Plus Drug Formulary

December 2021

Blue Shield of California

This formulary corresponds with the following plans:
Local Access+ HMO®, Trio HMO, EPO

This formulary was last updated on 12/02/2021 . This formulary is subject to change and all previous versions of the formulary no longer apply. For the most current information about the *Plus Drug Formulary,* visit www.blueshieldca.com/pharmacy.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Summary of Benefits* and *Evidence of Coverage.* For plan and coverage documents, visit https://www.blueshieldca.com/bsca/bsc/wcm/connect/employer/employer_contents_en/policies. For additional information about your plan, call the customer service number on your Blue Shield member ID card.

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Informational Section

The *Blue Shield Plus Drug Formulary* is a list of medications that are approved by the Food and Drug Administration (FDA) and are selected based on safety, effectiveness, and cost. This list of generic and brand drugs is covered by your health insurance policy under the prescription drug benefit of the policy.

Definitions

The following words and definitions will be used throughout the formulary drug list.

Term
"**Brand name drug**" is a drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
"**Coinsurance**" is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
"**Copayment**" is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.
"**Deductible"** is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.
"**Drug Tier"** is a group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.
"Enrollee" is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscriber as defined in this section below.
"**Exception request"** is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.
"**Exigent circumstances"** are when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.
"**Formulary"** is the complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list.
"**Generic drug**" is the same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in ***bold and italicized lowercase letters***.
"**Non-formulary drug**" is a prescription drug that is not listed on the health plan's formulary.
"**Out-of-pocket costs**" are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.
"**Prescribing provider**" is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
"**Prescription**" is an oral, written, or electronic order by a prescribing provider for a specific enrollee that contains the name of the prescription drug, the quantity of the prescribed drug, the date of issue, the name and contact information of the prescribing provider, the signature of the prescribing provider if the prescription is in writing, and if requested by the enrollee, the medical condition or purpose for which the drug is being prescribed.
"**Prescription drug**" is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

Term
"**Preventive Health Drugs**" are Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, covered at no charge when specific criteria are met.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force.
"**Prior authorization**" is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.
"**Step therapy"** is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.
"Subscriber" means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010.

How do I find a drug on this list?

The drugs are listed alphabetically under the column titled "Prescription Drug Name" by its brand or generic name under the therapeutic category and class to which it belongs. This formulary uses the U.S. Pharmacopeia (USP) classification system.

You can search this list using the brand or generic name of the drug by:

- Searching for the category or class to which the drug belongs and search for the name of the drug in alphabetical order or
- Searching the Alphabetical Index of Drugs by the name of the drug.

Listing a drug on the formulary does not guarantee that it will be prescribed by your doctor or prescriber.

How do I know if the drug listed is a brand or generic drug?

- A generic name for a brand name drug is listed after the brand name of the drug in all ***lowercase bold italics***
  - If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all ***lowercase bold italics***
  - When a generic drug is marketed with a brand name, the brand name will be listed after the generic name in parentheses in all CAPITALS.
- A brand name drug is listed in all CAPITALS followed by the generic name in parentheses in ***lowercase bold italics***.

Example

Drug Type	How the drug name will appear in the formulary drug list
generic drug	***atorvastatin calcium***
generic drug marketed with a brand name	***oxycodone/acetaminophen*** (ENDOCET)
brand drug	LIPITOR (***atorvastatin calcium***)

What are drug tiers?

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can find information about what you pay by drug tier in the *Summary of Benefits* of your Blue

Shield *Evidence of Coverage* (EOC).

The column titled "Drug Tier" is the cost level you pay for a drug.

Drug Tier†	Tier name	Description
1	Formulary generic	Formulary generic drugs
2	Formulary brand	Formulary brand drugs
3	Non-formulary brand	Non-formulary brand drugs
4	Specialty or home self-injectable	Specialty drugs or self-administered injectables*

† Preventive health drugs, including contraceptive drugs and devices are covered at $0 when specific criteria are met.
** See your Evidence of Coverage for further details about coverage of specialty or self-administered injectables in your benefit.*

Note about multi-source brand drugs: If you or your doctor choose a brand drug when a generic drug equivalent is available, you will pay the difference in cost, plus the Tier 1 copayment or coinsurance. You or your doctor can ask for an exception. See "What if my drug requires a prior authorization or step therapy?" below for more information.

You can find information about specific prescription drug benefits and drug benefit exclusions in the Blue Shield *Evidence of Coverage*. For additional information about specific plans, call the customer service number on your Blue Shield member ID card.

Note: Blue Shield drug formularies apply to outpatient prescription drug benefits available through plans underwritten by Blue Shield of California (individually and collectively referred to as Blue Shield throughout this document).

How to read the formulary

The column titled "Coverage Requirements and Limits" identifies coverage restrictions or limits for drugs when applicable.

Coverage Requirements and Limits		Description
AL1	Age Limit	Prior authorization may be required if your age does not fall within the FDA, manufacturer, or treatment guideline recommendations.
GL	Gender Limit	Prior authorization may be required if the FDA, manufacturer, or treatment guidelines do not recommend the drug for a gender.
OAC	Oral Anti-Cancer	There is a maximum limit on the copayment/coinsurance amount for orally administered anti-cancer drugs. Please see your *Summary of Benefits* for more detailed information.
PA	Prior Authorization	Prior authorization is a health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.
PH	Preventive Health Drugs	Affordable Care Act (ACA) preventive health drugs, including contraceptive drugs and devices, are covered at $0 when specific criteria are met.*
QLC	Quantity Limit	The prescription quantity covered is limited. Prior authorization is required for amounts greater than the limit.
RO	Retail Only	This prescription can be dispensed at retail pharmacies only. It is not covered through mail service.

SF	Starter Fill	Blue Shield's Starter Fill Specialty Drug Program allows initial prescriptions for select specialty drugs to be filled for up to a 15-day supply. When this occurs, the copayment or coinsurance will be prorated.
SP	Specialty Pharmacy	These drugs are available exclusively through select specialty pharmacies.
ST	Step Therapy	Step therapy is a process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria are met.

* Does not apply to grandfathered plans, plans purchased on or before March 23, 2010.

How often will the formulary change?

This formulary is updated on the first of every month. Formulary changes that may not have prior notice include the following:

- A brand name drug may be moved to a higher tier or removed from the formulary if a new generic drug is added to the formulary,
- A drug may be removed from the formulary when it is removed from the market because the Food and Drug Administration (FDA) deems a drug to be unsafe or the drug's manufacturer removes the drug from the market, or
- A drug is added to the formulary, moved to a lower tier, or has a utilization management requirement removed.

Formulary changes that will have at least 30-day prior notice to an affected enrollee include the following:

- Moving a drug or dosage form to a higher tier,
- Removal of a drug or dosage form from the formulary,
- Adding or changing utilization management requirements or limits for a drug.
    - When a step therapy utilization management requirement changes, the new requirement will not require you to repeat the step therapy if you are already taking the drug for your condition as long as the drug is still appropriate, your provider continues to prescribe the drug, and the drug is still considered safe and effective for your condition.

When a drug or dosage form is removed from the formulary and a drug was previously approved for coverage for your medical condition, coverage for the drug will continue if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.

For the most current information about the Blue Shield Plus Drug Formulary, visit **blueshieldca.com/pharmacy**.

What is a medical benefit drug versus a drug covered under the Outpatient Prescription Drug Benefit?

A medical benefit drug is a drug that is not generally self-administered and administered by a health care professional. The Outpatient Prescription Drug Benefit includes FDA-approved drugs that are self-administered, commonly oral or self-injectable drugs, not otherwise excluded from coverage.

For additional information, check your Blue Shield *Evidence of Coverage* or call the customer service number on your Blue Shield member ID card.

What are preventive health drugs?

Preventive health drugs are select drugs required by health reform legislation to be covered at no charge to the insured.* Preventive health drugs are determined based on evidence-based recommendations by the United States Preventive Services Task Force. For more details about preventive health drugs, visit **blueshieldca.com/pharmacy**.

What is a contraceptive drug or device?

Contraceptives are drugs or devices, such as diaphragms or cervical caps, that help prevent pregnancy.

Most generic drug contraceptives and contraceptive devices are covered at no charge to the insured.* Most brand drug contraceptives require a copayment, which may be waived based on medical necessity. Physicians or members may provide medical necessity information using the prior authorization process by calling or faxing a form to Blue Shield Pharmacy Services. (See "What is the prior authorization/exception request process?" below.)

What diabetes care drugs and products are covered under the Outpatient Prescription Drug Benefit?

FDA-approved drugs for the treatment of diabetes are included in the formulary drug list. Diabetic testing supplies such as blood glucose test strips, urine test strips, lancets, insulin syringes/pens covered under the Outpatient Prescription Drug Benefit are also included in the formulary drug list.

What if my drug requires a prior authorization or step therapy?

Drug prior authorization involves getting advance approval of coverage for a prescription medication based on medical necessity. Some drugs require review of the patient's prescription and medical history to determine coverage.

Step therapy means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition.

Step therapy requirements are based on how the FDA recommends that a drug should be used, nationally recognized treatment guidelines, medical studies, information from the drug manufacturer, and the relative cost of treatment for a condition.

Your provider may submit a request for a prior authorization or an exception to the step therapy requirement.

To request prior authorization or an exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit the request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the prior authorization or exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the length of the prescription, including refills.

You are not required to complete step therapy with Blue Shield if a drug you are currently taking was approved for coverage for your medical condition by your previous health plan. The drug will be covered by Blue Shield without step-therapy if your provider continues to prescribe the drug for your condition and the drug is prescribed appropriately and is safe and effective for your condition.
If Blue Shield denies a request for prior authorization or an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

What if my drug is non-formulary or not listed?

The exception process involves requesting coverage of a non-formulary drug. A formulary exception, which allows coverage of a non-formulary drug is based on medical necessity.

To request a non-formulary coverage exception, please call the customer service number on your Blue Shield member ID card. You, your representative, or your doctor may submit an exception request to Blue Shield.

Once we receive all the needed supporting information, we will approve or deny the exception request based on medical necessity within 72 hours for non-urgent requests, or within 24 hours in urgent or exigent circumstances. If an approval or denial is not sent within these timeframes, then the request will be considered approved. If a request is approved, it will continue to be covered for the length of the prescription, including refills.

If Blue Shield denies a request for prior authorization or an exception request, the member, an authorized representative, or the provider can file an appeal/grievance with Blue Shield, as described in the "Grievance Process" section of the EOC.

If you are currently taking the drug and it was approved by your previous health plan or by us, we will not require you to try other drugs first. If the drug is safe and effective for your condition, we will continue to cover it.

Participating retail pharmacies

You can fill prescriptions at any participating (network) pharmacy, unless it is a prescription for a specialty drug. Blue Shield contracts with a wide network of retail pharmacies. To find a network pharmacy, visit **blueshieldca.com/pharmacy.**

What are specialty drugs?

Specialty drugs are drugs that may require coordination of care, close monitoring, or extensive patient training for self- administration. These requirements generally cannot be met by a retail pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs are usually high-cost.

Specialty drugs may require prior authorization for medical necessity by Blue Shield. Most specialty drugs are available exclusively from a Network Specialty Pharmacy. If coverage is approved, a Network Specialty Pharmacy can provide specialty drugs by mail or, upon your request, can transfer the specialty drug to an associated retail store for pickup. Call the customer service number on your Blue Shield member ID card or visit **blueshieldca.com/pharmacy** if you have questions about specialty drugs.

Mail service pharmacy

Blue Shield offers an easy-to-use mail service prescription drug program through our contracted mail service pharmacy. You can save time and money using the mail service drug program. It can be a convenient way to fill maintenance medications for up to a 90-day supply. Maintenance medications are drugs that doctors prescribe on an ongoing, regular basis to maintain health. For more information on using the mail service prescription benefit, visit **blueshieldca.com/pharmacy**.

Categorical List of Prescription Drugs

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS

ANALGESICS (Drugs for Pain)

NONSTEROIDAL ANTI-INFLAMMATORY DRUGS (Pain and Arthritis Drugs)

ANAPROX DS (*naproxen sodium*) 550 MG TAB	TIER 3	
ARTHROTEC (*diclofenac w/ misoprostol*) 50-0.2 MG TAB DR, 75-0.2 MG TAB DR	TIER 3	
BUTALBITAL-ASPIRIN-CAFFEINE --50-325-40 MG TAB	TIER 1	QLC (6 tabs/day)
butalbital-aspirin-caffeine cap 50-325-40 mg	TIER 1	QLC (6 caps/day; max 48 caps/30 days)
CAMBIA (*diclofenac potassium (migraine)*) 50 MG PACKET	TIER 3	PA, QLC (9 packs/month)
CELEBREX (*celecoxib*) 400 MG CAP	TIER 3	QLC (1 cap/day)
CELEBREX (*celecoxib*) 50 MG CAP, 100 MG CAP, 200 MG CAP	TIER 3	QLC (2 caps/day)
celecoxib cap 100 mg	TIER 1	QLC (2 caps/day)
celecoxib cap 200 mg	TIER 1	QLC (2 caps/day)
celecoxib cap 400 mg	TIER 1	QLC (1 cap/day)
celecoxib cap 50 mg	TIER 1	QLC (2 caps/day)
DAYPRO (*oxaprozin*) 600 MG TAB	TIER 3	
DICLOFENAC 35 MG CAP	TIER 3	PA, QLC (3 caps/day)
DICLOFENAC EPOLAMINE 1.3 % PATCH	TIER 1	PA, QLC (2 patches/day; max 30 patches/30 days)
diclofenac potassium tab 25 mg	TIER 1	PA, QLC (4 tabs/day)
diclofenac potassium tab 50 mg	TIER 1	
diclofenac potassium tab 50 mg (CATAFLAM)	TIER 1	
diclofenac sodium soln 1.5%	TIER 1	PA, QLC (1 bottle/month)
diclofenac sodium soln 1.5% (KLOFENSAID II)	TIER 1	PA, QLC (1 bottle/month)
diclofenac sodium tab delayed release 25 mg	TIER 1	
diclofenac sodium tab delayed release 50 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diclofenac sodium tab delayed release 75 mg	TIER 1	
diclofenac sodium tab er 24hr 100 mg (DICLOFENAC SODIUM ER)	TIER 1	
diclofenac w/ misoprostol tab delayed release 50-0.2 mg (DICLOFENAC-MISOPROSTOL)	TIER 1	
diclofenac w/ misoprostol tab delayed release 75-0.2 mg (DICLOFENAC-MISOPROSTOL)	TIER 1	
diflunisal tab 500 mg	TIER 1	
DUEXIS (*ibuprofen-famotidine*) 800-26.6 MG TAB	TIER 3	PA, QLC (3 tabs/day)
EC-NAPROSYN (*naproxen*) EC-375 MG TAB DR, EC-500 MG TAB DR	TIER 3	
etodolac cap 200 mg	TIER 1	
etodolac cap 300 mg	TIER 1	
etodolac tab 400 mg	TIER 1	
etodolac tab 500 mg	TIER 1	
etodolac tab er 24hr 400 mg (ETODOLAC ER)	TIER 1	
etodolac tab er 24hr 500 mg (ETODOLAC ER)	TIER 1	
etodolac tab er 24hr 600 mg (ETODOLAC ER)	TIER 1	
FELDENE (*piroxicam*) 10 MG CAP, 20 MG CAP	TIER 3	
FENOPROFEN CALCIUM 200 MG CAP	TIER 3	PA, QLC (8 caps/day)
FENOPROFEN CALCIUM 400 MG CAP	TIER 1	PA, QLC (8 caps/day)
fenoprofen calcium tab 600 mg	TIER 1	PA, QLC (4 tabs/day)
fenoprofen calcium tab 600 mg (PROFENO)	TIER 1	PA, QLC (4 tabs/day)
FENORTHO (*fenoprofen calcium*) 200 MG CAP	TIER 3	PA, QLC (8 caps/day)
FIORINAL (*butalbital-aspirin-caffeine*) 50-325-40 MG CAP	TIER 3	QLC (6 caps/day; max 48 caps/30 days)
FLECTOR (*diclofenac epolamine*) 1.3 % PATCH	TIER 3	PA, QLC (2 patches/day; max 30 patches/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLURBIPROFEN 50 MG TAB	TIER 1	
flurbiprofen tab 100 mg	TIER 1	
flurbiprofen tab 50 mg	TIER 1	
ibuprofen tab 400 mg	TIER 1	
ibuprofen tab 600 mg	TIER 1	
ibuprofen tab 800 mg	TIER 1	
ibuprofen-famotidine tab 800-26.6 mg	TIER 1	PA, QLC (3 tabs/day)
INDOCIN (*indomethacin*) 25 MG/5ML SUSPENSION, 50 MG SUPPOS	TIER 3	
INDOMETHACIN 20 MG CAP	TIER 3	PA, QLC (3 caps/day)
indomethacin cap 25 mg	TIER 1	
indomethacin cap 50 mg	TIER 1	
indomethacin cap er 75 mg (INDOMETHACIN ER)	TIER 1	
KETOPROFEN 25 MG CAP, 50 MG CAP, 75 MG CAP	TIER 1	PA
ketoprofen cap 50 mg	TIER 1	PA
ketoprofen cap 75 mg	TIER 1	PA
KETOPROFEN ER 200 MG CAP 24H	TIER 1	PA
KETOROLAC TROMETHAMINE 15.75 MG/SPRAY SOLUTION	TIER 3	PA, QLC (5 bottles/month)
ketorolac tromethamine tab 10 mg	TIER 1	QLC (4 tabs/day, not to exceed 20 tabs/30 days)
LICART (*diclofenac epolamine*) 1.3 % PATCH 24HR	TIER 3	PA, QLC (1 patch/day; max 15 patches/30 days)
LODINE (*etodolac*) 400 MG TAB	TIER 3	
MECLOFENAMATE SODIUM 50 MG CAP, 100 MG CAP	TIER 1	PA
mefenamic acid cap 250 mg	TIER 1	PA
meloxicam cap 10 mg	TIER 1	PA, QLC (1 cap/day)
meloxicam cap 5 mg	TIER 1	PA, QLC (1 cap/day)
meloxicam tab 15 mg	TIER 1	
meloxicam tab 7.5 mg	TIER 1	
MOBIC (*meloxicam*) 7.5 MG TAB, 15 MG TAB	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nabumetone tab 500 mg	TIER 1	
nabumetone tab 500 mg (RELAFEN)	TIER 3	
nabumetone tab 750 mg	TIER 1	
nabumetone tab 750 mg (RELAFEN)	TIER 3	
NALFON (*fenoprofen calcium*) 400 MG CAP	TIER 3	PA, QLC (8 caps/day)
NALFON (*fenoprofen calcium*) 600 MG TAB	TIER 3	PA, QLC (4 tabs/day)
NAPRELAN (*naproxen sodium*) 375 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
NAPRELAN (*naproxen sodium*) 500 MG TAB ER 24H, 750 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
NAPROSYN (*naproxen*) 125 MG/5ML SUSPENSION	TIER 3	PA
NAPROSYN (*naproxen*) 500 MG TAB	TIER 3	
NAPROXEN SODIUM ER 750 MG TAB 24H	TIER 3	PA, QLC (2 tabs/day)
naproxen sodium tab 275 mg	TIER 1	
naproxen sodium tab 550 mg	TIER 1	
naproxen sodium tab er 24hr 375 mg (base equiv) (NAPROXEN SODIUM ER)	TIER 1	PA, QLC (1 tab/day)
naproxen sodium tab er 24hr 500 mg (base equiv) (NAPROXEN SODIUM ER)	TIER 1	PA, QLC (2 tabs/day)
naproxen susp 125 mg/5ml	TIER 1	PA
naproxen tab 250 mg	TIER 1	
naproxen tab 375 mg	TIER 1	
naproxen tab 500 mg	TIER 1	
naproxen tab ec 375 mg	TIER 1	
naproxen tab ec 375 mg (EC-NAPROXEN)	TIER 1	
naproxen tab ec 500 mg	TIER 1	
naproxen tab ec 500 mg (EC-NAPROXEN)	TIER 1	
naproxen-esomeprazole magnesium tab dr 375-20 mg	TIER 1	PA, QLC (2 tabs/day)
naproxen-esomeprazole magnesium tab dr 500-20 mg	TIER 1	PA, QLC (2 tabs/day)
oxaprozin tab 600 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PENNSAID (*diclofenac sodium (topical)*) 2 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
piroxicam cap 10 mg	TIER 1	
piroxicam cap 20 mg	TIER 1	
PONSTEL (*mefenamic acid*) 250 MG CAP	TIER 3	PA
QMIIZ ODT (*meloxicam*) ODT 7.5 MG TAB DISP, ODT 15 MG TAB DISP	TIER 3	PA, QLC (1 tab/day)
RELAFEN DS (*nabumetone*) 1000 MG TAB	TIER 3	PA, QLC (2 tabs/day)
salsalate tab 500 mg	TIER 1	
salsalate tab 750 mg	TIER 1	
SPRIX (*ketorolac tromethamine*) 15.75 MG/SPRAY SOLUTION	TIER 3	PA, QLC (5 bottles/month)
sulindac tab 150 mg	TIER 1	
sulindac tab 200 mg	TIER 1	
TIVORBEX (*indomethacin*) 20 MG CAP, 40 MG CAP	TIER 3	PA, QLC (3 caps/day)
TOLMETIN SODIUM 200 MG TAB, 400 MG CAP, 600 MG TAB	TIER 1	PA
VIMOVO (*naproxen-esomeprazole magnesium*) 375-20 MG TAB DR, 500-20 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
VIVLODEX (*meloxicam*) 5 MG CAP, 10 MG CAP	TIER 3	PA, QLC (1 cap/day)
ZIPSOR (*diclofenac potassium*) 25 MG CAP	TIER 3	PA, QLC (4 caps/day)
ZORVOLEX (*diclofenac*) 18 MG CAP, 35 MG CAP	TIER 3	PA, QLC (3 caps/day)

OPIOID ANALGESICS, LONG-ACTING (Long-acting Narcotic Pain Relievers)

ARYMO ER (*morphine sulfate*) 60 MG TBDET	TIER 3	PA, QLC (1 tab/day)
ARYMO ER (*morphine sulfate*) ER 15 MG TBER DETER, ER 30 MG TBER DETER	TIER 3	PA, QLC (3 tabs/day)
BELBUCA (*buprenorphine hcl*) 75 MCG FILM, 150 MCG FILM, 300 MCG FILM, 450 MCG FILM, 600 MCG FILM, 750 MCG FILM, 900 MCG FILM	TIER 3	PA, QLC (2 films/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BUPRENORPHINE 5 MCG/HR PATCH WK, 10 MCG/HR PATCH WK, 15 MCG/HR PATCH WK, 20 MCG/HR PATCH WK	TIER 1	PA, QLC (4 patches/28 days)
buprenorphine td patch weekly 10 mcg/hr	TIER 1	PA, QLC (4 patches/28 days)
buprenorphine td patch weekly 15 mcg/hr	TIER 1	PA, QLC (4 patches/28 days)
buprenorphine td patch weekly 20 mcg/hr	TIER 1	PA, QLC (4 patches/28 days)
buprenorphine td patch weekly 5 mcg/hr	TIER 1	PA, QLC (4 patches/28 days)
buprenorphine td patch weekly 7.5 mcg/hr	TIER 1	PA, QLC (4 patches/28 days)
BUTRANS (*buprenorphine*) 5 MCG/HR PATCH WK, 7.5 MCG/HR PATCH WK, 10 MCG/HR PATCH WK, 15 MCG/HR PATCH WK, 20 MCG/HR PATCH WK	TIER 3	PA, QLC (4 patches/28 days)
CONZIP (*tramadol hcl*) 100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H	TIER 3	ST, QLC (1 cap/day)
DOLOPHINE (*methadone hcl*) 10 MG TAB	TIER 3	PA, QLC (18 tabs/day)
DOLOPHINE (*methadone hcl*) 5 MG TAB	TIER 3	PA, QLC (36 tabs/day)
DURAGESIC-100 (*fentanyl*) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-12 (*fentanyl*) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-25 (*fentanyl*) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-50 (*fentanyl*) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
DURAGESIC-75 (*fentanyl*) -MCG/HR PATCH 72HR	TIER 3	PA, QLC (20 patches/month)
EXALGO (*hydromorphone hcl*) 12 MG TAB ER 24H	TIER 3	PA, QLC (5 tabs/day)
EXALGO (*hydromorphone hcl*) 16 MG TAB ER 24H	TIER 3	PA, QLC (4 tabs/day)
EXALGO (*hydromorphone hcl*) 32 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
EXALGO (*hydromorphone hcl*) 8 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fentanyl td patch 72hr 100 mcg/hr	TIER 1	PA, QLC (20 patches/month)
fentanyl td patch 72hr 12 mcg/hr	TIER 1	PA, QLC (20 patches/month)
fentanyl td patch 72hr 25 mcg/hr	TIER 1	PA, QLC (20 patches/month)
fentanyl td patch 72hr 37.5 mcg/hr	TIER 4	PA, QLC (10 patches/month)
fentanyl td patch 72hr 50 mcg/hr	TIER 1	PA, QLC (20 patches/month)
fentanyl td patch 72hr 62.5 mcg/hr	TIER 4	PA, QLC (10 patches/month)
fentanyl td patch 72hr 75 mcg/hr	TIER 1	PA, QLC (20 patches/month)
fentanyl td patch 72hr 87.5 mcg/hr	TIER 4	PA, QLC (10 patches/month)
hydrocodone bitartrate cap er 12hr 10 mg (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (2 caps/day)
hydrocodone bitartrate cap er 12hr 15 mg (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (2 caps/day)
hydrocodone bitartrate cap er 12hr 30 mg (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (2 caps/day)
hydrocodone bitartrate cap er 12hr 40 mg (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (2 caps/day)
hydrocodone bitartrate cap er 12hr 50 mg (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (2 caps/day)
HYDROCODONE BITARTRATE ER ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H, ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H, ER 50 MG CAP ER 12H	TIER 1	PA, QLC (2 caps/day)
hydrocodone bitartrate tab er 24hr deter 100 mg (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (1 tab/day)
hydrocodone bitartrate tab er 24hr deter 120 mg (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (1 tab/day)
hydrocodone bitartrate tab er 24hr deter 20 mg (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (1 cap/day)
hydrocodone bitartrate tab er 24hr deter 30 mg (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (1 tab/day)
hydrocodone bitartrate tab er 24hr deter 40 mg (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (1 tab/day)
hydrocodone bitartrate tab er 24hr deter 60 mg (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (1 tab/day)
hydrocodone bitartrate tab er 24hr deter 80 mg (HYDROCODONE BITARTRATE ER)	TIER 1	PA, QLC (1 tab/day)
hydromorphone hcl tab er 24hr 12 mg (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (5 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydromorphone hcl tab er 24hr 16 mg (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (4 tabs/day)
hydromorphone hcl tab er 24hr 32 mg (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (2 tabs/day)
hydromorphone hcl tab er 24hr 8 mg (HYDROMORPHONE HCL ER)	TIER 1	PA, QLC (1 tab/day)
HYSINGLA ER (*hydrocodone bitartrate*) 20 MG TB24 DET	TIER 3	PA, QLC (1 cap/day)
HYSINGLA ER (*hydrocodone bitartrate*) ER 30 MG TB24 DETER, ER 40 MG TB24 DETER, ER 60 MG TB24 DETER	TIER 3	PA, QLC (1 tab/day)
HYSINGLA ER (*hydrocodone bitartrate*) ER 80 MG TB24 DETER, ER 100 MG TB24 DETER, ER 120 MG TB24 DETER	TIER 4	PA, QLC (1 tab/day)
KADIAN (*morphine sulfate*) 10 MG CAP ER 24H, 30 MG CAP ER 24H, 40 MG CAP ER 24H, 50 MG CAP ER 24H, 100 MG CAP ER 24H	TIER 3	PA, QLC (2 caps/day)
KADIAN (*morphine sulfate*) 20 MG CAP ER 24H	TIER 3	PA, QLC (4 caps/day)
KADIAN (*morphine sulfate*) 60 MG CAP ER 24H, 80 MG CAP ER 24H, 200 MG CAP ER 24H	TIER 3	PA, QLC (3 caps/day)
levorphanol tartrate tab 2 mg	TIER 1	PA, QLC (9 tabs/day)
levorphanol tartrate tab 3 mg	TIER 1	PA, QLC (4 tabs/day)
METHADONE HCL 10 MG/5ML SOLUTION	TIER 1	PA, QLC (90 ml/day)
METHADONE HCL 5 MG/5ML SOLUTION	TIER 1	PA, QLC (180 ml/day)
methadone hcl conc 10 mg/ml	TIER 1	PA, QLC (18 ml/day)
methadone hcl conc 10 mg/ml (METHADONE HCL INTENSOL)	TIER 1	PA, QLC (18 ml/day)
methadone hcl soln 10 mg/5ml	TIER 1	PA, QLC (90 ml/day)
methadone hcl soln 5 mg/5ml mg/ml	TIER 1	PA, QLC (180 ml/day)
methadone hcl tab 10 mg	TIER 1	PA, QLC (18 tabs/day)
methadone hcl tab 5 mg	TIER 1	PA, QLC (36 tabs/day)
methadone hcl tab for oral susp 40 mg	TIER 1	PA, QLC (5 tabs/day)
methadone hcl tab for oral susp 40 mg (METHADOSE)	TIER 1	PA, QLC (5 tabs/day)
METHADOSE (*methadone hcl*) 10 MG/ML CONC	TIER 3	PA, QLC (18 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
METHADOSE SUGAR-FREE (*methadone hcl*) -10 MG/ML CONC	TIER 3	PA, QLC (18 ml/day)
MORPHABOND ER (*morphine sulfate*) ER 15 MG TB12 DETER, ER 30 MG TB12 DETER, ER 60 MG TB12 DETER, ER 100 MG TB12 DETER	TIER 3	PA, QLC (2 tabs/day)
morphine sulfate cap er 24hr 10 mg (MORPHINE SULFATE ER)	TIER 1	PA, QLC (2 caps/day)
morphine sulfate cap er 24hr 100 mg (MORPHINE SULFATE ER)	TIER 1	PA, QLC (2 caps/day)
morphine sulfate cap er 24hr 20 mg (MORPHINE SULFATE ER)	TIER 1	PA, QLC (4 caps/day)
morphine sulfate cap er 24hr 30 mg (MORPHINE SULFATE ER)	TIER 1	PA, QLC (2 caps/day)
morphine sulfate cap er 24hr 50 mg (MORPHINE SULFATE ER)	TIER 1	PA, QLC (2 caps/day)
morphine sulfate cap er 24hr 60 mg (MORPHINE SULFATE ER)	TIER 1	PA, QLC (3 caps/day)
morphine sulfate cap er 24hr 80 mg (MORPHINE SULFATE ER)	TIER 1	PA, QLC (3 caps/day)
MORPHINE SULFATE ER 40 MG CAP 24H	TIER 1	PA, QLC (2 caps/day)
MORPHINE SULFATE ER BEADS (*morphine sulfate beads*) 120 MG CAP 24H	TIER 1	PA, QLC (13 caps/day)
MORPHINE SULFATE ER BEADS (*morphine sulfate beads*) 90 MG CAP 24H	TIER 1	PA, QLC (3 caps/day)
MORPHINE SULFATE ER BEADS (*morphine sulfate beads*) ER BEADS 30 MG CAP ER 24H, ER BEADS 45 MG CAP ER 24H, ER BEADS 60 MG CAP ER 24H, ER BEADS 75 MG CAP ER 24H	TIER 1	PA, QLC (1 cap/day)
morphine sulfate tab er 100 mg (MORPHINE SULFATE ER)	TIER 1	QLC (3 tabs/day)
morphine sulfate tab er 15 mg (MORPHINE SULFATE ER)	TIER 1	QLC (6 tabs/day)
morphine sulfate tab er 200 mg (MORPHINE SULFATE ER)	TIER 1	QLC (3 tabs/day)
morphine sulfate tab er 30 mg (MORPHINE SULFATE ER)	TIER 1	QLC (6 tabs/day)
morphine sulfate tab er 60 mg (MORPHINE SULFATE ER)	TIER 1	QLC (5 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MS CONTIN (*morphine sulfate*) 100 MG TAB ER, 200 MG TAB ER	TIER 3	QLC (3 tabs/day)
MS CONTIN (*morphine sulfate*) 15 MG TAB ER, 30 MG TAB ER	TIER 3	QLC (6 tabs/day)
MS CONTIN (*morphine sulfate*) 60 MG TAB ER	TIER 3	QLC (5 tabs/day)
NUCYNTA ER (*tapentadol hcl*) ER 50 MG TAB ER 12H, ER 100 MG TAB ER 12H, ER 150 MG TAB ER 12H, ER 200 MG TAB ER 12H, ER 250 MG TAB ER 12H	TIER 3	PA, QLC (2 tabs/day)
OPANA ER (*oxymorphone hcl*) 40 MG TB12 DET	TIER 3	PA, QLC (4 tabs/day)
OPANA ER (*oxymorphone hcl*) ER 5 MG TB12 DETER, ER 7.5 MG TB12 DETER, ER 10 MG TB12 DETER, ER 15 MG TB12 DETER, ER 20 MG TB12 DETER, ER 30 MG TB12 DETER	TIER 3	PA, QLC (2 tabs/day)
OXYCODONE HCL ER 10 MG TB12 DET	TIER 1	PA, QLC (9 tabs/day)
OXYCODONE HCL ER 60 MG TB12 DET	TIER 1	PA, QLC (2 tabs/day)
OXYCODONE HCL ER ER 15 MG TB12 DETER, ER 20 MG TB12 DETER, ER 30 MG TB12 DETER	TIER 1	PA, QLC (6 tabs/day)
OXYCODONE HCL ER ER 40 MG TB12 DETER, ER 80 MG TB12 DETER	TIER 1	PA, QLC (4 tabs/day)
OXYCONTIN (*oxycodone hcl*) 10 MG TB12 DETER	TIER 3	PA, QLC (9 tabs/day)
OXYCONTIN (*oxycodone hcl*) 15 MG TB12 DETER, 20 MG TB12 DETER, 30 MG TB12 DETER	TIER 3	PA, QLC (6 tabs/day)
OXYCONTIN (*oxycodone hcl*) 40 MG TB12 DETER, 80 MG TB12 DETER	TIER 3	PA, QLC (4 tabs/day)
OXYCONTIN (*oxycodone hcl*) 60 MG TB12 DETER	TIER 3	PA, QLC (2 tabs/day)
OXYMORPHONE HCL ER 40 MG TAB 12H	TIER 1	PA, QLC (4 tabs/day)
OXYMORPHONE HCL ER ER 5 MG TAB ER 12H, ER 7.5 MG TAB ER 12H, ER 10 MG TAB ER 12H, ER 15 MG TAB ER 12H, ER 20 MG TAB ER 12H, ER 30 MG TAB ER 12H	TIER 1	PA, QLC (2 tabs/day)
TRAMADOL HCL ER 150 MG CAP 24H	TIER 3	PA, QLC (2 caps/day)
TRAMADOL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H	TIER 1	ST, QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tramadol hcl tab er 24hr 100 mg (TRAMADOL HCL ER)	TIER 1	ST, QLC (3 tabs/day)
tramadol hcl tab er 24hr 200 mg (TRAMADOL HCL ER)	TIER 1	ST, QLC (1 tab/day)
tramadol hcl tab er 24hr 300 mg (TRAMADOL HCL ER)	TIER 1	ST, QLC (1 tab/day)
tramadol hcl tab er 24hr biphasic release 100 mg (TRAMADOL HCL ER (BIPHASIC))	TIER 1	ST, QLC (1 tab/day)
tramadol hcl tab er 24hr biphasic release 200 mg (TRAMADOL HCL ER (BIPHASIC))	TIER 1	ST, QLC (1 tab/day)
tramadol hcl tab er 24hr biphasic release 300 mg (TRAMADOL HCL ER (BIPHASIC))	TIER 1	ST, QLC (1 tab/day)
XTAMPZA ER (*oxycodone*) ER 9 MG CP12 DETER, ER 13.5 MG CP12 DETER, ER 18 MG CP12 DETER, ER 27 MG CP12 DETER, ER 36 MG CP12 DETER	TIER 3	PA, QLC (2 caps/day)
ZOHYDRO ER (*hydrocodone bitartrate*) ER 10 MG CAP ER 12H, ER 15 MG CAP ER 12H, ER 20 MG CAP ER 12H, ER 30 MG CAP ER 12H, ER 40 MG CAP ER 12H, ER 50 MG CAP ER 12H	TIER 3	PA, QLC (2 caps/day)

OPIOID ANALGESICS, SHORT-ACTING (Short-acting Narcotic Pain Relievers)

