
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM		
(Sodium Polystyrene Sulfonate Oral Susp 15 gm/60ml) SPS	1	
sodium polystyrene sulfonate powder	1	
VELTASSA POW 8.4GM (patiomer sorbitex calcium)	2	
VELTASSA POW 16.8GM (patiomer sorbitex calcium)	2	
VELTASSA POW 25.2GM (patiomer sorbitex calcium)	2	
PROGERIA TREATMENT AGENTS - DRUGS TO TREAT PROGERIA		
ZOKINVY CAP 50MG (lonafarnib)	4	SP, PA, QL (4 caps every 1 day)
ZOKINVY CAP 75MG (lonafarnib)	4	SP, PA, QL (4 caps every 1 day)
SYSTEMIC LUPUS ERYTHEMATOSUS AGENTS - DRUGS TO TREAT LUPUS		
BENLYSTA INJ 200MG/ML (belimumab)	4	SP, PA, QL (4 injections every 28 days)
BENLYSTA INJ 200MG/ML (belimumab)	4	SP, PA, QL (4 syringes every 28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	1	
<i>lidocaine hcl viscous soln 2%</i>	1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	1	
<i>nystatin susp 100000 unit/ml</i>	1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	1	
(Chlorhexidine Gluconate Soln 0.12%) PERIOGARD	1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	1	
(Triamcinolone Acetonide Dental Paste 0.1%) KOURZEQ	1	
(Triamcinolone Acetonide Dental Paste 0.1%) ORALONE DENTAL PASTE	1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	1	
<i>pilocarpine hcl tab 5 mg</i>	1	
<i>pilocarpine hcl tab 7.5 mg</i>	1	
MULTIVITAMINS - DRUGS FOR NUTRITION		
B-COMPLEX W/ FOLIC ACID		
(B-Complex W/ C & Folic Acid Tab 5 mg) FOLBEE PLUS	1	
(B-Complex W/ C-Biotin-Minerals & Folic Acid Tab 5 mg) FOLBEE PLUS CZ	1	
PED MV W/ FLUORIDE		
<i>pediatric vitamins acd w/ fluoride soln 0.5 mg/ml</i>	1	
(Pediatric Vitamins Acd W/ Fluoride Soln 0.5 mg/ml) TRI-VITE/FLUORIDE	1	
PRENATAL VITAMINS		
(Prenat W/o A W/ fefum-Methfol-Fa-Dha Cap 27-0.6-0.4-300 mg) PNV-DHA	0	PC
(Prenatal Vit W/ Dss-Iron Carbonyl-Fa Tab 90-1 mg) INATAL GT	0	PC
(Prenatal Vit W/ Fe Fum-Methylfolate-Fa Tab 27-0.6-0.4 mg) PNV-SELECT	0	PC
(Prenatal Vit W/ Fe Fumarate-Fa Chew Tab 29-1 mg) PRENATAL 19	0	PC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Prenatal Vit W/ Fe Fumarate-Fa Tab 28-1 mg) TRINATE	0	PC
(Prenatal Vit W/ Iron Carbonyl-Fa Tab 50-1.25 mg) ELITE-OB	0	PC

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen oral soln 5 mg/5ml</i>	1	
<i>baclofen oral soln 10 mg/5ml</i>	1	
<i>baclofen tab 5 mg</i>	1	
<i>baclofen tab 10 mg</i>	1	
<i>baclofen tab 20 mg</i>	1	
<i>carisoprodol tab 350 mg</i>	1	
<i>chlorzoxazone tab 500 mg</i>	1	
<i>cyclobenzaprine hcl tab 5 mg</i>	1	
<i>cyclobenzaprine hcl tab 10 mg</i>	1	
LYVISPAH GRA 5MG (<i>baclofen</i>)	2	
LYVISPAH GRA 10MG (<i>baclofen</i>)	2	
LYVISPAH GRA 20MG (<i>baclofen</i>)	2	
<i>metaxalone tab 800 mg</i>	1	
<i>methocarbamol tab 500 mg</i>	1	
<i>methocarbamol tab 750 mg</i>	1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	1	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	1	

DIRECT MUSCLE RELAXANTS

<i>dantrolene sodium cap 25 mg</i>	1	
<i>dantrolene sodium cap 50 mg</i>	1	
<i>dantrolene sodium cap 100 mg</i>	1	

NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE

NASAL AGENT COMBINATIONS

<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	1	QL (1 bottle every 25 days)
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NASAL ANTIALLERGY