ABSTRAL (*fentanyl citrate*) 100 MCG SL TAB	TIER 3	PA, QLC (4 tabs/day; max 56 tabs/month)
ABSTRAL (*fentanyl citrate*) 200 MCG SL TAB	TIER 3	PA, QLC (3 tabs/day; max 42 tabs/month)
ABSTRAL (*fentanyl citrate*) 300 MCG SL TAB	TIER 3	PA, QLC (2 tabs/day; max 28 tabs/month)
ABSTRAL (*fentanyl citrate*) 400 MCG SL TAB	TIER 3	PA, QLC (2 tabs/day; max 28 tabs/month)
ABSTRAL (*fentanyl citrate*) 600 MCG SL TAB, 800 MCG SL TAB	TIER 3	PA, QLC (1 tab/day; max 14 tabs/month)
acetaminophen w/ codeine soln 120-12 mg/5ml (ACETAMINOPHEN-CODEINE) *0*	TIER 1	QLC (90 ml/day; max 1260 ml/month)
acetaminophen w/ codeine tab 300-15 mg (ACETAMINOPHEN-CODEINE #2)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
acetaminophen w/ codeine tab 300-15 mg (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
acetaminophen w/ codeine tab 300-30 mg (ACETAMINOPHEN-CODEINE #3)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
acetaminophen w/ codeine tab 300-30 mg (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
acetaminophen w/ codeine tab 300-60 mg (ACETAMINOPHEN-CODEINE #4)	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
acetaminophen w/ codeine tab 300-60 mg (ACETAMINOPHEN-CODEINE)	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg (DVORAH)	TIER 1	PA, QLC (10 caps/day; max 140 caps/30 days)
acetaminophen-caffeine-dihydrocodeine tab 325-30-16 mg (PANLOR)	TIER 1	PA, QLC (10 caps/day; max 140 caps/30 days)
ACTIQ (*fentanyl citrate*) 200 MCG LOZ HANDLE, 400 MCG LOZ HANDLE, 600 MCG LOZ HANDLE, 800 MCG LOZ HANDLE, 1200 MCG LOZ HANDLE, 1600 MCG LOZ HANDLE	TIER 3	PA, QLC (4 lozenges/day; max 56 lozenges/month)
APADAZ (*benzhydrocodone hcl-acetaminophen*) 4.08-325 MG TAB	TIER 3	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
APADAZ (*benzhydrocodone hcl-acetaminophen*) 6.12-325 MG TAB	TIER 3	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
APADAZ (*benzhydrocodone hcl-acetaminophen*) 8.16-325 MG TAB	TIER 3	PA, QLC (9 tabs/day; not to exceed 126 tabs/30 days)
APAP-CAFF-DIHYDROCODEINE (*acetaminophen-caff-dihydrocod*) --320.5-30-16 MG CAP, --325-30-16 MG TAB	TIER 1	PA, QLC (10 caps/day; max 140 caps/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (*benzhydrocodone hcl-acetaminophen*) -4.08-325 MG TAB	TIER 1	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (*benzhydrocodone hcl-acetaminophen*) -6.12-325 MG TAB	TIER 1	PA, QLC (12 tabs/day; not to exceed 168 tabs/30 days)
BENZHYDROCODONE-ACETAMINOPHEN (*benzhydrocodone hcl-acetaminophen*) -8.16-325 MG TAB	TIER 1	PA, QLC (9 tabs/day; not to exceed 126 tabs/30 days)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg (BUTALBITAL-APAP-CAFF-COD)	TIER 1	PA, QLC (6 caps/day; max 84 caps/30 days)
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg (BUTALBITAL-APAP-CAFF-COD)	TIER 1	QLC (6 caps/day; max 84 caps/30 days)
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (ASCOMP-CODEINE)	TIER 1	QLC (6 caps/day; max 84 caps/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (BUTALBITAL-ASA-CAFF-CODEINE)	TIER 1	QLC (6 caps/day; max 84 caps/30 days)
butorphanol tartrate nasal soln 10 mg/ml	TIER 1	QLC (4 canisters/month at 2 canisters/fill)
carisoprodol w/ aspirin & codeine tab 200-325-16 mg (CARISOPRODOL-ASPIRIN-CODEINE)	TIER 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)
CARISOPRODOL-ASPIRIN-CODEINE (*carisoprodol w/ aspirin & codeine*) --200-325-16 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)
CODEINE SULFATE 15 MG TAB	TIER 1	QLC (24 tabs/day; max 336 tabs/month)
CODEINE SULFATE 30 MG TAB	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
CODEINE SULFATE 60 MG TAB	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
codeine sulfate tab 30 mg	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
codeine sulfate tab 60 mg	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
DEMEROL (*meperidine hcl*) 100 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (9 tabs/day; max 126 tabs/month)
DILAUDID (*hydromorphone hcl*) 1 MG/ML LIQUID	TIER 3	QLC (4 ml/day; max 56 ml/month)
DILAUDID (*hydromorphone hcl*) 2 MG TAB	TIER 3	QLC (11 tabs/day; max 154 tabs/month)
DILAUDID (*hydromorphone hcl*) 4 MG TAB	TIER 3	QLC (6 tabs/day; max 84 tabs/month)
DILAUDID (*hydromorphone hcl*) 8 MG TAB	TIER 3	QLC (3 tabs/day; max 42 tabs/month)
EMBEDA (*morphine-naltrexone*) 20-0.8 MG CAP ER	TIER 3	PA, QLC (4 caps/day)
EMBEDA (*morphine-naltrexone*) 30-1.2 MG CAP ER, 50-2 MG CAP ER, 60-2.4 MG CAP ER	TIER 3	PA, QLC (2 caps/day)
EMBEDA (*morphine-naltrexone*) 80-3.2 MG CAP ER, 100-4 MG CAP ER	TIER 3	PA, QLC (1 cap/day)
FENTANYL CITRATE 100 MCG TAB	TIER 1	PA, QLC (4 tabs/day; max 56 tabs/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FENTANYL CITRATE 200 MCG TAB	TIER 1	PA, QLC (3 tabs/day; max 42 tabs/month)
FENTANYL CITRATE 400 MCG TAB	TIER 1	PA, QLC (2 tabs/day; max 28 tabs/month)
FENTANYL CITRATE 600 MCG TAB	TIER 1	PA, QLC (1 tab/day; max 14 tabs/month)
FENTANYL CITRATE 800 MCG TAB	TIER 1	PA, QLC (1 tab/day; max 14 tabs/month)
fentanyl citrate lozenge on a handle 1200 mcg fentnyl citrte hndle	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
fentanyl citrate lozenge on a handle 1600 mcg fentnyl citrte hndle	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
fentanyl citrate lozenge on a handle 200 mcg fentnyl citrte hndle	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
fentanyl citrate lozenge on a handle 400 mcg fentnyl citrte hndle	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
fentanyl citrate lozenge on a handle 600 mcg fentnyl citrte hndle	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
fentanyl citrate lozenge on a handle 800 mcg fentnyl citrte hndle	TIER 1	PA, QLC (4 lozenges/day; max 56 lozenges/month)
FENTORA (*fentanyl citrate*) 100 MCG TAB	TIER 3	PA, QLC (4 tabs/day; max 56 tabs/month)
FENTORA (*fentanyl citrate*) 200 MCG TAB	TIER 3	PA, QLC (3 tabs/day; max 42 tabs/month)
FENTORA (*fentanyl citrate*) 400 MCG TAB	TIER 3	PA, QLC (2 tabs/day; max 28 tabs/month)
FENTORA (*fentanyl citrate*) 600 MCG TAB	TIER 3	PA, QLC (1 tab/day; max 14 tabs/month)
FENTORA (*fentanyl citrate*) 800 MCG TAB	TIER 3	PA, QLC (1 tab/day; max 14 tabs/month)
FIORICET/CODEINE (*butalbital-acetaminophen-caffeine w/ codeine*) 50-300-40-30 MG CAP	TIER 3	PA, QLC (6 caps/day; max 84 caps/30 days)
FIORINAL/CODEINE #3 (*butalbital-aspirin-caffeine w/cod*) 50-325-40-30 MG CAP	TIER 3	QLC (6 caps/day; max 84 caps/30 days)
HYDROCODONE-ACETAMINOPHEN -10-325 MG/15ML SOLUTION	TIER 1	PA, QLC (90 ml/day; max 1260 ml/month)
hydrocodone-acetaminophen soln 10-325 mg/15ml	TIER 1	PA, QLC (90 ml/day; max 1260 ml/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	TIER 1	QLC (90 ml/day; max 1260 ml/30 days)
hydrocodone-acetaminophen tab 10-300 mg	TIER 1	PA, QLC (9 tabs/day; max 126 tabs/30 days)
hydrocodone-acetaminophen tab 10-300 mg (VICODIN HP)	TIER 1	PA, QLC (9 tabs/day; max 126 tabs/30 days)
hydrocodone-acetaminophen tab 10-325 mg	TIER 1	QLC (9 tabs/day; max 126 tabs/30 days)
hydrocodone-acetaminophen tab 10-325 mg (LORCET HD)	TIER 1	QLC (9 tabs/day; max 126 tabs/30 days)
hydrocodone-acetaminophen tab 2.5-325 mg	TIER 1	QLC (12 tabs/day; max 168 tabs/30 days)
hydrocodone-acetaminophen tab 5-300 mg	TIER 1	PA, QLC (12 tabs/day; max 168 tabs/30 days)
hydrocodone-acetaminophen tab 5-300 mg (VICODIN)	TIER 1	PA, QLC (12 tabs/day; max 168 tabs/30 days)
hydrocodone-acetaminophen tab 5-325 mg	TIER 1	QLC (12 tabs/day; max 168 tabs/30 days)
hydrocodone-acetaminophen tab 5-325 mg (LORCET)	TIER 1	QLC (12 tabs/day; max 168 tabs/30 days)
hydrocodone-acetaminophen tab 7.5-300 mg	TIER 1	PA, QLC (12 tabs/day; max 168 tabs/30 days)
hydrocodone-acetaminophen tab 7.5-300 mg (VICODIN ES)	TIER 1	PA, QLC (12 tabs/day; max 168 tabs/30 days)
hydrocodone-acetaminophen tab 7.5-325 mg	TIER 1	QLC (12 tabs/day; max 168 tabs/30 days)
hydrocodone-acetaminophen tab 7.5-325 mg (LORCET PLUS)	TIER 1	QLC (12 tabs/day; max 168 tabs/30 days)
HYDROCODONE-IBUPROFEN -5-200 MG TAB	TIER 1	QLC (8 tabs/day; max 112 tabs/month)
hydrocodone-ibuprofen tab 10-200 mg	TIER 1	QLC (5 tabs/day; max 70 tabs/month)
hydrocodone-ibuprofen tab 10-200 mg (XYLON)	TIER 1	QLC (5 tabs/day; max 70 tabs/month)
hydrocodone-ibuprofen tab 5-200 mg	TIER 1	QLC (8 tabs/day; max 112 tabs/month)
hydrocodone-ibuprofen tab 5-200 mg (IBUDONE)	TIER 1	QLC (8 tabs/day; max 112 tabs/month)
hydrocodone-ibuprofen tab 7.5-200 mg	TIER 1	QLC (5 tabs/day; max 70 tabs/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYDROMORPHONE HCL 3 MG SUPPOS	TIER 1	QLC (8 suppositories/day; max 112 suppositories/month)
hydromorphone hcl liqd 1 mg/ml	TIER 1	QLC (4 ml/day; max 56 ml/month)
hydromorphone hcl tab 2 mg	TIER 1	QLC (11 tabs/day; max 154 tabs/month)
hydromorphone hcl tab 4 mg	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
hydromorphone hcl tab 8 mg	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
IBUDONE (*hydrocodone-ibuprofen*) 10-200 MG TAB	TIER 3	QLC (5 tabs/day; max 70 tabs/month)
LAZANDA (*fentanyl citrate*) 100 MCG/ACT SOLUTION, 300 MCG/ACT SOLUTION, 400 MCG/ACT SOLUTION	TIER 3	PA, QLC (14 bottles/month)
LORTAB (*hydrocodone-acetaminophen*) 10-300 MG/15ML ELIXIR	TIER 1	QLC (67.5 ml/day; max 945 ml/month)
MEPERIDINE HCL 100 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (9 tabs/day; max 126 tabs/month)
MEPERIDINE HCL 50 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 252 tabs/month)
MEPERIDINE HCL 50 MG/5ML SOLUTION	TIER 1	AL1 (Up to 64 yrs old), QLC (90 ml/day; max 1260 ml/month)
meperidine hcl tab 100 mg	TIER 1	AL1 (Up to 64 yrs old), QLC (9 tabs/day; max 126 tabs/month)
meperidine hcl tab 50 mg	TIER 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day; max 252 tabs/month)
MORPHINE SULFATE 10 MG SUPPOS	TIER 1	QLC (9 suppositories/day; max 126 suppositories/month)
MORPHINE SULFATE 15 MG TAB	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
MORPHINE SULFATE 20 MG SUPPOS	TIER 1	QLC (5 suppositories/day; max 70 suppositories/month)
MORPHINE SULFATE 30 MG SUPPOS	TIER 1	QLC (3 suppositories/day; max 42 suppositories/month)
MORPHINE SULFATE 30 MG TAB	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
MORPHINE SULFATE 5 MG SUPPOS	TIER 1	QLC (12 suppositories/day; max 168 suppositories/month)
morphine sulfate oral soln 10 mg/5ml	TIER 1	QLC (45 ml/day; max 630 ml/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
morphine sulfate oral soln 100 mg/5ml (20 mg/ml) (MORPHINE SULFATE (CONCENTRATE))	TIER 1	QLC (5ml/day; max 70 ml/month)
morphine sulfate oral soln 20 mg/5ml	TIER 1	QLC (22.5 ml/day; max 315 ml/30 days)
morphine sulfate tab 15 mg	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
morphine sulfate tab 30 mg	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
NALOCET (*oxycodone w/ acetaminophen*) 2.5-300 MG TAB	TIER 1	PA, QLC (12 tabs/day; not to exceed 168 tabs/month)
NORCO (*hydrocodone-acetaminophen*) 10-325 MG TAB	TIER 3	QLC (9 tabs/day; max 126 tabs/30 days)
NORCO (*hydrocodone-acetaminophen*) 5-325 MG TAB, 7.5-325 MG TAB	TIER 3	QLC (12 tabs/day; max 168 tabs/30 days)
NUCYNTA (*tapentadol hcl*) 50 MG TAB	TIER 3	PA, QLC (5 tabs/day; max 70 tabs/month)
NUCYNTA (*tapentadol hcl*) 75 MG TAB, 100 MG TAB	TIER 3	PA, QLC (4 tabs/day; max 56 tabs/month)
OPANA (*oxymorphone hcl*) 10 MG TAB	TIER 3	PA, QLC (4 tabs/day; max 56 tabs/month)
OPANA (*oxymorphone hcl*) 5 MG TAB	TIER 3	PA, QLC (6 tabs/day; max 84 tabs/month)
OXAYDO (*oxycodone hcl*) 5 MG TAB	TIER 3	PA, QLC (12 tabs/day; max 168 tabs/month)
OXAYDO (*oxycodone hcl*) 7.5 MG TAB	TIER 3	PA, QLC (8 tabs/day; max 112 tabs/month)
oxycodone hcl cap 5 mg	TIER 1	QLC (12 caps/day; max 168 caps/month)
oxycodone hcl conc 100 mg/5ml (20 mg/ml)	TIER 1	QLC (3 ml/day; max 42 ml/month)
oxycodone hcl soln 5 mg/5ml mg/ml	TIER 1	QLC (60 ml/day; max 840 ml/month)
oxycodone hcl tab 10 mg	TIER 1	QLC (84 tabs/month)
oxycodone hcl tab 15 mg	TIER 1	QLC (4 tabs/day; max 56 tabs/month)
oxycodone hcl tab 20 mg	TIER 1	QLC (3 tabs/day; max 42 tabs/month)
oxycodone hcl tab 30 mg	TIER 1	QLC (2 tabs/day; max 28 tabs/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oxycodone hcl tab 5 mg	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
oxycodone w/ acetaminophen tab 10-325 mg (ENDOCET)	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
oxycodone w/ acetaminophen tab 10-325 mg (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (6 tabs/day; max 84 tabs/month)
oxycodone w/ acetaminophen tab 2.5-325 mg (ENDOCET)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
oxycodone w/ acetaminophen tab 2.5-325 mg (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
oxycodone w/ acetaminophen tab 5-325 mg (ENDOCET)	TIER 1	QLC (168 tabs/month)
oxycodone w/ acetaminophen tab 5-325 mg (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (168 tabs/month)
oxycodone w/ acetaminophen tab 7.5-325 mg (ENDOCET)	TIER 1	QLC (8 tabs/day; max 112 tabs/month)
oxycodone w/ acetaminophen tab 7.5-325 mg (OXYCODONE-ACETAMINOPHEN)	TIER 1	QLC (8 tabs/day; max 112 tabs/month)
OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) -10-300 MG TAB	TIER 1	PA, QLC (6 tabs/day; max 84 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) -10-300 MG/5ML SOLUTION	TIER 3	PA, QLC (30 ml/day; max 420 ml/30 days)
OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) -2.5-300 MG TAB	TIER 1	PA, QLC (12 tabs/day; not to exceed 168 tabs/month)
OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) -5-300 MG TAB	TIER 1	PA, QLC (12 tabs/day; max 168 tabs/30 days)
OXYCODONE-ACETAMINOPHEN (*oxycodone w/ acetaminophen*) -5-325 MG/5ML SOLUTION	TIER 1	QLC (840 ml/month)
OXYCODONE-ASPIRIN -4.8355-325 MG TAB	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
oxycodone-aspirin tab 4.8355-325 mg	TIER 1	QLC (12 tabs/day; max 168 tabs/month)
OXYCODONE-IBUPROFEN -5-400 MG TAB	TIER 1	QLC (4 tabs/day; max 56tabs/month)
oxymorphone hcl tab 10 mg	TIER 1	PA, QLC (4 tabs/day; max 56 tabs/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oxymorphone hcl tab 5 mg	TIER 1	PA, QLC (6 tabs/day; max 84 tabs/month)
pentazocine w/ naloxone tab 50-0.5 mg (PENTAZOCINE-NALOXONE HCL)	TIER 1	AL1 (Up to 64 yrs old), QLC (18 tabs/day)
PERCOCET (*oxycodone w/ acetaminophen*) 10-325 MG TAB	TIER 3	QLC (6 tabs/day; max 84 tabs/month)
PERCOCET (*oxycodone w/ acetaminophen*) 2.5-325 MG TAB	TIER 3	QLC (12 tabs/day; max 168 tabs/month)
PERCOCET (*oxycodone w/ acetaminophen*) 5-325 MG TAB	TIER 3	QLC (168 tabs/month)
PERCOCET (*oxycodone w/ acetaminophen*) 7.5-325 MG TAB	TIER 3	QLC (8 tabs/day; max 112 tabs/month)
PRIMLEV (*oxycodone w/ acetaminophen*) 10-300 MG TAB	TIER 1	PA, QLC (6 tabs/day; max 84 tabs/30 days)
PRIMLEV (*oxycodone w/ acetaminophen*) 5-300 MG TAB	TIER 1	PA, QLC (12 tabs/day; max 168 tabs/30 days)
PRIMLEV (*oxycodone w/ acetaminophen*) 7.5-300 MG TAB	TIER 1	PA, QLC (8 tabs/day; max 112 tabs/30 days)
PROLATE (*oxycodone w/ acetaminophen*) 10-300 MG TAB	TIER 1	PA, QLC (6 tabs/day; max 84 tabs/30 days)
PROLATE (*oxycodone w/ acetaminophen*) 10-300 MG/5ML SOLUTION	TIER 3	PA, QLC (30 ml/day; max 420 ml/30 days)
PROLATE (*oxycodone w/ acetaminophen*) 5-300 MG TAB	TIER 1	PA, QLC (12 tabs/day; max 168 tabs/30 days)
PROLATE (*oxycodone w/ acetaminophen*) 7.5-300 MG TAB	TIER 1	PA, QLC (8 tabs/day; max 112 tabs/30 days)
QDOLO (*tramadol hcl*) 5 MG/ML SOLUTION	TIER 3	PA, QLC (80 ml/day; max 1120 ml/30 days)
ROXICODONE (*oxycodone hcl*) 15 MG TAB	TIER 3	QLC (4 tabs/day; max 56 tabs/month)
ROXICODONE (*oxycodone hcl*) 30 MG TAB	TIER 3	QLC (2 tabs/day; max 28 tabs/month)
ROXICODONE (*oxycodone hcl*) 5 MG TAB	TIER 3	QLC (12 tabs/day; max 168 tabs/month)
SUBSYS (*fentanyl*) 100 MCG LIQUID, 1200 (600 X 2) MCG LIQUID, 1600 (800 X 2) MCG LIQUID	TIER 3	PA, QLC (4 doses/day; max 56 doses/month)
SUBSYS (*fentanyl*) 200 MCG LIQUID	TIER 3	PA, QLC (3 doses/day; max 42 doses/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SUBSYS (*fentanyl*) 400 MCG LIQUID, 600 MCG LIQUID, 800 MCG LIQUID	TIER 3	PA, QLC (1 dose/day; max 14 doses/month)
TRAMADOL HCL 100 MG TAB	TIER 1	QLC (4 tabs/day; max 56 tabs/30 days)
tramadol hcl tab 50 mg	TIER 1	QLC (8 tabs/day; max 112 tabs/30 days)
tramadol-acetaminophen tab 37.5-325 mg	TIER 1	QLC (12 tabs/day; max 112 tabs/30 days)
TREZIX (*acetaminophen-caff-dihydrocod*) 320.5-30-16 MG CAP	TIER 3	PA, QLC (10 caps/day; max 140 caps/30 days)
TYLENOL WITH CODEINE #3 (*acetaminophen w/ codeine*) 300-30 MG TAB	TIER 3	QLC (12 tabs/day; max 168 tabs/month)
TYLENOL WITH CODEINE #4 (*acetaminophen w/ codeine*) 300-60 MG TAB	TIER 3	QLC (6 tabs/day; max 84 tabs/month)
ULTRACET (*tramadol-acetaminophen*) 37.5-325 MG TAB	TIER 3	QLC (12 tabs/day; max 112 tabs/30 days)
ULTRAM (*tramadol hcl*) 50 MG TAB	TIER 3	QLC (8 tabs/day; max 112 tabs/30 days)
XODOL (*hydrocodone-acetaminophen*) 10-300 MG TAB	TIER 3	PA, QLC (9 tabs/day; max 126 tabs/30 days)
XODOL (*hydrocodone-acetaminophen*) 5-300 MG TAB, 7.5-300 MG TAB	TIER 3	PA, QLC (12 tabs/day; max 168 tabs/30 days)

ANESTHETICS (Drugs for Numbing)

LOCAL ANESTHETICS (Skin Numbing Drugs)

lidocaine hcl soln 4%	TIER 1	
LIDOCAINE HCL URETHRAL/MUCOSAL 2 % GEL	TIER 1	
lidocaine hcl urethral/mucosal gel 2%	TIER 1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2%	TIER 1	
lidocaine hcl urethral/mucosal gel prefilled syringe 2% (GLYDO)	TIER 1	
lidocaine hcl viscous soln 2% (LIDOCAINE VISCOUS HCL)	TIER 1	
lidocaine oint 5%	TIER 1	QLC (50 gm/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lidocaine oint 5% (LIDOCAINE PAK)	TIER 1	QLC (50 gm/month)
lidocaine oint 5% (PREMIUM LIDOCAINE)	TIER 1	QLC (50 gm/month)
lidocaine patch 5%	TIER 1	QLC (90 patches/month)
lidocaine-prilocaine cream 2.5-2.5%	TIER 1	QLC (30 gm/month)
LIDODERM (*lidocaine*) 5 % PATCH	TIER 3	QLC (90 patches/month)
NAYZILAM (*midazolam (anticonvulsant)*) 5 MG/0.1ML SOLUTION	TIER 3	QLC (2 sprayers/fill; max 5 fills/30 days)
SYNERA (*lidocaine-tetracaine*) 70-70 MG PATCH	TIER 3	PA, QLC (1 patch/month)
ZTLIDO (*lidocaine*) 1.8 % PATCH	TIER 3	PA, QLC (3 patches/day)

ANTI-ADDICTION/SUBSTANCE ABUSE TREATMENT AGENTS (Drugs for Addiction/Substance Abuse)

ALCOHOL DETERRENTS/ANTI-CRAVING (Drugs for Alcohol Dependence)

acamprosate calcium tab delayed release 333 mg	TIER 1	
ANTABUSE (*disulfiram*) 250 MG TAB, 500 MG TAB	TIER 3	
disulfiram tab 250 mg	TIER 1	
disulfiram tab 500 mg	TIER 1	

OPIOID DEPENDENCE (Drugs for Opioid Dependence)

BUNAVAIL (*buprenorphine hcl-naloxone hcl dihydrate*) 2.1-0.3 MG FILM	TIER 3	QLC (1 film/day)
BUNAVAIL (*buprenorphine hcl-naloxone hcl dihydrate*) 4.2-0.7 MG FILM, 6.3-1 MG FILM	TIER 3	QLC (2 films/day)
buprenorphine hcl sl tab 2 mg (base equiv)	TIER 1	QLC (12 tabs/day; not to exceed 7 days therapy/90 days)
buprenorphine hcl sl tab 8 mg (base equiv)	TIER 1	QLC (3 tabs/day; not to exceed 7 days supply over 90 days)
buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)	TIER 1	QLC (2 films/day)
buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)	TIER 1	QLC (5 films/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)	TIER 1	QLC (5 films/day)
buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	TIER 1	QLC (3 films/day)
buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)	TIER 1	QLC (12 tabs/day)
buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	TIER 1	QLC (3 tabs/day)
LUCEMYRA (*lofexidine hcl*) 0.18 MG TAB	TIER 3	PA, QLC (16 tabs/day, not to exceed 224 tabs/6 months)
SUBOXONE (*buprenorphine hcl-naloxone hcl dihydrate*) 12-3 MG FILM	TIER 3	QLC (2 films/day)
SUBOXONE (*buprenorphine hcl-naloxone hcl dihydrate*) 2-0.5 MG FILM, 4-1 MG FILM	TIER 3	QLC (5 films/day)
SUBOXONE (*buprenorphine hcl-naloxone hcl dihydrate*) 8-2 MG FILM	TIER 3	QLC (3 films/day)
ZUBSOLV (*buprenorphine hcl-naloxone hcl dihydrate*) 0.7-0.18 MG SL TAB, 1.4-0.36 MG SL TAB, 5.7-1.4 MG SL TAB	TIER 3	QLC (3 tabs/day)
ZUBSOLV (*buprenorphine hcl-naloxone hcl dihydrate*) 2.9-0.71 MG SL TAB, 11.4-2.9 MG SL TAB	TIER 3	QLC (1 tab/day)
ZUBSOLV (*buprenorphine hcl-naloxone hcl dihydrate*) 8.6-2.1 MG SL TAB	TIER 3	QLC (2 tabs/day)

OPIOID REVERSAL AGENTS (Drugs for Opioid Overdose)

EVZIO (*naloxone hcl*) 0.4 MG/0.4ML SOLN -INJ, 2 MG/0.4ML SOLN -INJ	TIER 3	PA, QLC (2 injections [1 pack]/6 months)
KLOXXADO (*naloxone hcl*) 8 MG/0.1ML LIQUID	TIER 3	PA, QLC (2 nasal sprays/30 days)
naloxone hcl inj 0.4 mg/ml	TIER 1	QLC (two 1 ml vials/month)
naloxone hcl inj 4 mg/10ml	TIER 1	QLC (two 1 ml vials/month)
NALOXONE HCL NLOXONE 2 MG/0.4ML SOLN -INJ	TIER 1	PA, QLC (2 injections [1 pack]/6 months)
naloxone hcl soln prefilled syringe 2 mg/2ml mg/ml	TIER 1	QLC (2 syringes/month)
naltrexone hcl tab 50 mg	TIER 1	
NARCAN (*naloxone hcl*) 4 MG/0.1ML LIQUID	TIER 2	QLC (2 doses/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SMOKING CESSATION AGENTS (Drugs to Help Quit Smoking)		
APO-VARENICLINE (*varenicline tartrate*) - 0.5 MG TAB, -1 MG TAB	TIER 2	PH (Preventive Health), QLC (2 tabs/day)
bupropion hcl (smoking deterrent) tab er 12hr 150 mg (BUPROPION HCL ER (SMOKING DET))	TIER 1	PH (Preventive Health), QLC (2 tabs/day)
CHANTIX (*varenicline tartrate*) 0.5 MG TAB, 1 MG TAB	TIER 3	PH (Preventive Health), QLC (2 tabs/day)
CHANTIX CONTINUING MONTH PAK (*varenicline tartrate*) 1 MG TAB	TIER 3	PH (Preventive Health), QLC (2 tabs/day)
CHANTIX STARTING MONTH PAK (*varenicline tartrate*) 0.5 MG 11 & 1 MG 42 TAB	TIER 2	PH (Preventive Health), QLC (1 starting month box/28 days)
NICOTROL (*nicotine*) 10 MG INHALER	TIER 2	PH (Preventive Health), QLC (16 cartridges/day)
NICOTROL NS (*nicotine*) 10 MG/ML SOLUTION	TIER 2	PH (Preventive Health), QLC (2 ml/day)
VARENICLINE TARTRATE 0.5 MG TAB, 1 MG TAB	TIER 1	PH (Preventive Health), QLC (2 tabs/day)
ZYBAN (*bupropion hcl (smoking deterrent)*) 150 MG TAB 12H	TIER 3	PA, QLC (2 tabs/day)
ANTIBACTERIALS (Drugs for Bacterial Infections)		
AMINOGLYCOSIDES		
ARIKAYCE (*amikacin sulfate liposome*) 590 MG/8.4ML SUSPENSION	TIER 4	PA, SP, QLC (1 vial/day)
gentamicin sulfate cream 0.1%	TIER 1	
gentamicin sulfate oint 0.1%	TIER 1	
HUMATIN (*paromomycin sulfate*) 250 MG CAP	TIER 3	
neomycin sulfate tab 500 mg	TIER 1	
paromomycin sulfate cap 250 mg	TIER 1	
ANTIBACTERIALS, OTHER		
acetic acid otic soln 2%	TIER 1	
AEMCOLO (*rifamycin sodium*) 194 MG TAB DR	TIER 3	PA, QLC (12 tabs/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ALTABAX (*retapamulin*) 1 % OINTMENT	TIER 3	ST
CLEOCIN (*clindamycin hcl*) 75 MG CAP, 150 MG CAP, 300 MG CAP	TIER 3	
CLEOCIN (*clindamycin palmitate hydrochloride*) 75 MG/5ML RECON SOLN	TIER 3	
CLEOCIN (*clindamycin phosphate vaginal*) 100 MG SUPPOS	TIER 2	QLC (3 suppositories/fill)
CLEOCIN (*clindamycin phosphate vaginal*) 2 % CREAM	TIER 3	
CLEOCIN-T (*clindamycin phosphate (topical)*) -1 % SWAB	TIER 3	
clindamycin hcl cap 150 mg	TIER 1	
clindamycin hcl cap 300 mg	TIER 1	
clindamycin hcl cap 75 mg	TIER 1	
clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)	TIER 1	
clindamycin phosphate swab 1%	TIER 1	
clindamycin phosphate swab 1% (CLINDACIN ETZ)	TIER 1	
clindamycin phosphate swab 1% (CLINDACIN-P)	TIER 1	
clindamycin phosphate vaginal cream 2%	TIER 1	
CLINDESSE (*clindamycin phosphate (one dose)*) 2 % CREAM	TIER 2	
FIRVANQ (*vancomycin hcl*) 25 MG/ML RECON SOLN	TIER 3	PA, QLC (300 ml/month)
FIRVANQ (*vancomycin hcl*) 50 MG/ML RECON SOLN	TIER 3	PA, QLC (450 ml/30 days)
FLAGYL (*metronidazole*) 250 MG TAB, 375 MG CAP, 500 MG TAB	TIER 3	
fosfomycin tromethamine powd pack 3 gm (base equivalent)	TIER 1	QLC (1 packet/30 days)
FURADANTIN (*nitrofurantoin*) 25 MG/5ML SUSPENSION	TIER 3	
HIPREX (*methenamine hippurate*) 1 GM TAB	TIER 3	
linezolid for susp 100 mg/5ml	TIER 1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
linezolid tab 600 mg	TIER 1	PA
MACROBID (*nitrofurantoin monohyd macro*) 100 MG CAP	TIER 3	
MACRODANTIN (*nitrofurantoin macrocrystal*) 25 MG CAP, 50 MG CAP, 100 MG CAP	TIER 3	
methenamine hippurate tab 1 gm	TIER 1	
METROCREAM (*metronidazole (topical)*) METRO0.75 %	TIER 3	
METROGEL (*metronidazole (topical)*) 1 %	TIER 3	
METROGEL-VAGINAL (*metronidazole vaginal*)	TIER 3	
METROLOTION (*metronidazole (topical)*) 0.75 %	TIER 3	
metronidazole cap 375 mg	TIER 1	
metronidazole cream 0.75%	TIER 1	
metronidazole cream 0.75% (ROSADAN)	TIER 1	
metronidazole gel 0.75%	TIER 1	
metronidazole gel 0.75% (ROSADAN)	TIER 1	
metronidazole gel 1%	TIER 1	
metronidazole lotion 0.75%	TIER 1	
metronidazole tab 250 mg	TIER 1	
metronidazole tab 500 mg	TIER 1	
metronidazole vaginal gel 0.75%	TIER 1	
metronidazole vaginal gel 0.75% (VANDAZOLE)	TIER 1	
MONUROL (*fosfomycin tromethamine*) 3 GM PACKET	TIER 3	QLC (1 packet/30 days)
NEOMYCIN-POLYMYXIN B GU (*neomycin/polymyxin b gu*) -40-200000 SOLUTION	TIER 1	PA, QLC (1 ml/day)
neomycin-polymyxin b gu irrigation soln	TIER 1	PA, QLC (1 ml/day)
NEOSPORIN GU IRRIGANT (*neomycin/polymyxin b gu*) 40-200000 SOLUTION	TIER 3	PA, QLC (1 ml/day)
nitrofurantoin macrocrystalline cap 100 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
nitrofurantoin macrocrystalline cap 25 mg	TIER 1	
nitrofurantoin macrocrystalline cap 50 mg	TIER 1	
nitrofurantoin monohydrate macrocrystalline cap 100 mg (NITROFURANTOIN MONOHYD MACRO)	TIER 1	
nitrofurantoin susp 25 mg/5ml	TIER 1	
NORITATE (*metronidazole (topical)*) 1 % CREAM	TIER 3	PA
NUVESSA (*metronidazole vaginal*) 1.3 % GEL	TIER 3	QLC (2 tubes/month)
PRIMSOL (*trimethoprim hcl*) 50 MG/5ML SOLUTION	TIER 3	
SIVEXTRO (*tedizolid phosphate*) 200 MG TAB	TIER 3	PA, QLC (6 tabs/month)
SOLOSEC (*secnidazole*) 2 GM PACKET	TIER 3	PA, QLC (1 pack/month)
TINDAMAX (*tinidazole*) 500 MG TAB	TIER 3	QLC (20 tabs/fill)
tinidazole tab 250 mg	TIER 1	QLC (40 tabs/fill)
tinidazole tab 500 mg	TIER 1	QLC (20 tabs/fill)
TRIMETHOPRIM 100 MG TAB	TIER 1	
trimethoprim tab 100 mg	TIER 1	
TRIMPEX (*trimethoprim hcl*) 50 MG/5ML SOLUTION	TIER 3	
VANCOCIN (*vancomycin hcl*) 250 MG CAP	TIER 3	
VANCOCIN HCL (*vancomycin hcl*) 125 MG CAP	TIER 3	
VANCOMYCIN HCL 250 MG/5ML RECON SOLN	TIER 1	PA, QLC (450 ml/30 days)
vancomycin hcl cap 125 mg (base equivalent)	TIER 1	
vancomycin hcl cap 250 mg (base equivalent)	TIER 1	
XIFAXAN (*rifaximin*) 200 MG TAB	TIER 3	PA, QLC (8 tabs/day)
XIFAXAN (*rifaximin*) 550 MG TAB	TIER 3	PA, QLC (3 tabs/day)
ZYVOX (*linezolid*) 100 MG/5ML RECON SUSP, 600 MG TAB	TIER 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BETA-LACTAM, CEPHALOSPORINS		
CEDAX (*ceftibuten*) 180 MG/5ML RECON SUSP, 400 MG CAP	TIER 3	
CEFACLOR 125 MG/5ML RECON SUSP, 250 MG CAP, 250 MG/5ML RECON SUSP, 375 MG/5ML RECON SUSP, 500 MG CAP	TIER 1	
cefaclor cap 250 mg	TIER 1	
cefaclor cap 500 mg	TIER 1	
CEFACLOR ER (*cefaclor monohydrate*) 500 MG TAB 12H	TIER 1	
CEFADROXIL 1 GM TAB	TIER 1	
cefadroxil cap 500 mg	TIER 1	
cefadroxil for susp 250 mg/5ml	TIER 1	
cefadroxil for susp 500 mg/5ml	TIER 1	
cefadroxil tab 1 gm	TIER 1	
cefdinir cap 300 mg	TIER 1	
cefdinir for susp 125 mg/5ml	TIER 1	
cefdinir for susp 250 mg/5ml	TIER 1	
CEFDITOREN PIVOXIL 200 MG TAB, 400 MG TAB	TIER 1	
cefixime cap 400 mg	TIER 1	
cefixime for susp 100 mg/5ml	TIER 1	
cefixime for susp 200 mg/5ml	TIER 1	
cefpodoxime proxetil for susp 100 mg/5ml	TIER 1	
cefpodoxime proxetil for susp 50 mg/5ml	TIER 1	
cefpodoxime proxetil tab 100 mg	TIER 1	
cefpodoxime proxetil tab 200 mg	TIER 1	
cefprozil for susp 125 mg/5ml	TIER 1	
cefprozil for susp 250 mg/5ml	TIER 1	
cefprozil tab 250 mg	TIER 1	
cefprozil tab 500 mg	TIER 1	
CEFTIBUTEN 180 MG/5ML RECON SUSP, 400 MG CAP	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CEFTIN (*cefuroxime axetil*) 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	TIER 3	
cefuroxime axetil tab 250 mg	TIER 1	
cefuroxime axetil tab 500 mg	TIER 1	
CEPHALEXIN 250 MG TAB, 500 MG TAB	TIER 1	
cephalexin cap 250 mg	TIER 1	
cephalexin cap 500 mg	TIER 1	
cephalexin cap 750 mg	TIER 1	
cephalexin for susp 125 mg/5ml	TIER 1	
cephalexin for susp 250 mg/5ml	TIER 1	
DAXBIA (*cephalexin*) 333 MG CAP	TIER 3	PA, QLC (12 caps/day)
KEFLEX (*cephalexin*) 250 MG CAP, 500 MG CAP, 750 MG CAP	TIER 3	
SPECTRACEF (*cefditoren pivoxil*) 400 MG TAB	TIER 3	
SUPRAX (*cefixime*) 100 MG CHEW TAB, 100 MG/5ML RECON SUSP, 200 MG CHEW TAB, 200 MG/5ML RECON SUSP, 400 MG CAP, 500 MG/5ML RECON SUSP	TIER 3	
BETA-LACTAM, PENICILLINS		
amoxicillin & k clavulanate for susp 200-28.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
amoxicillin & k clavulanate for susp 250-62.5 mg/5ml (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
amoxicillin & k clavulanate for susp 400-57 mg/5ml (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
amoxicillin & k clavulanate for susp 600-42.9 mg/5ml (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
amoxicillin & k clavulanate tab 250-125 mg (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
amoxicillin & k clavulanate tab 500-125 mg (AMOXICILLIN-POT CLAVULANATE)	TIER 1	
amoxicillin & k clavulanate tab 875-125 mg (AMOXICILLIN-POT CLAVULANATE)	TIER 1	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg (AMOXICILLIN-POT CLAVULANATE ER)	TIER 1	
amoxicillin (trihydrate) cap 250 mg	TIER 1	
amoxicillin (trihydrate) cap 500 mg	TIER 1	
amoxicillin (trihydrate) for susp 125 mg/5ml	TIER 1	
amoxicillin (trihydrate) for susp 200 mg/5ml	TIER 1	
amoxicillin (trihydrate) for susp 250 mg/5ml	TIER 1	
amoxicillin (trihydrate) for susp 400 mg/5ml	TIER 1	
amoxicillin (trihydrate) tab 500 mg	TIER 1	
amoxicillin (trihydrate) tab 875 mg	TIER 1	
AMOXICILLIN 125 MG CHEW TAB, 250 MG CHEW TAB	TIER 1	
AMOXICILLIN-POT CLAVULANATE (*amoxicillin & pot clavulanate*) -200-28.5 MG CHEW TAB, -400-57 MG CHEW TAB	TIER 1	
AMOXICILLIN-POT CLAVULANATE ER (*amoxicillin & pot clavulanate*) -1000-62.5 MG TAB 12H	TIER 1	
AMPICILLIN 500 MG CAP	TIER 1	
AUGMENTIN (*amoxicillin & pot clavulanate*) 125-31.25 MG/5ML RECON SUSP	TIER 2	
AUGMENTIN (*amoxicillin & pot clavulanate*) 250-62.5 MG/5ML RECON SUSP, 500-125 MG TAB	TIER 3	
AUGMENTIN (*amoxicillin & pot clavulanate*) 875-125 MG TAB	TIER 3	QLC (2 tabs/day)
AUGMENTIN ES-600 (*amoxicillin & pot clavulanate*) --42.9 MG/5ML RECON SUSP	TIER 3	
AUGMENTIN XR (*amoxicillin & pot clavulanate*) 1000-62.5 MG TAB ER 12H	TIER 3	
dicloxacillin sodium cap 250 mg	TIER 1	
dicloxacillin sodium cap 500 mg	TIER 1	
MOXATAG (*amoxicillin*) 775 MG TAB ER 24H	TIER 3	QLC (10 tabs/fill)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PENICILLIN V POTASSIUM 125 MG/5ML RECON SOLN, 250 MG/5ML RECON SOLN	TIER 1	
penicillin v potassium tab 250 mg	TIER 1	
penicillin v potassium tab 500 mg	TIER 1	
MACROLIDES		
AZITHROMYCIN 1 GM PACKET	TIER 1	
azithromycin for susp 100 mg/5ml	TIER 1	
azithromycin for susp 200 mg/5ml	TIER 1	
azithromycin tab 250 mg	TIER 1	QLC (12 tabs/30 days)
azithromycin tab 500 mg	TIER 1	
azithromycin tab 600 mg	TIER 1	
CLARITHROMYCIN 125 MG/5ML RECON SUSP, 250 MG/5ML RECON SUSP	TIER 1	
clarithromycin tab 250 mg	TIER 1	QLC (42 tabs/fill)
clarithromycin tab 500 mg	TIER 1	QLC (42 tabs/fill)
clarithromycin tab er 24hr 500 mg (CLARITHROMYCIN ER)	TIER 1	QLC (42 tabs/fill)
DIFICID (*fidaxomicin*) 200 MG TAB	TIER 3	PA, QLC (20 tabs/month)
DIFICID (*fidaxomicin*) 40 MG/ML RECON SUSP	TIER 3	PA, QLC (136 ml/30 days)
E.E.S. 400 (*erythromycin ethylsuccinate*) MG TAB	TIER 2	PA
E.E.S. GRANULES (*erythromycin ethylsuccinate*) 200 MG/5ML RECON SUSP	TIER 3	PA
ERYPED 200 (*erythromycin ethylsuccinate*) MG/5ML RECON SUSP	TIER 3	PA
ERYPED 400 (*erythromycin ethylsuccinate*) MG/5ML RECON SUSP	TIER 3	PA
ERYTHROCIN STEARATE (*erythromycin stearate*) 250 MG TAB	TIER 2	PA
ERYTHROMYCIN BASE 250 MG CP DR PART	TIER 1	PA
ERYTHROMYCIN ETHYLSUCCINATE 400 MG TAB	TIER 2	PA
erythromycin ethylsuccinate for susp 200 mg/5ml	TIER 1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
erythromycin ethylsuccinate for susp 400 mg/5ml	TIER 1	PA
erythromycin tab 250 mg (ERYTHROMYCIN BASE)	TIER 1	PA
erythromycin tab 500 mg (ERYTHROMYCIN BASE)	TIER 1	PA
erythromycin tab delayed release 250 mg	TIER 1	PA
erythromycin tab delayed release 250 mg (ERY-TAB)	TIER 1	PA
erythromycin tab delayed release 250 mg (ERYTHROMYCIN BASE)	TIER 1	PA
erythromycin tab delayed release 333 mg	TIER 1	PA
erythromycin tab delayed release 333 mg (ERY-TAB)	TIER 1	PA
erythromycin tab delayed release 333 mg (ERYTHROMYCIN BASE)	TIER 1	PA
erythromycin tab delayed release 500 mg	TIER 1	PA
erythromycin tab delayed release 500 mg (ERY-TAB)	TIER 1	PA
erythromycin tab delayed release 500 mg (ERYTHROMYCIN BASE)	TIER 1	PA
erythromycin w/ delayed release particles cap 250 mg (ERYTHROMYCIN BASE)	TIER 1	PA
PCE (*erythromycin base (coated)*) 333 MG TAB DR, 500 MG TAB DR	TIER 3	
ZITHROMAX (*azithromycin*) 1 GM PACKET, 100 MG/5ML RECON SUSP, 200 MG/5ML RECON SUSP, 500 MG TAB, 600 MG TAB	TIER 3	
ZITHROMAX (*azithromycin*) 250 MG TAB	TIER 3	QLC (12 tabs/30 days)
ZITHROMAX TRI-PAK (*azithromycin*) -500 MG TAB	TIER 3	
ZITHROMAX Z-PAK (*azithromycin*) -250 MG TAB	TIER 3	QLC (2 packs(12 tabs)/30 days)
ZMAX (*azithromycin*) 2 GM RECON SUSP	TIER 3	QLC (1 bottle/fill)

QUINOLONES

AVELOX (*moxifloxacin hcl*) 400 MG TAB	TIER 3	QLC (10 tabs/fill)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BAXDELA (*delafloxacin meglumine*) 450 MG TAB	TIER 3	PA, QLC (28 tabs/month)
BESIVANCE (*besifloxacin hcl*) 0.6 % SUSPENSION	TIER 3	QLC (5 ml/month)
CILOXAN (*ciprofloxacin hcl (ophth)*) 0.3 % OINTMENT	TIER 2	
CILOXAN (*ciprofloxacin hcl (ophth)*) 0.3 % SOLUTION	TIER 3	
CIPRO (*ciprofloxacin hcl*) 250 MG TAB, 500 MG TAB	TIER 3	QLC (2 tabs/day)
CIPRO (*ciprofloxacin*) 250 MG/5ML (5%) RECON SUSP	TIER 3	QLC (2 bottles/fill)
CIPRO (*ciprofloxacin*) 500 MG/5ML (10%) RECON SUSP	TIER 3	QLC (3 bottles/fill)
ciprofloxacin for oral susp 250 mg/5ml (5%) (5 gm/100ml)	TIER 1	QLC (2 bottles/fill)
ciprofloxacin for oral susp 500 mg/5ml (10%) (10 gm/100ml)	TIER 1	QLC (3 bottles/fill)
CIPROFLOXACIN HCL 100 MG TAB	TIER 1	QLC (2 tabs/day)
ciprofloxacin hcl ophth soln 0.3% (base equivalent)	TIER 1	
ciprofloxacin hcl tab 250 mg (base equiv)	TIER 1	QLC (2 tabs/day)
ciprofloxacin hcl tab 500 mg (base equiv)	TIER 1	QLC (2 tabs/day)
ciprofloxacin hcl tab 750 mg (base equiv)	TIER 1	QLC (2 tabs/day)
CIPROFLOXACIN-CIPROFLOX HCL ER (*ciprofloxacin-ciprofloxacin hcl*) -1000 MG TAB 24H	TIER 1	QLC (14 tabs/fill)
CIPROFLOXACIN-CIPROFLOX HCL ER (*ciprofloxacin-ciprofloxacin hcl*) -500 MG TAB 24H	TIER 1	QLC (3 tabs/fill)
LEVAQUIN (*levofloxacin*) 250 MG TAB, 500 MG TAB, 750 MG TAB	TIER 3	QLC (10 tabs/fill)
levofloxacin oral soln 25 mg/ml	TIER 1	QLC (300 ml/fill)
levofloxacin tab 250 mg	TIER 1	QLC (10 tabs/fill)
levofloxacin tab 500 mg	TIER 1	QLC (10 tabs/fill)
levofloxacin tab 750 mg	TIER 1	QLC (10 tabs/fill)
moxifloxacin hcl tab 400 mg (base equiv)	TIER 1	QLC (10 tabs/fill)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OFLOXACIN 300 MG TAB	TIER 1	
ofloxacin tab 400 mg	TIER 1	

SULFONAMIDES

AVC VAGINAL (*sulfanilamide vaginal*) 15 % CREAM	TIER 2	
BACTRIM (*sulfamethoxazole-trimethoprim*) 400-80 MG TAB	TIER 3	
BACTRIM DS (*sulfamethoxazole-trimethoprim*) 800-160 MG TAB	TIER 3	
KLARON (*sulfacetamide sodium (acne)*) 10 % LOTION	TIER 3	
sulfacetamide sodium lotion 10% (acne) (SULFACETAMIDE SODIUM (ACNE))	TIER 1	
SULFADIAZINE 500 MG TAB	TIER 1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml	TIER 1	
sulfamethoxazole-trimethoprim susp 200-40 mg/5ml (SULFATRIM PEDIATRIC)	TIER 1	
sulfamethoxazole-trimethoprim tab 400-80 mg	TIER 1	
sulfamethoxazole-trimethoprim tab 800-160 mg	TIER 1	

TETRACYCLINES

ACTICLATE (*doxycycline hyclate*) 75 MG TAB, 150 MG TAB	TIER 3	PA, QLC (1 tab/day)
AMZEEQ (*minocycline hcl micronized (acne)*) 4 % FOAM	TIER 3	PA, QLC (1 bottle/month)
demeclocycline hcl tab 150 mg	TIER 1	
demeclocycline hcl tab 300 mg	TIER 1	
DORYX (*doxycycline hyclate*) 200 MG TAB DR	TIER 3	PA, QLC (1 tab/day)
DORYX (*doxycycline hyclate*) 50 MG TAB DR, 80 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
DORYX MPC (*doxycycline hyclate*) 120 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
DOXYCYCLINE (*doxycycline (rosacea)*) 40 MG CAP DR	TIER 1	PA, QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DOXYCYCLINE HYCLATE 80 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
doxycycline hyclate cap 100 mg	TIER 1	
doxycycline hyclate cap 100 mg (MORGIDOX)	TIER 1	
doxycycline hyclate cap 50 mg	TIER 1	
doxycycline hyclate cap 50 mg (MORGIDOX)	TIER 1	
doxycycline hyclate tab 100 mg	TIER 1	
doxycycline hyclate tab 100 mg (LYMEPAK)	TIER 1	
doxycycline hyclate tab 150 mg	TIER 1	PA, QLC (1 tab/day)
doxycycline hyclate tab 20 mg	TIER 1	QLC (2 tabs/day)
doxycycline hyclate tab 50 mg	TIER 1	PA, QLC (2 tabs/day)
doxycycline hyclate tab 50 mg (TARGADOX)	TIER 1	PA, QLC (2 tabs/day)
doxycycline hyclate tab 75 mg	TIER 1	PA, QLC (1 tab/day)
doxycycline hyclate tab delayed release 100 mg	TIER 1	PA
doxycycline hyclate tab delayed release 150 mg	TIER 1	PA, QLC (1 tab/day)
doxycycline hyclate tab delayed release 150 mg (SOLOXIDE)	TIER 1	PA, QLC (1 tab/day)
doxycycline hyclate tab delayed release 200 mg	TIER 1	PA, QLC (1 tab/day)
doxycycline hyclate tab delayed release 50 mg	TIER 1	PA, QLC (2 tabs/day)
doxycycline hyclate tab delayed release 75 mg	TIER 1	PA
doxycycline monohydrate cap 100 mg	TIER 1	
doxycycline monohydrate cap 100 mg (MONDOXYNE NL)	TIER 1	
doxycycline monohydrate cap 100 mg (OKEBO)	TIER 1	
doxycycline monohydrate cap 150 mg	TIER 1	PA
doxycycline monohydrate cap 50 mg	TIER 1	
doxycycline monohydrate cap 50 mg (MONDOXYNE NL)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
doxycycline monohydrate cap 75 mg	TIER 1	PA
doxycycline monohydrate cap 75 mg (MONDOXYNE NL)	TIER 1	PA
doxycycline monohydrate cap 75 mg (OKEBO)	TIER 1	PA
doxycycline monohydrate for susp 25 mg/5ml	TIER 1	
doxycycline monohydrate tab 100 mg	TIER 1	
doxycycline monohydrate tab 100 mg (AVIDOXY)	TIER 1	
doxycycline monohydrate tab 150 mg	TIER 1	
doxycycline monohydrate tab 50 mg	TIER 1	
doxycycline monohydrate tab 75 mg	TIER 1	
MINOCIN (*minocycline hcl*) 50 MG CAP, 100 MG CAP	TIER 3	
minocycline hcl cap 100 mg	TIER 1	
minocycline hcl cap 50 mg	TIER 1	
minocycline hcl cap 75 mg	TIER 1	
MINOCYCLINE HCL ER ER 45 MG CAP ER 24H, ER 90 MG CAP ER 24H, ER 135 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
minocycline hcl tab 100 mg	TIER 1	
minocycline hcl tab 50 mg	TIER 1	
minocycline hcl tab 75 mg	TIER 1	
minocycline hcl tab er 24hr 105 mg (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 115 mg (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 135 mg (COREMINO)	TIER 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 135 mg (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 45 mg (COREMINO)	TIER 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 45 mg (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
minocycline hcl tab er 24hr 55 mg (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 65 mg (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 80 mg (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 90 mg (COREMINO)	TIER 1	PA, QLC (1 tab/day)
minocycline hcl tab er 24hr 90 mg (MINOCYCLINE HCL ER)	TIER 1	PA, QLC (1 tab/day)
MINOLIRA (*minocycline hcl*) 105 MG TAB ER 24H, 135 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
MONODOX (*doxycycline (monohydrate)*) 100 MG CAP	TIER 3	
MONODOX (*doxycycline (monohydrate)*) 75 MG CAP	TIER 3	PA
NUZYRA (*omadacycline tosylate*) 150 MG TAB	TIER 4	PA, QLC (30 caps/30 days)
ORACEA (*doxycycline (rosacea)*) 40 MG CAP DR	TIER 3	PA, QLC (1 cap/day)
SEYSARA (*sarecycline hcl*) 60 MG TAB, 100 MG TAB, 150 MG TAB	TIER 4	PA, QLC (1 tab/day)
SOLODYN (*minocycline hcl*) 55 MG TAB ER 24H, 65 MG TAB ER 24H, 80 MG TAB ER 24H, 105 MG TAB ER 24H, 115 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
tetracycline hcl cap 250 mg	TIER 1	
tetracycline hcl cap 500 mg	TIER 1	
VIBRAMYCIN (*doxycycline (monohydrate)*) 25 MG/5ML RECON SUSP	TIER 3	
VIBRAMYCIN (*doxycycline calcium*) 50 MG/5ML SYRUP	TIER 2	
VIBRAMYCIN (*doxycycline hyclate*) 100 MG CAP	TIER 3	
XIMINO (*minocycline hcl*) 45 MG CAP ER 24H, 90 MG CAP ER 24H, 135 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS

ANTICONVULSANTS (Drugs for Seizures)

ANTICONVULSANTS, OTHER (Other Seizure Control Drugs)

BRIVIACT (*brivaracetam*) 10 MG TAB, 25 MG TAB, 50 MG TAB, 75 MG TAB, 100 MG TAB	TIER 3	ST, QLC (2 tabs/day)
BRIVIACT (*brivaracetam*) 10 MG/ML SOLUTION	TIER 3	ST, QLC (20 ml/day)
DEPAKENE (*valproate sodium*) 250 MG/5ML SOLUTION	TIER 3	
DEPAKENE (*valproic acid*) 250 MG CAP	TIER 3	
DEPAKOTE (*divalproex sodium*) 125 MG TAB DR, 250 MG TAB DR, 500 MG TAB DR	TIER 3	
DEPAKOTE ER (*divalproex sodium*) ER 250 MG TAB ER 24H, ER 500 MG TAB ER 24H	TIER 3	
DEPAKOTE SPRINKLES (*divalproex sodium*) 125 MG CAP DR	TIER 3	
DIACOMIT (*stiripentol*) 250 MG CAP	TIER 4	PA, SP, QLC (3 caps/day)
DIACOMIT (*stiripentol*) 250 MG PACKET	TIER 4	PA, SP, QLC (3 packets/day)
DIACOMIT (*stiripentol*) 500 MG CAP	TIER 4	PA, SP, QLC (6 caps/day)
DIACOMIT (*stiripentol*) 500 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
divalproex sodium cap delayed release sprinkle 125 mg	TIER 1	
divalproex sodium tab delayed release 125 mg	TIER 1	
divalproex sodium tab delayed release 250 mg	TIER 1	
divalproex sodium tab delayed release 500 mg	TIER 1	
divalproex sodium tab er 24 hr 250 mg (DIVALPROEX SODIUM ER)	TIER 1	
divalproex sodium tab er 24 hr 500 mg (DIVALPROEX SODIUM ER)	TIER 1	
ELEPSIA XR (*levetiracetam*) 1000 MG TAB ER 24H, 1500 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
EPIDIOLEX (*cannabidiol*) 100 MG/ML SOLUTION	TIER 4	PA, SP, QLC (4 bottles/28 days)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EPRONTIA (*topiramate*) 25 MG/ML SOLUTION	TIER 3	PA, QLC (16 ml/day)
felbamate susp 600 mg/5ml	TIER 1	
felbamate tab 400 mg	TIER 1	
felbamate tab 600 mg	TIER 1	
FELBATOL (*felbamate*) 400 MG TAB, 600 MG TAB, 600 MG/5ML SUSPENSION	TIER 3	
FINTEPLA (*fenfluramine hcl (anticonvulsant)*) 2.2 MG/ML SOLUTION	TIER 4	PA, SP, QLC (12 ml/day)
FYCOMPA (*perampanel*) 0.5 MG/ML SUSPENSION	TIER 3	ST, QLC (24 ml/day)
FYCOMPA (*perampanel*) 2 MG TAB	TIER 3	ST, QLC (3 tabs/day)
FYCOMPA (*perampanel*) 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	TIER 3	ST, QLC (1 tab/day)
KEPPRA (*levetiracetam*) 100 MG/ML SOLUTION, 250 MG TAB, 500 MG TAB, 750 MG TAB, 1000 MG TAB	TIER 3	
KEPPRA XR (*levetiracetam*) 500 MG TAB ER 24H	TIER 3	QLC (6 tabs/day)
KEPPRA XR (*levetiracetam*) 750 MG TAB ER 24H	TIER 3	QLC (4 tabs/day)
LAMICTAL (*lamotrigine*) 5 MG CHEW TAB, 25 MG CHEW TAB, 25 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 3	
LAMICTAL ODT (*lamotrigine*) ODT 21 25 MG 7 50 MG KIT, ODT 25 50 100 MG KIT, ODT 42 50 MG 14100 MG KIT	TIER 3	PA, QLC (1 starter kit/month)
LAMICTAL ODT (*lamotrigine*) ODT 25 MG TAB DISP, ODT 50 MG TAB DISP, ODT 100 MG TAB DISP, ODT 200 MG TAB DISP	TIER 3	PA
LAMICTAL STARTER (*lamotrigine*) 35 25 MG KIT, 42 25 MG & 7 100 MG KIT, 84 25 MG & 14100 MG KIT	TIER 3	
LAMICTAL XR (*lamotrigine*) 200 MG TAB ER 24H	TIER 3	ST, QLC (3 tabs/day)
LAMICTAL XR (*lamotrigine*) 21 X 25 MG 7 X 50 MG KIT, 25 50 100 MG KIT, 50 100 200 MG KIT	TIER 3	ST, QLC (1 kit/month)
LAMICTAL XR (*lamotrigine*) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LAMICTAL XR (*lamotrigine*) 250 MG TAB ER 24H, 300 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)
lamotrigine orally disintegrating tab 100 mg	TIER 1	PA
lamotrigine orally disintegrating tab 200 mg	TIER 1	PA
lamotrigine orally disintegrating tab 25 mg	TIER 1	PA
lamotrigine orally disintegrating tab 50 mg	TIER 1	PA
lamotrigine tab 100 mg	TIER 1	
lamotrigine tab 100 mg (SUBVENITE)	TIER 1	
lamotrigine tab 150 mg	TIER 1	
lamotrigine tab 150 mg (SUBVENITE)	TIER 1	
lamotrigine tab 200 mg	TIER 1	
lamotrigine tab 200 mg (SUBVENITE)	TIER 1	
lamotrigine tab 25 mg	TIER 1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (LAMOTRIGINE STARTER KIT-ORANGE)	TIER 1	
lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (SUBVENITE STARTER KIT-ORANGE)	TIER 1	
lamotrigine tab 25 mg (SUBVENITE)	TIER 1	
lamotrigine tab 35 x 25 mg starter kit (LAMOTRIGINE STARTER KIT-BLUE)	TIER 1	
lamotrigine tab 35 x 25 mg starter kit (SUBVENITE STARTER KIT-BLUE)	TIER 1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (LAMOTRIGINE STARTER KIT-GREEN)	TIER 1	
lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (SUBVENITE STARTER KIT-GREEN)	TIER 1	
lamotrigine tab chewable dispersible 25 mg	TIER 1	
lamotrigine tab chewable dispersible 5 mg	TIER 1	
lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit	TIER 1	PA, QLC (1 starter pack/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit	TIER 1	PA, QLC (1 starter pack/month)
lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit	TIER 1	PA, QLC (1 starter pack/month)
lamotrigine tab er 24hr 100 mg (LAMOTRIGINE ER)	TIER 1	ST, QLC (1 tab/day)
lamotrigine tab er 24hr 200 mg (LAMOTRIGINE ER)	TIER 1	ST, QLC (3 tabs/day)
lamotrigine tab er 24hr 25 mg (LAMOTRIGINE ER)	TIER 1	ST, QLC (1 tab/day)
lamotrigine tab er 24hr 250 mg (LAMOTRIGINE ER)	TIER 1	ST, QLC (2 tabs/day)
lamotrigine tab er 24hr 300 mg (LAMOTRIGINE ER)	TIER 1	ST, QLC (2 tabs/day)
lamotrigine tab er 24hr 50 mg (LAMOTRIGINE ER)	TIER 1	ST, QLC (1 tab/day)
levetiracetam oral soln 100 mg/ml	TIER 1	
levetiracetam tab 1000 mg	TIER 1	
levetiracetam tab 1000 mg (ROWEEPRA)	TIER 1	
levetiracetam tab 250 mg	TIER 1	
levetiracetam tab 500 mg	TIER 1	
levetiracetam tab 500 mg (ROWEEPRA)	TIER 1	
levetiracetam tab 750 mg	TIER 1	
levetiracetam tab 750 mg (ROWEEPRA)	TIER 1	
levetiracetam tab er 24hr 500 mg (LEVETIRACETAM ER)	TIER 1	QLC (6 tabs/day)
levetiracetam tab er 24hr 500 mg (ROWEEPRA XR)	TIER 1	QLC (6 tabs/day)
levetiracetam tab er 24hr 750 mg (LEVETIRACETAM ER)	TIER 1	QLC (4 tabs/day)
levetiracetam tab er 24hr 750 mg (ROWEEPRA XR)	TIER 1	QLC (4 tabs/day)
QUDEXY XR (*topiramate*) 150 MG CP24 SPRNK, 200 MG CP24 SPRNK	TIER 3	PA, QLC (2 caps/day)
QUDEXY XR (*topiramate*) 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK	TIER 3	PA, QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SPRITAM (*levetiracetam*) 1000 MG TAB	TIER 3	PA, QLC (3 tabs/day)
SPRITAM (*levetiracetam*) 250 MG TAB, 500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
SPRITAM (*levetiracetam*) 750 MG TAB	TIER 3	PA, QLC (4 tabs/day)
TOPAMAX (*topiramate*) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB	TIER 3	
TOPAMAX SPRINKLE (*topiramate*) 15 MG CAP SPRINK, 25 MG CAP SPRINK	TIER 3	
topiramate cap er 24hr sprinkle 100 mg (TOPIRAMATE ER)	TIER 1	PA, QLC (1 cap/day)
topiramate cap er 24hr sprinkle 150 mg (TOPIRAMATE ER)	TIER 1	PA, QLC (2 caps/day)
topiramate cap er 24hr sprinkle 200 mg (TOPIRAMATE ER)	TIER 1	PA, QLC (2 caps/day)
topiramate cap er 24hr sprinkle 25 mg (TOPIRAMATE ER)	TIER 1	PA, QLC (1 cap/day)
topiramate cap er 24hr sprinkle 50 mg (TOPIRAMATE ER)	TIER 1	PA, QLC (1 cap/day)
topiramate sprinkle cap 15 mg	TIER 1	
topiramate sprinkle cap 25 mg	TIER 1	
topiramate tab 100 mg	TIER 1	
topiramate tab 200 mg	TIER 1	
topiramate tab 25 mg	TIER 1	
topiramate tab 50 mg	TIER 1	
TROKENDI XR (*topiramate*) 200 MG CAP ER 24H	TIER 3	PA, QLC (2 caps/day)
TROKENDI XR (*topiramate*) 25 MG CAP ER 24H, 100 MG CAP ER 24H	TIER 3	PA, QLC (3 caps/day)
TROKENDI XR (*topiramate*) 50 MG CAP ER 24H	TIER 3	PA, QLC (7 caps/day)
valproate sodium oral soln 250 mg/5ml (base equiv)	TIER 1	
valproate sodium oral soln 250 mg/5ml (base equiv) (VALPROIC ACID)	TIER 1	
valproic acid cap 250 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XCOPRI (250 MG DAILY DOSE) (*cenobamate*) MG 50 200 MG TAB THPK, MG 100 150 MG TAB THPK	TIER 3	PA, QLC (2 tabs/day)
XCOPRI (350 MG DAILY DOSE) (*cenobamate*) 150 & 200 TAB THPK	TIER 3	PA, QLC (2 tabs/day)
XCOPRI (*cenobamate*) 150 MG TAB, 200 MG TAB	TIER 3	PA, QLC (2 tabs/day)
XCOPRI (*cenobamate*) 50 MG TAB, 100 MG TAB	TIER 3	PA, QLC (1 tab/day)
XCOPRI (*cenobamate*) COPRI 14 12.5 MG 14 25 MG TAB THPK, COPRI 14 150 MG 14 200 MG TAB THPK, COPRI 14 50 MG 14 100 MG TAB THPK	TIER 3	PA, QLC (28 tabs/84 days)

CALCIUM CHANNEL MODIFYING AGENTS

CELONTIN (*methsuximide*) 300 MG CAP	TIER 3	
ethosuximide cap 250 mg	TIER 1	
ethosuximide soln 250 mg/5ml	TIER 1	
ZARONTIN (*ethosuximide*) 250 MG CAP, 250 MG/5ML SOLUTION	TIER 3	

GAMMA-AMINOBUTYRIC ACID (GABA) AUGMENTING AGENTS

clobazam suspension 2.5 mg/ml	TIER 1	ST, QLC (16 ml/day)
clobazam tab 10 mg	TIER 1	ST, QLC (4 tabs/day)
clobazam tab 20 mg	TIER 1	ST, QLC (2 tabs/day)
DIASTAT ACUDIAL (*diazepam (anticonvulsant)*) 10 MG GEL, 20 MG GEL	TIER 3	QLC (1 kit [2 doses]/fill)
DIASTAT PEDIATRIC (*diazepam (anticonvulsant)*) 2.5 MG GEL	TIER 3	QLC (1 kit [2 doses]/fill)
DIAZEPAM (*diazepam (anticonvulsant)*) 2.5 MG GEL, 10 MG GEL, 20 MG GEL	TIER 1	QLC (1 kit [2 doses]/fill)
gabapentin cap 100 mg	TIER 1	
gabapentin cap 300 mg	TIER 1	
gabapentin cap 400 mg	TIER 1	
gabapentin oral soln 250 mg/5ml	TIER 1	
gabapentin tab 600 mg	TIER 1	
gabapentin tab 800 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GABITRIL (*tiagabine hcl*) 2 MG TAB, 4 MG TAB, 12 MG TAB, 16 MG TAB	TIER 3	
GRALISE STARTER (*gabapentin (once-daily)*) 300 & 600 MG MISC	TIER 3	PA, QLC (1 pack/month)
MYSOLINE (*primidone*) 50 MG TAB, 250 MG TAB	TIER 3	
NEURONTIN (*gabapentin*) 100 MG CAP, 250 MG/5ML SOLUTION, 300 MG CAP, 400 MG CAP, 600 MG TAB, 800 MG TAB	TIER 3	
ONFI (*clobazam*) 10 MG TAB	TIER 3	ST, QLC (4 tabs/day)
ONFI (*clobazam*) 2.5 MG/ML SUSPENSION	TIER 3	ST, QLC (16 ml/day)
ONFI (*clobazam*) 20 MG TAB	TIER 3	ST, QLC (2 tabs/day)
phenobarbital elixir 20 mg/5ml	TIER 1	
phenobarbital tab 100 mg	TIER 1	
phenobarbital tab 15 mg	TIER 1	
phenobarbital tab 16.2 mg	TIER 1	
phenobarbital tab 30 mg	TIER 1	
phenobarbital tab 32.4 mg	TIER 1	
phenobarbital tab 60 mg	TIER 1	
phenobarbital tab 64.8 mg	TIER 1	
phenobarbital tab 97.2 mg	TIER 1	
primidone tab 250 mg	TIER 1	
primidone tab 50 mg	TIER 1	
SABRIL (*vigabatrin*) 500 MG PACKET	TIER 4	PA, SP, QLC (6 packs/day)
SABRIL (*vigabatrin*) 500 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day)
SYMPAZAN (*clobazam*) 5 MG FILM, 10 MG FILM, 20 MG FILM	TIER 3	PA, QLC (2 films/day)
tiagabine hcl tab 12 mg	TIER 1	
tiagabine hcl tab 16 mg	TIER 1	
tiagabine hcl tab 2 mg	TIER 1	
tiagabine hcl tab 4 mg	TIER 1	
VALTOCO 10 MG DOSE (*diazepam (anticonvulsant)*) /0.1ML LIQUID	TIER 3	QLC (2 sprays/fill; max 10 sprays/30 days)
VALTOCO 15 MG DOSE (*diazepam (anticonvulsant)*) 7.5 /0.1ML LIQD THPK	TIER 3	QLC (2 sprays/fill; max 10 sprays/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VALTOCO 20 MG DOSE (*diazepam (anticonvulsant)*) 10 /0.1ML LIQD THPK	TIER 3	QLC (2 sprays/fill; max 10 sprays/30 days)
VALTOCO 5 MG DOSE (*diazepam (anticonvulsant)*) /0.1ML LIQUID	TIER 3	QLC (2 sprays/fill; max 10 sprays/30 days)
vigabatrin powd pack 500 mg	TIER 4	PA, SP, QLC (6 packs/day)
vigabatrin powd pack 500 mg (VIGADRONE)	TIER 4	PA, SP, QLC (6 packs/day)
vigabatrin tab 500 mg	TIER 4	PA, SP, QLC (6 tabs/day)

SODIUM CHANNEL AGENTS

APTIOM (*eslicarbazepine acetate*) 200 MG TAB, 400 MG TAB	TIER 3	ST, QLC (1 tab/day)
APTIOM (*eslicarbazepine acetate*) 600 MG TAB, 800 MG TAB	TIER 3	ST, QLC (2 tabs/day)
BANZEL (*rufinamide*) 200 MG TAB	TIER 3	ST, QLC (16 tabs/day)
BANZEL (*rufinamide*) 40 MG/ML SUSPENSION	TIER 3	ST, QLC (80 ml/day)
BANZEL (*rufinamide*) 400 MG TAB	TIER 3	ST, QLC (8 tabs/day)
carbamazepine cap er 12hr 100 mg (CARBAMAZEPINE ER)	TIER 1	
carbamazepine cap er 12hr 200 mg (CARBAMAZEPINE ER)	TIER 1	
carbamazepine cap er 12hr 300 mg (CARBAMAZEPINE ER)	TIER 1	
carbamazepine chew tab 100 mg	TIER 1	
carbamazepine susp 100 mg/5ml	TIER 1	
carbamazepine tab 200 mg	TIER 1	
carbamazepine tab 200 mg (EPITOL)	TIER 1	
carbamazepine tab er 12hr 100 mg (CARBAMAZEPINE ER)	TIER 1	
carbamazepine tab er 12hr 200 mg (CARBAMAZEPINE ER)	TIER 1	
carbamazepine tab er 12hr 400 mg (CARBAMAZEPINE ER)	TIER 1	
CARBATROL (*carbamazepine*) 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DILANTIN (*phenytoin sodium extended*) 30 MG CAP, 100 MG CAP	TIER 2	
DILANTIN (*phenytoin*) 125 MG/5ML SUSPENSION	TIER 2	
DILANTIN INFATABS (*phenytoin*) 50 MG CHEW	TIER 2	
oxcarbazepine susp 300 mg/5ml (60 mg/ml)	TIER 1	QLC (40 ml/day)
oxcarbazepine tab 150 mg	TIER 1	QLC (16 tabs/day)
oxcarbazepine tab 300 mg	TIER 1	QLC (8 tabs/day)
oxcarbazepine tab 600 mg	TIER 1	QLC (4 tabs/day)
OXTELLAR XR (*oxcarbazepine*) 150 MG TAB ER 24H, 300 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
OXTELLAR XR (*oxcarbazepine*) 600 MG TAB ER 24H	TIER 3	ST, QLC (4 tabs/day)
PEGANONE (*ethotoin*) 250 MG TAB	TIER 3	
PHENYTEK (*phenytoin sodium extended*) 200 MG CAP, 300 MG CAP	TIER 3	
phenytoin chew tab 50 mg	TIER 1	
phenytoin chew tab 50 mg (PHENYTOIN INFATABS)	TIER 1	
phenytoin sodium extended cap 100 mg	TIER 1	
phenytoin sodium extended cap 200 mg	TIER 1	
phenytoin sodium extended cap 300 mg	TIER 1	
phenytoin susp 125 mg/5ml	TIER 1	
rufinamide susp 40 mg/ml	TIER 1	ST, QLC (80 ml/day)
rufinamide tab 200 mg	TIER 1	ST, QLC (16 tabs/day)
rufinamide tab 400 mg	TIER 1	ST, QLC (8 tabs/day)
TEGRETOL (*carbamazepine*) 100 MG/5ML SUSPENSION, 200 MG TAB	TIER 3	
TEGRETOL-XR (*carbamazepine*) -100 MG TAB ER 12H, -200 MG TAB ER 12H, -400 MG TAB ER 12H	TIER 3	
TRILEPTAL (*oxcarbazepine*) 150 MG TAB	TIER 3	QLC (16 tabs/day)
TRILEPTAL (*oxcarbazepine*) 300 MG TAB	TIER 3	QLC (8 tabs/day)
TRILEPTAL (*oxcarbazepine*) 300 MG/5ML SUSPENSION	TIER 3	QLC (40 ml/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRILEPTAL (*oxcarbazepine*) 600 MG TAB	TIER 3	QLC (4 tabs/day)
VIMPAT (*lacosamide*) 10 MG/ML SOLUTION	TIER 3	ST, QLC (40 ml/day)
VIMPAT (*lacosamide*) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 3	ST, QLC (2 tabs/day)
ZONEGRAN (*zonisamide*) 25 MG CAP, 100 MG CAP	TIER 3	
zonisamide cap 100 mg	TIER 1	
zonisamide cap 25 mg	TIER 1	
zonisamide cap 50 mg	TIER 1	

ANTIDEMENTIA AGENTS (Drugs for Alzheimer's Disease and Dementia)

ANTIDEMENTIA AGENTS, OTHER

ERGOLOID MESYLATES 1 MG TAB	TIER 1	
NAMZARIC (*memantine hcl-donepezil hcl*) 7 & 14 & 21 &28 -10 MG CP24 THPK	TIER 2	QLC (1 dose-pack/6 months)
NAMZARIC (*memantine hcl-donepezil hcl*) 7-10 MG CAP ER 24H, 14-10 MG CAP ER 24H, 21-10 MG CAP ER 24H, 28-10 MG CAP ER 24H	TIER 2	QLC (1 cap/day)