<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	1	QL (2 bottles every 25 days)
<i>olopatadine hcl nasal soln 0.6%</i>	1	QL (1.016 bottles every 25 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	1	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	1	QL (3 bottles every 25 days)
SYMPATHOMIMETIC DECONGESTANTS		
<i>epinephrine hcl nasal soln 0.1%</i>	1	
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES		
ALS AGENTS		
RADICAVA ORS SUS 105/5ML (<i>edaravone</i>)	4	SP, PA, QL (2.5 mL every 1 day)
RADICAVA ORS SUS STARTER (<i>edaravone</i>)	4	SP, PA, QL (2.5 mL every 1 day)
<i>riluzole tab 50 mg</i>	1	
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS		
BETA-BLOCKERS - OPTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	1	
BETOPTIC-S SUS 0.25% OP (<i>betaxolol hcl (ophth)</i>)	2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	1	
<i>carteolol hcl ophth soln 1%</i>	1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	1	
<i>levobunolol hcl ophth soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	1	
<i>timolol maleate ophth soln 0.5%</i>	1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	1	
<i>timolol maleate ophth soln 0.25%</i>	1	
<i>timolol maleate preservative free ophth soln 0.5%</i>	1	
<i>timolol maleate preservative free ophth soln 0.25%</i>	1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfat ophth soln 1%</i>	1	
<i>cyclopentolate hcl ophth soln 1%</i>	1	
<i>phenylephrine hcl ophth soln 2.5%</i>	1	
(Phenylephrine Hcl Ophth Soln 2.5%) ALTAFRIN	1	
<i>phenylephrine hcl ophth soln 10%</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Phenylephrine Hcl Opth Soln 10%) ALTAFRIN	1	
tropicamide opth soln 0.5%	1	
tropicamide opth soln 1%	1	
MIOTICS		
pilocarpine hcl opth soln 1%	1	
pilocarpine hcl opth soln 2%	1	
pilocarpine hcl opth soln 4%	1	
OPHTHALMIC ADRENERGIC AGENTS		
apraclonidine hcl opth soln 0.5% (base equivalent)	1	
brimonidine tartrate opth soln 0.1%	1	
brimonidine tartrate opth soln 0.2%	1	
brimonidine tartrate opth soln 0.15%	1	
SIMBRINZA SUS 1-0.2% (brinzolamide-brimonidine tartrate)	2	
OPHTHALMIC ANTI-INFECTIVES		
bacitracin opth oint 500 unit/gm	1	
bacitracin-polymyxin b opth oint	1	
(Bacitracin-Polymyxin B Opth Oint) POLYCIN	1	
BESIVANCE SUS 0.6% (besifloxacin hcl)	2	
ciprofloxacin hcl opth soln 0.3% (base equivalent)	1	
erythromycin opth oint 5 mg/gm	1	
gatifloxacin opth soln 0.5%	1	
gentamicin sulfate opth soln 0.3%	1	
levofloxacin opth soln 1.5%	1	
moxifloxacin hcl opth soln 0.5% (base eq) (2 times daily)	1	
moxifloxacin hcl opth soln 0.5% (base equiv)	1	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin	1	
(Neomycin-Bacitrac Zn-Polymyx 5(3.5)mg-400unt-10000unt Op Oin) NEO-POLYCIN	1	
neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml	1	
ofloxacin opth soln 0.3%	1	
polymyxin b-trimethoprim opth soln 10000 unit/ml-0.1%	1	
sulfacetamide sodium opth oint 10%	1	
sulfacetamide sodium opth soln 10%	1	
tobramycin opth soln 0.3%	1	
TOBEX OIN 0.3% OP (tobramycin (ophth))	3	
trifluridine opth soln 1%	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP (<i>cyclosporine (ophth)</i>)	1	
RESTASIS MUL EMU 0.05% OP (<i>cyclosporine (ophth)</i>)	2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5% (<i>lifitegrast</i>)	2	
OPHTHALMIC LOCAL ANESTHETICS		
<i>proparacaine hcl ophth soln 0.5%</i>	1	
<i>tetracaine hcl ophth soln 0.5%</i>	1	
(Tetracaine Hcl Ophth Soln 0.5%) ALTACAINE	1	
OPHTHALMIC STEROIDS		
<i>bacitracin-polymyxin-neomycin-hc ophth oint 1%</i>	1	
(Bacitracin-Polymyxin-Neomycin-Hc Ophth Oint 1%) NEO-POLYCIN HC	1	
<i>dexamethasone sodium phosphate ophth soln 0.1%</i>	1	
<i>difluprednate ophth emulsion 0.05%</i>	1	
<i>fluorometholone ophth susp 0.1%</i>	1	
<i>loteprednol etabonate ophth gel 0.5%</i>	1	
<i>loteprednol etabonate ophth susp 0.2%</i>	1	
<i>loteprednol etabonate ophth susp 0.5%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth oint 0.1%</i>	1	
<i>neomycin-polymyxin-dexamethasone ophth susp 0.1%</i>	1	
<i>neomycin-polymyxin-hc ophth susp</i>	1	
PRED SOD PHO SOL 1% OP	3	
<i>prednisolone acetate ophth susp 1%</i>	1	
<i>sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%</i>	1	
TOBRADEX OIN 0.3-0.1% (<i>tobramycin-dexamethasone</i>)	2	
<i>tobramycin-dexamethasone ophth susp 0.3-0.1%</i>	1	
OPHTHALMICS - MISC.		
<i>azelastine hcl ophth soln 0.05%</i>	1	
<i>bepotastine besilate ophth soln 1.5%</i>	1	
<i>brinzolamide ophth susp 1%</i>	1	
<i>bromfenac sodium ophth soln 0.07% (base equivalent)</i>	1	
<i>bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>bromfenac sodium ophth soln 0.075% (base equivalent)</i>	1	
<i>cromolyn sodium ophth soln 4%</i>	1	
<i>diclofenac sodium ophth soln 0.1%</i>	1	
<i>dorzolamide hcl ophth soln 2%</i>	1	
<i>epinastine hcl ophth soln 0.05%</i>	1	
<i>fluorescein w/ benoxinate ophth soln 0.25-0.4%</i>	1	
(Fluorescein W/ Benoxinate Ophth Soln 0.25-0.4%) ALTAFLUOR BENOX	1	
<i>fluorescein w/ proparacaine ophth soln 0.25-0.5%</i>	1	
<i>flurbiprofen sodium ophth soln 0.03%</i>	1	
ILEVRO DRO 0.3% OP (<i>nepafenac</i>)	2	
<i>ketorolac tromethamine ophth soln 0.4%</i>	1	
<i>ketorolac tromethamine ophth soln 0.5%</i>	1	
PROSTAGLANDINS - OPHTHALMIC		
<i>bimatoprost ophth soln 0.03%</i>	1	
<i>latanoprost ophth soln 0.005%</i>	1	
<i>tafluprost preservative free (pf) ophth soln 0.0015%</i>	1	
<i>travoprost ophth soln 0.004% (benzalkonium free) (bak free)</i>	1	
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	1	
<i>ofloxacin otic soln 0.3%</i>	1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	1	
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	1	
(Fluocinolone Acetonide (Otic) Oil 0.01%) FLAC	1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	1	
OXYTOCICS - DRUGS FOR PREGNANCY		
OXYTOCICS - DRUGS FOR PREGNANCY		
<i>methylergonovine maleate tab 0.2 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Methylergonovine Maleate Tab 0.2 mg) METHERGINE	1	
PENICILLINS - DRUGS TO TREAT INFECTIONS		
AMINOPENICILLINS		
<i>amoxicillin (trihydrate) cap 250 mg</i>	1	
<i>amoxicillin (trihydrate) cap 500 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	1	
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	1	
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	1	
<i>amoxicillin (trihydrate) tab 500 mg</i>	1	
<i>amoxicillin (trihydrate) tab 875 mg</i>	1	
<i>ampicillin cap 500 mg</i>	1	
NATURAL PENICILLINS		
<i>penicillin v potassium for soln 125 mg/5ml</i>	1	
<i>penicillin v potassium for soln 250 mg/5ml</i>	1	
<i>penicillin v potassium tab 250 mg</i>	1	
<i>penicillin v potassium tab 500 mg</i>	1	
PENICILLIN COMBINATIONS		
<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	1	
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	1	
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	1	
AUGMENTIN SUS 125/5ML (<i>amoxicillin & pot clavulanate</i>)	3	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	1	
<i>dicloxacillin sodium cap 500 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING		
LIQUID VEHICLES		
<i>bacteriostatic sodium chloride inj soln 0.9%</i>	1	
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES		
<i>medroxyprogesterone acetate tab 2.5 mg</i>	1	
<i>medroxyprogesterone acetate tab 5 mg</i>	1	
<i>medroxyprogesterone acetate tab 10 mg</i>	1	
<i>megestrol acetate susp 625 mg/5ml</i>	1	
<i>norethindrone acetate tab 5 mg</i>	1	