CHOLINESTERASE INHIBITORS

ARICEPT (*donepezil hydrochloride*) 23 MG TAB	TIER 3	ST, QLC (1 tab/day)
ARICEPT (*donepezil hydrochloride*) 5 MG TAB, 10 MG TAB	TIER 3	
donepezil hydrochloride orally disintegrating tab 10 mg (DONEPEZIL HCL)	TIER 1	
donepezil hydrochloride orally disintegrating tab 5 mg (DONEPEZIL HCL)	TIER 1	
donepezil hydrochloride tab 10 mg (DONEPEZIL HCL)	TIER 1	
donepezil hydrochloride tab 23 mg (DONEPEZIL HCL)	TIER 1	ST, QLC (1 tab/day)
donepezil hydrochloride tab 5 mg (DONEPEZIL HCL)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EXELON (*rivastigmine*) 4.6 MG/24HR PATCH 24HR, 9.5 MG/24HR PATCH 24HR, 13.3 MG/24HR PATCH 24HR	TIER 3	QLC (1 patch/day)
GALANTAMINE HYDROBROMIDE 4 MG/ML SOLUTION	TIER 1	
galantamine hydrobromide cap er 24hr 16 mg (GALANTAMINE HYDROBROMIDE ER)	TIER 1	
galantamine hydrobromide cap er 24hr 24 mg (GALANTAMINE HYDROBROMIDE ER) *hr*	TIER 1	
galantamine hydrobromide cap er 24hr 8 mg (GALANTAMINE HYDROBROMIDE ER)	TIER 1	
galantamine hydrobromide tab 12 mg	TIER 1	
galantamine hydrobromide tab 4 mg	TIER 1	
galantamine hydrobromide tab 8 mg	TIER 1	
RAZADYNE (*galantamine hydrobromide*) 4 MG TAB, 8 MG TAB, 12 MG TAB	TIER 3	
RAZADYNE ER (*galantamine hydrobromide*) ER 8 MG CAP ER 24H, ER 16 MG CAP ER 24H, ER 24 MG CAP ER 24H	TIER 3	
rivastigmine tartrate cap 1.5 mg (base equivalent)	TIER 1	
rivastigmine tartrate cap 3 mg (base equivalent)	TIER 1	
rivastigmine tartrate cap 4.5 mg (base equivalent)	TIER 1	
rivastigmine tartrate cap 6 mg (base equivalent)	TIER 1	
rivastigmine td patch 24hr 13.3 mg/24hr	TIER 1	QLC (1 patch/day)
rivastigmine td patch 24hr 4.6 mg/24hr	TIER 1	QLC (1 patch/day)
rivastigmine td patch 24hr 9.5 mg/24hr	TIER 1	QLC (1 patch/day)

N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONIST

memantine hcl cap er 24hr 14 mg (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)
memantine hcl cap er 24hr 21 mg (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)
memantine hcl cap er 24hr 28 mg (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
memantine hcl cap er 24hr 7 mg (MEMANTINE HCL ER)	TIER 1	QLC (1 cap/day)
memantine hcl oral solution 2 mg/ml	TIER 1	
memantine hcl tab 10 mg	TIER 1	QLC (2 tabs/day)
memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack	TIER 1	
memantine hcl tab 5 mg	TIER 1	QLC (2 tabs/day)
NAMENDA (*memantine hcl*) 5 MG TAB, 10 MG TAB	TIER 3	QLC (2 tabs/day)
NAMENDA TITRATION PAK (*memantine hcl*) 28 X 5 MG & 21 X 10 MG TAB	TIER 3	
NAMENDA XR (*memantine hcl*) 7 MG CAP ER 24H, 14 MG CAP ER 24H, 21 MG CAP ER 24H, 28 MG CAP ER 24H	TIER 3	QLC (1 cap/day)
NAMENDA XR TITRATION PACK (*memantine hcl*) 7 & 14 & 21 &28 MG CAP ER 24H	TIER 2	QLC (1 cap/day)

ANTIDEPRESSANTS (Drugs for Depression)

ANTIDEPRESSANTS, OTHER

APLENZIN (*bupropion hydrobromide*) 174 MG TAB ER 24H, 348 MG TAB ER 24H, 522 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
BUPROPION HCL ER (XL) 450 MG TAB 24H	TIER 1	ST, QLC (1 tab/day)
bupropion hcl tab 100 mg	TIER 1	QLC (4 tabs/day)
bupropion hcl tab 75 mg	TIER 1	QLC (6 tabs/day)
bupropion hcl tab er 12hr 100 mg (BUPROPION HCL ER (SR))	TIER 1	QLC (4 tabs/day)
bupropion hcl tab er 12hr 150 mg (BUPROPION HCL ER (SR))	TIER 1	QLC (3 tabs/day)
bupropion hcl tab er 12hr 200 mg (BUPROPION HCL ER (SR))	TIER 1	QLC (2 tabs/day)
bupropion hcl tab er 24hr 150 mg (BUPROPION HCL ER (XL))	TIER 1	QLC (3 tabs/day)
bupropion hcl tab er 24hr 300 mg (BUPROPION HCL ER (XL))	TIER 1	QLC (1 tab/day)
CHLORDIAZEPOXIDE-AMITRIPTYLINE -5-12.5 MG TAB, -10-25 MG TAB	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FORFIVO XL (*bupropion hcl*) 450 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
LYBALVI (*olanzapine-samidorphan l-malate*) 5-10 MG TAB, 10-10 MG TAB, 15-10 MG TAB, 20-10 MG TAB	TIER 3	PA, QLC (1 tab/day)
MAPROTILINE HCL 25 MG TAB, 50 MG TAB, 75 MG TAB	TIER 1	
mirtazapine orally disintegrating tab 15 mg	TIER 1	
mirtazapine orally disintegrating tab 30 mg	TIER 1	
mirtazapine orally disintegrating tab 45 mg	TIER 1	
mirtazapine tab 15 mg	TIER 1	
mirtazapine tab 30 mg	TIER 1	
mirtazapine tab 45 mg	TIER 1	
mirtazapine tab 7.5 mg	TIER 1	
olanzapine-fluoxetine hcl cap 12-25 mg	TIER 1	
olanzapine-fluoxetine hcl cap 12-50 mg	TIER 1	
olanzapine-fluoxetine hcl cap 3-25 mg	TIER 1	
olanzapine-fluoxetine hcl cap 6-25 mg	TIER 1	
olanzapine-fluoxetine hcl cap 6-50 mg	TIER 1	
PERPHENAZINE-AMITRIPTYLINE -2-10 MG TAB, -2-25 MG TAB, -4-10 MG TAB, -4-25 MG TAB, -4-50 MG TAB	TIER 1	
REMERON (*mirtazapine*) 15 MG TAB, 30 MG TAB, 45 MG TAB	TIER 3	
REMERON SOLTAB (*mirtazapine*) 15 MG TAB DISP, 30 MG TAB DISP, 45 MG TAB DISP	TIER 3	
SYMBYAX (*olanzapine-fluoxetine hcl*) 3-25 MG CAP, 6-25 MG CAP, 6-50 MG CAP, 12-25 MG CAP, 12-50 MG CAP	TIER 3	
WELLBUTRIN SR (*bupropion hcl*) 100 MG TAB ER 12H	TIER 3	QLC (4 tabs/day)
WELLBUTRIN SR (*bupropion hcl*) 150 MG TAB ER 12H	TIER 3	QLC (3 tabs/day)
WELLBUTRIN SR (*bupropion hcl*) 200 MG TAB ER 12H	TIER 3	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WELLBUTRIN XL (*bupropion hcl*) 150 MG TAB ER 24H	TIER 3	QLC (3 tabs/day)
WELLBUTRIN XL (*bupropion hcl*) 300 MG TAB ER 24H	TIER 3	QLC (1 tab/day)

MONOAMINE OXIDASE INHIBITORS

EMSAM (*selegiline*) 6 MG/24HR PATCH 24HR, 9 MG/24HR PATCH 24HR, 12 MG/24HR PATCH 24HR	TIER 3	
MARPLAN (*isocarboxazid*) 10 MG TAB	TIER 3	
NARDIL (*phenelzine sulfate*) 15 MG TAB	TIER 3	
PARNATE (*tranylcypromine sulfate*) 10 MG TAB	TIER 3	
phenelzine sulfate tab 15 mg	TIER 1	
tranylcypromine sulfate tab 10 mg	TIER 1	

SSRIS/SNRIS (SELECTIVE SEROTONIN REUPTAKE INHIBITOR/SEROTONIN AND NOREPINEPHRINE REUPTAKE INHIBITOR)

BRISDELLE (*paroxetine mesylate (vasomotor)*) 7.5 MG CAP	TIER 3	QLC (1 cap/day)
CELEXA (*citalopram hydrobromide*) 10 MG TAB	TIER 3	QLC (4 tabs/day)
CELEXA (*citalopram hydrobromide*) 20 MG TAB	TIER 3	QLC (2 tabs/day)
CELEXA (*citalopram hydrobromide*) 40 MG TAB	TIER 3	QLC (1 tab/day)
citalopram hydrobromide oral soln 10 mg/5ml	TIER 1	QLC (40 mg/day)
citalopram hydrobromide tab 10 mg (base equiv)	TIER 1	QLC (4 tabs/day)
citalopram hydrobromide tab 20 mg (base equiv)	TIER 1	QLC (2 tabs/day)
citalopram hydrobromide tab 40 mg (base equiv)	TIER 1	QLC (1 tab/day)
DESVENLAFAXINE ER ER 50 MG TAB ER 24H, ER 100 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
desvenlafaxine succinate tab er 24hr 100 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER)	TIER 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
desvenlafaxine succinate tab er 24hr 25 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER)	TIER 1	QLC (1 tab/day)
desvenlafaxine succinate tab er 24hr 50 mg (base equiv) (DESVENLAFAXINE SUCCINATE ER)	TIER 1	QLC (1 tab/day)
EFFEXOR XR (*venlafaxine hcl*) 37.5 MG CAP ER 24H, 150 MG CAP ER 24H	TIER 3	QLC (2 caps/day)
EFFEXOR XR (*venlafaxine hcl*) 75 MG CAP ER 24H	TIER 3	QLC (3 caps/day)
escitalopram oxalate soln 5 mg/5ml (base equiv) mg/ml	TIER 1	QLC (24 ml/day)
escitalopram oxalate tab 10 mg (base equiv)	TIER 1	QLC (4 tabs/day)
escitalopram oxalate tab 20 mg (base equiv)	TIER 1	QLC (2 tabs/day)
escitalopram oxalate tab 5 mg (base equiv)	TIER 1	QLC (8 tabs/day)
FETZIMA (*levomilnacipran hcl*) 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
FETZIMA TITRATION (*levomilnacipran hcl*) 20 & 40 MG CP24 THPK	TIER 3	PA, QLC (1 cap/day)
FLUOXETINE HCL (PMDD) 10 MG CAP, 20 MG CAP	TIER 1	
FLUOXETINE HCL (PMDD) 10 MG TAB, 20 MG TAB	TIER 1	QLC (1 tab/day)
FLUOXETINE HCL 60 MG TAB	TIER 3	
FLUOXETINE HCL 90 MG CAP DR	TIER 1	QLC (4 caps/month)
fluoxetine hcl cap 10 mg	TIER 1	
fluoxetine hcl cap 20 mg	TIER 1	
fluoxetine hcl cap 40 mg	TIER 1	
fluoxetine hcl solution 20 mg/5ml	TIER 1	
fluoxetine hcl tab 10 mg	TIER 1	
fluoxetine hcl tab 20 mg	TIER 1	
fluoxetine hcl tab 60 mg	TIER 3	
fluvoxamine maleate cap er 24hr 100 mg (FLUVOXAMINE MALEATE ER)	TIER 1	ST, QLC (3 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluvoxamine maleate cap er 24hr 150 mg (FLUVOXAMINE MALEATE ER)	TIER 1	ST, QLC (2 caps/day)
fluvoxamine maleate tab 100 mg	TIER 1	QLC (3 tabs/day)
fluvoxamine maleate tab 25 mg	TIER 1	QLC (12 tabs/day)
fluvoxamine maleate tab 50 mg	TIER 1	QLC (6 tabs/day)
KHEDEZLA (*desvenlafaxine*) 50 MG TAB ER 24H, 100 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
LEXAPRO (*escitalopram oxalate*) 10 MG TAB	TIER 3	QLC (4 tabs/day)
LEXAPRO (*escitalopram oxalate*) 20 MG TAB	TIER 3	QLC (2 tabs/day)
LEXAPRO (*escitalopram oxalate*) 5 MG TAB	TIER 3	QLC (8 tabs/day)
NEFAZODONE HCL 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB, 250 MG TAB	TIER 1	
nefazodone hcl tab 250 mg	TIER 1	
nefazodone hcl tab 50 mg	TIER 1	
paroxetine hcl oral susp 10 mg/5ml (base equiv)	TIER 1	QLC (30 ml/day)
paroxetine hcl tab 10 mg	TIER 1	
paroxetine hcl tab 20 mg	TIER 1	
paroxetine hcl tab 30 mg	TIER 1	
paroxetine hcl tab 40 mg	TIER 1	
paroxetine hcl tab er 24hr 12.5 mg (PAROXETINE HCL ER)	TIER 1	
paroxetine hcl tab er 24hr 25 mg (PAROXETINE HCL ER)	TIER 1	
paroxetine hcl tab er 24hr 37.5 mg (PAROXETINE HCL ER)	TIER 1	
paroxetine mesylate cap 7.5 mg (base equiv)	TIER 1	QLC (1 cap/day)
PAXIL (*paroxetine hcl*) 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB	TIER 3	
PAXIL (*paroxetine hcl*) 10 MG/5ML SUSPENSION	TIER 3	QLC (30 ml/day)
PAXIL CR (*paroxetine hcl*) 12.5 MG TAB ER 24H, 25 MG TAB ER 24H, 37.5 MG TAB ER 24H	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PEXEVA (*paroxetine mesylate*) 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	PA, QLC (1 tab/day)
PEXEVA (*paroxetine mesylate*) 30 MG TAB	TIER 3	PA, QLC (2 tabs/day)
PRISTIQ (*desvenlafaxine succinate*) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
PROZAC (*fluoxetine hcl*) 10 MG CAP, 20 MG CAP, 40 MG CAP	TIER 3	
SARAFEM (*fluoxetine hcl (pmdd)*) 10 MG TAB, 20 MG TAB	TIER 3	QLC (1 tab/day)
SERTRALINE HCL 150 MG CAP, 200 MG CAP	TIER 3	QLC (1 cap/day)
sertraline hcl oral concentrate for solution 20 mg/ml	TIER 1	
sertraline hcl tab 100 mg	TIER 1	
sertraline hcl tab 25 mg	TIER 1	
sertraline hcl tab 50 mg	TIER 1	
trazodone hcl tab 100 mg	TIER 1	
trazodone hcl tab 150 mg	TIER 1	
trazodone hcl tab 300 mg	TIER 1	
trazodone hcl tab 50 mg	TIER 1	
TRINTELLIX (*vortioxetine hbr*) 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	ST, QLC (1 tab/day)
venlafaxine hcl cap er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER)	TIER 1	QLC (2 caps/day)
venlafaxine hcl cap er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER)	TIER 1	QLC (2 caps/day)
venlafaxine hcl cap er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER)	TIER 1	QLC (3 caps/day)
venlafaxine hcl tab 100 mg (base equivalent)	TIER 1	
venlafaxine hcl tab 25 mg (base equivalent)	TIER 1	
venlafaxine hcl tab 37.5 mg (base equivalent)	TIER 1	
venlafaxine hcl tab 50 mg (base equivalent)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
venlafaxine hcl tab 75 mg (base equivalent)	TIER 1	
venlafaxine hcl tab er 24hr 150 mg (base equivalent) (VENLAFAXINE HCL ER)	TIER 1	QLC (1 tab/day)
venlafaxine hcl tab er 24hr 225 mg (base equivalent) (VENLAFAXINE HCL ER)	TIER 3	QLC (1 tab/day)
venlafaxine hcl tab er 24hr 37.5 mg (base equivalent) (VENLAFAXINE HCL ER)	TIER 1	QLC (1 tab/day)
venlafaxine hcl tab er 24hr 75 mg (base equivalent) (VENLAFAXINE HCL ER)	TIER 1	QLC (1 tab/day)
VIIBRYD (*vilazodone hcl*) 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	ST, QLC (1 tab/day)
VIIBRYD STARTER PACK (*vilazodone hcl*) 10 & 20 MG KIT	TIER 3	ST, QLC (1 pack/month)
ZOLOFT (*sertraline hcl*) 20 MG/ML CONC, 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	

TRICYCLICS

amitriptyline hcl tab 10 mg	TIER 1	
amitriptyline hcl tab 100 mg	TIER 1	
amitriptyline hcl tab 150 mg	TIER 1	
amitriptyline hcl tab 25 mg	TIER 1	
amitriptyline hcl tab 50 mg	TIER 1	
amitriptyline hcl tab 75 mg	TIER 1	
AMOXAPINE 25 MG TAB, 50 MG TAB, 100 MG TAB, 150 MG TAB	TIER 1	
ANAFRANIL (*clomipramine hcl*) 25 MG CAP, 50 MG CAP, 75 MG CAP	TIER 3	
clomipramine hcl cap 25 mg	TIER 1	
clomipramine hcl cap 50 mg	TIER 1	
clomipramine hcl cap 75 mg	TIER 1	
desipramine hcl tab 10 mg	TIER 1	
desipramine hcl tab 100 mg	TIER 1	
desipramine hcl tab 150 mg	TIER 1	
desipramine hcl tab 25 mg	TIER 1	
desipramine hcl tab 50 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
desipramine hcl tab 75 mg	TIER 1	
DOXEPIN HCL 150 MG CAP	TIER 1	
doxepin hcl cap 10 mg	TIER 1	
doxepin hcl cap 100 mg	TIER 1	
doxepin hcl cap 25 mg	TIER 1	
doxepin hcl cap 50 mg	TIER 1	
doxepin hcl cap 75 mg	TIER 1	
doxepin hcl conc 10 mg/ml	TIER 1	
ELAVIL (*amitriptyline hcl*) 25 MG TAB	TIER 3	
imipramine hcl tab 10 mg	TIER 1	
imipramine hcl tab 25 mg	TIER 1	
imipramine hcl tab 50 mg	TIER 1	
imipramine pamoate cap 100 mg	TIER 1	
imipramine pamoate cap 125 mg	TIER 1	
imipramine pamoate cap 150 mg	TIER 1	
imipramine pamoate cap 75 mg	TIER 1	
NORPRAMIN (*desipramine hcl*) 10 MG TAB, 25 MG TAB	TIER 3	
NORTRIPTYLINE HCL 10 MG/5ML SOLUTION	TIER 1	
nortriptyline hcl cap 10 mg	TIER 1	
nortriptyline hcl cap 25 mg	TIER 1	
nortriptyline hcl cap 50 mg	TIER 1	
nortriptyline hcl cap 75 mg	TIER 1	
nortriptyline hcl soln 10 mg/5ml	TIER 1	
PAMELOR (*nortriptyline hcl*) 10 MG CAP, 25 MG CAP, 50 MG CAP, 75 MG CAP	TIER 3	
protriptyline hcl tab 10 mg	TIER 1	
protriptyline hcl tab 5 mg	TIER 1	
SURMONTIL (*trimipramine maleate*) 25 MG CAP, 50 MG CAP, 100 MG CAP	TIER 3	
TOFRANIL (*imipramine hcl*) 10 MG TAB, 25 MG TAB, 50 MG TAB	TIER 3	
trimipramine maleate cap 100 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
trimipramine maleate cap 25 mg	TIER 1	
trimipramine maleate cap 50 mg	TIER 1	

ANTIEMETICS (Drugs for Nausea and Vomiting)

ANTIEMETICS, OTHER (Other Drugs for Nausea and Vomiting)

BONJESTA (*doxylamine-pyridoxine*) 20-20 MG TAB ER	TIER 3	PA, QLC (2 tabs/day)
DICLEGIS (*doxylamine-pyridoxine*) 10-10 MG TAB DR	TIER 3	PA, QLC (4 tabs/day)
doxylamine-pyridoxine tab delayed release 10-10 mg	TIER 1	PA, QLC (4 tabs/day)
GIMOTI (*metoclopramide hcl*) 15 MG/ACT SOLUTION	TIER 3	PA, QLC (19.6 ml (2 bottles)/ 84 days)
METOCLOPRAMIDE HCL 5 MG TAB DISP, 10 MG TAB DISP	TIER 1	PA, QLC (4 tabs/day)
metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv) mg/ml	TIER 1	
metoclopramide hcl tab 10 mg (base equivalent)	TIER 1	
metoclopramide hcl tab 5 mg (base equivalent)	TIER 1	
perphenazine tab 16 mg	TIER 1	
perphenazine tab 2 mg	TIER 1	
perphenazine tab 4 mg	TIER 1	
perphenazine tab 8 mg	TIER 1	
prochlorperazine maleate tab 10 mg (base equivalent)	TIER 1	
prochlorperazine maleate tab 5 mg (base equivalent)	TIER 1	
prochlorperazine suppos 25 mg	TIER 1	
prochlorperazine suppos 25 mg (COMPRO)	TIER 1	
promethazine hcl suppos 12.5 mg	TIER 1	
promethazine hcl suppos 12.5 mg (PHENADOZ)	TIER 1	
promethazine hcl suppos 12.5 mg (PHENERGAN)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
promethazine hcl suppos 12.5 mg (PROMETHEGAN)	TIER 1	
promethazine hcl suppos 25 mg	TIER 1	
promethazine hcl suppos 25 mg (PHENADOZ)	TIER 1	
promethazine hcl suppos 25 mg (PHENERGAN)	TIER 1	
promethazine hcl suppos 25 mg (PROMETHEGAN)	TIER 1	
promethazine hcl suppos 50 mg	TIER 1	
promethazine hcl suppos 50 mg (PHENERGAN)	TIER 1	
promethazine hcl tab 12.5 mg	TIER 1	
promethazine hcl tab 25 mg	TIER 1	
promethazine hcl tab 50 mg	TIER 1	
PROMETHEGAN (*promethazine hcl*) 50 MG SUPPOS	TIER 1	
REGLAN (*metoclopramide hcl*) 5 MG TAB, 10 MG TAB	TIER 3	
scopolamine td patch 72hr 1 mg/3days	TIER 1	
TIGAN (*trimethobenzamide hcl*) 300 MG CAP	TIER 3	
TRANSDERM SCOP (1.5 MG) (*scopolamine*) (.5 MG/3DAYS PATCH 72HR	TIER 3	
TRANSDERM-SCOP (*scopolamine*) -1 MG/3DAYS PATCH 72HR	TIER 3	
trimethobenzamide hcl cap 300 mg	TIER 1	

EMETOGENIC THERAPY ADJUNCTS (Drugs for Nausea and Vomiting)

AKYNZEO (*netupitant-palonosetron*) 300-0.5 MG CAP	TIER 3	QLC (1 capsule/14 days)
ANZEMET (*dolasetron mesylate*) 50 MG TAB, 100 MG TAB	TIER 2	QLC (1 tab/fill)
aprepitant capsule 125 mg	TIER 1	PA, QLC (1 cap/7 days)
aprepitant capsule 40 mg	TIER 1	PA, QLC (1 cap/month)
aprepitant capsule 80 mg	TIER 1	PA, QLC (2 caps/7 days)
aprepitant capsule therapy pack 80 & 125 mg	TIER 1	QLC (3 caps/7 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CESAMET (*nabilone*) 1 MG CAP	TIER 3	QLC (6 caps/day)
dronabinol cap 10 mg	TIER 1	QLC (6 caps/day)
dronabinol cap 2.5 mg	TIER 1	QLC (6 caps/day)
dronabinol cap 5 mg	TIER 1	QLC (6 caps/day)
EMEND (*aprepitant*) 125 MG CAP	TIER 3	PA, QLC (1 cap/7 days)
EMEND (*aprepitant*) 125 MG/5ML RECON SUSP	TIER 3	PA, QLC (3 packets/7 days)
EMEND (*aprepitant*) 40 MG CAP	TIER 3	PA, QLC (1 cap/month)
EMEND (*aprepitant*) 80 MG CAP	TIER 3	PA, QLC (2 caps/7 days)
EMEND TRI-PACK (*aprepitant*) -80 & 125 MG CAP	TIER 3	QLC (3 caps/7 days)
granisetron hcl tab 1 mg	TIER 1	QLC (12 tabs/fill)
MARINOL (*dronabinol*) 2.5 MG CAP, 5 MG CAP, 10 MG CAP	TIER 3	QLC (6 caps/day)
ONDANSETRON HCL 24 MG TAB	TIER 1	QLC (1 tab/fill)
ondansetron hcl oral soln 4 mg/5ml	TIER 1	QLC (1 bottle/fill)
ondansetron hcl tab 24 mg	TIER 1	QLC (1 tab/fill)
ondansetron hcl tab 4 mg	TIER 1	QLC (3 tabs/day)
ondansetron hcl tab 8 mg	TIER 1	QLC (3 tabs/day)
ondansetron orally disintegrating tab 4 mg	TIER 1	QLC (3 tabs/day)
ondansetron orally disintegrating tab 8 mg	TIER 1	QLC (3 tabs/day)
SANCUSO (*granisetron*) 3.1 MG/24HR PATCH	TIER 3	PA, QLC (2 patches/28 days)
SYNDROS (*dronabinol*) 5 MG/ML SOLUTION	TIER 4	PA, QLC (4 bottles/month)
VARUBI (180 MG DOSE) (*rolapitant hcl*) 2 X 90 TAB THPK	TIER 3	SP, QLC (2 tabs/14 days)
ZOFRAN (*ondansetron hcl*) 4 MG TAB, 8 MG TAB	TIER 3	QLC (3 tabs/day)
ZOFRAN (*ondansetron hcl*) 4 MG/5ML SOLUTION	TIER 3	QLC (1 bottle/fill)
ZOFRAN ODT (*ondansetron*) ODT 4 MG TAB DISP, ODT 8 MG TAB DISP	TIER 3	QLC (3 tabs/day)
ZUPLENZ (*ondansetron*) 4 MG FILM, 8 MG FILM	TIER 3	PA, QLC (3 films/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS

ANTIFUNGALS (Drugs for Fungal Infections)

ANTIFUNGALS

ANCOBON (*flucytosine*) 250 MG CAP, 500 MG CAP	TIER 3	
BREXAFEMME (*ibrexafungerp citrate*) 150 MG TAB	TIER 3	PA, QLC (4 tabs/30 days)
ciclopirox olamine cream 0.77% (base equiv)	TIER 1	
ciclopirox olamine cream 0.77% (base equiv) (CICLODAN)	TIER 1	
ciclopirox olamine susp 0.77% (base equiv)	TIER 1	
clotrimazole troche 10 mg	TIER 1	
CRESEMBA (*isavuconazonium sulfate*) 186 MG CAP	TIER 4	PA, QLC (2 caps/day)
DIFLUCAN (*fluconazole*) 10 MG/ML RECON SUSP, 40 MG/ML RECON SUSP, 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 3	
econazole nitrate cream 1%	TIER 1	
ECOZA (*econazole nitrate*) 1 % FOAM	TIER 3	ST, QLC (1 bottle/month)
ERTACZO (*sertaconazole nitrate*) 2 % CREAM	TIER 3	ST, QLC (1 tube/fill)
EXELDERM (*sulconazole nitrate*) 1 % CREAM, 1 % SOLUTION	TIER 3	
EXTINA (*ketoconazole (topical)*) 2 % FOAM	TIER 3	ST
fluconazole for susp 10 mg/ml	TIER 1	
fluconazole for susp 40 mg/ml	TIER 1	
fluconazole tab 100 mg	TIER 1	
fluconazole tab 150 mg	TIER 1	
fluconazole tab 200 mg	TIER 1	
fluconazole tab 50 mg	TIER 1	
flucytosine cap 250 mg	TIER 1	
flucytosine cap 500 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GRIS-PEG (*griseofulvin ultramicrosize*) -125 MG TAB, -250 MG TAB	TIER 3	
griseofulvin microsize susp 125 mg/5ml	TIER 1	
griseofulvin microsize tab 500 mg	TIER 1	
griseofulvin ultramicrosize tab 125 mg	TIER 1	
griseofulvin ultramicrosize tab 250 mg	TIER 1	
GYNAZOLE-1 (*butoconazole nitrate (one dose)*) -2 % CREAM	TIER 1	
itraconazole cap 100 mg	TIER 1	PA
itraconazole oral soln 10 mg/ml	TIER 1	PA
JUBLIA (*efinaconazole*) 10 % SOLUTION	TIER 3	PA, QLC (1 bottle (4ml)/month)
KERYDIN (*tavaborole*) 5 % SOLUTION	TIER 3	PA, QLC (10 ml/30 days)
ketoconazole cream 2%	TIER 1	
ketoconazole foam 2%	TIER 1	ST
ketoconazole foam 2% (KETODAN)	TIER 1	ST
ketoconazole shampoo 2%	TIER 1	
ketoconazole tab 200 mg	TIER 1	
LAMISIL (*terbinafine hcl*) 250 MG TAB	TIER 3	QLC (30 tabs/month)
LOPROX (*ciclopirox olamine*) 0.77 % CREAM, 0.77 % SUSPENSION	TIER 3	
LULICONAZOLE 1 % CREAM	TIER 1	ST, QLC (1 bottle/month)
LUZU (*luliconazole*) 1 % CREAM	TIER 3	ST, QLC (1 bottle/month)
MICONAZOLE 3 (*miconazole nitrate vaginal*) 200 MG SUPPOS	TIER 1	
MICONAZOLE-ZINC OXIDE-PETROLAT (*miconazole-zinc oxide-white petrolatum*) --0.25-15-81.35 % OINTMENT	TIER 1	ST
NAFTIFINE HCL 1 % CREAM, 2 % CREAM	TIER 1	ST
naftifine hcl cream 1%	TIER 1	ST
naftifine hcl cream 2%	TIER 1	ST
naftifine hcl gel 1%	TIER 1	ST
NAFTIN (*naftifine hcl*) 1 % GEL, 2 % CREAM, 2 % GEL	TIER 3	ST
NIZORAL (*ketoconazole (topical)*) 2 % SHAMPOO	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOXAFIL (*posaconazole*) 100 MG TAB DR	TIER 3	PA, QLC (3 tabs/day)
NOXAFIL (*posaconazole*) 40 MG/ML SUSPENSION	TIER 3	PA
nystatin cream 100000 unit/gm	TIER 1	
nystatin oint 100000 unit/gm	TIER 1	
nystatin susp 100000 unit/ml	TIER 1	
nystatin tab 500000 unit	TIER 1	
nystatin topical powder 100000 unit/gm	TIER 1	
nystatin topical powder 100000 unit/gm (NYAMYC)	TIER 1	
nystatin topical powder 100000 unit/gm (NYATA)	TIER 1	
nystatin topical powder 100000 unit/gm (NYSTOP)	TIER 1	
ONMEL (*itraconazole*) 200 MG TAB	TIER 3	PA, QLC (1 tab/day)
ORAVIG (*miconazole (mouth-throat)*) 50 MG TAB	TIER 3	PA, QLC (14 tabs/month)
oxiconazole nitrate cream 1%	TIER 1	ST
OXISTAT (*oxiconazole nitrate*) 1 % CREAM, 1 % LOTION	TIER 3	ST
posaconazole tab delayed release 100 mg	TIER 1	PA, QLC (3 tabs/day)
SPORANOX (*itraconazole*) 10 MG/ML SOLUTION, 100 MG CAP	TIER 3	PA
SPORANOX PULSEPAK (*itraconazole*) 100 MG CAP	TIER 3	PA
SULCONAZOLE NITRATE 1 % CREAM, 1 % SOLUTION	TIER 3	
tavaborole soln 5%	TIER 1	PA, QLC (10 ml/30 days)
TERAZOL 7 (*terconazole vaginal*) 0.4 % CREAM	TIER 3	
terbinafine hcl tab 250 mg	TIER 1	QLC (30 tabs/month)
terconazole vaginal cream 0.4%	TIER 1	
terconazole vaginal cream 0.8%	TIER 1	
terconazole vaginal suppos 80 mg	TIER 1	
TOLSURA (*itraconazole*) 65 MG CAP	TIER 4	PA, QLC (4 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VFEND (*voriconazole*) 40 MG/ML RECON SUSP, 50 MG TAB, 200 MG TAB	TIER 3	PA
voriconazole for susp 40 mg/ml	TIER 1	PA
voriconazole tab 200 mg	TIER 1	PA
voriconazole tab 50 mg	TIER 1	PA
VUSION (*miconazole-zinc oxide-white petrolatum*) 0.25-15-81.35 % OINTMENT	TIER 3	ST
XOLEGEL (*ketoconazole (topical)*) 2 %	TIER 3	ST

ANTIGOUT AGENTS (Drugs for Gout)

ANTIGOUT AGENTS

allopurinol tab 100 mg	TIER 1	
allopurinol tab 300 mg	TIER 1	
COLCHICINE 0.6 MG CAP	TIER 1	QLC (2 caps/day)
colchicine tab 0.6 mg	TIER 1	QLC (4 tabs/day)
colchicine w/ probenecid tab 0.5-500 mg (COLCHICINE-PROBENECID)	TIER 1	
COLCRYS (*colchicine*) 0.6 MG TAB	TIER 3	QLC (4 tabs/day)
DUZALLO (*lesinurad-allopurinol*) 200-200 MG TAB, 200-300 MG TAB	TIER 3	ST, QLC (1 tab/day)
febuxostat tab 40 mg	TIER 1	ST, QLC (1 tab/day)
febuxostat tab 80 mg	TIER 1	ST, QLC (1 tab/day)
GLOPERBA (*colchicine*) 0.6 MG/5ML SOLUTION	TIER 3	PA, QLC (10 ml/day)
MITIGARE (*colchicine*) 0.6 MG CAP	TIER 3	QLC (2 caps/day)
probenecid tab 500 mg	TIER 1	
ULORIC (*febuxostat*) 40 MG TAB, 80 MG TAB	TIER 3	ST, QLC (1 tab/day)
ZURAMPIC (*lesinurad*) 200 MG TAB	TIER 3	ST, QLC (1 tab/day)
ZYLOPRIM (*allopurinol*) 100 MG TAB, 300 MG TAB	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS

ANTIMIGRAINE AGENTS (Drugs for Migraine)

ANTIMIGRAINE AGENTS, OTHER

NURTEC (*rimegepant sulfate*) 75 MG TAB DISP	TIER 3	PA, QLC (16 tabs/30 days)
QULIPTA (*atogepant*) 10 MG TAB, 30 MG TAB, 60 MG TAB	TIER 3	PA, QLC (1 tab/day)
UBRELVY (*ubrogepant*) 50 MG TAB, 100 MG TAB	TIER 3	PA, QLC (2 tabs/day; max 16 tabs/30 days)

ERGOT ALKALOIDS

CAFERGOT (*ergotamine w/ caffeine*) 1-100 MG TAB	TIER 3	QLC (10 tabs/week)
D.H.E. 45 (*dihydroergotamine mesylate*) 1 MG/ML SOLUTION	TIER 3	PA, QLC (24 ml/28 days)
dihydroergotamine mesylate inj 1 mg/ml	TIER 1	PA, QLC (24 ml/28 days)
dihydroergotamine mesylate nasal spray 4 mg/ml	TIER 1	PA, QLC (8 vials/month)
ERGOMAR (*ergotamine tartrate*) 2 MG SL TAB	TIER 3	QLC (20 tabs/28 days)
ergotamine w/ caffeine tab 1-100 mg (ERGOTAMINE-CAFFEINE)	TIER 1	QLC (10 tabs/week)
MIGERGOT (*ergotamine w/ caffeine*) 2-100 MG SUPPOS	TIER 1	QLC (5 suppositories/week)
MIGRANAL (*dihydroergotamine mesylate*) 4 MG/ML SOLUTION	TIER 3	PA, QLC (8 vials/month)
TRUDHESA (*dihydroergotamine mesylate hfa*) 0.725 MG/ACT AERO SOLN	TIER 3	PA, QLC (12 ml/28 days)

PROPHYLACTIC

AIMOVIG (140 MG DOSE) (*erenumab-aooe*) IMOVIG 70 /ML SOLN -INJ	TIER 2	PA, QLC (2 injections/28 days)
AIMOVIG (*erenumab-aooe*) IMOVIG 140 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 injection/28 days)
AIMOVIG (*erenumab-aooe*) IMOVIG 70 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 injection/28 days)
AJOVY (*fremanezumab-vfrm*) 225 MG/1.5ML SOLN PRSYR	TIER 3	PA, QLC (3 syringes/84 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AJOVY (*fremanezumab-vfrm*) JOVY 225 MG/1.5ML SOLN -INJ	TIER 3	PA, QLC (3 autoinjectors/84 days)
EMGALITY (300 MG DOSE) (*galcanezumab-gnlm*) 100 /ML SOLN PRSYR	TIER 3	PA, QLC (3 syringes/30 days)
EMGALITY (*galcanezumab-gnlm*) 120 MG/ML SOLN PRSYR	TIER 2	PA, QLC (1 syringe/30 days)
EMGALITY (*galcanezumab-gnlm*) EMGLITY 120 MG/ML SOLN -INJ	TIER 2	PA, QLC (1 pen injector/30 days)
TIMOLOL MALEATE 10 MG TAB	TIER 1	
timolol maleate tab 10 mg	TIER 1	
timolol maleate tab 20 mg	TIER 1	
timolol maleate tab 5 mg	TIER 1	