<i>progesterone cap 100 mg</i>	1	
<i>progesterone cap 200 mg</i>	1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
AGENTS FOR CHEMICAL DEPENDENCY		
<i>acamprosate calcium tab delayed release 333 mg</i>	1	
<i>disulfiram tab 250 mg</i>	1	
<i>disulfiram tab 500 mg</i>	1	
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PAK 6GM (<i>sodium oxybate</i>)	4	SP, PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM (<i>sodium oxybate</i>)	4	SP, PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM (<i>sodium oxybate</i>)	4	SP, PA, QL (1 packet every 1 day)
LUMRYZ PKG 4.5GM (<i>sodium oxybate</i>)	4	SP, PA, QL (1 packet every 1 day)
XYWAV SOL 0.5GM/ML (<i>calcium, magnesium, potassium, & sodium oxybates</i>)	2	PA, QL (18 mL every 1 day)
ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 5 mg</i>	1	
<i>donepezil hydrochloride tab 10 mg</i>	1	
<i>donepezil hydrochloride tab 23 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	1	
<i>galantamine hydrobromide tab 4 mg</i>	1	
<i>galantamine hydrobromide tab 8 mg</i>	1	
<i>galantamine hydrobromide tab 12 mg</i>	1	
<i>memantine hcl cap er 24hr 7 mg</i>	1	
<i>memantine hcl cap er 24hr 14 mg</i>	1	
<i>memantine hcl cap er 24hr 21 mg</i>	1	
<i>memantine hcl cap er 24hr 28 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl tab 5 mg</i>	1	
<i>memantine hcl tab 10 mg</i>	1	
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	1	
NAMZARIC CAP (<i>memantine hcl-donepezil hcl</i>)	2	
NAMZARIC CAP 7-10MG (<i>memantine hcl-donepezil hcl</i>)	2	
NAMZARIC CAP 14-10MG (<i>memantine hcl-donepezil hcl</i>)	2	
NAMZARIC CAP 21-10MG (<i>memantine hcl-donepezil hcl</i>)	2	
NAMZARIC CAP 28-10MG (<i>memantine hcl-donepezil hcl</i>)	2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>perphenazine-amitriptyline tab 4-50 mg</i>	1	
MOVEMENT DISORDER DRUG THERAPY		
<i>AUSTEDO TAB 6MG (deutetrabenazine)</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>AUSTEDO TAB 9MG (deutetrabenazine)</i>	4	SP, PA, QL (4 tabs every 1 day)
<i>AUSTEDO TAB 12MG (deutetrabenazine)</i>	4	SP, PA, QL (4 tabs every 1 day)
<i>AUSTEDO XR TAB 6MG (deutetrabenazine)</i>	4	SP, PA, QL (3 tabs every 1 day)
<i>AUSTEDO XR TAB 12MG (deutetrabenazine)</i>	4	SP, PA, QL (4 tabs every 1 day)
<i>AUSTEDO XR TAB 24MG (deutetrabenazine)</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>AUSTEDO XR TAB TITR KIT (deutetrabenazine)</i>	4	SP, PA, QL (1.5 ea every 1 day)
<i>INGREZZA CAP 40-80MG (valbenazine tosylate)</i>	4	SP, PA, QL (1 cap every 1 day)
<i>INGREZZA CAP 40MG (valbenazine tosylate)</i>	4	SP, PA, QL (1 cap every 1 day)
<i>INGREZZA CAP 60MG (valbenazine tosylate)</i>	4	SP, PA, QL (1 cap every 1 day)
<i>INGREZZA CAP 80MG (valbenazine tosylate)</i>	4	SP, PA, QL (1 cap every 1 day)
<i>tetrabenazine tab 12.5 mg</i>	4	SP, PA, QL (4 tabs every 1 day)
<i>tetrabenazine tab 25 mg</i>	4	SP, PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
<i>AMPYRA TAB 10MG (dalfampridine)</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>AVONEX PEN KIT 30MCG (interferon beta-1a)</i>	4	SP, PA, QL (4 syringes every 28 days)
<i>AVONEX PREFL KIT 30MCG (interferon beta-1a)</i>	4	SP, PA, QL (4 syringes every 28 days)
<i>BETASERON INJ 0.3MG (interferon beta-1b)</i>	4	SP, PA, QL (14 Kits every 28 days)
<i>COPAXONE INJ 40MG/ML (glatiramer acetate)</i>	4	SP, PA, QL (12 syringes every 28 days)
<i>dalfampridine tab er 12hr 10 mg</i>	4	SP, PA, QL (2 tabs every 1 day)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	1	SP, PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 120 mg</i>	4	SP, PA, QL (14 caps every 28 days)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	1	SP, PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule delayed release 240 mg</i>	4	SP, PA, QL (2 caps every 1 day)
<i>dimethyl fumarate capsule dr starter pack 120 mg & 240 mg</i>	1	SP, PA, QL (1 kit every 30 days)
<i> fingolimod hcl cap 0.5 mg (base equiv)</i>	4	SP, PA, QL (1 cap every 1 day)
<i>glatiramer acetate soln prefilled syringe 20 mg/ml</i>	4	SP, PA, QL (1 injection every 1 day)
(Glatiramer Acetate Soln Prefilled Syringe 20 mg/ml) GLATOPA	4	SP, PA, QL (1 injection every 1 day)
<i>glatiramer acetate soln prefilled syringe 40 mg/ml</i>	4	SP, PA, QL (12 syringes every 28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Glatiramer Acetate Soln Prefilled Syringe 40 mg/ml) GLATOPA	4	SP, PA, QL (12 syringes every 28 days)
KESIMPTA INJ 20/.4ML (<i>ofatumumab (ms)</i>)	4	SP, PA, QL (1 pens every 28 days)
MAVENCLAD PAK 10MG(4) (<i>cladribine (multiple sclerosis)</i>)	4	SP, PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(5) (<i>cladribine (multiple sclerosis)</i>)	4	SP, PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(6) (<i>cladribine (multiple sclerosis)</i>)	4	SP, PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(7) (<i>cladribine (multiple sclerosis)</i>)	4	SP, PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(8) (<i>cladribine (multiple sclerosis)</i>)	4	SP, PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(9) (<i>cladribine (multiple sclerosis)</i>)	4	SP, PA, QL (20 tabs every 270 days)
MAVENCLAD PAK 10MG(10) (<i>cladribine (multiple sclerosis)</i>)	4	SP, PA, QL (20 tabs every 270 days)
MAYZENT PAK STARTER (<i>siponimod fumarate</i>)	4	SP, PA, QL (12 tabs every 5 days)
MAYZENT PAK STARTER (<i>siponimod fumarate</i>)	4	SP, PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	4	SP, PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG (<i>siponimod fumarate</i>)	4	SP, PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG (<i>siponimod fumarate</i>)	4	SP, PA, QL (1 tab every 1 day)
PLEGRIDY INJ (<i>peginterferon beta-1a</i>)	4	SP, PA, QL (1 injection every 28 days)
PLEGRIDY INJ (<i>peginterferon beta-1a</i>)	4	SP, PA, QL (1 syringe every 28 days)
PLEGRIDY INJ PEN (<i>peginterferon beta-1a</i>)	4	SP, PA, QL (2 pens every 28 days)
PLEGRIDY INJ STARTER (<i>peginterferon beta-1a</i>)	4	SP, PA, QL (2 syringes every 28 days)
PLEGRIDY PEN INJ STARTER (<i>peginterferon beta-1a</i>)	4	SP, PA, QL (2 pens every 28 days)
PONVORY TAB 20MG (<i>ponesimod</i>)	4	SP, PA, QL (1 tab every 1 day)
PONVORY TAB STARTER (<i>ponesimod</i>)	4	SP, PA, QL (1 tab every 1 day for 14 days)
REBIF INJ 22/0.5 (<i>interferon beta-1a</i>)	4	SP, PA, QL (12 injections every 28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REBIF INJ 44/0.5 (<i>interferon beta-1a</i>)	4	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ 22/0.5 (<i>interferon beta-1a</i>)	4	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ 44/0.5 (<i>interferon beta-1a</i>)	4	SP, PA, QL (12 injections every 28 days)
REBIF REBIDO INJ TITRATN (<i>interferon beta-1a</i>)	4	SP, PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK (<i>interferon beta-1a</i>)	4	SP, PA, QL (12 syringes every 28 days)
<i>teriflunomide tab 7 mg</i>	4	SP, PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	4	SP, PA, QL (1 tab every 1 day)
VUMERITY CAP 231MG (<i>diroximel fumarate</i>)	4	SP, PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK (<i>ozanimod hcl</i>)	4	SP, PA, QL (1 cap every 1 day); Preferred for Ulcerative Colitis
ZEPOSIA CAP .92MG (<i>ozanimod hcl</i>)	4	SP, PA, QL (1 cap every 1 day); Preferred for Ulcerative Colitis
ZEPOSIA CAP STR KIT (<i>ozanimod hcl</i>)	4	SP, PA, QL (1 cap every 1 day); Preferred for Ulcerative Colitis

POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS

<i>gabapentin (once-daily) tab 300 mg</i>	1	
<i>gabapentin (once-daily) tab 600 mg</i>	1	
GRALISE TAB 450MG (<i>gabapentin (once-daily)</i>)	2	
GRALISE TAB 750MG (<i>gabapentin (once-daily)</i>)	2	
GRALISE TAB 900MG (<i>gabapentin (once-daily)</i>)	2	
<i>pregabalin tab er 24hr 82.5 mg</i>	1	
<i>pregabalin tab er 24hr 165 mg</i>	1	
<i>pregabalin tab er 24hr 330 mg</i>	1	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

<i>ergoloid mesylates tab 1 mg</i>	1	
<i>pimozide tab 1 mg</i>	1	
<i>pimozide tab 2 mg</i>	1	

SMOKING DETERRENTS

<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	0	PC
NICORETTE LOZ 2MG MINT (<i>nicotine polacrilex</i>)	0	PC
<i>nicotine polacrilex gum 2 mg</i>	0	PC
<i>nicotine polacrilex gum 4 mg</i>	0	PC
<i>nicotine polacrilex lozenge 2 mg</i>	0	PC
<i>nicotine polacrilex lozenge 4 mg</i>	0	PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Nicotine Polacrilex Lozenge 4 mg) CVS NICOTINE POLACRILEX	0	PC
(Nicotine Polacrilex Lozenge 4 mg) GOODSENSE NICOTINE POLACR	0	PC
(Nicotine Polacrilex Lozenge 4 mg) NICOTINE MINI LOZENGE	0	PC
NICOTINE SYS KIT TRANSDER	0	PC
NICOTROL INH (<i>nicotine</i>)	0	PC
NICOTROL NS SPR 10MG/ML (<i>nicotine</i>)	0	PC
varenicline tartrate tab 0.5 mg (base equiv)	0	PC
varenicline tartrate tab 1 mg (base equiv)	0	PC
varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack	0	PC
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5 (<i>inotersen sodium</i>)	2	PA, QL (4 PFS every 28 days)
RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS		
CYSTIC FIBROSIS AGENTS		
PULMOZYME SOL 1MG/ML (<i>dornase alfa</i>)	4	SP, PA, QL (5 mL every 1 day)
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG (<i>nintedanib esylate</i>)	4	SP, PA, QL (2 caps every 1 day)
OFEV CAP 150MG (<i>nintedanib esylate</i>)	4	SP, PA, QL (2 caps every 1 day)
pirfenidone cap 267 mg	4	PA, QL (9 caps every 1 day); SP
pirfenidone tab 267 mg	4	SP, PA, QL (9 tabs every 1 day)
pirfenidone tab 801 mg	4	SP, PA, QL (3 tabs every 1 day)
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
TETRACYCLINES - DRUGS TO TREAT INFECTIONS		
demeclocycline hcl tab 150 mg	1	
demeclocycline hcl tab 300 mg	1	
doxycycline hyclate cap 50 mg	1	
doxycycline hyclate cap 100 mg	1	
doxycycline hyclate tab 20 mg	1	
doxycycline hyclate tab 100 mg	1	
doxycycline monohydrate cap 50 mg	1	
doxycycline monohydrate cap 100 mg	1	
(Doxycycline Monohydrate Cap 100 mg) MONDOXYNE NL	1	
doxycycline monohydrate for susp 25 mg/5ml	1	
doxycycline monohydrate tab 50 mg	1	
doxycycline monohydrate tab 75 mg	1	
doxycycline monohydrate tab 100 mg	1	
(Doxycycline Monohydrate Tab 100 mg) AVIDOXY	1	

AGE - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA**** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>doxycycline monohydrate tab 150 mg</i>	1	
<i>minocycline hcl cap 50 mg</i>	1	
<i>minocycline hcl cap 75 mg</i>	1	
<i>minocycline hcl cap 100 mg</i>	1	
<i>minocycline hcl tab 50 mg</i>	1	
<i>minocycline hcl tab 75 mg</i>	1	
<i>minocycline hcl tab 100 mg</i>	1	
<i>tetracycline hcl cap 250 mg</i>	1	
<i>tetracycline hcl cap 500 mg</i>	1	

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

<i>methimazole tab 5 mg</i>	1	
<i>methimazole tab 10 mg</i>	1	
<i>propylthiouracil tab 50 mg</i>	1	

THYROID HORMONES

<i>levothyroxine sodium tab 25 mcg</i>	1	
(Levothyroxine Sodium Tab 25 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 25 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 25 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 25 mcg) UNITHROID	1	
<i>levothyroxine sodium tab 50 mcg</i>	1	
(Levothyroxine Sodium Tab 50 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 50 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 50 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 50 mcg) UNITHROID	1	
<i>levothyroxine sodium tab 75 mcg</i>	1	
(Levothyroxine Sodium Tab 75 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 75 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 75 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 75 mcg) UNITHROID	1	
<i>levothyroxine sodium tab 88 mcg</i>	1	
(Levothyroxine Sodium Tab 88 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 88 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 88 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 88 mcg) UNITHROID	1	
<i>levothyroxine sodium tab 100 mcg</i>	1	
(Levothyroxine Sodium Tab 100 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 100 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 100 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 100 mcg) UNITHROID	1	
<i>levothyroxine sodium tab 112 mcg</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
(Levothyroxine Sodium Tab 112 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 112 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 112 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 112 mcg) UNITHROID	1	
levothyroxine sodium tab 125 mcg	1	
(Levothyroxine Sodium Tab 125 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 125 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 125 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 125 mcg) UNITHROID	1	
levothyroxine sodium tab 137 mcg	1	
(Levothyroxine Sodium Tab 137 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 137 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 137 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 137 mcg) UNITHROID	1	
levothyroxine sodium tab 150 mcg	1	
(Levothyroxine Sodium Tab 150 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 150 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 150 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 150 mcg) UNITHROID	1	
levothyroxine sodium tab 175 mcg	1	
(Levothyroxine Sodium Tab 175 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 175 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 175 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 175 mcg) UNITHROID	1	
levothyroxine sodium tab 200 mcg	1	
(Levothyroxine Sodium Tab 200 mcg) EUTHYROX	1	
(Levothyroxine Sodium Tab 200 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 200 mcg) LEVOXYL	1	
(Levothyroxine Sodium Tab 200 mcg) UNITHROID	1	
levothyroxine sodium tab 300 mcg	1	
(Levothyroxine Sodium Tab 300 mcg) LEVO-T	1	
(Levothyroxine Sodium Tab 300 mcg) UNITHROID	1	
liothyronine sodium tab 5 mcg	1	
liothyronine sodium tab 25 mcg	1	
liothyronine sodium tab 50 mcg	1	

TOXOIDS - DRUGS TO PREVENT INFECTIONS

TOXOID COMBINATIONS

ADACEL INJ (tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))	0	PC
BOOSTRIX INJ (tetanus toxoid-diphtheria-acellular pertussis adsorb (tdap))	0	PC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DAPTACEL INJ (<i>diphtheria, acellular pertussis & tetanus toxoids</i>)	0	AGE; PC
DIP/TET PED INJ 25-5LFU	0	AGE; PC
INFANRIX INJ (<i>diphtheria, acellular pertussis & tetanus toxoids</i>)	0	AGE; PC
KINRIX INJ (<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>)	0	AGE; PC
PEDIARIX INJ 0.5ML (<i>diph-tetanus tox-acell pert-hepatitis b recomb-polio ipv vac</i>)	0	AGE; PC
PENTACEL INJ (<i>diph-ac pert-tet tox ad-polio ipv-haemophil b poly vac</i>)	0	AGE; PC
QUADRACEL INJ (<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>)	0	AGE; PC
QUADRACEL INJ 0.5ML (<i>diph-tetanus tox ad-acell pertussis & polio virus, ipv vac</i>)	0	AGE; PC
TDVAX INJ 2-2 LF (<i>tetanus-diphtheria toxoids (td)</i>)	0	AGE; PC
TENIVAC INJ 5-2LF (<i>tetanus-diphtheria toxoids (td)</i>)	0	AGE; PC
TET/DIP TOX INJ 2-2 LF	0	AGE; PC
VAXELIS INJ (<i>diph-tet tox-acell pert ad-polio ipv-hib-hepatitis b recomb</i>)	0	AGE; PC