SEROTONIN (5-HT) RECEPTOR AGONIST

almotriptan malate tab 12.5 mg	TIER 1	ST, QLC (24 tabs/month)
almotriptan malate tab 6.25 mg	TIER 1	ST, QLC (24 tabs/month)
AMERGE (*naratriptan hcl*) 1 MG TAB, 2.5 MG TAB	TIER 3	QLC (18 tabs/month)
AXERT (*almotriptan malate*) 6.25 MG TAB, 12.5 MG TAB	TIER 3	ST, QLC (24 tabs/month)
eletriptan hydrobromide tab 20 mg (base equivalent)	TIER 1	ST, QLC (18 tabs/month)
eletriptan hydrobromide tab 40 mg (base equivalent)	TIER 1	ST, QLC (18 tabs/month)
FROVA (*frovatriptan succinate*) 2.5 MG TAB	TIER 3	ST, QLC (27 tabs/month)
frovatriptan succinate tab 2.5 mg (base equivalent)	TIER 1	ST, QLC (27 tabs/month)
IMITREX (*sumatriptan succinate*) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	QLC (18 tabs/month)
IMITREX (*sumatriptan succinate*) 6 MG/0.5ML SOLUTION	TIER 3	QLC (16 injections/month at 4 injections/fill)
IMITREX (*sumatriptan*) 5 MG/ACT SOLUTION, 20 MG/ACT SOLUTION	TIER 3	QLC (18 doses/month)
IMITREX STATDOSE REFILL (*sumatriptan succinate*) 4 MG/0.5ML SOLN CART, 6 MG/0.5ML SOLN CART	TIER 3	QLC (16 injections/month at 4 injections/fill)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IMITREX STATDOSE SYSTEM (*sumatriptan succinate*) STTDOSE 4 MG/0.5ML SOLN -INJ, STTDOSE 6 MG/0.5ML SOLN -INJ	TIER 3	QLC (16 injections/month at 4 injections/fill)
MAXALT (*rizatriptan benzoate*) 5 MG TAB, 10 MG TAB	TIER 3	QLC (24 tabs/month)
MAXALT-MLT (*rizatriptan benzoate*) -5 MG TAB DISP, -10 MG TAB DISP	TIER 3	QLC (24 tabs/month)
naratriptan hcl tab 1 mg (base equiv)	TIER 1	QLC (18 tabs/month)
naratriptan hcl tab 2.5 mg (base equiv)	TIER 1	QLC (18 tabs/month)
ONZETRA XSAIL (*sumatriptan succinate*) 11 MG/NOSEPC EXHP	TIER 3	PA, QLC (1 box/month)
RELPAX (*eletriptan hydrobromide*) 20 MG TAB, 40 MG TAB	TIER 3	ST, QLC (18 tabs/month)
REYVOW (*lasmiditan succinate*) 50 MG TAB, 100 MG TAB	TIER 3	PA, QLC (8 tabs/30 days)
rizatriptan benzoate oral disintegrating tab 10 mg (base eq)	TIER 1	QLC (24 tabs/month)
rizatriptan benzoate oral disintegrating tab 5 mg (base eq)	TIER 1	QLC (24 tabs/month)
rizatriptan benzoate tab 10 mg (base equivalent)	TIER 1	QLC (24 tabs/month)
rizatriptan benzoate tab 5 mg (base equivalent)	TIER 1	QLC (24 tabs/month)
sumatriptan nasal spray 20 mg/act	TIER 1	QLC (18 nasal sprays/month)
sumatriptan nasal spray 5 mg/act	TIER 1	QLC (18 nasal sprays/month)
SUMATRIPTAN SUCCINATE 6 MG/0.5ML SOLN PRSYR	TIER 1	QLC (16 injections/month at 4 injections/fill)
sumatriptan succinate inj 6 mg/0.5ml	TIER 1	QLC (16 injections/month at 4 injections/fill)
sumatriptan succinate solution auto-injector 4 mg/0.5ml	TIER 1	QLC (16 injections/month at 4 injections/fill)
sumatriptan succinate solution auto-injector 6 mg/0.5ml	TIER 1	QLC (16 injections/month at 4 injections/fill)
sumatriptan succinate solution cartridge 4 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL)	TIER 1	QLC (16 injections/month at 4 injections/fill)
sumatriptan succinate solution cartridge 6 mg/0.5ml (SUMATRIPTAN SUCCINATE REFILL)	TIER 1	QLC (16 injections/month at 4 injections/fill)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sumatriptan succinate tab 100 mg	TIER 1	QLC (18 tabs/month)
sumatriptan succinate tab 25 mg	TIER 1	QLC (18 tabs/month)
sumatriptan succinate tab 50 mg	TIER 1	QLC (18 tabs/month)
sumatriptan-naproxen sodium tab 85-500 mg	TIER 1	PA, QLC (9 tabs/month)
SUMAVEL DOSEPRO (*sumatriptan succinate*) 6 MG/0.5ML SOLN J-INJ	TIER 3	ST, QLC (18 injections/month at 6 injections/fill)
TOSYMRA (*sumatriptan*) 10 MG/ACT SOLUTION	TIER 3	PA, QLC (12 bottles/30 days)
TREXIMET (*sumatriptan-naproxen sodium*) 10-60 MG TAB, 85-500 MG TAB	TIER 3	PA, QLC (9 tabs/month)
ZEMBRACE SYMTOUCH (*sumatriptan succinate*) ZEMBRCE 3 MG/0.5ML SOLN - INJ	TIER 3	ST, QLC (16 injections/month at 4 injections/fill)
ZOLMITRIPTAN 2.5 MG SOLUTION	TIER 3	ST, QLC (18 doses/month)
zolmitriptan nasal spray 5 mg/spray unit mg/	TIER 1	ST, QLC (18 doses/month)
zolmitriptan orally disintegrating tab 2.5 mg	TIER 1	QLC (18 tabs/month)
zolmitriptan orally disintegrating tab 5 mg	TIER 1	QLC (18 tabs/month)
zolmitriptan tab 2.5 mg	TIER 1	QLC (18 tabs/month)
zolmitriptan tab 5 mg	TIER 1	QLC (18 tabs/month)
ZOMIG (*zolmitriptan*) 2.5 MG SOLUTION, 5 MG SOLUTION	TIER 3	ST, QLC (18 doses/month)
ZOMIG (*zolmitriptan*) 2.5 MG TAB, 5 MG TAB	TIER 3	QLC (18 tabs/month)
ZOMIG ZMT (*zolmitriptan*) 2.5 MG TAB DISP, 5 MG TAB DISP	TIER 3	QLC (18 tabs/month)

ANTIMYASTHENIC AGENTS (Drugs for Myasthenia Gravis)

PARASYMPATHOMIMETICS

GUANIDINE HCL 125 MG TAB	TIER 1	
MESTINON (*pyridostigmine bromide*) 180 MG TAB ER	TIER 3	QLC (6 tabs/day)
MESTINON (*pyridostigmine bromide*) 60 MG TAB	TIER 3	QLC (25 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MESTINON (*pyridostigmine bromide*) 60 MG/5ML SOLUTION	TIER 3	QLC (50 ml/day)
PYRIDOSTIGMINE BROMIDE 30 MG TAB	TIER 1	QLC (6 tabs/day)
pyridostigmine bromide oral soln 60 mg/5ml	TIER 1	QLC (50 ml/day)
pyridostigmine bromide tab 60 mg	TIER 1	QLC (25 tabs/day)
pyridostigmine bromide tab er 180 mg (PYRIDOSTIGMINE BROMIDE ER)	TIER 1	QLC (6 tabs/day)

ANTIMYCOBACTERIALS (Drugs for Mycobacterial Infections)

ANTIMYCOBACTERIALS, OTHER (Other Drugs for Mycobacterial Infection)

dapsone tab 100 mg	TIER 1	
dapsone tab 25 mg	TIER 1	
MYCOBUTIN (*rifabutin*) 150 MG CAP	TIER 3	
rifabutin cap 150 mg	TIER 1	

ANTITUBERCULARS (Drugs for Tuberculosis)

CYCLOSERINE 250 MG CAP	TIER 3	
cycloserine cap 250 mg	TIER 3	
ethambutol hcl tab 100 mg	TIER 1	
ethambutol hcl tab 400 mg	TIER 1	
ISONIAZID 50 MG/5ML SYRUP, 100 MG TAB	TIER 1	
isoniazid tab 100 mg	TIER 1	
isoniazid tab 300 mg	TIER 1	
MYAMBUTOL (*ethambutol hcl*) 100 MG TAB, 400 MG TAB	TIER 3	
PASER (*aminosalicylic acid*) 4 GM PACKET	TIER 3	
PRETOMANID 200 MG TAB	TIER 3	QLC (1 tab/day)
PRIFTIN (*rifapentine*) 150 MG TAB	TIER 2	
pyrazinamide tab 500 mg	TIER 1	
RIFADIN (*rifampin*) 150 MG CAP, 300 MG CAP	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RIFAMATE (*isoniazid & rifampin*) 150-300 MG CAP	TIER 3	
rifampin cap 150 mg	TIER 1	
rifampin cap 300 mg	TIER 1	
RIFATER (*isoniazid-rifampin w/ pyrazinamide*) 50-120-300 MG TAB	TIER 3	
TRECATOR (*ethionamide*) 250 MG TAB	TIER 3	

ANTINEOPLASTICS (Drugs for Cancer)

ALKYLATING AGENTS

ALKERAN (*melphalan*) 2 MG TAB	TIER 3	OAC
CYCLOPHOSPHAMIDE 25 MG CAP, 25 MG TAB, 50 MG CAP, 50 MG TAB	TIER 2	OAC
cyclophosphamide cap 25 mg	TIER 2	OAC
cyclophosphamide cap 50 mg	TIER 2	OAC
GLEOSTINE (*lomustine*) 10 MG CAP, 40 MG CAP, 100 MG CAP	TIER 2	OAC
HEXALEN (*altretamine*) 50 MG CAP	TIER 3	OAC
LEUKERAN (*chlorambucil*) 2 MG TAB	TIER 2	OAC
MATULANE (*procarbazine hcl*) 50 MG CAP	TIER 2	SP, OAC
melphalan tab 2 mg	TIER 1	OAC
MYLERAN (*busulfan*) 2 MG TAB	TIER 2	OAC
TEMODAR (*temozolomide*) 5 MG CAP, 20 MG CAP, 100 MG CAP, 140 MG CAP, 180 MG CAP, 250 MG CAP	TIER 4	SP, OAC
temozolomide cap 100 mg	TIER 4	SP, OAC
temozolomide cap 140 mg	TIER 4	SP, OAC
temozolomide cap 180 mg	TIER 4	SP, OAC
temozolomide cap 20 mg	TIER 4	SP, OAC
temozolomide cap 250 mg	TIER 4	SP, OAC
temozolomide cap 5 mg	TIER 4	SP, OAC
VALCHLOR (*mechlorethamine hcl (topical)*) 0.016 % GEL	TIER 4	PA, SP, QLC (1 tube/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIANDROGENS		
abiraterone acetate tab 250 mg	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
abiraterone acetate tab 500 mg	TIER 4	PA, SP, QLC (2 tabs/day), OAC
bicalutamide tab 50 mg	TIER 1	OAC
CASODEX (*bicalutamide*) 50 MG TAB	TIER 3	OAC
ERLEADA (*apalutamide*) 60 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
FLUTAMIDE 125 MG CAP	TIER 1	OAC
flutamide cap 125 mg	TIER 1	OAC
NILANDRON (*nilutamide*) 150 MG TAB	TIER 4	QLC (1 tab/day), OAC
nilutamide tab 150 mg	TIER 4	QLC (1 tab/day), OAC
NUBEQA (*darolutamide*) 300 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
XTANDI (*enzalutamide*) 40 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC
XTANDI (*enzalutamide*) 40 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
XTANDI (*enzalutamide*) 80 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
YONSA (*abiraterone acetate*) 125 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
ZYTIGA (*abiraterone acetate*) 250 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
ZYTIGA (*abiraterone acetate*) 500 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
ANTIANGIOGENIC AGENTS		
POMALYST (*pomalidomide*) 1 MG CAP, 2 MG CAP, 3 MG CAP, 4 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
REVLIMID (*lenalidomide*) 2.5 MG CAP, 5 MG CAP, 10 MG CAP, 15 MG CAP, 20 MG CAP, 25 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
THALOMID (*thalidomide*) 150 MG CAP, 200 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
THALOMID (*thalidomide*) 50 MG CAP, 100 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
ANTIESTROGENS/MODIFIERS		
EMCYT (*estramustine phosphate sodium*) 140 MG CAP	TIER 2	OAC
FARESTON (*toremifene citrate*) 60 MG TAB	TIER 3	OAC

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SOLTAMOX (*tamoxifen citrate*) 10 MG/5ML SOLUTION	TIER 3	OAC
tamoxifen citrate tab 10 mg (base equivalent)	TIER 1	PH (Preventive Health), OAC
tamoxifen citrate tab 20 mg (base equivalent)	TIER 1	PH (Preventive Health), OAC
toremifene citrate tab 60 mg (base equivalent)	TIER 1	OAC

ANTIMETABOLITES

capecitabine tab 150 mg	TIER 4	SP, OAC
capecitabine tab 500 mg	TIER 4	SP, OAC
DROXIA (*hydroxyurea (sickle cell anemia)*) 200 MG CAP, 300 MG CAP, 400 MG CAP	TIER 2	
HYDREA (*hydroxyurea*) 500 MG CAP	TIER 3	OAC
hydroxyurea cap 500 mg	TIER 1	OAC
INQOVI (*decitabine-cedazuridine*) 35-100 MG	TIER 4	PA, SP, QLC (1 tab/day; max 5 day therapy/28 days), OAC
mercaptopurine tab 50 mg	TIER 1	OAC
PURIXAN (*mercaptopurine*) 2000 MG/100ML SUSPENSION	TIER 4	SP, AL1 (Up to 10 yrs old), QLC (1 bottle/month), OAC
SIKLOS (*hydroxyurea (sickle cell anemia)*) 100 MG TAB, 1000 MG TAB	TIER 3	PA
TABLOID (*thioguanine*) LOID 40 MG	TIER 2	OAC
XELODA (*capecitabine*) 150 MG TAB, 500 MG TAB	TIER 4	SP, OAC

ANTINEOPLASTICS, OTHER (Other drugs for Cancer)

AYVAKIT (*avapritinib*) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
BRUKINSA (*zanubrutinib*) 80 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
EXKIVITY (*mobocertinib succinate*) 40 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
FOTIVDA (*tivozanib hcl*) 0.89 MG CAP, 1.34 MG CAP	TIER 4	PA, SP, QLC (21 caps/28 days), OAC
IDHIFA (*enasidenib mesylate*) 50 MG TAB, 100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INREBIC (*fedratinib hcl*) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
KISQALI FEMARA (400 MG DOSE) (*ribociclib succinate-letrozole*) 200 & 2.5 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI FEMARA (600 MG DOSE) (*ribociclib succinate-letrozole*) 200 & 2.5 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI FEMARA(200 MG DOSE) (*ribociclib succinate-letrozole*) FEMARA(& 2.5 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KOSELUGO (*selumetinib sulfate*) 10 MG CAP	TIER 4	PA, SP, QLC (8 caps/day), OAC
KOSELUGO (*selumetinib sulfate*) 25 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
leucovorin calcium tab 10 mg	TIER 1	
leucovorin calcium tab 15 mg	TIER 1	
leucovorin calcium tab 25 mg	TIER 1	
leucovorin calcium tab 5 mg	TIER 1	
LONSURF (*trifluridine-tipiracil*) 15-6.14 MG TAB	TIER 4	PA, SP, QLC (100 tabs/28 days), OAC
LONSURF (*trifluridine-tipiracil*) 20-8.19 MG TAB	TIER 4	PA, SP, QLC (80 tabs/28 days), OAC
LUMAKRAS (*sotorasib*) 120 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), OAC
LYSODREN (*mitotane*) 500 MG TAB	TIER 2	OAC
NINLARO (*ixazomib citrate*) 2.3 MG CAP, 3 MG CAP, 4 MG CAP	TIER 4	PA, SP, QLC (3 caps/21 days), OAC
ONUREG (*azacitidine*) 200 MG TAB, 300 MG TAB	TIER 4	PA, SP, QLC (14 tabs/28 days), OAC
QINLOCK (*ripretinib*) 50 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
RETEVMO (*selpercatinib*) 40 MG CAP	TIER 4	PA, SP, QLC (6 caps/day), OAC
RETEVMO (*selpercatinib*) 80 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
ROZLYTREK (*entrectinib*) 100 MG CAP	TIER 4	PA, SP, QLC (5 caps/day), SF, OAC
ROZLYTREK (*entrectinib*) 200 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), SF, OAC
SYNRIBO (*omacetaxine mepesuccinate*) 3.5 MG RECON SOLN	TIER 4	PA, SP, QLC (2 vials/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TABRECTA (*capmatinib hcl*) 150 MG TAB, 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
TAZVERIK (*tazemetostat hbr*) 200 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), OAC
WELIREG (*belzutifan*) 40 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
XPOVIO (100 MG ONCE WEEKLY) (*selinexor*) 20 TAB THPK	TIER 4	PA, SP, QLC (5 tabs/7 days), OAC
XPOVIO (100 MG ONCE WEEKLY) (*selinexor*) 50 TAB THPK	TIER 4	PA, SP, QLC (8 tabs/28 days), OAC
XPOVIO (40 MG ONCE WEEKLY) (*selinexor*) 20 TAB THPK	TIER 4	PA, SP, QLC (8 tabs/28 days), OAC
XPOVIO (40 MG ONCE WEEKLY) (*selinexor*) TAB THPK	TIER 4	PA, SP, QLC (4 tabs/28 days), OAC
XPOVIO (40 MG TWICE WEEKLY) (*selinexor*) 20 TAB THPK	TIER 4	PA, SP, QLC (16 tabs/28 days), OAC
XPOVIO (40 MG TWICE WEEKLY) (*selinexor*) TAB THPK	TIER 4	PA, SP, QLC (8 tabs/28 days), OAC
XPOVIO (60 MG ONCE WEEKLY) (*selinexor*) 20 TAB THPK	TIER 4	PA, SP, QLC (3 tabs/7 days), OAC
XPOVIO (60 MG ONCE WEEKLY) (*selinexor*) TAB THPK	TIER 4	PA, SP, QLC (4 tabs/28 days), OAC
XPOVIO (60 MG TWICE WEEKLY) (*selinexor*) 20 TAB THPK	TIER 4	PA, SP, QLC (24 tabs/28 days), OAC
XPOVIO (80 MG ONCE WEEKLY) (*selinexor*) 20 TAB THPK	TIER 4	PA, SP, QLC (4 tabs/7 days), OAC
XPOVIO (80 MG ONCE WEEKLY) (*selinexor*) 40 TAB THPK	TIER 4	PA, SP, QLC (8 tabs/28 days), OAC
XPOVIO (80 MG TWICE WEEKLY) (*selinexor*) 20 TAB THPK	TIER 4	PA, SP, QLC (8 tabs/7 days), OAC
ZOLINZA (*vorinostat*) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC

AROMATASE INHIBITORS, 3RD GENERATION

anastrozole tab 1 mg	TIER 1	PH (Preventive Health), OAC
ARIMIDEX (*anastrozole*) 1 MG TAB	TIER 3	OAC
AROMASIN (*exemestane*) 25 MG TAB	TIER 3	OAC
exemestane tab 25 mg	TIER 1	OAC
FEMARA (*letrozole*) 2.5 MG TAB	TIER 3	OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
letrozole tab 2.5 mg	TIER 1	OAC
ENZYME INHIBITORS		
ETOPOSIDE 50 MG CAP	TIER 4	OAC
GAVRETO (*pralsetinib*) 100 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
HYCAMTIN (*topotecan hcl*) 0.25 MG CAP, 1 MG CAP	TIER 4	SP, OAC
MOLECULAR TARGET INHIBITORS		
AFINITOR (*everolimus*) 2.5 MG TAB, 5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
AFINITOR (*everolimus*) 7.5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
AFINITOR DISPERZ (*everolimus*) 2 MG TAB SOL	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
AFINITOR DISPERZ (*everolimus*) 3 MG TAB SOL	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
AFINITOR DISPERZ (*everolimus*) 5 MG TAB SOL	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
ALECENSA (*alectinib hcl*) 150 MG CAP	TIER 4	PA, SP, QLC (8 caps/day), OAC
ALUNBRIG (*brigatinib*) 30 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
ALUNBRIG (*brigatinib*) 90 & 180 MG TAB THPK, 90 MG TAB, 180 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
BALVERSA (*erdafitinib*) 3 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
BALVERSA (*erdafitinib*) 4 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
BALVERSA (*erdafitinib*) 5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
BOSULIF (*bosutinib*) 100 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
BOSULIF (*bosutinib*) 400 MG TAB, 500 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
BRAFTOVI (*encorafenib*) 50 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
BRAFTOVI (*encorafenib*) 75 MG CAP	TIER 4	PA, SP, QLC (6 caps/day), OAC
CABOMETYX (*cabozantinib s-malate*) 20 MG TAB, 40 MG TAB, 60 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
CALQUENCE (*acalabrutinib*) 100 MG CAP	TIER 4	PA, SP, QLC (2 caps/day), OAC
CAPRELSA (*vandetanib*) 100 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
CAPRELSA (*vandetanib*) 300 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMETRIQ (100 MG DAILY DOSE) (*cabozantinib s-malate*) 80 & 20 KIT	TIER 4	PA, SP, QLC (56 caps/28 days), OAC
COMETRIQ (140 MG DAILY DOSE) (*cabozantinib s-malate*) 3 X 20 & 80 KIT	TIER 4	PA, SP, QLC (112 caps/28 days), OAC
COMETRIQ (60 MG DAILY DOSE) (*cabozantinib s-malate*) 20 KIT	TIER 4	PA, SP, QLC (84 caps/28 days), OAC
COPIKTRA (*duvelisib*) 15 MG CAP, 25 MG CAP	TIER 4	PA, SP, QLC (56 caps/28 days), OAC
COTELLIC (*cobimetinib fumarate*) 20 MG TAB	TIER 4	PA, SP, QLC (63 tabs/28 days), OAC
DAURISMO (*glasdegib maleate*) 100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
DAURISMO (*glasdegib maleate*) 25 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
ERIVEDGE (*vismodegib*) 150 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF, OAC
erlotinib hcl tab 100 mg (base equivalent)	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
erlotinib hcl tab 150 mg (base equivalent)	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
erlotinib hcl tab 25 mg (base equivalent)	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
everolimus tab 10 mg	TIER 4	PA, SP, QLC (2 tabs/day), OAC
everolimus tab 2.5 mg	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
everolimus tab 5 mg	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
everolimus tab 7.5 mg	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
everolimus tab for oral susp 2 mg	TIER 4	PA, SP, QLC (2 tabs/day), OAC
everolimus tab for oral susp 3 mg	TIER 4	PA, SP, QLC (4 tabs/day), OAC
everolimus tab for oral susp 5 mg	TIER 4	PA, SP, QLC (1 tab/day), OAC
FARYDAK (*panobinostat lactate*) 10 MG CAP, 15 MG CAP, 20 MG CAP	TIER 4	PA, SP, QLC (6 caps/12 days, not to exceed 6 caps every 21 days), OAC
GILOTRIF (*afatinib dimaleate*) 20 MG TAB, 30 MG TAB, 40 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
GLEEVEC (*imatinib mesylate*) 100 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), OAC
GLEEVEC (*imatinib mesylate*) 400 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
IBRANCE (*palbociclib*) 125 MG TAB	TIER 4	PA, SP, QLC (1 tab/day; max 21 tabs/28 days), OAC
IBRANCE (*palbociclib*) 75 MG CAP, 100 MG CAP, 125 MG CAP	TIER 4	PA, SP, QLC (1 cap/day, max 21 caps/28 days), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IBRANCE (*palbociclib*) 75 MG TAB, 100 MG TAB	TIER 4	PA, SP, QLC (1 tab day; max 21 tabs/28 days), OAC
ICLUSIG (*ponatinib hcl*) 10 MG TAB, 15 MG TAB, 30 MG TAB, 45 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
imatinib mesylate tab 100 mg (base equivalent)	TIER 4	PA, SP, QLC (8 tabs/day), OAC
imatinib mesylate tab 400 mg (base equivalent)	TIER 4	PA, SP, QLC (2 tabs/day), OAC
IMBRUVICA (*ibrutinib*) 140 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
IMBRUVICA (*ibrutinib*) 140 MG TAB, 280 MG TAB, 420 MG TAB, 560 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
IMBRUVICA (*ibrutinib*) 70 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
INLYTA (*axitinib*) 1 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), SF, OAC
INLYTA (*axitinib*) 5 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
IRESSA (*gefitinib*) 250 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
JAKAFI (*ruxolitinib phosphate*) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 25 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
KISQALI (200 MG DOSE) (*ribociclib succinate*) (TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI (400 MG DOSE) (*ribociclib succinate*) 200 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
KISQALI (600 MG DOSE) (*ribociclib succinate*) 200 TAB THPK	TIER 4	PA, SP, QLC (1 pack/28 days), OAC
lapatinib ditosylate tab 250 mg (base equiv)	TIER 4	PA, SP, QLC (6 tabs/day), OAC
LENVIMA (10 MG DAILY DOSE) (*lenvatinib mesylate*) CAP THPK	TIER 4	PA, SP, QLC (30 caps/month), OAC
LENVIMA (12 MG DAILY DOSE) (*lenvatinib mesylate*) 3 X 4 CAP THPK	TIER 4	PA, SP, QLC (3 caps/day), OAC
LENVIMA (14 MG DAILY DOSE) (*lenvatinib mesylate*) (110 & CAP THPK	TIER 4	PA, SP, QLC (60 caps/month), OAC
LENVIMA (18 MG DAILY DOSE) (*lenvatinib mesylate*) 10 & 2 X 4 CAP THPK	TIER 4	PA, SP, QLC (90 caps/month), OAC
LENVIMA (20 MG DAILY DOSE) (*lenvatinib mesylate*) (0 X 10 CAP THPK	TIER 4	PA, SP, QLC (60 caps/month), OAC
LENVIMA (24 MG DAILY DOSE) (*lenvatinib mesylate*) (X 10 & CAP THPK	TIER 4	PA, SP, QLC (90 caps/month), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LENVIMA (4 MG DAILY DOSE) (*lenvatinib mesylate*) (CAP THPK	TIER 4	PA, SP, QLC (1 cap/day), OAC
LENVIMA (8 MG DAILY DOSE) (*lenvatinib mesylate*) 2 X 4 CAP THPK	TIER 4	PA, SP, QLC (60 caps/month), OAC
LORBRENA (*lorlatinib*) 100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
LORBRENA (*lorlatinib*) 25 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
LYNPARZA (*olaparib*) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
LYNPARZA (*olaparib*) 50 MG CAP	TIER 4	PA, SP, QLC (16 caps/day), SF, OAC
MEKINIST (*trametinib dimethyl sulfoxide*) 0.5 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
MEKINIST (*trametinib dimethyl sulfoxide*) 2 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
MEKTOVI (*binimetinib*) 15 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), OAC
NERLYNX (*neratinib maleate*) 40 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), SF, OAC
NEXAVAR (*sorafenib tosylate*) 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
ODOMZO (*sonidegib phosphate*) 200 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), OAC
PEMAZYRE (*pemigatinib*) 4.5 MG TAB, 9 MG TAB, 13.5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day; max 14 tabs/21 days), OAC
PIQRAY (200 MG DAILY DOSE) (*alpelisib*) (TAB THPK	TIER 4	PA, SP, QLC (1 tab/day), OAC
PIQRAY (250 MG DAILY DOSE) (*alpelisib*) 200 & TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day), OAC
PIQRAY (300 MG DAILY DOSE) (*alpelisib*) 2 X 150 TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day), OAC
RUBRACA (*rucaparib camsylate*) 200 MG TAB, 250 MG TAB, 300 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
RYDAPT (*midostaurin*) 25 MG CAP	TIER 4	PA, SP, QLC (56 caps/21 days [#56 package size] or 224 caps/28 days), OAC
SCEMBLIX (*asciminib hcl*) 20 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
SCEMBLIX (*asciminib hcl*) 40 MG TAB	TIER 4	PA, SP, QLC (10 tabs/day), OAC
SPRYCEL (*dasatinib*) 100 MG TAB, 140 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
SPRYCEL (*dasatinib*) 20 MG TAB, 50 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SPRYCEL (*dasatinib*) 70 MG TAB, 80 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), SF, OAC
STIVARGA (*regorafenib*) 40 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
sunitinib malate cap 12.5 mg (base equivalent)	TIER 4	PA, SP, QLC (3 caps/day), OAC
sunitinib malate cap 25 mg (base equivalent)	TIER 4	PA, SP, QLC (1 cap/day), OAC
sunitinib malate cap 37.5 mg (base equivalent)	TIER 4	PA, SP, QLC (1 cap/day), OAC
sunitinib malate cap 50 mg (base equivalent)	TIER 4	PA, SP, QLC (1 cap/day), OAC
SUTENT (*sunitinib malate*) 12.5 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), SF, OAC
SUTENT (*sunitinib malate*) 25 MG CAP, 37.5 MG CAP, 50 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF, OAC
TAFINLAR (*dabrafenib mesylate*) 50 MG CAP, 75 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
TAGRISSO (*osimertinib mesylate*) 40 MG TAB, 80 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
TALZENNA (*talazoparib tosylate*) 0.25 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), SF, OAC
TALZENNA (*talazoparib tosylate*) 1 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF, OAC
TARCEVA (*erlotinib hcl*) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
TARCEVA (*erlotinib hcl*) 25 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC
TASIGNA (*nilotinib hcl*) 50 MG CAP, 150 MG CAP, 200 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), SF, OAC
TEPMETKO (*tepotinib hcl*) 225 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
TIBSOVO (*ivosidenib*) 250 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
TRUSELTIQ (100MG DAILY DOSE) (*infigratinib phosphate*) (CAP THPK	TIER 4	PA, SP, QLC (21 caps/28 days), OAC
TRUSELTIQ (125MG DAILY DOSE) (*infigratinib phosphate*) (1100 & CAP THPK	TIER 4	PA, SP, QLC (42 caps/28 days), OAC
TRUSELTIQ (50MG DAILY DOSE) (*infigratinib phosphate*) 25 CAP THPK	TIER 4	PA, SP, QLC (42 caps/28 days), OAC
TRUSELTIQ (75MG DAILY DOSE) (*infigratinib phosphate*) (7525 CAP THPK	TIER 4	PA, SP, QLC (63 caps/28 days), OAC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TUKYSA (*tucatinib*) 50 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
TURALIO (*pexidartinib hcl*) 200 MG CAP	TIER 4	PA, SP, QLC (4 caps/day), OAC
TYKERB (*lapatinib ditosylate*) 250 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), OAC
UKONIQ (*umbralisib tosylate*) 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), OAC
VENCLEXTA (*venetoclax*) 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
VENCLEXTA (*venetoclax*) 100 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day), OAC
VENCLEXTA (*venetoclax*) 50 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
VENCLEXTA STARTING PACK (*venetoclax*) 10 & 50 & 100 MG TAB THPK	TIER 4	PA, SP, QLC (1 starter pack/year), OAC
VERZENIO (*abemaciclib*) 50 MG TAB, 100 MG TAB, 150 MG TAB, 200 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
VITRAKVI (*larotrectinib sulfate*) 100 MG CAP	TIER 4	PA, SP, QLC (2 caps/day), SF, OAC
VITRAKVI (*larotrectinib sulfate*) 20 MG/ML SOLUTION	TIER 4	PA, SP, QLC (10 ml/day), SF, OAC
VITRAKVI (*larotrectinib sulfate*) 25 MG CAP	TIER 4	PA, SP, QLC (6 caps/day), SF, OAC
VIZIMPRO (*dacomitinib*) 15 MG TAB, 30 MG TAB, 45 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF, OAC
VOTRIENT (*pazopanib hcl*) 200 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day), SF, OAC
XALKORI (*crizotinib*) 200 MG CAP, 250 MG CAP	TIER 4	PA, SP, QLC (2 caps/day), SF, OAC
XOSPATA (*gilteritinib fumarate*) 40 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), OAC
ZEJULA (*niraparib tosylate*) 100 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), OAC
ZELBORAF (*vemurafenib*) 240 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day), OAC
ZYDELIG (*idelalisib*) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day), OAC
ZYKADIA (*ceritinib*) 150 MG CAP	TIER 4	PA, SP, QLC (3 caps/day), SF, OAC
ZYKADIA (*ceritinib*) 150 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day), SF, OAC

RETINOIDS

bexarotene cap 75 mg	TIER 4	PA, SP, QLC (8 caps/day), SF, OAC
PANRETIN (*alitretinoin*) 0.1 % GEL	TIER 3	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TARGRETIN (*bexarotene (topical)*) 1 % GEL	TIER 4	PA, SP, QLC (1 tube/month), SF
TARGRETIN (*bexarotene*) 75 MG CAP	TIER 4	PA, SP, QLC (8 caps/day), SF, OAC
tretinoin cap 10 mg	TIER 1	QLC (9 caps/day), OAC

TREATMENT ADJUNCTS (Supportive Treatment Drugs for Cancer)

MESNEX (*mesna*) 400 MG TAB	TIER 2	OAC

ANTIPARASITICS (Drugs for Parasitic Infections)

ANTHELMINTHICS (Drugs for Worm Infection)

albendazole tab 200 mg	TIER 1	QLC (4 tabs/day)
ALBENZA (*albendazole*) 200 MG TAB	TIER 3	QLC (4 tabs/day)
BILTRICIDE (*praziquantel*) 600 MG TAB	TIER 3	
EMVERM (*mebendazole*) 100 MG CHEW TAB	TIER 3	PA, QLC (2 tabs/month)
ivermectin tab 3 mg	TIER 1	QLC (8 tabs/fill; max 2 fills/365 days)
praziquantel tab 600 mg	TIER 1	
STROMECTOL (*ivermectin*) 3 MG TAB	TIER 3	QLC (8 tabs/fill; max 2 fills/365 days)

ANTIPROTOZOALS (Drugs for Protozoal Infection)

ALINIA (*nitazoxanide*) 100 MG/5ML RECON SUSP	TIER 3	PA, QLC (1 bottle/fill)
ALINIA (*nitazoxanide*) 500 MG TAB	TIER 3	PA, QLC (6 tabs/fill)
ARAKODA (*tafenoquine succinate*) 100 MG TAB	TIER 3	PA, QLC (12 tabs/28 days)
atovaquone susp 750 mg/5ml	TIER 1	PA
atovaquone-proguanil hcl tab 250-100 mg	TIER 1	QLC (1 tab/day)
atovaquone-proguanil hcl tab 62.5-25 mg	TIER 1	QLC (3 tabs/day)
BENZNIDAZOLE 100 MG TAB	TIER 3	QLC (4 tabs/day; not to exceed 240 tabs/year)
BENZNIDAZOLE 12.5 MG TAB	TIER 3	QLC (12 tabs/day; not to exceed 720 tabs/year)
CHLOROQUINE PHOSPHATE 500 MG TAB	TIER 1	QLC (25 tabs/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
chloroquine phosphate tab 250 mg	TIER 1	QLC (25 tabs/30 days)
chloroquine phosphate tab 500 mg	TIER 1	QLC (25 tabs/30 days)
COARTEM (*artemether-lumefantrine*) 20-120 MG TAB	TIER 2	QLC (24 tabs/fill)
DARAPRIM (*pyrimethamine*) 25 MG TAB	TIER 4	PA, SP
HYDROXYCHLOROQUINE SULFATE 100 MG TAB, 300 MG TAB	TIER 1	QLC (2 tabs/day)
HYDROXYCHLOROQUINE SULFATE 400 MG TAB	TIER 1	QLC (1 tab/day)
hydroxychloroquine sulfate tab 200 mg	TIER 1	QLC (3 tabs/day)
IMPAVIDO (*miltefosine*) 50 MG CAP	TIER 4	PA, SP, QLC (84 tabs/28 days)
KRINTAFEL (*tafenoquine succinate*) 150 MG TAB	TIER 3	QLC (2 tabs/28 days)
LAMPIT (*nifurtimox*) 120 MG TAB	TIER 3	QLC (7 & 1/2 tabs/day; max 450 tabs/365 days)
LAMPIT (*nifurtimox*) 30 MG TAB	TIER 3	QLC (9 tabs/day; max 540 tabs/365 days)
MALARONE (*atovaquone-proguanil hcl*) 250-100 MG TAB	TIER 3	QLC (1 tab/day)
MALARONE (*atovaquone-proguanil hcl*) 62.5-25 MG TAB	TIER 3	QLC (3 tabs/day)
mefloquine hcl tab 250 mg	TIER 1	QLC (5 tabs/fill)
MEPRON (*atovaquone*) 750 MG/5ML SUSPENSION	TIER 3	PA
nitazoxanide tab 500 mg	TIER 1	PA, QLC (6 tabs/fill)
PLAQUENIL (*hydroxychloroquine sulfate*) 200 MG TAB	TIER 3	QLC (3 tabs/day)
PRIMAQUINE PHOSPHATE 26.3 (15 BASE) MG TAB	TIER 1	
primaquine phosphate tab 26.3 mg (15 mg base)	TIER 1	
pyrimethamine tab 25 mg	TIER 4	PA, SP
QUALAQUIN (*quinine sulfate*) 324 MG CAP	TIER 3	QLC (6 caps/day)
quinine sulfate cap 324 mg	TIER 1	QLC (6 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS

ANTIPARKINSON AGENTS (Drugs for Parkinson's Disease)

ANTICHOLINERGICS

benztropine mesylate tab 0.5 mg	TIER 1	
benztropine mesylate tab 1 mg	TIER 1	
benztropine mesylate tab 2 mg	TIER 1	
trihexyphenidyl hcl oral soln 0.4 mg/ml	TIER 1	
trihexyphenidyl hcl tab 2 mg	TIER 1	
trihexyphenidyl hcl tab 5 mg	TIER 1	

ANTIPARKINSON AGENTS, OTHER

amantadine hcl cap 100 mg	TIER 1	
amantadine hcl soln 50 mg/5ml	TIER 1	
amantadine hcl syrup 50 mg/5ml	TIER 1	
amantadine hcl tab 100 mg	TIER 1	
CARBIDOPA-LEVODOPA-ENTACAPONE --12.5-50-200 MG TAB, --18.75-75-200 MG TAB, --25-100-200 MG TAB, --31.25-125-200 MG TAB, --37.5-150-200 MG TAB, --50-200-200 MG TAB	TIER 1	
COMTAN (*entacapone*) 200 MG TAB	TIER 3	QLC (8 tabs/day)
entacapone tab 200 mg	TIER 1	QLC (8 tabs/day)
GOCOVRI (*amantadine hcl*) 137 MG CAP ER 24H	TIER 4	PA, QLC (2 caps/day)
GOCOVRI (*amantadine hcl*) 68.5 MG CAP ER 24H	TIER 4	PA, QLC (1 cap/day)
NOURIANZ (*istradefylline*) 20 MG TAB, 40 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ONGENTYS (*opicapone*) 25 MG CAP, 50 MG CAP	TIER 3	ST, QLC (1 cap/day)
OSMOLEX ER (*amantadine hcl*) 129 MG TAB 24H	TIER 3	PA, QLC (2 tabs/day)
OSMOLEX ER (*amantadine hcl*) ER 193 MG TAB ER 24H, ER 258 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
STALEVO 100 (*carbidopa-levodopa-entacapone*) 25--200 MG TAB	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STALEVO 125 (*carbidopa-levodopa-entacapone*) 31.25--200 MG TAB	TIER 3	
STALEVO 150 (*carbidopa-levodopa-entacapone*) 37.5--200 MG TAB	TIER 3	
STALEVO 200 (*carbidopa-levodopa-entacapone*) 50--MG TAB	TIER 3	
STALEVO 50 (*carbidopa-levodopa-entacapone*) 12.5--200 MG TAB	TIER 3	
STALEVO 75 (*carbidopa-levodopa-entacapone*) 18.--200 MG TAB	TIER 3	
TASMAR (*tolcapone*) 100 MG TAB	TIER 3	ST, QLC (6 tabs/day)
tolcapone tab 100 mg	TIER 1	ST, QLC (6 tabs/day)