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	1
<i>dicyclomine hcl cap 10 mg</i>	1
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	1
<i>dicyclomine hcl tab 20 mg</i>	1
<i>glycopyrrolate oral soln 1 mg/5ml</i>	1
<i>glycopyrrolate tab 1 mg</i>	1
<i>glycopyrrolate tab 2 mg</i>	1
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	1
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	1
(Hyoscyamine Sulfate Sl Tab 0.125 mg) OSCIMIN	1
<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	1
<i>hyoscyamine sulfate tab 0.125 mg</i>	1
(Hyoscyamine Sulfate Tab 0.125 mg) OSCIMIN	1
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	1
(Hyoscyamine Sulfate Tab Disint 0.125 mg) NULEV	1
<i>methscopolamine bromide tab 2.5 mg</i>	1
<i>methscopolamine bromide tab 5 mg</i>	1

AGE - Age Limit **CM** - Contraceptive Management **DM** - Diabetes Management **OAC** - Oral Anticancer **PA** - Prior Authorization **PA**** - Prior Authorization Required if Step Therapy **PC** - Preventative Health or Care **QL** - Quantity Limits **SP** - Specialty **ST** - Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
H-2 ANTAGONISTS		
<i>cimetidine tab 300 mg</i>	1	
<i>cimetidine tab 400 mg</i>	1	
<i>cimetidine tab 800 mg</i>	1	
<i>famotidine for susp 40 mg/5ml</i>	1	
<i>famotidine tab 40 mg</i>	1	
<i>nizatidine cap 150 mg</i>	1	
<i>nizatidine cap 300 mg</i>	1	
MISC. ANTI-ULCER		
<i>sucralfate tab 1 gm</i>	1	
PROTON PUMP INHIBITORS		
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	1	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	1	
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	1	
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	1	
<i>lansoprazole cap delayed release 30 mg</i>	1	
<i>omeprazole cap delayed release 10 mg</i>	1	
<i>omeprazole cap delayed release 20 mg</i>	1	
<i>omeprazole cap delayed release 40 mg</i>	1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	1	
<i>rabeprazole sodium ec tab 20 mg</i>	1	
ULCER DRUGS - PROSTAGLANDINS		
<i>misoprostol tab 100 mcg</i>	1	
<i>misoprostol tab 200 mcg</i>	1	
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	1	
TALICIA CAP (<i>amoxicillin-rifabutin-omeprazole</i>)	2	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	1	
<i>oxybutynin chloride solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride tab 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	1	
<i>solifenacin succinate tab 5 mg</i>	1	
<i>solifenacin succinate tab 10 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	1	
<i>tolterodine tartrate tab 1 mg</i>	1	
<i>tolterodine tartrate tab 2 mg</i>	1	
<i>tropium chloride cap er 24hr 60 mg</i>	1	
<i>tropium chloride tab 20 mg</i>	1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG (<i>vibegron</i>)	2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	1	
<i>bethanechol chloride tab 10 mg</i>	1	
<i>bethanechol chloride tab 25 mg</i>	1	
<i>bethanechol chloride tab 50 mg</i>	1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	1	
VACCINES - DRUGS TO PREVENT INFECTIONS		
BACTERIAL VACCINES		
ACTHIB INJ (<i>haemophilus b polysac conj vac</i>)	0	AGE; PC
BEXSERO INJ (<i>meningococcal vac group b (recombinant omv adjuvanted)</i>)	0	PC
HIBERIX SOL 10MCG (<i>haemophilus b polysac conj vac</i>)	0	AGE; PC
MENACTRA INJ (<i>meningococcal (a,c,y&w-135) polysacch diphth conj vaccine</i>)	0	PC
MENQUADFI INJ (<i>meningococcal (a,c,y&w-135) polysacch tetanus conj vaccine</i>)	0	PC
MENVEO INJ (<i>meningococcal (a,c,y&w-135) oligosaccharide conjugate vac</i>)	0	PC
PEDVAX HIB INJ (<i>haemophilus b polysac conj vac</i>)	0	AGE; PC
PNEUMOVAX 23 INJ 25/0.5 (<i>pneumococcal vac polyvalent</i>)	0	PC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREVNAR 13 INJ (<i>pneumococcal 13-valent conjugate vaccine</i>)	0	PC
PREVNAR 20 INJ (<i>pneumococcal 20-valent conjugate vaccine</i>)	0	PC
TRUMENBA INJ (<i>meningococcal group b vaccine (recombinant)</i>)	0	PC
VAXNEUVANCE INJ (<i>pneumococcal 15-valent conjugate vaccine</i>)	0	PC
VIRAL VACCINES		
AFLURIA QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	0	PC
COMIRNATY INJ 30/0.3ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	0	AGE; PC
ENGERIX-B INJ 10/0.5ML (<i>hepatitis b vaccine (recomb)</i>)	0	PC
ENGERIX-B INJ 20MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	0	PC
FLUAD QUADRI INJ 2021-22 (<i>influenza virus vaccine types a & b surf antigen adjuvant quad</i>)	0	PC
FLUARIX QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	0	PC
FLUBLOK QUAD INJ 2021-22 (<i>influenza virus vaccine recomb hemagglutinin (ha) quadrivalent</i>)	0	PC
FLUCLVX QUAD INJ 2021-22 (<i>influenza virus vaccine tissue-cultured subunit quadrivalent</i>)	0	PC
FLULAVAL QUA INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	0	PC
FLUMIST QUAD SUS 2021-22 (<i>influenza virus vaccine live quadrivalent</i>)	0	PC
FLUZONE HD INJ 2021-22 (<i>influenza virus vaccine split high-dose quad preservative free</i>)	0	PC
FLUZONE QUAD INJ 2021-22 (<i>influenza virus vaccine split quadrivalent</i>)	0	PC
GARDASIL 9 INJ (<i>human papillomavirus (hpv) 9-valent recombinant vaccine</i>)	0	PC
HAVRIX INJ 720UNIT (<i>hepatitis a vaccine</i>)	0	PC
HAVRIX INJ 1440UNIT (<i>hepatitis a vaccine</i>)	0	PC
HEPLISAV-B INJ 20/0.5ML (<i>hepatitis b vaccine recombinant adjuvanted</i>)	0	PC
IPOL INJ INACTIVE (<i>poliovirus vaccine, ipv</i>)	0	AGE; PC
JANSSEN VACC INJ COVID-19 (<i>covid-19 (sars-cov-2) adenovirus vaccine</i>)	0	AGE; PC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
M-M-R II INJ (<i>measles, mumps & rubella virus vaccines</i>)	0	PC
MODERNA BIV INJ 6M-5Y (<i>covid-19 mrna bivalent virus vaccine (moderna)</i>)	0	AGE; PC
MODERNA INJ BIVALENT (<i>covid-19 mrna bivalent virus vaccine (moderna)</i>)	0	AGE; PC
MODERNA VAC INJ 50/0.5ML (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	0	AGE; PC
MODERNA VAC INJ COVID-19 (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	0	PC
MODERNA VACC INJ 6-11Y (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	0	AGE; PC
MODERNA VACC INJ 6M-5Y (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	0	AGE; PC
NOVAVAX VAC INJ COVID-19 (<i>covid-19 (sars-cov-2) subunit (spike) protein virus vaccine</i>)	0	AGE; PC
PFIZER BIVAL INJ 5-11Y (<i>covid-19 mrna bivalent virus vaccine (pfizer)</i>)	0	AGE; PC
PFIZER BIVAL INJ 6M-4Y (<i>covid-19 mrna bivalent virus vaccine (pfizer)</i>)	0	AGE; PC
PFIZER BIVAL INJ BA4/BA5 (<i>covid-19 mrna bivalent virus vaccine (pfizer)</i>)	0	AGE; PC
PFIZER VACC INJ 5-11Y (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	0	AGE; PC
PFIZER VACC INJ 6M-4Y (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	0	AGE; PC
PFIZER VACC INJ ADLT RTU (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	0	AGE; PC
PFIZER VACC INJ COVID-19 (<i>covid-19 (sars-cov-2) mrna virus vaccine</i>)	0	AGE; PC
PREHEVBRIO SUS 10MCG/ML (<i>hepatitis b vaccine 3-antigen recombinant</i>)	0	PC
PROQUAD INJ (<i>measles-mumps-rubella-varicella virus vaccines</i>)	0	AGE; PC
RECOMBIVA HB INJ 5MCG/0.5 (<i>hepatitis b vaccine (recomb)</i>)	0	PC
RECOMBIVA HB INJ 10MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	0	PC
RECOMBIVA-HB INJ 40MCG/ML (<i>hepatitis b vaccine (recomb)</i>)	0	PC
ROTARIX SUS (<i>rotavirus vaccine, live oral</i>)	0	AGE; PC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ROTATEQ SOL (<i>rotavirus vaccine, live oral pentavalent</i>)	0	AGE; PC
SHINGRIX INJ 50/0.5ML (<i>zoster vaccine recombinant adjuvanted</i>)	0	AGE; PC
TWINRIX INJ (<i>hepatitis a (inactivated)-hepatitis b (recombinant) vaccines</i>)	0	AGE; PC
VAQTA INJ 25/0.5ML (<i>hepatitis a vaccine</i>)	0	PC
VAQTA INJ 50UNT/ML (<i>hepatitis a vaccine</i>)	0	PC
VARIVAX INJ (<i>varicella virus vaccine live</i>)	0	PC

VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS

SPERMICIDES

TODAY SPONGE MIS (<i>nonoxynol-9</i>)	0	CM, PC
VCF VAGINAL GEL CONTRACE (<i>nonoxynol-9</i>)	0	CM, PC

VAGINAL ANTI-INFECTIVES

<i>clindamycin phosphate vaginal cream 2%</i>	1	
<i>metronidazole vaginal gel 0.75%</i>	1	
(Miconazole Nitrate Vaginal Suppos 200 mg) MICONAZOLE 3	1	
<i>terconazole vaginal cream 0.4%</i>	1	
<i>terconazole vaginal cream 0.8%</i>	1	
<i>terconazole vaginal suppos 80 mg</i>	1	

VAGINAL ESTROGENS

<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
IMVEXXY MAIN SUP 4MCG (<i>estradiol vaginal</i>)	2	
IMVEXXY MAIN SUP 10MCG (<i>estradiol vaginal</i>)	2	
IMVEXXY STRT SUP 4MCG (<i>estradiol vaginal</i>)	2	
IMVEXXY STRT SUP 10MCG (<i>estradiol vaginal</i>)	2	
VAGIFEM TAB 10MCG (<i>estradiol vaginal</i>)	1	

VAGINAL PROGESTINS

CRINONE GEL 4% VAG (<i>progesterone (vaginal)</i>)	2	
CRINONE GEL 8% VAG (<i>progesterone (vaginal)</i>)	2	PA
ENDOMETRIN SUP 100MG (<i>progesterone (vaginal)</i>)	2	PA

VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION

AUVI-Q INJ 0.1MG (<i>epinephrine (anaphylaxis)</i>)	2	
AUVI-Q INJ 0.3MG (<i>epinephrine (anaphylaxis)</i>)	2	
AUVI-Q INJ 0.15MG (<i>epinephrine (anaphylaxis)</i>)	2	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	1	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	4	SP, PA, QL (3 caps every 1 day)
<i>droxidopa cap 200 mg</i>	4	SP, PA, QL (6 caps every 1 day)
<i>droxidopa cap 300 mg</i>	4	SP, PA, QL (6 caps every 1 day)
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
<i>midodrine hcl tab 2.5 mg</i>	1	
<i>midodrine hcl tab 5 mg</i>	1	
<i>midodrine hcl tab 10 mg</i>	1	
VITAMINS - DRUGS FOR NUTRITION		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	1	
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	1	
<i>phytonadione inj 10 mg/ml</i>	1	
<i>phytonadione tab 5 mg</i>	1	

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6.25 mg	64	see Norethindrone & Ethinyl Estradiol	
bisoprolol & hydrochlorothiazide tab 5-		Tab 0.4 mg-35 mcg	97
6.25 mg	64	brigatinib	
bisoprolol fumarate tab 10 mg	86	see ALUNBRIG PAK	71
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Fe Tab 1 mg-20 mcg (24)	100	BRILINTA TAB 60MG	126
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Estradiol-Fe Tab 1 mg-20 mcg.....	99	equivalent)	113
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see Norethindrone Ace & Ethinyl		brimonidine tartrate ophth soln 0.15% ..150	
Estradiol-Fe Tab 1.5 mg-30 mcg.....	99	brimonidine tartrate ophth soln 0.2% ..150	
blood glucose calibration		brimonidine tartrate-timolol maleate	
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bosentan tab 125 mg	92	bromfenac sodium ophth soln 0.07%	
bosentan tab 62.5 mg	92	(base equivalent)	151
BOSULIF CAP 100MG.....	71	bromfenac sodium ophth soln 0.075%	
BOSULIF CAP 50MG	71	(base equivalent)	152
BOSULIF TAB 100MG	71	bromfenac sodium ophth soln 0.09%	
BOSULIF TAB 400MG	71	(base equiv) (once-daily)	151
BOSULIF TAB 500MG	71	bromocriptine mesylate cap 5 mg (base	
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BRYHALI LOT 0.01%	111	<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	34
budesonide		<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	34
see UCERIS TAB 9MG	104	<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	34
budesonide (inhalation)		<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	34
see PULMICORT INH 180MCG	41	<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	34
see PULMICORT INH 90MCG	41	<i>buprenorphine td patch weekly 10 mcg/hr</i>	34
budesonide delayed release particles cap 3 mg	103	<i>buprenorphine td patch weekly 15 mcg/hr</i>	34
budesonide-formoterol fumarate dihyd aerosol 160-4.5 mcg/act	42	<i>buprenorphine td patch weekly 20 mcg/hr</i>	34
budesonide-formoterol fumarate dihyd aerosol 80-4.5 mcg/act	42	<i>buprenorphine td patch weekly 5 mcg/hr</i>	34
budesonide-glycopyrrolate-formoterol fumarate		<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	34
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budesonide inhalation susp 0.5 mg/2ml	41	<i>bupropion hcl tab 75 mg</i>	49
budesonide inhalation susp 1 mg/2ml	41	<i>bupropion hcl tab er 12hr 100 mg</i>	49
budesonide rectal foam 2 mg/act	35	<i>bupropion hcl tab er 12hr 150 mg</i>	49
bumetanide tab 0.5 mg	115	<i>bupropion hcl tab er 12hr 200 mg</i>	49
bumetanide tab 1 mg	115	<i>bupropion hcl tab er 24hr 150 mg</i>	50
bumetanide tab 2 mg	115	<i>bupropion hcl tab er 24hr 300 mg</i>	50
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see BELBUCA MIS 75MCG	33	see MYLERAN TAB 2MG	67
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see ZUBSOLV SUB 0.7-0.18	34	butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	33
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see ZUBSOLV SUB 5.7-1.4	34		
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buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	34		

butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	33
butalbital-acetaminophen tab 50-325 mg	28
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calcitriol cap 0.5 mcg	118
calcitriol oral soln 1 mcg/ml	118
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captopril & hydrochlorothiazide tab 50-15 mg	65
captopril & hydrochlorothiazide tab 50-25 mg	65
captopril tab 100 mg	62
captopril tab 12.5 mg	62
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carbamazepine cap er 12hr 200 mg	46	CARESENS 30G MIS LANCETS	133
carbamazepine cap er 12hr 300 mg	46	CARETOUCH MIS LANC 26G	133
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carbamazepine susp 100 mg/5ml	46	CARETOUCH MIS LANC 30G	133
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carbidopa & levodopa tab 25-250 mg	76	see Diltiazem Hcl Coated Beads Cap Er	
carbidopa & levodopa tab er 25-100 mg	76	24hr 120 mg	88
carbidopa & levodopa tab er 50-200 mg	77	see Diltiazem Hcl Coated Beads Cap Er	
carbidopa-levodopa		24hr 180 mg	88
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carbidopa-levodopa-entacapone tabs		carvedilol phosphate cap er 24hr 20 mg	86
12.5-50-200 mg	77	carvedilol phosphate cap er 24hr 40 mg	86
carbidopa-levodopa-entacapone tabs		carvedilol phosphate cap er 24hr 80 mg	86
18.75-75-200 mg	77	carvedilol tab 12.5 mg	86
carbidopa-levodopa-entacapone tabs 25-		carvedilol tab 25 mg	86
100-200 mg	77	carvedilol tab 3.125 mg	86
carbidopa-levodopa-entacapone tabs		carvedilol tab 6.25 mg	86
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carbidopa-levodopa-entacapone tabs		cefaclor cap 250 mg	93
37.5-150-200 mg	77	cefaclor cap 500 mg	93
carbidopa-levodopa-entacapone tabs		cefaclor for susp 250 mg/5ml	93
50-200-200 mg	77	cefadroxil cap 500 mg	93
carbidopa tab 25 mg	76	cefadroxil for susp 250 mg/5ml	93
carbinoxamine maleate soln 4 mg/5ml	59		
carbinoxamine maleate tab 4 mg	59		

cefadroxil for susp 500 mg/5ml	93	see CIMZIA PREFL KIT 200MG/ML	123
cefadroxil tab 1 gm	93	see CIMZIA START KIT 200MG/ML	123
cefdinir cap 300 mg	93	cervical caps	
cefdinir for susp 125 mg/5ml	93	see FEMCAP MIS 22MM	132
cefdinir for susp 250 mg/5ml	93	see FEMCAP MIS 26MM	132
cefixime cap 400 mg	93	see FEMCAP MIS 30MM	132
cefixime for susp 100 mg/5ml	93	cetrorelix acetate	
cefixime for susp 200 mg/5ml	93	see CETROTIDE KIT 0.25MG	117
cefpodoxime proxetil for susp 100 mg/5ml	94	cetrorelix acetate for inj kit 0.25 mg	117
cefpodoxime proxetil for susp 50 mg/5ml	93	CETROTIDE KIT 0.25MG	117
cefpodoxime proxetil tab 100 mg	94	cevimeline hcl cap 30 mg	147
cefpodoxime proxetil tab 200 mg	94	CHARLOTTE 24 FE	
cefprozil for susp 125 mg/5ml	93	see Norethindrone Ace-Eth Estradiol-Fe	
cefprozil for susp 250 mg/5ml	93	Chew Tab 1 mg-20 mcg (24)	100
cefprozil tab 250 mg	93	CHATEAL EQ	
cefprozil tab 500 mg	93	see Levonorgestrel & Ethinyl Estradiol	
cefuroxime axetil tab 250 mg	93	Tab 0.15 mg-30 mcg	97
cefuroxime axetil tab 500 mg	93	chlorambucil	
celecoxib cap 100 mg	26	see LEUKERAN TAB 2MG	67
celecoxib cap 200 mg	26	chlordiazepoxide-amitriptyline tab 10-25 mg	155
celecoxib cap 400 mg	26	chlordiazepoxide-amitriptyline tab 5-12.5 mg	155
celecoxib cap 50 mg	26	chlordiazepoxide hcl cap 10 mg	39
cenobamate		chlordiazepoxide hcl cap 25 mg	39
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see XCOPRI PAK 50-100MG	48	Chlorhexidine Gluconate Soln 0.12%	147
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see XCOPRI TAB 200MG	48	chlorpromazine hcl tab 100 mg	81
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cephalexin cap 250 mg	93	chlorpromazine hcl tab 200 mg	81
cephalexin cap 500 mg	93	chlorpromazine hcl tab 25 mg	81
cephalexin cap 750 mg	93	chlorpromazine hcl tab 50 mg	81
cephalexin for susp 125 mg/5ml	93	chlorthalidone tab 25 mg	116
cephalexin for susp 250 mg/5ml	93	chlorthalidone tab 50 mg	116
cephalexin tab 250 mg	93	chlorzoxazone tab 500 mg	148
cephalexin tab 500 mg	93	cholestyramine light powder 4 gm/dose	60
CERDELGA CAP 84MG	126	Cholestyramine Light Powder 4 gm/dose	60
ceritinib			
see ZYKADIA TAB 150MG	75		
certolizumab pegol			

cholestyramine light powder packets 4 gm	60	CIPRO (10%) SUS 500MG/5	122
Cholestyramine Light Powder Packets 4 gm	60	CIPRO (5%) SUS 250MG/5	122
cholestyramine powder 4 gm/dose	60	ciprofloxacin	
cholestyramine powder packets 4 gm ..	60	see CIPRO (10%) SUS 500MG/5	122
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	60	see CIPRO (5%) SUS 250MG/5	122
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	60	ciprofloxacin-dexamethasone otic susp 0.3-0.1%	152
CHOR GONADOT INJ 10000UNT	117	ciprofloxacin hcl ophth soln 0.3% (base equivalent)	150
choriogonadotropin alfa		ciprofloxacin hcl otic soln 0.2% (base equivalent)	152
see OVIDREL INJ	117	ciprofloxacin hcl tab 250 mg (base equiv)	122
chorionic gonadotropin		ciprofloxacin hcl tab 500 mg (base equiv)	122
see NOVAREL INJ 5000UNIT	117	ciprofloxacin hcl tab 750 mg (base equiv)	122
see PREGNYL INJ 10000UNT	117	citalopram hydrobromide oral soln 10 mg/5ml	50
CIBINQO TAB 100MG	112	citalopram hydrobromide tab 10 mg (base equiv)	50
CIBINQO TAB 200MG	112	citalopram hydrobromide tab 20 mg (base equiv)	50
CIBINQO TAB 50MG	112	citalopram hydrobromide tab 40 mg (base equiv)	50
CICLODAN		cladribine (multiple sclerosis)	
see Ciclopirox Solution 8%	107	see MAVENCLAD PAK 10MG(10)	157
ciclopirox gel 0.77%	107	see MAVENCLAD PAK 10MG(4)	157
ciclopirox olamine cream 0.77% (base equiv)	107	see MAVENCLAD PAK 10MG(5)	157
ciclopirox olamine susp 0.77% (base equiv)	107	see MAVENCLAD PAK 10MG(6)	157
ciclopirox shampoo 1%	107	see MAVENCLAD PAK 10MG(7)	157
ciclopirox solution 8%	107	see MAVENCLAD PAK 10MG(8)	157
Ciclopirox Solution 8%	107	see MAVENCLAD PAK 10MG(9)	157
cilostazol tab 100 mg	126	CLARAVIS	
cilostazol tab 50 mg	126	see Isotretinoin Cap 10 mg	106
CIMDUO TAB 300-300	82	see Isotretinoin Cap 20 mg	106
cimetidine tab 300 mg	163	see Isotretinoin Cap 30 mg	106
cimetidine tab 400 mg	163	see Isotretinoin Cap 40 mg	106
cimetidine tab 800 mg	163	clarithromycin for susp 125 mg/5ml	131
CIMZIA PREFL KIT 200MG/ML	123	clarithromycin for susp 250 mg/5ml	131
CIMZIA START KIT 200MG/ML	123	clarithromycin tab 250 mg	131
cinacalcet hcl		clarithromycin tab 500 mg	131
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cinacalcet hcl tab 30 mg (base equiv) ..	118		
cinacalcet hcl tab 60 mg (base equiv) ..	118		
cinacalcet hcl tab 90 mg (base equiv) ..	118		

see WINLEVI CRE 1%	107	clobetasol propionate cream 0.05%	111
CLEANLET 28G MIS LANCETS	133	clobetasol propionate emollient base	
clemastine fumarate syrup 0.67 mg/5ml		cream 0.05%	111
(0.5 mg/5ml base eq)	59	clobetasol propionate foam 0.05%	111
clemastine fumarate tab 2.68 mg	59	clobetasol propionate gel 0.05%	111
CLENPIQ SOL	131	clobetasol propionate lotion 0.05%	111
CLEVER CHECK MIS	133	clobetasol propionate oint 0.05%	111
CLEVER CHECK MIS 30G	133	clobetasol propionate shampoo 0.05%	111
CLIMARA PRO DIS WEEKLY	120	Clobetasol Propionate Shampoo 0.05%	111
CLINDACIN		clobetasol propionate soln 0.05%	111
see Clindamycin Phosphate Foam 1%	105	CLODAN	
CLINDACIN ETZ PLEDGETS		see Clobetasol Propionate Shampoo	
see Clindamycin Phosphate Swab 1%	106	0.05%	111
CLINDACIN-P		CLOMID	
see Clindamycin Phosphate Swab 1%	106	see Clomiphene Citrate Tab 50 mg	117
clindamycin hcl cap 150 mg	37	Clomiphene Citrate Tab 50 mg	117
clindamycin hcl cap 300 mg	37	clomipramine hcl cap 25 mg	52
clindamycin hcl cap 75 mg	37	clomipramine hcl cap 50 mg	52
clindamycin palmitate hcl for soln 75		clomipramine hcl cap 75 mg	52
mg/5ml (base equiv)	37	clonazepam orally disintegrating tab	
clindamycin phosphate-benzoyl peroxide		0.125 mg	45
gel 1.2-2.5%	106	clonazepam orally disintegrating tab 0.25	
clindamycin phosphate-benzoyl peroxide		mg	45
gel 1.2-3.75%	106	clonazepam orally disintegrating tab 0.5	
clindamycin phosphate-benzoyl peroxide		mg	45
gel 1-5%	106	clonazepam orally disintegrating tab 1 mg	
clindamycin phosphate foam 1%	105	45
Clindamycin Phosphate Foam 1%	105	clonazepam orally disintegrating tab 2	
clindamycin phosphate gel 1%	106	mg	45
clindamycin phosphate lotion 1%	106	clonazepam tab 0.5 mg	45
clindamycin phosphate soln 1%	106	clonazepam tab 1 mg	45
clindamycin phosphate swab 1%	106	clonazepam tab 2 mg	45
Clindamycin Phosphate Swab 1%	106	clonidine hcl tab 0.1 mg	63
clindamycin phosphate-tretinoin gel 1.2-		clonidine hcl tab 0.2 mg	63
0.025%	106	clonidine hcl tab 0.3 mg	63
clindamycin phosphate vaginal cream 2%		clonidine hcl tab er 12hr 0.1 mg	17
.....	167	clonidine hcl tab er 24hr 0.17 mg (base	
clindamycin phosph-benzoyl peroxide		equivalent)	63
(refrig) gel 1.2 (1)-5%	105	clonidine td patch weekly 0.1 mg/24hr	63
Clindamycin Phosph-Benzoyl Peroxide		clonidine td patch weekly 0.2 mg/24hr	63
(Refrig) Gel 1.2 (1)-5%	105	clonidine td patch weekly 0.3 mg/24hr	63
clobazam suspension 2.5 mg/ml	45	clopidogrel bisulfate tab 300 mg (base	
clobazam tab 10 mg	45	equiv)	126
clobazam tab 20 mg	45		

clopidogrel bisulfate tab 75 mg (base equiv)	126	COMFORT ASSU MIS LANC 28G	133
clorazepate dipotassium tab 15 mg	39	COMFORT ASSU MIS LANC 33G	134
clorazepate dipotassium tab 3.75 mg	39	COMFORT EZ MIS 21G	134
clorazepate dipotassium tab 7.5 mg	39	COMFORT EZ MIS 23G	134
clotrimazole troche 10 mg	147	COMFORT EZ MIS 28G	134
clotrimazole w/ betamethasone cream 1-0.05%	107	COMFORTOUCH MIS LANCET	134
clotrimazole w/ betamethasone lotion 1-0.05%	107	COMFORT TCH MIS LANC 28G	134
clozapine orally disintegrating tab 100 mg	80	COMFORT TCH MIS LANC 30G	134
clozapine orally disintegrating tab 12.5 mg	80	COMFORT TCH MIS LANC 31G	134
clozapine orally disintegrating tab 150 mg	80	COMIRNATY INJ 30/0.3ML	165
clozapine orally disintegrating tab 200 mg	80	COMPRO	
clozapine orally disintegrating tab 25 mg	80	see Prochlorperazine Suppos 25 mg	81
clozapine tab 100 mg	80	condoms - female	
clozapine tab 200 mg	80	see FC2 FEMALE MIS CONDOM	132
clozapine tab 25 mg	80	conjugated estrogens-basedoxifene	
clozapine tab 50 mg	80	see DUAVEE TAB 0.45-20	120
COAGUCHEK MIS LANCETS	133	conjugated estrogens-medroxyprogesterone acetate	
coal tar soln 20%	113	see PREMPHASE TAB	121
cobimetinib fumarate		see PREMPRO TAB	121
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codeine sulfate tab 30 mg	29	see PREMPRO TAB 0.45-1.5	121
colchicine		see PREMPRO TAB 0.625-5	121
see MITIGARE CAP 0.6MG	125	CONSTULOSE	
colchicine tab 0.6 mg	125	see Lactulose Solution 10 gm/15ml	131
colchicine w/ probenecid tab 0.5-500 mg	125	continuous blood glucose system receiver	
colesevelam hcl packet for susp 3.75 gm	60	see DEXCOM G6 MIS RECEIVER	134
colesevelam hcl tab 625 mg	60	see DEXCOM G7 MIS RECEIVER	134
colestipol hcl granule packets 5 gm	60	continuous blood glucose system sensor	
colestipol hcl granules 5 gm	60	see DEXCOM G6 MIS SENSOR	134
colestipol hcl tab 1 gm	60	see DEXCOM G7 MIS SENSOR	134
COMBIPATCH DIS	120	continuous blood glucose system transmitter	
COMETRIQ KIT 100MG	72	see DEXCOM G6 MIS TRANSMIT	134
COMETRIQ KIT 140MG	72	COPAXONE INJ 40MG/ML	156
COMETRIQ KIT 60MG	71	COPIKTRA CAP 15MG	72
		COPIKTRA CAP 25MG	72
		CORLANOR TAB 5MG	93
		CORLANOR TAB 7.5MG	93
		corticotropin	
		see ACTHAR INJ 80UNIT	117
		see CORTROPHIN GEL 80UNIT	117
		CORTIFOAM AER 90MG	35

CORTROPHIN GEL 80UNIT	117
CORVITA 150	
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