DOPAMINE AGONISTS

APOKYN (*apomorphine hydrochloride*) 30 MG/3ML SOLN CART	TIER 4	PA, SP
bromocriptine mesylate cap 5 mg (base equivalent)	TIER 1	
bromocriptine mesylate tab 2.5 mg (base equivalent)	TIER 1	
KYNMOBI (*apomorphine hydrochloride*) 10 MG FILM, 15 MG FILM, 20 MG FILM, 25 MG FILM, 30 MG FILM	TIER 3	PA, QLC (5 films/day)
MIRAPEX (*pramipexole dihydrochloride*) 0.125 MG TAB, 0.25 MG TAB, 0.5 MG TAB, 0.75 MG TAB, 1 MG TAB, 1.5 MG TAB	TIER 3	
MIRAPEX ER (*pramipexole dihydrochloride*) ER 0.375 MG TAB ER 24H, ER 0.75 MG TAB ER 24H, ER 1.5 MG TAB ER 24H, ER 2.25 MG TAB ER 24H, ER 3 MG TAB ER 24H, ER 3.75 MG TAB ER 24H, ER 4.5 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
NEUPRO (*rotigotine*) 1 MG/24HR PATCH 24HR, 2 MG/24HR PATCH 24HR, 3 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR, 6 MG/24HR PATCH 24HR, 8 MG/24HR PATCH 24HR	TIER 3	QLC (1 patch/day)
PARLODEL (*bromocriptine mesylate*) 2.5 MG TAB, 5 MG CAP	TIER 3	
pramipexole dihydrochloride tab 0.125 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
pramipexole dihydrochloride tab 0.25 mg	TIER 1	
pramipexole dihydrochloride tab 0.5 mg	TIER 1	
pramipexole dihydrochloride tab 0.75 mg	TIER 1	
pramipexole dihydrochloride tab 1 mg	TIER 1	
pramipexole dihydrochloride tab 1.5 mg	TIER 1	
pramipexole dihydrochloride tab er 24hr 0.375 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
pramipexole dihydrochloride tab er 24hr 0.75 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
pramipexole dihydrochloride tab er 24hr 1.5 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
pramipexole dihydrochloride tab er 24hr 2.25 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
pramipexole dihydrochloride tab er 24hr 3 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
pramipexole dihydrochloride tab er 24hr 3.75 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
pramipexole dihydrochloride tab er 24hr 4.5 mg (PRAMIPEXOLE DIHYDROCHLORIDE ER)	TIER 1	QLC (1 tab/day)
REQUIP (*ropinirole hydrochloride*) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB, 5 MG TAB	TIER 3	
REQUIP XL (*ropinirole hydrochloride*) 12 MG TAB ER 24H	TIER 3	QLC (2 tabs/day)
REQUIP XL (*ropinirole hydrochloride*) 2 MG TAB ER 24H, 4 MG TAB ER 24H, 6 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
REQUIP XL (*ropinirole hydrochloride*) 8 MG TAB ER 24H	TIER 3	QLC (3 tabs/day)
ropinirole hydrochloride tab 0.25 mg (ROPINIROLE HCL)	TIER 1	
ropinirole hydrochloride tab 0.5 mg (ROPINIROLE HCL)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ropinirole hydrochloride tab 1 mg (ROPINIROLE HCL)	TIER 1	
ropinirole hydrochloride tab 2 mg (ROPINIROLE HCL)	TIER 1	
ropinirole hydrochloride tab 3 mg (ROPINIROLE HCL)	TIER 1	
ropinirole hydrochloride tab 4 mg (ROPINIROLE HCL)	TIER 1	
ropinirole hydrochloride tab 5 mg (ROPINIROLE HCL)	TIER 1	
ropinirole hydrochloride tab er 24hr 12 mg (base equivalent) (ROPINIROLE HCL ER)	TIER 1	QLC (2 tabs/day)
ropinirole hydrochloride tab er 24hr 2 mg (base equivalent) (ROPINIROLE HCL ER) *4hr*	TIER 1	QLC (1 tab/day)
ropinirole hydrochloride tab er 24hr 4 mg (base equivalent) (ROPINIROLE HCL ER) *2hr*	TIER 1	QLC (1 tab/day)
ropinirole hydrochloride tab er 24hr 6 mg (base equivalent) (ROPINIROLE HCL ER)	TIER 1	QLC (1 tab/day)
ropinirole hydrochloride tab er 24hr 8 mg (base equivalent) (ROPINIROLE HCL ER)	TIER 1	QLC (3 tabs/day)

DOPAMINE PRECURSORS AND/OR L-AMINO ACID DECARBOXYLASE INHIBITORS

carbidopa & levodopa orally disintegrating tab 10-100 mg (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
carbidopa & levodopa orally disintegrating tab 25-100 mg (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
carbidopa & levodopa orally disintegrating tab 25-250 mg (CARBIDOPA-LEVODOPA)	TIER 1	QLC (8 tabs/day)
carbidopa & levodopa tab 10-100 mg (CARBIDOPA-LEVODOPA)	TIER 1	
carbidopa & levodopa tab 25-100 mg (CARBIDOPA-LEVODOPA)	TIER 1	
carbidopa & levodopa tab 25-250 mg (CARBIDOPA-LEVODOPA)	TIER 1	
carbidopa & levodopa tab er 25-100 mg (CARBIDOPA-LEVODOPA ER)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
carbidopa & levodopa tab er 50-200 mg (CARBIDOPA-LEVODOPA ER)	TIER 1	
carbidopa tab 25 mg	TIER 1	
CARBIDOPA-LEVODOPA -10-100 MG TAB DISP, -25-100 MG TAB DISP, -25-250 MG TAB DISP	TIER 1	QLC (8 tabs/day)
INBRIJA (*levodopa*) 42 MG CAP	TIER 4	PA, SP, QLC (10 caps/day)
LODOSYN (*carbidopa*) 25 MG TAB	TIER 3	
RYTARY (*carbidopa-levodopa*) 23.75-95 MG CAP ER	TIER 3	ST, QLC (25 caps/day)
RYTARY (*carbidopa-levodopa*) 36.25-145 MG CAP ER	TIER 3	ST, QLC (16 caps/day)
RYTARY (*carbidopa-levodopa*) 48.75-195 MG CAP ER	TIER 3	ST, QLC (12 caps/day)
RYTARY (*carbidopa-levodopa*) 61.25-245 MG CAP ER	TIER 3	ST, QLC (10 caps/day)
SINEMET (*carbidopa-levodopa*) 10-100 MG TAB, 25-100 MG TAB, 25-250 MG TAB	TIER 3	
SINEMET CR (*carbidopa-levodopa*) 25-100 MG TAB ER, 50-200 MG TAB ER	TIER 3	

MONOAMINE OXIDASE B (MAO-B) INHIBITORS

AZILECT (*rasagiline mesylate*) 0.5 MG TAB, 1 MG TAB	TIER 3	QLC (1 tab/day)
ELDEPRYL (*selegiline hcl*) 5 MG CAP	TIER 3	
rasagiline mesylate tab 0.5 mg (base equiv)	TIER 1	QLC (1 tab/day)
rasagiline mesylate tab 1 mg (base equiv)	TIER 1	QLC (1 tab/day)
SELEGILINE HCL 5 MG TAB	TIER 1	
selegiline hcl cap 5 mg	TIER 1	
selegiline hcl tab 5 mg	TIER 1	
XADAGO (*safinamide mesylate*) 50 MG TAB, 100 MG TAB	TIER 3	ST, QLC (1 tab/day)
ZELAPAR (*selegiline hcl*) 1.25 MG TAB DISP	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS

ANTIPSYCHOTICS (Drugs for Mental Health)

1ST GENERATION/TYPICAL

CHLORPROMAZINE HCL 30 MG/ML CONC, 100 MG/ML CONC	TIER 1	PA
chlorpromazine hcl tab 10 mg	TIER 1	
chlorpromazine hcl tab 100 mg	TIER 1	
chlorpromazine hcl tab 200 mg	TIER 1	
chlorpromazine hcl tab 25 mg	TIER 1	
chlorpromazine hcl tab 50 mg	TIER 1	
FLUPHENAZINE HCL 2.5 MG/5ML ELIXIR, 5 MG/ML CONC	TIER 1	
fluphenazine hcl tab 1 mg	TIER 1	
fluphenazine hcl tab 10 mg	TIER 1	
fluphenazine hcl tab 2.5 mg	TIER 1	
fluphenazine hcl tab 5 mg	TIER 1	
haloperidol lactate oral conc 2 mg/ml	TIER 1	
haloperidol tab 0.5 mg	TIER 1	
haloperidol tab 1 mg	TIER 1	
haloperidol tab 10 mg	TIER 1	
haloperidol tab 2 mg	TIER 1	
haloperidol tab 20 mg	TIER 1	
haloperidol tab 5 mg	TIER 1	
loxapine succinate cap 10 mg	TIER 1	
loxapine succinate cap 25 mg	TIER 1	
loxapine succinate cap 5 mg	TIER 1	
loxapine succinate cap 50 mg	TIER 1	
MOLINDONE HCL 10 MG TAB	TIER 1	QLC (8 tabs/day)
MOLINDONE HCL 25 MG TAB	TIER 1	QLC (9 tabs/day)
MOLINDONE HCL 5 MG TAB	TIER 1	QLC (12 tabs/day)
ORAP (*pimozide*) 1 MG TAB, 2 MG TAB	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PIMOZIDE 1 MG TAB, 2 MG TAB	TIER 1	
thioridazine hcl tab 10 mg	TIER 1	
thioridazine hcl tab 100 mg	TIER 1	
thioridazine hcl tab 25 mg	TIER 1	
thioridazine hcl tab 50 mg	TIER 1	
thiothixene cap 1 mg	TIER 1	
thiothixene cap 10 mg	TIER 1	
thiothixene cap 2 mg	TIER 1	
thiothixene cap 5 mg	TIER 1	
trifluoperazine hcl tab 1 mg (base equivalent)	TIER 1	
trifluoperazine hcl tab 10 mg (base equivalent)	TIER 1	
trifluoperazine hcl tab 2 mg (base equivalent)	TIER 1	
trifluoperazine hcl tab 5 mg (base equivalent)	TIER 1	

2ND GENERATION/ATYPICAL

ABILIFY (*aripiprazole*) 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB	TIER 3	QLC (1 tab/day)
ABILIFY (*aripiprazole*) 2 MG TAB	TIER 3	QLC (4 tabs/day)
ABILIFY (*aripiprazole*) 5 MG TAB	TIER 3	QLC (2 tabs/day)
ABILIFY MYCITE (*aripiprazole*) 2 MG TAB	TIER 4	PA, QLC (1 tab/day)
ABILIFY MYCITE (*aripiprazole*) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB, 30 MG TAB	TIER 4	PA, QLC (1 tab/day)
ABILIFY MYCITE MAINTENANCE KIT (*aripiprazole*) KIT 2 MG TAB, KIT 5 MG TAB, KIT 10 MG TAB, KIT 15 MG TAB, KIT 20 MG TAB, KIT 30 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ABILIFY MYCITE STARTER KIT (*aripiprazole*) KIT 2 MG TAB, KIT 5 MG TAB, KIT 10 MG TAB, KIT 15 MG TAB, KIT 20 MG TAB, KIT 30 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
aripiprazole oral solution 1 mg/ml	TIER 1	QLC (25 ml/day)
aripiprazole orally disintegrating tab 10 mg	TIER 1	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
aripiprazole orally disintegrating tab 15 mg	TIER 1	QLC (2 tabs/day)
aripiprazole tab 10 mg	TIER 1	QLC (1 tab/day)
aripiprazole tab 15 mg	TIER 1	QLC (1 tab/day)
aripiprazole tab 2 mg	TIER 1	QLC (4 tabs/day)
aripiprazole tab 20 mg	TIER 1	QLC (1 tab/day)
aripiprazole tab 30 mg	TIER 1	QLC (1 tab/day)
aripiprazole tab 5 mg	TIER 1	QLC (2 tabs/day)
asenapine maleate sl tab 10 mg (base equiv)	TIER 1	QLC (2 tabs/day)
asenapine maleate sl tab 2.5 mg (base equiv)	TIER 1	QLC (2 tabs/day)
asenapine maleate sl tab 5 mg (base equiv)	TIER 1	QLC (2 tabs/day)
CAPLYTA (*lumateperone tosylate*) LYTA 42 MG	TIER 3	PA, QLC (1 cap/day)
FANAPT (*iloperidone*) 1 MG TAB, 2 MG TAB, 4 MG TAB, 6 MG TAB, 8 MG TAB, 10 MG TAB, 12 MG TAB	TIER 3	QLC (2 tabs/day)
FANAPT TITRATION PACK (*iloperidone*) 1 & 2 & 4 & 6 MG TAB	TIER 3	QLC (1 pack/month)
GEODON (*ziprasidone hcl*) 20 MG CAP, 40 MG CAP, 60 MG CAP, 80 MG CAP	TIER 3	
INVEGA (*paliperidone*) 1.5 MG TAB ER 24H, 3 MG TAB ER 24H, 9 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
INVEGA (*paliperidone*) 6 MG TAB 24H	TIER 3	PA, QLC (2 tabs/day)
LATUDA (*lurasidone hcl*) 20 MG TAB, 40 MG TAB, 60 MG TAB, 120 MG TAB	TIER 3	ST, QLC (1 tab/day)
LATUDA (*lurasidone hcl*) 80 MG TAB	TIER 3	ST, QLC (2 tabs/day)
NUPLAZID (*pimavanserin tartrate*) 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF
NUPLAZID (*pimavanserin tartrate*) 17 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF
NUPLAZID (*pimavanserin tartrate*) 34 MG CAP	TIER 4	PA, SP, QLC (1 cap/day), SF
olanzapine orally disintegrating tab 10 mg	TIER 1	
olanzapine orally disintegrating tab 15 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
olanzapine orally disintegrating tab 20 mg	TIER 1	
olanzapine orally disintegrating tab 5 mg	TIER 1	
olanzapine tab 10 mg	TIER 1	
olanzapine tab 15 mg	TIER 1	
olanzapine tab 2.5 mg	TIER 1	
olanzapine tab 20 mg	TIER 1	
olanzapine tab 5 mg	TIER 1	
olanzapine tab 7.5 mg	TIER 1	
paliperidone tab er 24hr 1.5 mg (PALIPERIDONE ER)	TIER 1	PA, QLC (1 tab/day)
paliperidone tab er 24hr 3 mg (PALIPERIDONE ER)	TIER 1	PA, QLC (1 tab/day)
paliperidone tab er 24hr 6 mg (PALIPERIDONE ER)	TIER 1	PA, QLC (2 tabs/day)
paliperidone tab er 24hr 9 mg (PALIPERIDONE ER)	TIER 1	PA, QLC (1 tab/day)
quetiapine fumarate tab 100 mg	TIER 1	
quetiapine fumarate tab 200 mg	TIER 1	
quetiapine fumarate tab 25 mg	TIER 1	
quetiapine fumarate tab 300 mg	TIER 1	
quetiapine fumarate tab 400 mg	TIER 1	
quetiapine fumarate tab 50 mg	TIER 1	
quetiapine fumarate tab er 24hr 150 mg (QUETIAPINE FUMARATE ER)	TIER 1	ST
quetiapine fumarate tab er 24hr 200 mg (QUETIAPINE FUMARATE ER)	TIER 1	ST
quetiapine fumarate tab er 24hr 300 mg (QUETIAPINE FUMARATE ER)	TIER 1	ST
quetiapine fumarate tab er 24hr 400 mg (QUETIAPINE FUMARATE ER)	TIER 1	ST
quetiapine fumarate tab er 24hr 50 mg (QUETIAPINE FUMARATE ER)	TIER 1	ST
REXULTI (*brexpiprazole*) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 2 MG TAB, 3 MG TAB, 4 MG TAB	TIER 4	PA, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RISPERDAL (*risperidone*) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB, 3 MG TAB, 4 MG TAB	TIER 3	
RISPERDAL M-TAB (*risperidone*) -TAB 0.5 G TAB DISP, -TAB 1 G TAB DISP, -TAB 3 G TAB DISP, -TAB 4 G TAB DISP	TIER 3	
RISPERIDONE 0.25 MG TAB DISP	TIER 1	
risperidone orally disintegrating tab 0.5 mg	TIER 1	
risperidone orally disintegrating tab 0.5 mg (RISPERIDONE M-TAB)	TIER 1	
risperidone orally disintegrating tab 1 mg	TIER 1	
risperidone orally disintegrating tab 1 mg (RISPERIDONE M-TAB)	TIER 1	
risperidone orally disintegrating tab 2 mg	TIER 1	
risperidone orally disintegrating tab 2 mg (RISPERIDONE M-TAB)	TIER 1	
risperidone orally disintegrating tab 3 mg	TIER 1	
risperidone orally disintegrating tab 3 mg (RISPERIDONE M-TAB)	TIER 1	
risperidone orally disintegrating tab 4 mg	TIER 1	
risperidone orally disintegrating tab 4 mg (RISPERIDONE M-TAB)	TIER 1	
risperidone soln 1 mg/ml	TIER 1	
risperidone tab 0.25 mg	TIER 1	
risperidone tab 0.5 mg	TIER 1	
risperidone tab 1 mg	TIER 1	
risperidone tab 2 mg	TIER 1	
risperidone tab 3 mg	TIER 1	
risperidone tab 4 mg	TIER 1	
SAPHRIS (*asenapine maleate*) 2.5 MG SL TAB, 5 MG SL TAB, 10 MG SL TAB	TIER 3	QLC (2 tabs/day)
SECUADO (*asenapine*) 3.8 MG/24HR PATCH 24HR, 5.7 MG/24HR PATCH 24HR, 7.6 MG/24HR PATCH 24HR	TIER 3	PA, QLC (1 patch/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SEROQUEL (*quetiapine fumarate*) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB, 300 MG TAB, 400 MG TAB	TIER 3	
SEROQUEL XR (*quetiapine fumarate*) 50 MG TAB ER 24H, 150 MG TAB ER 24H, 200 MG TAB ER 24H, 300 MG TAB ER 24H, 400 MG TAB ER 24H	TIER 3	ST
VRAYLAR (*cariprazine hcl*) 1.5 & 3 MG CAP THPK	TIER 3	PA, QLC (1 pack/month)
VRAYLAR (*cariprazine hcl*) 1.5 MG CAP, 3 MG CAP, 4.5 MG CAP, 6 MG CAP	TIER 3	PA, QLC (1 cap/day)
ziprasidone hcl cap 20 mg	TIER 1	
ziprasidone hcl cap 40 mg	TIER 1	
ziprasidone hcl cap 60 mg	TIER 1	
ziprasidone hcl cap 80 mg	TIER 1	
ZYPREXA (*olanzapine*) 2.5 MG TAB, 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	TIER 3	
ZYPREXA ZYDIS (*olanzapine*) 5 MG TAB DISP, 10 MG TAB DISP, 15 MG TAB DISP, 20 MG TAB DISP	TIER 3	

TREATMENT-RESISTANT

CLOZAPINE 12.5 MG TAB DISP, 150 MG TAB DISP, 200 MG TAB DISP	TIER 1	
clozapine orally disintegrating tab 100 mg	TIER 1	
clozapine orally disintegrating tab 25 mg	TIER 1	
clozapine tab 100 mg	TIER 1	
clozapine tab 200 mg	TIER 1	
clozapine tab 25 mg	TIER 1	
clozapine tab 50 mg	TIER 1	
CLOZARIL (*clozapine*) 25 MG TAB, 50 MG TAB, 100 MG TAB, 200 MG TAB	TIER 3	
FAZACLO (*clozapine*) 12.5 MG TAB DISP, 25 MG TAB DISP, 100 MG TAB DISP, 150 MG TAB DISP, 200 MG TAB DISP	TIER 3	
VERSACLOZ (*clozapine*) 50 MG/ML SUSPENSION	TIER 3	QLC (18 ml/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTISPASTICITY AGENTS (Drugs for Muscle Spasm)		
baclofen tab 10 mg	TIER 1	QLC (8 tabs/day)
baclofen tab 20 mg	TIER 1	QLC (4 tabs/day)
baclofen tab 5 mg	TIER 1	QLC (3 tabs/day)
DANTRIUM (*dantrolene sodium*) 25 MG CAP, 50 MG CAP	TIER 3	
dantrolene sodium cap 100 mg	TIER 1	
dantrolene sodium cap 25 mg	TIER 1	
dantrolene sodium cap 50 mg	TIER 1	
OZOBAX (*baclofen*) 1 MG/ML SOLUTION	TIER 3	PA, QLC (80 ml/day)
tizanidine hcl cap 2 mg (base equivalent)	TIER 1	
tizanidine hcl cap 4 mg (base equivalent)	TIER 1	
tizanidine hcl cap 6 mg (base equivalent)	TIER 1	
tizanidine hcl tab 2 mg (base equivalent)	TIER 1	
tizanidine hcl tab 4 mg (base equivalent)	TIER 1	
ZANAFLEX (*tizanidine hcl*) 2 MG CAP, 4 MG CAP, 4 MG TAB, 6 MG CAP	TIER 3	
ANTIVIRALS (Drugs for Viral Infections)		
ANTI-CYTOMEGALOVIRUS (CMV) AGENTS (Drugs for CMV Infection)		
PREVYMIS (*letermovir*) 240 MG TAB, 480 MG TAB	TIER 3	PA, QLC (1 tab/day)
VALCYTE (*valganciclovir hcl*) 450 MG TAB	TIER 3	QLC (2 tabs/day)
VALCYTE (*valganciclovir hcl*) 50 MG/ML RECON SOLN	TIER 3	QLC (18 ml/day)
valganciclovir hcl for soln 50 mg/ml (base equiv)	TIER 1	QLC (18 ml/day)
valganciclovir hcl tab 450 mg (base equivalent)	TIER 1	QLC (2 tabs/day)
ZIRGAN (*ganciclovir ophthalmic*) 0.15 % GEL	TIER 3	QLC (1 tube/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTI-HEPATITIS B (HBV) AGENTS (Drugs for Hepatitis B)		
adefovir dipivoxil tab 10 mg	TIER 1	QLC (1 tab/day)
BARACLUDE (*entecavir*) 0.05 MG/ML SOLUTION	TIER 2	QLC (3 bottles/month)
BARACLUDE (*entecavir*) 0.5 MG TAB, 1 MG TAB	TIER 3	QLC (1 tab/day)
entecavir tab 0.5 mg	TIER 1	QLC (1 tab/day)
entecavir tab 1 mg	TIER 1	QLC (1 tab/day)
EPIVIR HBV (*lamivudine (hbv)*) 100 MG TAB	TIER 3	QLC (1 tab/day)
EPIVIR HBV (*lamivudine (hbv)*) 5 MG/ML SOLUTION	TIER 2	QLC (3 bottles/month)
HEPSERA (*adefovir dipivoxil*) 10 MG TAB	TIER 3	QLC (1 tab/day)
lamivudine tab 100 mg (hbv)	TIER 1	QLC (1 tab/day)
VEMLIDY (*tenofovir alafenamide fumarate*) 25 MG TAB	TIER 3	PA, QLC (1 tab/day)
ANTI-HEPATITIS C (HCV) AGENTS (Drugs for Hepatitis C)		
COPEGUS (*ribavirin (hepatitis c)*) 200 MG TAB	TIER 3	SP
DAKLINZA (*daclatasvir dihydrochloride*) 30 MG TAB, 60 MG TAB, 90 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
EPCLUSA (*sofosbuvir-velpatasvir*) 150-37.5 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
EPCLUSA (*sofosbuvir-velpatasvir*) 200-50 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
EPCLUSA (*sofosbuvir-velpatasvir*) 200-50 MG TAB, 400-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
HARVONI (*ledipasvir-sofosbuvir*) 33.75-150 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
HARVONI (*ledipasvir-sofosbuvir*) 45-200 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
HARVONI (*ledipasvir-sofosbuvir*) 45-200 MG TAB, 90-400 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
LEDIPASVIR-SOFOSBUVIR -90-400 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
MAVYRET (*glecaprevir-pibrentasvir*) 100-40 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
MAVYRET (*glecaprevir-pibrentasvir*) 50-20 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MODERIBA (1000 MG PACK) (*ribavirin (hepatitis c)*) 400 & 600 TAB THPK	TIER 3	PA, SP
MODERIBA (1200 MG PACK) (*ribavirin (hepatitis c)*) 600 TAB THPK	TIER 3	PA, SP
MODERIBA (600 MG PACK) (*ribavirin (hepatitis c)*) 200 & 400 TAB THPK	TIER 3	PA, SP
MODERIBA (800 MG PACK) (*ribavirin (hepatitis c)*) 400 TAB THPK	TIER 3	PA, SP
OLYSIO (*simeprevir sodium*) 150 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
PEGINTRON (*peginterferon alfa-2b*) 50 MCG/0.5ML KIT	TIER 4	PA, SP
REBETOL (*ribavirin (hepatitis c)*) 200 MG CAP	TIER 3	SP
REBETOL (*ribavirin (hepatitis c)*) 40 MG/ML SOLUTION	TIER 3	PA, SP
RIBASPHERE (*ribavirin (hepatitis c)*) 400 MG TAB, 600 MG TAB	TIER 3	SP
RIBASPHERE RIBAPAK (1000 PACK) (*ribavirin (hepatitis c)*) 400 & 600 MG TAB THPK	TIER 3	PA, SP
RIBASPHERE RIBAPAK (1200 PACK) (*ribavirin (hepatitis c)*) 600 MG TAB THPK	TIER 3	PA, SP
RIBASPHERE RIBAPAK (600 PACK) (*ribavirin (hepatitis c)*) 200 & 400 MG TAB THPK	TIER 3	PA, SP
RIBASPHERE RIBAPAK (800 PACK) (*ribavirin (hepatitis c)*) 400 MG TAB THPK	TIER 3	PA, SP
ribavirin cap 200 mg	TIER 1	SP
ribavirin cap 200 mg (RIBASPHERE)	TIER 3	SP
ribavirin tab 200 mg	TIER 1	SP
ribavirin tab 200 mg (MODERIBA)	TIER 1	SP
ribavirin tab 200 mg (RIBASPHERE)	TIER 3	SP
SOFOSBUVIR-VELPATASVIR -400-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
SOVALDI (*sofosbuvir*) 150 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
SOVALDI (*sofosbuvir*) 200 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
SOVALDI (*sofosbuvir*) 200 MG TAB, 400 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TECHNIVIE (*ombitasvir-paritaprevir-ritonavir*) 12.5-75-50 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
VIEKIRA PAK (*ombitasvir-paritaprevir-ritonavir-dasabuvir*) 12.5-75-50 &250 MG TAB THPK	TIER 4	PA, SP, QLC (4 tabs/day)
VIEKIRA XR (*ombitasvir-paritaprevir-ritonavir-dasabuvir*) 200-8.33-50- 33.33 MG TAB ER 24H	TIER 4	PA, SP, QLC (3 tabs/day)
VOSEVI (*sofosbuvir-velpatasvir-voxilaprevir*) 400-100-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ZEPATIER (*elbasvir-grazoprevir*) 50-100 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)

ANTI-HIV AGENTS, INTEGRASE INHIBITORS (INSTI)

BIKTARVY (*bictegravir-emtricitabine-tenofovir alafenamide fumarate*) 50-200-25 MG	TIER 2	QLC (1 tab/day)
DOVATO (*dolutegravir sodium-lamivudine*) 50-300 MG TAB	TIER 3	QLC (1 tab/day)
GENVOYA (*elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide*) 150-150-200-10 MG	TIER 3	QLC (1 tab/day)
ISENTRESS (*raltegravir potassium*) 100 MG PACKET	TIER 2	QLC (2 packets/day)
ISENTRESS (*raltegravir potassium*) 25 MG CHEW TAB, 100 MG CHEW TAB	TIER 2	QLC (6 tabs/day)
ISENTRESS (*raltegravir potassium*) 400 MG TAB	TIER 2	QLC (4 tabs/day)
ISENTRESS HD (*raltegravir potassium*) 600 MG TAB	TIER 2	QLC (2 tabs/day)
JULUCA (*dolutegravir sodium-rilpivirine hcl*) 50-25 MG TAB	TIER 3	QLC (1 tab/day)
STRIBILD (*elvitegravir-cobicistat-emtricitabine-tenofovir df*) 150-150-200-300 MG	TIER 2	QLC (1 tab/day)
TIVICAY (*dolutegravir sodium*) 10 MG TAB, 25 MG TAB, 50 MG TAB	TIER 2	QLC (2 tabs/day)
TIVICAY PD (*dolutegravir sodium*) 5 MG TAB SOL	TIER 2	QLC (5 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTI-HIV AGENTS, NON-NUCLEOSIDE REVERSE TRANSCRIPTASE INHIBITORS (NNRTI)		
ATRIPLA (*efavirenz-emtricitabine-tenofovir disoproxil fumarate*) 600-200-300 MG	TIER 3	PA, QLC (1 tab/day)
COMPLERA (*emtricitabine-rilpivirine-tenofovir disoproxil fumarate*) 200-25-300 MG	TIER 2	QLC (1 tab/day)
DELSTRIGO (*doravirine-lamivudine-tenofovir disoproxil fumarate*) 100-300-300 MG TAB	TIER 3	QLC (1 tab/day)
EDURANT (*rilpivirine hcl*) 25 MG TAB	TIER 2	QLC (2 tabs/day)
efavirenz cap 200 mg	TIER 1	QLC (3 caps/day)
efavirenz cap 50 mg	TIER 1	QLC (6 caps/day)
efavirenz tab 600 mg	TIER 1	QLC (1 tab/day)
efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg (EFAVIRENZ-EMTRICITAB-TENOFOVIR)	TIER 1	PA, QLC (1 tab/day)
efavirenz-lamivudine-tenofovir df tab 400-300-300 mg	TIER 1	QLC (1 tab/day)
efavirenz-lamivudine-tenofovir df tab 600-300-300 mg	TIER 1	QLC (1 tab/day)
etravirine tab 100 mg	TIER 1	QLC (4 tabs/day)
etravirine tab 200 mg	TIER 1	QLC (2 tabs/day)
INTELENCE (*etravirine*) 100 MG TAB	TIER 3	QLC (4 tabs/day)
INTELENCE (*etravirine*) 200 MG TAB	TIER 3	QLC (2 tabs/day)
INTELENCE (*etravirine*) 25 MG TAB	TIER 2	QLC (12 tabs/day)
NEVIRAPINE 50 MG/5ML SUSPENSION	TIER 1	QLC (40 ml/day)
NEVIRAPINE ER 100 MG TAB 24H	TIER 1	QLC (3 tabs/day)
nevirapine tab 200 mg	TIER 1	QLC (2 tabs/day)
nevirapine tab er 24hr 100 mg (NEVIRAPINE ER)	TIER 1	QLC (3 tabs/day)
nevirapine tab er 24hr 400 mg (NEVIRAPINE ER)	TIER 1	QLC (1 tab/day)
ODEFSEY (*emtricitabine-rilpivirine-tenofovir alafenamide fumarate*) 200-25-25 MG	TIER 2	QLC (1 tab/day)
PIFELTRO (*doravirine*) 100 MG TAB	TIER 3	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RESCRIPTOR (*delavirdine mesylate*) 100 MG TAB	TIER 2	QLC (12 tabs/day)
RESCRIPTOR (*delavirdine mesylate*) 200 MG TAB	TIER 2	QLC (6 tabs/day)
SUSTIVA (*efavirenz*) 200 MG CAP	TIER 3	QLC (3 caps/day)
SUSTIVA (*efavirenz*) 50 MG CAP	TIER 3	QLC (6 caps/day)
SUSTIVA (*efavirenz*) 600 MG TAB	TIER 3	QLC (1 tab/day)
SYMFI (*efavirenz-lamivudine-tenofovir disoproxil fumarate*) 600-300-300 MG TAB	TIER 3	QLC (1 tab/day)
SYMFI LO (*efavirenz-lamivudine-tenofovir disoproxil fumarate*) 400-300-300 MG TAB	TIER 3	QLC (1 tab/day)
VIRAMUNE (*nevirapine*) 200 MG TAB	TIER 3	QLC (2 tabs/day)
VIRAMUNE (*nevirapine*) 50 MG/5ML SUSPENSION	TIER 3	QLC (40 ml/day)
VIRAMUNE XR (*nevirapine*) 100 MG TAB ER 24H	TIER 3	QLC (3 tabs/day)
VIRAMUNE XR (*nevirapine*) 400 MG TAB ER 24H	TIER 3	QLC (1 tab/day)

ANTI-HIV AGENTS, NUCLEOSIDE AND NUCLEOTIDE REVERSE TRANSCRIPTASE INHIBITORS (NRTI)

abacavir sulfate soln 20 mg/ml (base equiv)	TIER 1	QLC (30 ml/day)
abacavir sulfate tab 300 mg (base equiv)	TIER 1	QLC (2 tabs/day)
abacavir sulfate-lamivudine tab 600-300 mg	TIER 1	QLC (1 tab/day)
abacavir sulfate-lamivudine-zidovudine tab 300-150-300 mg (ABACAVIR-LAMIVUDINE-ZIDOVUDINE)	TIER 1	QLC (2 tabs/day)
CIMDUO (*lamivudine-tenofovir disoproxil fumarate*) 300-300 MG TAB	TIER 2	QLC (1 tab/day)
COMBIVIR (*lamivudine-zidovudine*) 150-300 MG TAB	TIER 3	QLC (2 tabs/day)
DESCOVY (*emtricitabine-tenofovir alafenamide fumarate*) 200-25 MG	TIER 2	PH (Preventive Health), QLC (1 tab/day; requires confirmation of pre-exposure prophylaxis use.)
DIDANOSINE 200 MG CAP DR, 250 MG CAP DR, 400 MG CAP DR	TIER 1	QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
didanosine delayed release capsule 200 mg	TIER 1	QLC (1 cap/day)
didanosine delayed release capsule 250 mg	TIER 1	QLC (1 cap/day)
didanosine delayed release capsule 400 mg	TIER 1	QLC (1 cap/day)
emtricitabine caps 200 mg	TIER 1	QLC (1 cap/day)
emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg (EMTRICITABINE-TENOFOVIR DF)	TIER 1	QLC (1 tab/day)
emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg (EMTRICITABINE-TENOFOVIR DF)	TIER 1	QLC (1 tab/day)
emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg (EMTRICITABINE-TENOFOVIR DF)	TIER 1	QLC (1 tab/day)
emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg (EMTRICITABINE-TENOFOVIR DF)	TIER 1	PH (Preventive Health), QLC (1 tab/day)
EMTRIVA (*emtricitabine*) 10 MG/ML SOLUTION	TIER 2	QLC (24 ml/day)
EMTRIVA (*emtricitabine*) 200 MG CAP	TIER 3	QLC (1 cap/day)
EPIVIR (*lamivudine*) 10 MG/ML SOLUTION	TIER 3	QLC (30 ml/day)
EPIVIR (*lamivudine*) 150 MG TAB	TIER 3	QLC (2 tabs/day)
EPIVIR (*lamivudine*) 300 MG TAB	TIER 3	QLC (1 tab/day)
EPZICOM (*abacavir sulfate-lamivudine*) 600-300 MG TAB	TIER 3	QLC (1 tab/day)
lamivudine oral soln 10 mg/ml	TIER 1	QLC (30 ml/day)
lamivudine tab 150 mg	TIER 1	QLC (2 tabs/day)
lamivudine tab 300 mg	TIER 1	QLC (1 tab/day)
lamivudine-zidovudine tab 150-300 mg	TIER 1	QLC (2 tabs/day)
RETROVIR (*zidovudine*) 100 MG CAP	TIER 3	QLC (5 caps/day)
RETROVIR (*zidovudine*) 50 MG/5ML SYRUP	TIER 3	QLC (60 ml/day)
STAVUDINE 15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP	TIER 1	QLC (2 caps/day)
stavudine cap 15 mg	TIER 1	QLC (2 caps/day)
stavudine cap 20 mg	TIER 1	QLC (2 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
stavudine cap 30 mg	TIER 1	QLC (2 caps/day)
stavudine cap 40 mg	TIER 1	QLC (2 caps/day)
TEMIXYS (*lamivudine-tenofovir disoproxil fumarate*) 300-300 MG TAB	TIER 2	QLC (1 tab/day)
tenofovir disoproxil fumarate tab 300 mg	TIER 1	QLC (1 tab/day)
TRIUMEQ (*abacavir-dolutegravir-lamivudine*) 600-50-300 MG TAB	TIER 3	QLC (1 tab/day)
TRIZIVIR (*abacavir sulfate-lamivudine-zidovudine*) 300-150-300 MG TAB	TIER 3	QLC (2 tabs/day)
TRUVADA (*emtricitabine-tenofovir disoproxil fumarate*) 100-150 MG TAB, 133-200 MG TAB, 167-250 MG TAB, 200-300 MG TAB	TIER 3	QLC (1 tab/day)
VIDEX (*didanosine*) 2 GM RECON SOLN, 4 GM RECON SOLN	TIER 2	
VIDEX EC (*didanosine*) EC 125 MG CAP DR, EC 200 MG CAP DR, EC 250 MG CAP DR, EC 400 MG CAP DR	TIER 3	QLC (1 cap/day)
VIREAD (*tenofovir disoproxil fumarate*) 150 MG TAB, 200 MG TAB, 250 MG TAB	TIER 2	QLC (1 tab/day)
VIREAD (*tenofovir disoproxil fumarate*) 300 MG TAB	TIER 3	QLC (1 tab/day)
VIREAD (*tenofovir disoproxil fumarate*) 40 MG/GM POWDER	TIER 2	QLC (3 bottles/month)
ZERIT (*stavudine*) 1 MG/ML RECON SOLN	TIER 3	QLC (80 ml/day)
ZERIT (*stavudine*) 15 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP	TIER 3	QLC (2 caps/day)
ZIAGEN (*abacavir sulfate*) 20 MG/ML SOLUTION	TIER 3	QLC (30 ml/day)
ZIAGEN (*abacavir sulfate*) 300 MG TAB	TIER 3	QLC (2 tabs/day)
zidovudine cap 100 mg	TIER 1	QLC (5 caps/day)
zidovudine syrup 10 mg/ml	TIER 1	QLC (60 ml/day)
zidovudine tab 300 mg	TIER 1	QLC (2 tabs/day)

ANTI-HIV AGENTS, OTHER

FUZEON (*enfuvirtide*) 90 MG RECON SOLN	TIER 4	SP, QLC (1 kit/month)
RUKOBIA (*fostemsavir tromethamine*) 600 MG TAB ER 12H	TIER 3	PA, QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SELZENTRY (*maraviroc*) 20 MG/ML SOLUTION	TIER 2	QLC (60 ml/day)
SELZENTRY (*maraviroc*) 25 MG TAB	TIER 2	QLC (8 tabs/day)
SELZENTRY (*maraviroc*) 300 MG TAB	TIER 2	QLC (4 tabs/day)
SELZENTRY (*maraviroc*) 75 MG TAB, 150 MG TAB	TIER 2	QLC (2 tabs/day)
TYBOST (*cobicistat*) 150 MG TAB	TIER 3	QLC (1 tab/day)

ANTI-HIV AGENTS, PROTEASE INHIBITORS (PI)

APTIVUS (*tipranavir*) 100 MG/ML SOLUTION	TIER 2	QLC (10 ml/day)
APTIVUS (*tipranavir*) 250 MG CAP	TIER 2	QLC (4 caps/day)
atazanavir sulfate cap 150 mg (base equiv)	TIER 1	QLC (2 caps/day)
atazanavir sulfate cap 200 mg (base equiv)	TIER 1	QLC (2 caps/day)
atazanavir sulfate cap 300 mg (base equiv)	TIER 1	QLC (1 cap/day)
CRIXIVAN (*indinavir sulfate*) 200 MG CAP	TIER 2	QLC (9 caps/day)
CRIXIVAN (*indinavir sulfate*) 400 MG CAP	TIER 2	QLC (6 caps/day)
EVOTAZ (*atazanavir sulfate-cobicistat*) 300-150 MG TAB	TIER 3	QLC (1 tab/day)
fosamprenavir calcium tab 700 mg (base equiv)	TIER 1	QLC (4 tabs/day)
INVIRASE (*saquinavir mesylate*) 200 MG CAP	TIER 2	QLC (4 caps/day)
INVIRASE (*saquinavir mesylate*) 500 MG TAB	TIER 2	QLC (4 tabs/day)
KALETRA (*lopinavir-ritonavir*) 100-25 MG TAB, 200-50 MG TAB	TIER 3	QLC (4 tabs/day)
KALETRA (*lopinavir-ritonavir*) 400-100 MG/5ML SOLUTION	TIER 3	QLC (10 ml/day)
LEXIVA (*fosamprenavir calcium*) 50 MG/ML SUSPENSION	TIER 2	QLC (56 ml/day)
LEXIVA (*fosamprenavir calcium*) 700 MG TAB	TIER 3	QLC (4 tabs/day)
lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)	TIER 1	QLC (10 ml/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lopinavir-ritonavir tab 100-25 mg	TIER 1	QLC (4 tabs/day)
lopinavir-ritonavir tab 200-50 mg	TIER 1	QLC (4 tabs/day)
NORVIR (*ritonavir*) 100 MG CAP	TIER 2	QLC (12 caps/day)
NORVIR (*ritonavir*) 100 MG PACKET	TIER 2	QLC (12 packets/day)
NORVIR (*ritonavir*) 100 MG TAB	TIER 3	QLC (12 tabs/day)
NORVIR (*ritonavir*) 80 MG/ML SOLUTION	TIER 2	QLC (15 ml/day)
PREZCOBIX (*darunavir-cobicistat*) 800-150 MG TAB	TIER 2	QLC (1 tab/day)
PREZISTA (*darunavir ethanolate*) 100 MG/ML SUSPENSION	TIER 2	QLC (12 ml/day)
PREZISTA (*darunavir ethanolate*) 150 MG TAB	TIER 2	QLC (4 tabs/day)
PREZISTA (*darunavir ethanolate*) 75 MG TAB, 600 MG TAB	TIER 2	QLC (2 tabs/day)
PREZISTA (*darunavir ethanolate*) 800 MG TAB	TIER 2	QLC (1 tab/day)
REYATAZ (*atazanavir sulfate*) 150 MG CAP, 200 MG CAP	TIER 3	QLC (2 caps/day)
REYATAZ (*atazanavir sulfate*) 300 MG CAP	TIER 3	QLC (1 cap/day)
REYATAZ (*atazanavir sulfate*) 50 MG PACKET	TIER 2	QLC (5 packs/day)
ritonavir tab 100 mg	TIER 1	QLC (12 tabs/day)
SYMTUZA (*darunavir-cobicistat-emtricitabine-tenofovir alafenamide*) 800-150-200-10 MG	TIER 3	QLC (1 tab/day)
VIRACEPT (*nelfinavir mesylate*) 250 MG TAB	TIER 2	QLC (9 tabs/day)
VIRACEPT (*nelfinavir mesylate*) 625 MG TAB	TIER 2	QLC (4 tabs/day)

ANTI-INFLUENZA AGENTS (Drugs for Flu)

FLUMADINE (*rimantadine hydrochloride*) 100 MG TAB	TIER 3	
oseltamivir phosphate cap 30 mg (base equiv)	TIER 1	QLC (40 caps/6 months)
oseltamivir phosphate cap 45 mg (base equiv)	TIER 1	QLC (20 caps/6 months)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
oseltamivir phosphate cap 75 mg (base equiv)	TIER 1	QLC (20 caps/6 months)
oseltamivir phosphate for susp 6 mg/ml (base equiv)	TIER 1	QLC (6 bottles/6 months)
RELENZA DISKHALER (*zanamivir*) 5 MG/BLISTER AER POW BA	TIER 2	QLC (2 inhalers/6 months)
RIMANTADINE HCL (*rimantadine hydrochloride*) 100 MG TAB	TIER 1	
TAMIFLU (*oseltamivir phosphate*) 30 MG CAP	TIER 3	QLC (40 caps/6 months)
TAMIFLU (*oseltamivir phosphate*) 45 MG CAP, 75 MG CAP	TIER 3	QLC (20 caps/6 months)
TAMIFLU (*oseltamivir phosphate*) 6 MG/ML RECON SUSP	TIER 3	QLC (6 bottles/6 months)
XENLETA (*lefamulin acetate*) 600 MG TAB	TIER 3	PA, QLC (10 tabs/month)
XOFLUZA (40 MG DOSE) (*baloxavir marboxil*) OFLUZA 1 TAB THPK	TIER 3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (40 MG DOSE) (*baloxavir marboxil*) OFLUZA 2 20 TAB THPK	TIER 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)
XOFLUZA (80 MG DOSE) (*baloxavir marboxil*) OFLUZA 1 TAB THPK	TIER 3	QLC (1 tab/day; max 2 tabs/180 days)
XOFLUZA (80 MG DOSE) (*baloxavir marboxil*) OFLUZA 2 40 TAB THPK	TIER 3	QLC (2 tabs/day, max 2 courses (4 tabs)/180 days)

ANTIHERPETIC AGENTS (Drugs for Herpes Infection)

acyclovir cap 200 mg	TIER 1	
acyclovir susp 200 mg/5ml	TIER 1	
acyclovir tab 400 mg	TIER 1	
acyclovir tab 800 mg	TIER 1	
famciclovir tab 125 mg	TIER 1	
famciclovir tab 250 mg	TIER 1	
famciclovir tab 500 mg	TIER 1	
SITAVIG (*acyclovir*) 50 MG TAB	TIER 3	PA, QLC (2 tabs/2 months)
TRIFLURIDINE 1 % SOLUTION	TIER 1	
trifluridine ophth soln 1%	TIER 1	
valacyclovir hcl tab 1 gm	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
valacyclovir hcl tab 500 mg	TIER 1	
VALTREX (*valacyclovir hcl*) 1 GM TAB, 500 MG TAB	TIER 3	
VIROPTIC (*trifluridine*) 1 % SOLUTION	TIER 3	
ZOVIRAX (*acyclovir*) 200 MG CAP, 200 MG/5ML SUSPENSION, 400 MG TAB, 800 MG TAB	TIER 3	

ANXIOLYTICS (Drugs for Anxiety)

ANXIOLYTICS, OTHER (Other Drugs for Anxiety)

buspirone hcl tab 10 mg	TIER 1	
buspirone hcl tab 15 mg	TIER 1	
buspirone hcl tab 30 mg	TIER 1	
buspirone hcl tab 5 mg	TIER 1	
buspirone hcl tab 7.5 mg	TIER 1	
meprobamate tab 200 mg	TIER 1	AL1 (Up to 64 yrs old)
meprobamate tab 400 mg	TIER 1	AL1 (Up to 64 yrs old)

BENZODIAZEPINES

ALPRAZOLAM INTENSOL 1 MG/ML CONC	TIER 1	QLC (4 ml/day)
alprazolam orally disintegrating tab 0.25 mg	TIER 1	QLC (4 tabs/day)
alprazolam orally disintegrating tab 0.5 mg	TIER 1	QLC (4 tabs/day)
alprazolam orally disintegrating tab 1 mg	TIER 1	QLC (4 tabs/day)
alprazolam orally disintegrating tab 2 mg	TIER 1	QLC (2 tabs/day)
alprazolam tab 0.25 mg	TIER 1	QLC (4 tabs/day)
alprazolam tab 0.5 mg	TIER 1	QLC (4 tabs/day)
alprazolam tab 1 mg	TIER 1	QLC (4 tabs/day)
alprazolam tab 2 mg	TIER 1	QLC (2 tabs/day)
alprazolam tab er 24hr 0.5 mg (ALPRAZOLAM ER)	TIER 1	QLC (1 tab/day)
alprazolam tab er 24hr 0.5 mg (ALPRAZOLAM XR)	TIER 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
alprazolam tab er 24hr 1 mg (ALPRAZOLAM ER)	TIER 1	QLC (1 tab/day)
alprazolam tab er 24hr 1 mg (ALPRAZOLAM XR)	TIER 1	QLC (1 tab/day)
alprazolam tab er 24hr 2 mg (ALPRAZOLAM ER) *4hr*	TIER 1	QLC (2 tabs/day)
alprazolam tab er 24hr 2 mg (ALPRAZOLAM XR) *4hr*	TIER 1	QLC (2 tabs/day)
alprazolam tab er 24hr 3 mg (ALPRAZOLAM ER)	TIER 1	QLC (1 tab/day)
alprazolam tab er 24hr 3 mg (ALPRAZOLAM XR)	TIER 1	QLC (1 tab/day)
ATIVAN (*lorazepam*) 0.5 MG TAB	TIER 3	QLC (20 tabs/day)
ATIVAN (*lorazepam*) 1 MG TAB	TIER 3	QLC (10 tabs/day)
ATIVAN (*lorazepam*) 2 MG TAB	TIER 3	QLC (5 tabs/day)
chlordiazepoxide hcl cap 10 mg	TIER 1	QLC (30 caps/day)
chlordiazepoxide hcl cap 25 mg	TIER 1	QLC (12 caps/day)
chlordiazepoxide hcl cap 5 mg	TIER 1	QLC (60 caps/day)
clonazepam orally disintegrating tab 0.125 mg	TIER 1	
clonazepam orally disintegrating tab 0.25 mg	TIER 1	
clonazepam orally disintegrating tab 0.5 mg	TIER 1	
clonazepam orally disintegrating tab 1 mg	TIER 1	
clonazepam orally disintegrating tab 2 mg	TIER 1	
clonazepam tab 0.5 mg	TIER 1	QLC (40 tabs/day)
clonazepam tab 1 mg	TIER 1	QLC (20 tabs/day)
clonazepam tab 2 mg	TIER 1	QLC (10 tabs/day)
clorazepate dipotassium tab 15 mg	TIER 1	QLC (6 tabs/day)
clorazepate dipotassium tab 3.75 mg	TIER 1	QLC (24 tabs/day)
clorazepate dipotassium tab 7.5 mg	TIER 1	QLC (12 tabs/day)
diazepam conc 5 mg/ml	TIER 1	QLC (12 bottles/month)
diazepam conc 5 mg/ml (DIAZEPAM INTENSOL)	TIER 1	QLC (12 bottles/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diazepam oral soln 1 mg/ml	TIER 1	QLC (60 ml/day)
diazepam tab 10 mg	TIER 1	QLC (6 tabs/day)
diazepam tab 2 mg	TIER 1	QLC (30 tabs/day)
diazepam tab 5 mg	TIER 1	QLC (12 tabs/day)
KLONOPIN (*clonazepam*) 0.5 MG TAB	TIER 3	QLC (40 tabs/day)
KLONOPIN (*clonazepam*) 1 MG TAB	TIER 3	QLC (20 tabs/day)
KLONOPIN (*clonazepam*) 2 MG TAB	TIER 3	QLC (10 tabs/day)
lorazepam conc 2 mg/ml	TIER 1	QLC (150 ml/month)
lorazepam conc 2 mg/ml (LORAZEPAM INTENSOL)	TIER 1	QLC (150 ml/month)
lorazepam tab 0.5 mg	TIER 1	QLC (20 tabs/day)
lorazepam tab 1 mg	TIER 1	QLC (10 tabs/day)
lorazepam tab 2 mg	TIER 1	QLC (5 tabs/day)
LOREEV XR (*lorazepam*) 1 MG CP24 SPRNK	TIER 3	PA, QLC (3 caps/day)
LOREEV XR (*lorazepam*) 2 MG CP24 SPRNK	TIER 3	PA, QLC (5 caps/day)
LOREEV XR (*lorazepam*) 3 MG CP24 SPRNK	TIER 3	PA, QLC (3 caps/day)
oxazepam cap 10 mg	TIER 1	QLC (12 caps/day)
oxazepam cap 15 mg	TIER 1	QLC (8 caps/day)
oxazepam cap 30 mg	TIER 1	QLC (4 caps/day)
TRANXENE-T (*clorazepate dipotassium*) RANXENE-7.5 MG AB	TIER 3	QLC (12 tabs/day)
VALIUM (*diazepam*) 10 MG TAB	TIER 3	QLC (6 tabs/day)
VALIUM (*diazepam*) 2 MG TAB	TIER 3	QLC (30 tabs/day)
VALIUM (*diazepam*) 5 MG TAB	TIER 3	QLC (12 tabs/day)
XANAX (*alprazolam*) 0.25 MG TAB, 0.5 MG TAB, 1 MG TAB	TIER 3	QLC (4 tabs/day)
XANAX (*alprazolam*) 2 MG TAB	TIER 3	QLC (2 tabs/day)
XANAX XR (*alprazolam*) 0.5 MG TAB ER 24H, 1 MG TAB ER 24H, 3 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
XANAX XR (*alprazolam*) 2 MG TAB ER 24H	TIER 3	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS

BIPOLAR AGENTS (Drugs for Bipolar Disorder)

MOOD STABILIZERS

EQUETRO (*carbamazepine (antipsychotic)*) 100 MG CAP ER 12H, 200 MG CAP ER 12H, 300 MG CAP ER 12H	TIER 2	
LITHIUM 8 MEQ/5ML SOLUTION	TIER 1	
LITHIUM CARBONATE 150 MG CAP, 300 MG CAP, 600 MG CAP	TIER 1	
lithium carbonate cap 150 mg	TIER 1	
lithium carbonate cap 300 mg	TIER 1	
lithium carbonate cap 600 mg	TIER 1	
lithium carbonate tab 300 mg	TIER 1	
lithium carbonate tab er 300 mg (LITHIUM CARBONATE ER)	TIER 1	
lithium carbonate tab er 450 mg (LITHIUM CARBONATE ER)	TIER 1	
LITHOBID (*lithium carbonate*) 300 MG TAB ER	TIER 3	

BLOOD GLUCOSE REGULATORS (Drugs for Diabetes)

ANTIDIABETIC AGENTS (Drugs for High Blood Sugar)

acarbose tab 100 mg	TIER 1	
acarbose tab 25 mg	TIER 1	
acarbose tab 50 mg	TIER 1	
ACTOPLUS MET (*pioglitazone hcl-metformin hcl*) 15-500 MG TAB, 15-850 MG TAB	TIER 3	ST, QLC (3 tabs/day)
ACTOPLUS MET XR (*pioglitazone hcl-metformin hcl*) 15-1000 MG TAB ER 24H, 30-1000 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
ACTOS (*pioglitazone hcl*) 15 MG TAB, 30 MG TAB, 45 MG TAB	TIER 3	
ADLYXIN (*lixisenatide*) 20 MCG/0.2ML SOLN PEN	TIER 3	PA, QLC (1 pack/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADLYXIN STARTER PACK (*lixisenatide*) 10 & 20 MCG/0.2ML PEN KIT	TIER 3	PA, QLC (1 pack/month)
ALOGLIPTIN BENZOATE 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	TIER 1	PA, QLC (1 tab/day)
ALOGLIPTIN-METFORMIN HCL -12.5-1000 MG TAB, -12.5-500 MG TAB	TIER 1	PA, QLC (2 tabs/day)
ALOGLIPTIN-PIOGLITAZONE -12.5-15 MG TAB, -12.5-30 MG TAB, -12.5-45 MG TAB, -25-15 MG TAB, -25-30 MG TAB, -25-45 MG TAB	TIER 1	PA, QLC (1 tab/day)
AMARYL (*glimepiride*) 1 MG TAB, 2 MG TAB, 4 MG TAB	TIER 3	
AVANDIA (*rosiglitazone maleate*) 2 MG TAB, 4 MG TAB	TIER 3	ST
BYDUREON (*exenatide*) 2 MG PEN	TIER 3	PA, QLC (4 pens/month)
BYDUREON (*exenatide*) 2 MG SRER	TIER 3	PA, QLC (4 vials/month)
BYDUREON BCISE (*exenatide*) 2 MG/0.85ML -INJ	TIER 3	PA, QLC (4 injectors/28 days)
BYETTA 10 MCG PEN (*exenatide*) /0.04ML SOLN	TIER 3	PA, QLC (1 pen/month)
BYETTA 5 MCG PEN (*exenatide*) /0.02ML SOLN	TIER 3	PA, QLC (1 pen/month)
CHLORPROPAMIDE 100 MG TAB, 250 MG TAB	TIER 1	
CYCLOSET (*bromocriptine mesylate (diabetes)*) 0.8 MG TAB	TIER 3	PA, QLC (6 tabs/day)
DUETACT (*pioglitazone hcl-glimepiride*) 30-2 MG TAB, 30-4 MG TAB	TIER 3	ST, QLC (1 tab/day)
FARXIGA (*dapagliflozin propanediol*) 5 MG TAB, 10 MG TAB	TIER 2	ST, QLC (1 tab/day)
FORTAMET (*metformin hcl*) 500 MG TAB ER 24H, 1000 MG TAB ER 24H	TIER 3	PA
glimepiride tab 1 mg	TIER 1	
glimepiride tab 2 mg	TIER 1	
glimepiride tab 4 mg	TIER 1	
glipizide tab 10 mg	TIER 1	
glipizide tab 5 mg	TIER 1	
glipizide tab er 24hr 10 mg (GLIPIZIDE ER)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
glipizide tab er 24hr 10 mg (GLIPIZIDE XL)	TIER 1	
glipizide tab er 24hr 2.5 mg (GLIPIZIDE ER)	TIER 1	
glipizide tab er 24hr 2.5 mg (GLIPIZIDE XL)	TIER 1	
glipizide tab er 24hr 5 mg (GLIPIZIDE ER)	TIER 1	
glipizide tab er 24hr 5 mg (GLIPIZIDE XL)	TIER 1	
glipizide-metformin hcl tab 2.5-250 mg	TIER 1	
glipizide-metformin hcl tab 2.5-500 mg	TIER 1	
glipizide-metformin hcl tab 5-500 mg	TIER 1	
GLUCOPHAGE (*metformin hcl*) 500 MG TAB, 850 MG TAB, 1000 MG TAB	TIER 3	
GLUCOPHAGE XR (*metformin hcl*) 500 MG TAB ER 24H, 750 MG TAB ER 24H	TIER 3	
GLUCOTROL (*glipizide*) 5 MG TAB, 10 MG TAB	TIER 3	
GLUCOTROL XL (*glipizide*) 2.5 MG TAB ER 24H, 5 MG TAB ER 24H, 10 MG TAB ER 24H	TIER 3	
GLUCOVANCE (*glyburide-metformin*) 2.5-500 MG TAB, 5-500 MG TAB	TIER 3	
GLUMETZA (*metformin hcl*) 1000 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
GLUMETZA (*metformin hcl*) 500 MG TAB ER 24H	TIER 3	PA, QLC (3 tabs/day)
glyburide micronized tab 1.5 mg	TIER 1	
glyburide micronized tab 3 mg	TIER 1	
glyburide micronized tab 6 mg	TIER 1	
glyburide tab 1.25 mg	TIER 1	
glyburide tab 2.5 mg	TIER 1	
glyburide tab 5 mg	TIER 1	
glyburide-metformin tab 1.25-250 mg	TIER 1	
glyburide-metformin tab 2.5-500 mg	TIER 1	
glyburide-metformin tab 5-500 mg	TIER 1	
GLYNASE (*glyburide micronized*) 1.5 MG TAB, 3 MG TAB, 6 MG TAB	TIER 3	
GLYSET (*miglitol*) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	QLC (3 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GLYXAMBI (*empagliflozin-linagliptin*) 10-5 MG TAB, 25-5 MG TAB	TIER 2	ST, QLC (1 tab/day)
INVOKAMET (*canagliflozin-metformin hcl*) 50-1000 MG TAB, 150-1000 MG TAB, 150-500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
INVOKAMET (*canagliflozin-metformin hcl*) 50-500 MG TAB	TIER 3	PA, QLC (4 tabs/day)
INVOKAMET XR (*canagliflozin-metformin hcl*) 50-1000 MG TAB ER 24H, 50-500 MG TAB ER 24H, 150-1000 MG TAB ER 24H, 150-500 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
INVOKANA (*canagliflozin*) 100 MG TAB, 300 MG TAB	TIER 3	PA, QLC (1 tab/day)
JANUMET (*sitagliptin-metformin hcl*) 50-1000 MG TAB, 50-500 MG TAB	TIER 2	ST, QLC (2 tabs/day)
JANUMET XR (*sitagliptin-metformin hcl*) 50-1000 MG TAB ER 24H	TIER 2	ST, QLC (2 tabs/day)
JANUMET XR (*sitagliptin-metformin hcl*) 50-500 MG TAB ER 24H, 100-1000 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
JANUVIA (*sitagliptin phosphate*) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 2	ST, QLC (1 tab/day)
JARDIANCE (*empagliflozin*) 10 MG TAB, 25 MG TAB	TIER 2	ST, QLC (1 tab/day)
JENTADUETO (*linagliptin-metformin hcl*) 2.5-1000 MG TAB, 2.5-500 MG TAB, 2.5-850 MG TAB	TIER 3	PA, QLC (2 tabs/day)
JENTADUETO XR (*linagliptin-metformin hcl*) 2.5-1000 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
JENTADUETO XR (*linagliptin-metformin hcl*) 5-1000 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
KAZANO (*alogliptin-metformin hcl*) 12.5-1000 MG TAB, 12.5-500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
KERENDIA (*finerenone*) 10 MG TAB, 20 MG TAB	TIER 3	PA, QLC (1 tab/day)
KOMBIGLYZE XR (*saxagliptin-metformin hcl*) 2.5-1000 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
KOMBIGLYZE XR (*saxagliptin-metformin hcl*) 5-1000 MG TAB ER 24H, 5-500 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
metformin hcl oral soln 500 mg/5ml	TIER 3	PA, QLC (25.5 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
metformin hcl tab 1000 mg	TIER 1	
metformin hcl tab 500 mg	TIER 1	
metformin hcl tab 850 mg	TIER 1	
metformin hcl tab er 24hr 500 mg (METFORMIN HCL ER)	TIER 1	
metformin hcl tab er 24hr 750 mg (METFORMIN HCL ER)	TIER 1	
metformin hcl tab er 24hr modified release 1000 mg (METFORMIN HCL ER (MOD))	TIER 1	PA, QLC (2 tabs/day)
metformin hcl tab er 24hr modified release 500 mg (METFORMIN HCL ER (MOD))	TIER 1	PA, QLC (3 tabs/day)
metformin hcl tab er 24hr osmotic 1000 mg (METFORMIN HCL ER (OSM))	TIER 1	PA
metformin hcl tab er 24hr osmotic 500 mg (METFORMIN HCL ER (OSM))	TIER 1	PA
miglitol tab 100 mg	TIER 1	QLC (3 tabs/day)
miglitol tab 25 mg	TIER 1	QLC (3 tabs/day)
miglitol tab 50 mg	TIER 1	QLC (3 tabs/day)
nateglinide tab 120 mg	TIER 1	
nateglinide tab 60 mg	TIER 1	
NESINA (*alogliptin benzoate*) 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	TIER 3	PA, QLC (1 tab/day)
ONGLYZA (*saxagliptin hcl*) 2.5 MG TAB, 5 MG TAB	TIER 3	PA, QLC (1 tab/day)
OSENI (*alogliptin-pioglitazone*) 12.5-15 MG TAB, 12.5-30 MG TAB, 12.5-45 MG TAB, 25-15 MG TAB, 25-30 MG TAB, 25-45 MG TAB	TIER 3	PA, QLC (1 tab/day)
OZEMPIC (0.25 OR 0.5 MG/DOSE) (*semaglutide*) (MG/1.5ML SOLN PEN	TIER 2	ST, QLC (1 pen/28 days)
OZEMPIC (1 MG/DOSE) (*semaglutide*) 2 MG/1.5ML SOLN PEN	TIER 2	ST, QLC (2 pens/28 days)
OZEMPIC (1 MG/DOSE) (*semaglutide*) 4 MG/3ML SOLN PEN	TIER 2	ST, QLC (3 ml/ 28 days)
pioglitazone hcl tab 15 mg (base equiv)	TIER 1	
pioglitazone hcl tab 30 mg (base equiv)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
pioglitazone hcl tab 45 mg (base equiv)	TIER 1	
pioglitazone hcl-glimepiride tab 30-2 mg	TIER 1	ST, QLC (1 tab/day)
pioglitazone hcl-glimepiride tab 30-4 mg	TIER 1	ST, QLC (1 tab/day)
pioglitazone hcl-metformin hcl tab 15-500 mg	TIER 1	ST, QLC (3 tabs/day)
pioglitazone hcl-metformin hcl tab 15-850 mg	TIER 1	ST, QLC (3 tabs/day)
PRANDIN (*repaglinide*) 1 MG TAB, 2 MG TAB	TIER 3	
PRECOSE (*acarbose*) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	
QTERN (*dapagliflozin-saxagliptin*) 5-5 MG TAB, 10-5 MG TAB	TIER 3	PA, QLC (1 tab/day)
repaglinide tab 0.5 mg	TIER 1	
repaglinide tab 1 mg	TIER 1	
repaglinide tab 2 mg	TIER 1	
REPAGLINIDE-METFORMIN HCL -1-500 MG TAB, -2-500 MG TAB	TIER 1	PA, QLC (5 tabs/day)
RIOMET (*metformin hcl*) 500 MG/5ML SOLUTION	TIER 3	PA, QLC (25.5 ml/day)
RIOMET ER (*metformin hcl*) 500 MG/5ML SR	TIER 3	PA, QLC (20 ml/day)
RYBELSUS (*semaglutide*) 3 MG TAB, 7 MG TAB, 14 MG TAB	TIER 2	ST, QLC (1 tab/day)
SEGLUROMET (*ertugliflozin-metformin hcl*) 2.5-1000 MG TAB, 7.5-1000 MG TAB, 7.5-500 MG TAB	TIER 3	PA, QLC (2 tabs/day)
SEGLUROMET (*ertugliflozin-metformin hcl*) 2.5-500 MG TAB	TIER 3	PA, QLC (4 tabs/day)
SOLIQUA (*insulin glargine-lixisenatide*) 100-33 UNT-MCG/ML SOLN PEN	TIER 3	PA, QLC (6 pens/month)
STARLIX (*nateglinide*) 60 MG TAB, 120 MG TAB	TIER 3	
STEGLATRO (*ertugliflozin l-pyroglutamic acid*) 15 MG TAB	TIER 3	PA, QLC (1 tab/day)
STEGLATRO (*ertugliflozin l-pyroglutamic acid*) 5 MG TAB	TIER 3	PA, QLC (2 tabs/day)
STEGLUJAN (*ertugliflozin-sitagliptin*) 5-100 MG TAB, 15-100 MG TAB	TIER 3	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYMLINPEN 120 (*pramlintide acetate*) SYMLIN2700 MCG/2.7ML SOLN	TIER 3	PA
SYMLINPEN 60 (*pramlintide acetate*) SYMLIN1500 MCG/1.5ML SOLN	TIER 3	PA
SYNJARDY (*empagliflozin-metformin hcl*) 5-1000 MG TAB, 5-500 MG TAB, 12.5-1000 MG TAB, 12.5-500 MG TAB	TIER 2	ST, QLC (2 tabs/day)
SYNJARDY XR (*empagliflozin-metformin hcl*) 25-1000 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
SYNJARDY XR (*empagliflozin-metformin hcl*) 5-1000 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 12.5-1000 MG TAB ER 24H	TIER 2	ST, QLC (2 tabs/day)
TANZEUM (*albiglutide*) 30 MG PEN, 50 MG PEN	TIER 3	PA, QLC (4 pens/month)
TOLAZAMIDE 250 MG TAB, 500 MG TAB	TIER 1	
TOLBUTAMIDE 500 MG TAB	TIER 1	
TRADJENTA (*linagliptin*) 5 MG TAB	TIER 3	PA, QLC (1 tab/day)
TRIJARDY XR (*empagliflozin-linagliptin-metformin*) 10-5-1000 MG TAB ER 24H, 25-5-1000 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
TRIJARDY XR (*empagliflozin-linagliptin-metformin*) 5-2.5-1000 MG TAB ER 24H, 12.5-2.5-1000 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
TRULICITY (*dulaglutide*) 0.75 MG/0.5ML SOLN PEN, 1.5 MG/0.5ML SOLN PEN, 3 MG/0.5ML SOLN PEN, 4.5 MG/0.5ML SOLN PEN	TIER 2	ST, QLC (4 pens (2 ml)/28 days)
VICTOZA (*liraglutide*) 18 MG/3ML SOLN PEN	TIER 2	ST, QLC (2 pens/month (2 pack size); 3 pens/month (3 pack size))
XIGDUO XR (*dapagliflozin-metformin hcl*) 2.5-1000 MG TAB ER 24H, 5-1000 MG TAB ER 24H	TIER 2	ST, QLC (2 tabs/day)
XIGDUO XR (*dapagliflozin-metformin hcl*) 5-500 MG TAB ER 24H, 10-1000 MG TAB ER 24H, 10-500 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
XULTOPHY (*insulin degludec-liraglutide*) 100-3.6 UNIT-MG/ML SOLN PEN	TIER 3	PA, QLC (5 pens/month)

GLYCEMIC AGENTS (Drugs for Low Blood Sugar)

BAQSIMI ONE PACK (*glucagon*) 3 MG/DOSE POWDER	TIER 3	QLC (2 sprayers/30 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BAQSIMI TWO PACK (*glucagon*) 3 MG/DOSE POWDER	TIER 3	QLC (2 sprayers/30 days)
diazoxide susp 50 mg/ml	TIER 1	
GLUCAGEN HYPOKIT (*glucagon hcl (rdna)*) 1 MG RECON SOLN	TIER 2	QLC (2 injections/fill)
glucagon (rdna) for inj kit 1 mg (GLUCAGON EMERGENCY)	TIER 1	QLC (2 kits/fill)
GLUCAGON EMERGENCY (*glucagon (rdna)*) 1 MG KIT	TIER 3	QLC (2 kits/fill)
GLUCAGON EMERGENCY (*glucagon hcl*) 1 MG/ML RECON SOLN	TIER 2	QLC (2 kits/fill)
GVOKE HYPOPEN 1-PACK (*glucagon*) 1-PCK 0.5 MG/0.1ML SOLN -INJ, 1-PCK 1 MG/0.2ML SOLN -INJ	TIER 3	QLC (2 injectors/30 days)
GVOKE HYPOPEN 2-PACK (*glucagon*) 2-PCK 0.5 MG/0.1ML SOLN -INJ, 2-PCK 1 MG/0.2ML SOLN -INJ	TIER 3	QLC (2 injectors/30 days)
GVOKE PFS (*glucagon*) 0.5 MG/0.1ML SOLN PRSYR, 1 MG/0.2ML SOLN PRSYR	TIER 3	QLC (2 syringes/30 days)
PROGLYCEM (*diazoxide*) 50 MG/ML SUSPENSION	TIER 3	
ZEGALOGUE (*dasiglucagon hcl*) 0.6 MG/0.6ML SOLN A-INJ, 0.6 MG/0.6ML SOLN PRSYR	TIER 3	PA, QLC (2 syringes/30 days)

INSULINS

ADMELOG (*insulin lispro*) 100 UNIT/ML SOLUTION	TIER 3	PA
ADMELOG SOLOSTAR (*insulin lispro*) 100 UNIT/ML SOLN PEN	TIER 3	PA
AFREZZA (*insulin regular (human)*) 4 8 12 POWDER, 90 X 4 90X8 POWDER, 90 X 8 90X12 POWDER	TIER 3	PA, QLC (1 box/month)
AFREZZA (*insulin regular (human)*) 4 POWDER, 8 POWDER, 12 POWDER, 30 X 4 & 60X8 POWDER, 60 X 4 & 30X8 POWDER, 60 X 8 & 30X12 POWDER	TIER 3	PA, QLC (3 boxes/month)
APIDRA (*insulin glulisine*) 100 UNIT/ML SOLUTION	TIER 3	PA
APIDRA SOLOSTAR (*insulin glulisine*) 100 UNIT/ML SOLN PEN	TIER 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BASAGLAR KWIKPEN (*insulin glargine*) KWIK100 UNIT/ML SOLN	TIER 3	PA, QLC (45 ml (15 pens)/ month)
FIASP (*insulin aspart (with niacinamide)*) 100 UNIT/ML SOLUTION	TIER 3	PA
FIASP FLEXTOUCH (*insulin aspart (with niacinamide)*) 100 UNIT/ML SOLN PEN	TIER 3	PA
FIASP PENFILL (*insulin aspart (with niacinamide)*) 100 UNIT/ML SOLN CART	TIER 3	PA
HUMALOG (*insulin lispro*) 100 UNIT/ML SOLN CART, 100 UNIT/ML SOLUTION	TIER 2	
HUMALOG JUNIOR KWIKPEN (*insulin lispro*) KWIK100 UNIT/ML SOLN	TIER 2	
HUMALOG KWIKPEN (*insulin lispro*) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	TIER 2	
HUMALOG MIX 50/50 (*insulin lispro protamine & lispro*) (50-50) 100 UNIT/ML SUSPENSION	TIER 2	
HUMALOG MIX 50/50 KWIKPEN (*insulin lispro protamine & lispro*) KWIK(50-50) 100 UNIT/ML SUSP	TIER 2	
HUMALOG MIX 75/25 (*insulin lispro protamine & lispro*) (75-25) 100 UNIT/ML SUSPENSION	TIER 2	
HUMALOG MIX 75/25 KWIKPEN (*insulin lispro protamine & lispro*) KWIK(75-25) 100 UNIT/ML SUSP	TIER 2	
HUMULIN 70/30 (*insulin nph isophane & reg (human)*) (70-30) 100 UNIT/ML SUSPENSION	TIER 2	
HUMULIN 70/30 KWIKPEN (*insulin nph isophane & reg (human)*) KWIK(70-30) 100 UNIT/ML SUSP	TIER 3	
HUMULIN N (*insulin nph (human) (isophane)*) 100 UIT/ML SUSPESIO	TIER 2	
HUMULIN N KWIKPEN (*insulin nph (human) (isophane)*) KWIK100 UIT/ML SUSP	TIER 3	
HUMULIN R (*insulin regular (human)*) 100 UNIT/ML SOLUTION	TIER 2	
HUMULIN R U-500 (CONCENTRATED) (*insulin regular (human)*) HMLIN - (CONCENTATED) NIT/ML SOLTION	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMULIN R U-500 KWIKPEN (*insulin regular (human)*) HMLIN -KWIKNIT/ML SOLN	TIER 3	
INSULIN ASP PROT & ASP FLEXPEN (*insulin aspart protamine & aspart (human)*) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
INSULIN ASPART 100 UNIT/ML SOLUTION	TIER 3	PA
INSULIN ASPART FLEXPEN FLEX100 UNIT/ML SOLN	TIER 3	PA
INSULIN ASPART PENFILL 100 UNIT/ML SOLN CART	TIER 3	PA
INSULIN ASPART PROT & ASPART (*insulin aspart protamine & aspart (human)*) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
INSULIN GLARGINE-YFGN -100 UNIT/ML SOLN PEN	TIER 3	PA, QLC (45 ml/30 days)
INSULIN GLARGINE-YFGN -100 UNIT/ML SOLUTION	TIER 3	PA, QLC (40 ml/30 days)
INSULIN LISPRO (1 UNIT DIAL) 100 /ML SOLN PEN	TIER 1	
INSULIN LISPRO 100 UNIT/ML SOLUTION	TIER 1	
INSULIN LISPRO JUNIOR KWIKPEN KWIK100 UNIT/ML SOLN	TIER 3	
INSULIN LISPRO PROT & LISPRO (*insulin lispro protamine & lispro*) (75-25) 100 UNIT/ML SUSP PEN	TIER 3	
LANTUS (*insulin glargine*) 100 UNIT/ML SOLUTION	TIER 2	QLC (40 ml (4 vials)/ month)
LANTUS SOLOSTAR (*insulin glargine*) 100 UNIT/ML SOLN PEN	TIER 2	QLC (45 ml (15 pens)/ month)
LEVEMIR (*insulin detemir*) 100 UNIT/ML SOLUTION	TIER 2	QLC (40 ml/month)
LEVEMIR FLEXTOUCH (*insulin detemir*) 100 UNIT/ML SOLN PEN	TIER 2	QLC (45 ml/month)
LYUMJEV (*insulin lispro-aabc*) 100 UNIT/ML SOLUTION	TIER 2	
LYUMJEV KWIKPEN (*insulin lispro-aabc*) 100 UNIT/ML SOLN PEN, 200 UNIT/ML SOLN PEN	TIER 2	
NOVOLIN 70/30 (*insulin nph isophane & reg (human)*) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOLIN 70/30 FLEXPEN (*insulin nph isophane & reg (human)*) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
NOVOLIN 70/30 FLEXPEN RELION (*insulin nph isophane & reg (human)*) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
NOVOLIN 70/30 RELION (*insulin nph isophane & reg (human)*) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
NOVOLIN N (*insulin nph (human) (isophane)*) 100 UIT/ML SUSPESIO	TIER 3	PA
NOVOLIN N FLEXPEN (*insulin nph (human) (isophane)*) FLEX100 UIT/ML SUSP	TIER 3	PA
NOVOLIN N FLEXPEN RELION (*insulin nph (human) (isophane)*) FLEX100 UIT/ML SUSP	TIER 3	PA
NOVOLIN N RELION (*insulin nph (human) (isophane)*) 100 UIT/ML SUSPESIO	TIER 3	PA
NOVOLIN R (*insulin regular (human)*) 100 UNIT/ML SOLUTION	TIER 3	PA
NOVOLIN R FLEXPEN (*insulin regular (human)*) FLEX100 UNIT/ML SOLN	TIER 3	PA
NOVOLIN R FLEXPEN RELION (*insulin regular (human)*) FLEXELION 100 UNIT/ML SOLN	TIER 3	PA
NOVOLIN R RELION (*insulin regular (human)*) ELION 100 UNIT/ML SOLUTION	TIER 3	PA
NOVOLOG (*insulin aspart*) 100 UNIT/ML SOLUTION	TIER 3	PA
NOVOLOG 70/30 FLEXPEN RELION (*insulin aspart protamine & aspart (human)*) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA
NOVOLOG FLEXPEN (*insulin aspart*) FLEX100 UNIT/ML SOLN	TIER 3	PA
NOVOLOG FLEXPEN RELION (*insulin aspart*) FLEX100 UNIT/ML SOLN	TIER 3	PA
NOVOLOG MIX 70/30 (*insulin aspart protamine & aspart (human)*) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
NOVOLOG MIX 70/30 FLEXPEN (*insulin aspart protamine & aspart (human)*) FLEX(70-30) 100 UNIT/ML SUSP	TIER 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOLOG MIX 70/30 RELION (*insulin aspart protamine & aspart (human)*) (70-30) 100 UNIT/ML SUSPENSION	TIER 3	PA
NOVOLOG PENFILL (*insulin aspart*) 100 UNIT/ML SOLN CART	TIER 3	PA
NOVOLOG RELION (*insulin aspart*) 100 UNIT/ML SOLUTION	TIER 3	PA
SEMGLEE (*insulin glargine*) 100 UNIT/ML SOLN PEN	TIER 3	PA, QLC (45 ml (15 pens)/ month)
SEMGLEE (*insulin glargine*) 100 UNIT/ML SOLUTION	TIER 3	PA, QLC (40 ml (4 vials)/ month)
SEMGLEE (YFGN) (*insulin glargine-yfgn*) 100 UNIT/ML SOLN PEN	TIER 3	PA, QLC (45 ml/30 days)
SEMGLEE (YFGN) (*insulin glargine-yfgn*) 100 UNIT/ML SOLUTION	TIER 3	PA, QLC (40 ml/30 days)
TOUJEO MAX SOLOSTAR (*insulin glargine*) 300 UNIT/ML SOLN PEN	TIER 2	QLC (6 pens/month)
TOUJEO SOLOSTAR (*insulin glargine*) 300 UNIT/ML SOLN PEN	TIER 2	QLC (12 pens/month)
TRESIBA (*insulin degludec*) 100 UNIT/ML SOLUTION	TIER 2	QLC (3 vials/30 days)
TRESIBA FLEXTOUCH (*insulin degludec*) 100 UNIT/ML SOLN PEN	TIER 2	QLC (10 pens/month)
TRESIBA FLEXTOUCH (*insulin degludec*) 200 UNIT/ML SOLN PEN	TIER 2	QLC (9 pens/month)

BLOOD PRODUCTS AND MODIFIERS (Drugs for Blood Disorders)

ANTICOAGULANTS (Blood Thinners)

ARIXTRA (*fondaparinux sodium*) 2.5 MG/0.5ML SOLUTION, 5 MG/0.4ML SOLUTION, 7.5 MG/0.6ML SOLUTION, 10 MG/0.8ML SOLUTION	TIER 4	QLC (1 syringe/day)
BEVYXXA (*betrixaban maleate*) 40 MG CAP, 80 MG CAP	TIER 3	PA, QLC (1 cap/day)
COUMADIN (*warfarin sodium*) 1 MG TAB, 2 MG TAB, 2.5 MG TAB, 3 MG TAB, 4 MG TAB, 5 MG TAB, 6 MG TAB, 7.5 MG TAB, 10 MG TAB	TIER 3	
ELIQUIS (*apixaban*) 2.5 MG TAB, 5 MG TAB	TIER 2	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ELIQUIS DVT/PE STARTER PACK (*apixaban*) 5 MG TAB THPK	TIER 2	QLC (2 tabs/day; 1 starter pack/6 months)
enoxaparin sodium inj 100 mg/ml	TIER 4	QLC (2 syringes/day)
enoxaparin sodium inj 120 mg/0.8ml	TIER 4	QLC (2 syringes/day)
enoxaparin sodium inj 150 mg/ml	TIER 4	QLC (2 syringes/day)
enoxaparin sodium inj 30 mg/0.3ml	TIER 4	QLC (2 syringes/day)
enoxaparin sodium inj 300 mg/3ml	TIER 4	QLC (2 ml/day)
enoxaparin sodium inj 40 mg/0.4ml	TIER 4	QLC (2 syringes/day)
enoxaparin sodium inj 60 mg/0.6ml	TIER 4	QLC (2 syringes/day)
enoxaparin sodium inj 80 mg/0.8ml	TIER 4	QLC (2 syringes/day)
fondaparinux sodium subcutaneous inj 10 mg/0.8ml	TIER 4	QLC (1 syringe/day)
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	TIER 4	QLC (1 syringe/day)
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	TIER 4	QLC (1 syringe/day)
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	TIER 4	QLC (1 syringe/day)
FRAGMIN (*dalteparin sodium*) 10000 UNIT/ML SOLUTION, 15000 UNIT/0.6ML SOLUTION, 18000 UNT/0.72ML SOLUTION	TIER 4	QLC (1 syringe/day)
FRAGMIN (*dalteparin sodium*) 12500 UNIT/0.5ML SOLUTION	TIER 4	QLC (1 syringe/day)
FRAGMIN (*dalteparin sodium*) 2500 UNIT/0.2ML SOLUTION, 5000 UNIT/0.2ML SOLUTION, 7500 UNIT/0.3ML SOLUTION	TIER 4	QLC (2 syringes/day)
FRAGMIN (*dalteparin sodium*) 95000 UNIT/3.8ML SOLUTION	TIER 4	QLC (0.72 ml/day)
HEPARIN SODIUM (PORCINE) 5000 UNIT/0.5ML SOLN PRSYR	TIER 1	
heparin sodium (porcine) inj 1000 unit/ml	TIER 1	
heparin sodium (porcine) inj 10000 unit/ml	TIER 1	
heparin sodium (porcine) inj 20000 unit/ml	TIER 1	
heparin sodium (porcine) inj 5000 unit/ml	TIER 1	
HEPARIN SODIUM (PORCINE) PF 5000 UNIT/ML SOLUTION	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
heparin sodium (porcine) pf inj 5000 unit/0.5ml	TIER 1	
IPRIVASK (*desirudin*) 15 MG RECON SOLN	TIER 4	QLC (2 vials/day; 24 vials/68 days)
LOVENOX (*enoxaparin sodium*) 30 MG/0.3ML SOLUTION, 40 MG/0.4ML SOLUTION, 80 MG/0.8ML SOLUTION, 100 MG/ML SOLUTION, 120 MG/0.8ML SOLUTION, 150 MG/ML SOLUTION	TIER 4	QLC (2 syringes/day)
LOVENOX (*enoxaparin sodium*) 300 MG/3ML SOLUTION	TIER 4	QLC (2 ml/day)
LOVENOX (*enoxaparin sodium*) 60 MG/0.6ML SOLUTION	TIER 4	QLC (2 syringes/day)
PRADAXA (*dabigatran etexilate mesylate*) 75 MG CAP, 110 MG CAP, 150 MG CAP	TIER 3	PA, QLC (2 caps/day)
SAVAYSA (*edoxaban tosylate*) 15 MG TAB, 30 MG TAB, 60 MG TAB	TIER 3	PA, QLC (1 tab/day)
warfarin sodium tab 1 mg	TIER 1	
warfarin sodium tab 1 mg (JANTOVEN)	TIER 1	
warfarin sodium tab 10 mg	TIER 1	
warfarin sodium tab 10 mg (JANTOVEN)	TIER 1	
warfarin sodium tab 2 mg	TIER 1	
warfarin sodium tab 2 mg (JANTOVEN)	TIER 1	
warfarin sodium tab 2.5 mg	TIER 1	
warfarin sodium tab 2.5 mg (JANTOVEN)	TIER 1	
warfarin sodium tab 3 mg	TIER 1	
warfarin sodium tab 3 mg (JANTOVEN)	TIER 1	
warfarin sodium tab 4 mg	TIER 1	
warfarin sodium tab 4 mg (JANTOVEN)	TIER 1	
warfarin sodium tab 5 mg	TIER 1	
warfarin sodium tab 5 mg (JANTOVEN)	TIER 1	
warfarin sodium tab 6 mg	TIER 1	
warfarin sodium tab 6 mg (JANTOVEN)	TIER 1	
warfarin sodium tab 7.5 mg	TIER 1	
warfarin sodium tab 7.5 mg (JANTOVEN)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XARELTO (*rivaroxaban*) 10 MG TAB, 15 MG TAB, 20 MG TAB	TIER 2	QLC (1 tab/day)
XARELTO (*rivaroxaban*) 2.5 MG TAB	TIER 2	QLC (2 tabs/day)
XARELTO STARTER PACK (*rivaroxaban*) 15 & 20 MG TAB THPK	TIER 2	QLC (1 starter pack/6 months)
ZONTIVITY (*vorapaxar sulfate*) 2.08 MG TAB	TIER 3	PA, QLC (1 tab/day)

BLOOD PRODUCTS AND MODIFIERS, OTHER (Blood Formation Drugs)

AGRYLIN (*anagrelide hcl*) 0.5 MG CAP	TIER 3	
anagrelide hcl cap 0.5 mg	TIER 1	
anagrelide hcl cap 1 mg	TIER 1	
ARANESP (ALBUMIN FREE) (*darbepoetin alfa*) 10 MCG/0.4ML SOLN PRSYR, 25 MCG/0.42ML SOLN PRSYR, 25 MCG/ML SOLUTION, 40 MCG/0.4ML SOLN PRSYR, 40 MCG/ML SOLUTION, 60 MCG/0.3ML SOLN PRSYR, 60 MCG/ML SOLUTION, 100 MCG/0.5ML SOLN PRSYR, 100 MCG/ML SOLUTION, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.4ML SOLN PRSYR, 200 MCG/ML SOLUTION, 300 MCG/0.6ML SOLN PRSYR, 300 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe or vial/week)
EPOGEN (*epoetin alfa*) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION	TIER 4	PA, SP
FULPHILA (*pegfilgrastim-jmdb*) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
GRANIX (*tbo-filgrastim*) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	TIER 4	PA, SP
LEUKINE (*sargramostim*) 250 MCG RECON SOLN	TIER 4	PA, SP
MIRCERA (*methoxy polyethylene glycol-epoetin beta*) 30 MCG/0.3ML SOLN PRSYR, 50 MCG/0.3ML SOLN PRSYR, 75 MCG/0.3ML SOLN PRSYR, 100 MCG/0.3ML SOLN PRSYR, 150 MCG/0.3ML SOLN PRSYR, 200 MCG/0.3ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
MOZOBIL (*plerixafor*) 24 MG/1.2ML SOLUTION	TIER 4	PA, SP

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MULPLETA (*lusutrombopag*) 3 MG TAB	TIER 4	PA, SP, QLC (1 tab/day, not to exceed 7 tabs/120 days)
NEULASTA (*pegfilgrastim*) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
NEUPOGEN (*filgrastim*) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	TIER 4	PA, SP
NIVESTYM (*filgrastim-aafi*) 300 MCG/0.5ML SOLN PRSYR, 300 MCG/ML SOLUTION, 480 MCG/0.8ML SOLN PRSYR, 480 MCG/1.6ML SOLUTION	TIER 4	PA, SP
NYVEPRIA (*pegfilgrastim-apgf*) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
PROCRIT (*epoetin alfa*) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	TIER 4	PA, SP
PROMACTA (*eltrombopag olamine*) 12.5 MG PACKET	TIER 4	PA, SP, QLC (1 packet/day)
PROMACTA (*eltrombopag olamine*) 12.5 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
PROMACTA (*eltrombopag olamine*) 25 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
PROMACTA (*eltrombopag olamine*) 25 MG TAB, 50 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
PROMACTA (*eltrombopag olamine*) 75 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
RETACRIT (*epoetin alfa-epbx*) 2000 UNIT/ML SOLUTION, 3000 UNIT/ML SOLUTION, 4000 UNIT/ML SOLUTION, 10000 UNIT/ML SOLUTION, 20000 UNIT/ML SOLUTION, 40000 UNIT/ML SOLUTION	TIER 4	PA, SP
UDENYCA (*pegfilgrastim-cbqv*) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP
ZARXIO (*filgrastim-sndz*) 300 MCG/0.5ML SOLN PRSYR, 480 MCG/0.8ML SOLN PRSYR	TIER 4	PA, SP
ZIEXTENZO (*pegfilgrastim-bmez*) 6 MG/0.6ML SOLN PRSYR	TIER 4	PA, SP

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HEMOSTASIS AGENTS (Drugs to Stop Bleeding)		
AMICAR (*aminocaproic acid*) 0.25 GM/ML SOLUTION, 500 MG TAB, 1000 MG TAB	TIER 3	
aminocaproic acid oral soln 0.25 gm/ml	TIER 1	
aminocaproic acid tab 1000 mg	TIER 1	
aminocaproic acid tab 500 mg	TIER 1	
LYSTEDA (*tranexamic acid*) 650 MG TAB	TIER 3	QLC (30 tabs/month)
MEPHYTON (*phytonadione*) 5 MG TAB	TIER 3	QLC (5 tabs/week)
phytonadione tab 5 mg	TIER 1	QLC (5 tabs/week)
tranexamic acid tab 650 mg	TIER 1	QLC (30 tabs/month)
PLATELET MODIFYING AGENTS		
AGGRENOX (*aspirin-dipyridamole*) 25-200 MG CAP ER 12H	TIER 3	
aspirin-dipyridamole cap er 12hr 25-200 mg (ASPIRIN-DIPYRIDAMOLE ER)	TIER 1	
ASPIRIN-OMEPRAZOLE -81-40 MG TAB DR, -325-40 MG TAB DR	TIER 3	PA, QLC (1 tab/day)
BRILINTA (*ticagrelor*) 60 MG TAB, 90 MG TAB	TIER 2	QLC (2 tabs/day)
CABLIVI (*caplacizumab-yhdp*) 11 MG KIT	TIER 4	PA, SP, QLC (1 kit/day)
cilostazol tab 100 mg	TIER 1	
cilostazol tab 50 mg	TIER 1	
clopidogrel bisulfate tab 75 mg (base equiv)	TIER 1	QLC (1 tab/day)
dipyridamole tab 25 mg	TIER 1	AL1 (Up to 64 yrs old)
dipyridamole tab 50 mg	TIER 1	AL1 (Up to 64 yrs old)
dipyridamole tab 75 mg	TIER 1	AL1 (Up to 64 yrs old)
DOPTELET (*avatrombopag maleate*) 20 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day, not to exceed 15 tabs/4 months)
DURLAZA (*aspirin (platelet aggregation inhibitor)*) 162.5 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
EFFIENT (*prasugrel hcl*) 5 MG TAB, 10 MG TAB	TIER 3	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OXBRYTA (*voxelotor*) 500 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
PLAVIX (*clopidogrel bisulfate*) 75 MG TAB	TIER 3	QLC (1 tab/day)
prasugrel hcl tab 10 mg (base equiv)	TIER 1	QLC (1 tab/day)
prasugrel hcl tab 5 mg (base equiv)	TIER 1	QLC (1 tab/day)
TAVALISSE (*fostamatinib disodium*) 100 MG TAB, 150 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
YOSPRALA (*aspirin-omeprazole*) 81-40 MG TAB DR, 325-40 MG TAB DR	TIER 3	PA, QLC (1 tab/day)

CARDIOVASCULAR AGENTS (Drugs for the Heart and Circulation)

ALPHA-ADRENERGIC AGONISTS

CATAPRES (*clonidine hcl*) 0.1 MG TAB, 0.2 MG TAB, 0.3 MG TAB	TIER 3	
CATAPRES-TTS-1 (*clonidine*) --0.MG/24HR PATCH WK	TIER 3	
CATAPRES-TTS-2 (*clonidine*) --0.MG/4HR PATCH WK	TIER 3	
CATAPRES-TTS-3 (*clonidine*) --0.MG/24HR PATCH WK	TIER 3	
clonidine hcl tab 0.1 mg	TIER 1	
clonidine hcl tab 0.2 mg	TIER 1	
clonidine hcl tab 0.3 mg	TIER 1	
clonidine td patch weekly 0.1 mg/24hr	TIER 1	
clonidine td patch weekly 0.2 mg/24hr	TIER 1	
clonidine td patch weekly 0.3 mg/24hr	TIER 1	
droxidopa cap 100 mg	TIER 4	PA, SP, QLC (18 caps/day)
droxidopa cap 200 mg	TIER 4	PA, SP, QLC (9 caps/day)
droxidopa cap 300 mg	TIER 4	PA, SP, QLC (6 caps/day)
guanfacine hcl tab 1 mg	TIER 1	
guanfacine hcl tab 2 mg	TIER 1	
METHYLDOPA 250 MG TAB, 500 MG TAB	TIER 1	
methyldopa tab 250 mg	TIER 1	
methyldopa tab 500 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
midodrine hcl tab 10 mg	TIER 1	
midodrine hcl tab 2.5 mg	TIER 1	
midodrine hcl tab 5 mg	TIER 1	
NORTHERA (*droxidopa*) 100 MG CAP	TIER 4	PA, SP, QLC (18 caps/day)
NORTHERA (*droxidopa*) 200 MG CAP	TIER 4	PA, SP, QLC (9 caps/day)
NORTHERA (*droxidopa*) 300 MG CAP	TIER 4	PA, SP, QLC (6 caps/day)

ALPHA-ADRENERGIC BLOCKING AGENTS

CARDURA (*doxazosin mesylate*) 1 MG TAB, 2 MG TAB, 4 MG TAB, 8 MG TAB	TIER 3	
DIBENZYLINE (*phenoxybenzamine hcl*) 10 MG CAP	TIER 4	PA
doxazosin mesylate tab 1 mg	TIER 1	
doxazosin mesylate tab 2 mg	TIER 1	
doxazosin mesylate tab 4 mg	TIER 1	
doxazosin mesylate tab 8 mg	TIER 1	
MINIPRESS (*prazosin hcl*) 1 MG CAP, 2 MG CAP, 5 MG CAP	TIER 3	
phenoxybenzamine hcl cap 10 mg	TIER 4	PA
prazosin hcl cap 1 mg	TIER 1	
prazosin hcl cap 2 mg	TIER 1	
prazosin hcl cap 5 mg	TIER 1	
terazosin hcl cap 1 mg (base equivalent)	TIER 1	
terazosin hcl cap 10 mg (base equivalent)	TIER 1	
terazosin hcl cap 2 mg (base equivalent)	TIER 1	
terazosin hcl cap 5 mg (base equivalent)	TIER 1	

ANGIOTENSIN II RECEPTOR ANTAGONISTS

ATACAND (*candesartan cilexetil*) 16 MG TAB	TIER 3	ST, QLC (2 tabs/day)
ATACAND (*candesartan cilexetil*) 32 MG TAB	TIER 3	ST, QLC (1 tab/day)
ATACAND (*candesartan cilexetil*) 4 MG TAB	TIER 3	ST, QLC (8 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ATACAND (*candesartan cilexetil*) 8 MG TAB	TIER 3	ST, QLC (4 tabs/day)
AVAPRO (*irbesartan*) 75 MG TAB, 150 MG TAB, 300 MG TAB	TIER 3	QLC (1 tab/day)
BENICAR (*olmesartan medoxomil*) 20 MG TAB, 40 MG TAB	TIER 3	QLC (1 tab/day)
BENICAR (*olmesartan medoxomil*) 5 MG TAB	TIER 3	QLC (3 tabs/day)
candesartan cilexetil tab 16 mg	TIER 1	ST, QLC (2 tabs/day)
candesartan cilexetil tab 32 mg	TIER 1	ST, QLC (1 tab/day)
candesartan cilexetil tab 4 mg	TIER 1	ST, QLC (8 tabs/day)
candesartan cilexetil tab 8 mg	TIER 1	ST, QLC (4 tabs/day)
COZAAR (*losartan potassium*) 100 MG TAB	TIER 3	QLC (1 tab/day)
COZAAR (*losartan potassium*) 25 MG TAB	TIER 3	QLC (4 tabs/day)
COZAAR (*losartan potassium*) 50 MG TAB	TIER 3	QLC (2 tabs/day)
DIOVAN (*valsartan*) 320 MG TAB	TIER 3	QLC (1 tab/day)
DIOVAN (*valsartan*) 40 MG TAB, 80 MG TAB, 160 MG TAB	TIER 3	QLC (2 tabs/day)
EDARBI (*azilsartan medoxomil*) 40 MG TAB, 80 MG TAB	TIER 3	ST, QLC (1 tab/day)
EPROSARTAN MESYLATE 600 MG TAB	TIER 1	ST, QLC (1 tab/day)
irbesartan tab 150 mg	TIER 1	QLC (1 tab/day)
irbesartan tab 300 mg	TIER 1	QLC (1 tab/day)
irbesartan tab 75 mg	TIER 1	QLC (1 tab/day)
losartan potassium tab 100 mg	TIER 1	QLC (1 tab/day)
losartan potassium tab 25 mg	TIER 1	QLC (4 tabs/day)
losartan potassium tab 50 mg	TIER 1	QLC (2 tabs/day)
MICARDIS (*telmisartan*) 20 MG TAB, 40 MG TAB	TIER 3	QLC (1 tab/day)
MICARDIS (*telmisartan*) 80 MG TAB	TIER 3	QLC (2 tabs/day)
olmesartan medoxomil tab 20 mg	TIER 1	QLC (1 tab/day)
olmesartan medoxomil tab 40 mg	TIER 1	QLC (1 tab/day)
olmesartan medoxomil tab 5 mg	TIER 1	QLC (3 tabs/day)
telmisartan tab 20 mg	TIER 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
telmisartan tab 40 mg	TIER 1	QLC (1 tab/day)
telmisartan tab 80 mg	TIER 1	QLC (2 tabs/day)
valsartan tab 160 mg	TIER 1	QLC (2 tabs/day)
valsartan tab 320 mg	TIER 1	QLC (1 tab/day)
valsartan tab 40 mg	TIER 1	QLC (2 tabs/day)
valsartan tab 80 mg	TIER 1	QLC (2 tabs/day)
ANGIOTENSIN-CONVERTING ENZYME (ACE) INHIBITORS		
ACCUPRIL (*quinapril hcl*) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	
ALTACE (*ramipril*) 1.25 MG CAP, 2.5 MG CAP, 5 MG CAP, 10 MG CAP	TIER 3	
benazepril hcl tab 10 mg	TIER 1	QLC (1 tab/day)
benazepril hcl tab 20 mg	TIER 1	QLC (1 tab/day)
benazepril hcl tab 40 mg	TIER 1	QLC (2 tabs/day)
benazepril hcl tab 5 mg	TIER 1	QLC (1 tab/day)
captopril tab 100 mg	TIER 1	
captopril tab 12.5 mg	TIER 1	
captopril tab 25 mg	TIER 1	
captopril tab 50 mg	TIER 1	
enalapril maleate oral soln 1 mg/ml	TIER 1	QLC (40 ml/day)
enalapril maleate tab 10 mg	TIER 1	
enalapril maleate tab 2.5 mg	TIER 1	
enalapril maleate tab 20 mg	TIER 1	
enalapril maleate tab 5 mg	TIER 1	
EPANED (*enalapril maleate*) 1 MG/ML SOLUTION	TIER 3	QLC (40 ml/day)
fosinopril sodium tab 10 mg	TIER 1	QLC (1 tab/day)
fosinopril sodium tab 20 mg	TIER 1	QLC (1 tab/day)
fosinopril sodium tab 40 mg	TIER 1	QLC (2 tabs/day)
lisinopril tab 10 mg	TIER 1	
lisinopril tab 2.5 mg	TIER 1	
lisinopril tab 20 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
lisinopril tab 30 mg	TIER 1	
lisinopril tab 40 mg	TIER 1	
lisinopril tab 5 mg	TIER 1	
LOTENSIN (*benazepril hcl*) 10 MG TAB	TIER 3	QLC (1 tab/day)
LOTENSIN (*benazepril hcl*) 20 MG TAB	TIER 3	QLC (1 tab/day)
LOTENSIN (*benazepril hcl*) 40 MG TAB	TIER 3	QLC (2 tabs/day)
moexipril hcl tab 15 mg	TIER 1	
moexipril hcl tab 7.5 mg	TIER 1	
perindopril erbumine tab 2 mg	TIER 1	QLC (1 tab/day)
perindopril erbumine tab 4 mg	TIER 1	QLC (1 tab/day)
perindopril erbumine tab 8 mg	TIER 1	QLC (2 tabs/day)
PRINIVIL (*lisinopril*) 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	
QBRELIS (*lisinopril*) 1 MG/ML SOLUTION	TIER 3	PA, QLC (80 ml/day)
quinapril hcl tab 10 mg	TIER 1	
quinapril hcl tab 20 mg	TIER 1	
quinapril hcl tab 40 mg	TIER 1	
quinapril hcl tab 5 mg	TIER 1	
ramipril cap 1.25 mg	TIER 1	
ramipril cap 10 mg	TIER 1	
ramipril cap 2.5 mg	TIER 1	
ramipril cap 5 mg	TIER 1	
trandolapril tab 1 mg	TIER 1	
trandolapril tab 2 mg	TIER 1	
trandolapril tab 4 mg	TIER 1	
VASOTEC (*enalapril maleate*) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	
ZESTRIL (*lisinopril*) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB, 30 MG TAB, 40 MG TAB	TIER 3	

ANTIARRHYTHMICS (Drugs for Irregular Heart Rhythm)

amiodarone hcl tab 100 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amiodarone hcl tab 100 mg (PACERONE)	TIER 3	
amiodarone hcl tab 200 mg	TIER 1	
amiodarone hcl tab 200 mg (PACERONE)	TIER 1	
amiodarone hcl tab 400 mg	TIER 1	
amiodarone hcl tab 400 mg (PACERONE)	TIER 3	
BETAPACE (*sotalol hcl*) 80 MG TAB, 120 MG TAB, 160 MG TAB	TIER 3	
BETAPACE AF (*sotalol hcl (afib/afl)*) 80 MG TAB, 120 MG TAB, 160 MG TAB	TIER 3	
disopyramide phosphate cap 100 mg	TIER 1	
disopyramide phosphate cap 150 mg	TIER 1	
dofetilide cap 125 mcg (0.125 mg) (0.	TIER 1	
dofetilide cap 250 mcg (0.25 mg)	TIER 1	
dofetilide cap 500 mcg (0.5 mg)	TIER 1	
flecainide acetate tab 100 mg	TIER 1	
flecainide acetate tab 150 mg	TIER 1	
flecainide acetate tab 50 mg	TIER 1	
mexiletine hcl cap 150 mg	TIER 1	
mexiletine hcl cap 200 mg	TIER 1	
mexiletine hcl cap 250 mg	TIER 1	
MULTAQ (*dronedarone hcl*) 400 MG TAB	TIER 2	QLC (2 tabs/day)
NORPACE (*disopyramide phosphate*) 100 MG CAP, 150 MG CAP	TIER 3	
NORPACE CR (*disopyramide phosphate*) 100 MG CAP ER 12H	TIER 2	QLC (8 caps/day)
NORPACE CR (*disopyramide phosphate*) 150 MG CAP ER 12H	TIER 2	QLC (5 caps/day)
propafenone hcl cap er 12hr 225 mg (PROPAFENONE HCL ER)	TIER 1	
propafenone hcl cap er 12hr 325 mg (PROPAFENONE HCL ER)	TIER 1	
propafenone hcl cap er 12hr 425 mg (PROPAFENONE HCL ER)	TIER 1	
propafenone hcl tab 150 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
propafenone hcl tab 225 mg	TIER 1	
propafenone hcl tab 300 mg	TIER 1	
quinidine gluconate tab er 324 mg (QUINIDINE GLUCONATE ER)	TIER 1	
QUINIDINE SULFATE 200 MG TAB, 300 MG TAB	TIER 1	
RYTHMOL SR (*propafenone hcl*) 225 MG CAP ER 12H, 325 MG CAP ER 12H, 425 MG CAP ER 12H	TIER 3	
sotalol hcl (afib/afl) tab 120 mg (SOTALOL HCL (AF))	TIER 1	
sotalol hcl (afib/afl) tab 160 mg (SOTALOL HCL (AF))	TIER 1	
sotalol hcl (afib/afl) tab 80 mg (SOTALOL HCL (AF))	TIER 1	
sotalol hcl tab 120 mg	TIER 1	
sotalol hcl tab 120 mg (SORINE)	TIER 1	
sotalol hcl tab 160 mg	TIER 1	
sotalol hcl tab 160 mg (SORINE)	TIER 1	
sotalol hcl tab 240 mg	TIER 1	
sotalol hcl tab 240 mg (SORINE)	TIER 1	
sotalol hcl tab 80 mg	TIER 1	
sotalol hcl tab 80 mg (SORINE)	TIER 1	
SOTYLIZE (*sotalol hcl*) 5 MG/ML SOLUTION	TIER 3	PA, QLC (64 ml/day)
TIKOSYN (*dofetilide*) 125 MCG CAP, 250 MCG CAP, 500 MCG CAP	TIER 3	

BETA-ADRENERGIC BLOCKING AGENTS

acebutolol hcl cap 200 mg	TIER 1	
acebutolol hcl cap 400 mg	TIER 1	
atenolol tab 100 mg	TIER 1	
atenolol tab 25 mg	TIER 1	
atenolol tab 50 mg	TIER 1	
betaxolol hcl tab 10 mg	TIER 1	
betaxolol hcl tab 20 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
bisoprolol fumarate tab 10 mg	TIER 1	
bisoprolol fumarate tab 5 mg	TIER 1	
BYSTOLIC (*nebivolol hcl*) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 2	QLC (1 tab/day)
BYSTOLIC (*nebivolol hcl*) 20 MG TAB	TIER 2	QLC (2 tabs/day)
carvedilol phosphate cap er 24hr 10 mg (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
carvedilol phosphate cap er 24hr 20 mg (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
carvedilol phosphate cap er 24hr 40 mg (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
carvedilol phosphate cap er 24hr 80 mg (CARVEDILOL PHOSPHATE ER)	TIER 1	ST
carvedilol tab 12.5 mg	TIER 1	
carvedilol tab 25 mg	TIER 1	
carvedilol tab 3.125 mg	TIER 1	
carvedilol tab 6.25 mg	TIER 1	
COREG (*carvedilol*) 3.125 MG TAB, 6.25 MG TAB, 12.5 MG TAB, 25 MG TAB	TIER 3	
COREG CR (*carvedilol phosphate*) 10 MG CAP ER 24H, 20 MG CAP ER 24H, 40 MG CAP ER 24H, 80 MG CAP ER 24H	TIER 3	ST
CORGARD (*nadolol*) 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	
HEMANGEOL (*propranolol hcl*) 4.28 MG/ML SOLUTION	TIER 3	PA, SP, QLC (2 bottles/month)
INDERAL LA (*propranolol hcl*) 60 MG CAP ER 24H, 80 MG CAP ER 24H, 120 MG CAP ER 24H, 160 MG CAP ER 24H	TIER 3	
INDERAL XL (*propranolol hcl sustained-release beads*) 80 MG CAP ER 24H, 120 MG CAP ER 24H	TIER 3	
INNOPRAN XL (*propranolol hcl sustained-release beads*) 80 MG CAP ER 24H, 120 MG CAP ER 24H	TIER 3	
KAPSPARGO SPRINKLE (*metoprolol succinate*) 25 MG CP24 SPRNK, 50 MG CP24 SPRNK, 100 MG CP24 SPRNK, 200 MG CP24 SPRNK	TIER 3	QLC (1 cap/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
labetalol hcl tab 100 mg	TIER 1	
labetalol hcl tab 200 mg	TIER 1	
labetalol hcl tab 300 mg	TIER 1	
LOPRESSOR (*metoprolol tartrate*) 50 MG TAB, 100 MG TAB	TIER 3	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	TIER 1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	TIER 1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	TIER 1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv) (METOPROLOL SUCCINATE ER)	TIER 1	
metoprolol tartrate tab 100 mg	TIER 1	
metoprolol tartrate tab 25 mg	TIER 1	
metoprolol tartrate tab 37.5 mg	TIER 1	
metoprolol tartrate tab 50 mg	TIER 1	
metoprolol tartrate tab 75 mg	TIER 1	
nadolol tab 20 mg	TIER 1	
nadolol tab 40 mg	TIER 1	
nadolol tab 80 mg	TIER 1	
nebivolol hcl tab 10 mg (base equivalent)	TIER 1	QLC (1 tab/day)
nebivolol hcl tab 2.5 mg (base equivalent)	TIER 1	QLC (1 tab/day)
nebivolol hcl tab 20 mg (base equivalent)	TIER 1	QLC (2 tabs/day)
nebivolol hcl tab 5 mg (base equivalent)	TIER 1	QLC (1 tab/day)
pindolol tab 10 mg	TIER 1	
pindolol tab 5 mg	TIER 1	
PROPRANOLOL HCL 40 MG/5ML SOLUTION	TIER 1	
propranolol hcl cap er 24hr 120 mg (PROPRANOLOL HCL ER)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
propranolol hcl cap er 24hr 160 mg (PROPRANOLOL HCL ER)	TIER 1	
propranolol hcl cap er 24hr 60 mg (PROPRANOLOL HCL ER)	TIER 1	
propranolol hcl cap er 24hr 80 mg (PROPRANOLOL HCL ER)	TIER 1	
propranolol hcl oral soln 20 mg/5ml	TIER 1	
propranolol hcl tab 10 mg	TIER 1	
propranolol hcl tab 20 mg	TIER 1	
propranolol hcl tab 40 mg	TIER 1	
propranolol hcl tab 60 mg	TIER 1	
propranolol hcl tab 80 mg	TIER 1	
TENORMIN (*atenolol*) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	
TOPROL XL (*metoprolol succinate*) 25 MG TAB ER 24H, 50 MG TAB ER 24H, 100 MG TAB ER 24H, 200 MG TAB ER 24H	TIER 3	

CALCIUM CHANNEL BLOCKING AGENTS, DIHYDROPYRIDINES

ADALAT CC (*nifedipine*) 30 MG TAB ER 24H, 60 MG TAB ER 24H, 90 MG TAB ER 24H	TIER 3	
amlodipine besylate tab 10 mg (base equivalent)	TIER 1	
amlodipine besylate tab 2.5 mg (base equivalent)	TIER 1	
amlodipine besylate tab 5 mg (base equivalent)	TIER 1	
CONJUPRI (*levamlodipine maleate*) 2.5 MG TAB, 5 MG TAB	TIER 3	PA, QLC (1 tab/day)
felodipine tab er 24hr 10 mg (FELODIPINE ER)	TIER 1	
felodipine tab er 24hr 2.5 mg (FELODIPINE ER)	TIER 1	
felodipine tab er 24hr 5 mg (FELODIPINE ER)	TIER 1	
isradipine cap 2.5 mg	TIER 1	
isradipine cap 5 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KATERZIA (*amlodipine benzoate*) 1 MG/ML SUSPENSION	TIER 3	PA, QLC (10 ml/day)
nicardipine hcl cap 20 mg	TIER 1	
nicardipine hcl cap 30 mg	TIER 1	
nifedipine cap 10 mg	TIER 1	
nifedipine cap 20 mg	TIER 1	
nifedipine tab er 24hr 30 mg (AFEDITAB CR)	TIER 1	
nifedipine tab er 24hr 30 mg (NIFEDIPINE ER)	TIER 1	
nifedipine tab er 24hr 60 mg (AFEDITAB CR)	TIER 1	
nifedipine tab er 24hr 60 mg (NIFEDIPINE ER)	TIER 1	
nifedipine tab er 24hr 90 mg (NIFEDIPINE ER)	TIER 1	
nifedipine tab er 24hr osmotic release 30 mg (NIFEDIPINE ER OSMOTIC RELEASE)	TIER 1	
nifedipine tab er 24hr osmotic release 60 mg (NIFEDIPINE ER OSMOTIC RELEASE)	TIER 1	
nifedipine tab er 24hr osmotic release 90 mg (NIFEDIPINE ER OSMOTIC RELEASE)	TIER 1	
nimodipine cap 30 mg	TIER 1	
NISOLDIPINE ER ER 20 MG TAB ER 24H, ER 25.5 MG TAB ER 24H, ER 30 MG TAB ER 24H, ER 40 MG TAB ER 24H	TIER 1	
nisoldipine tab er 24hr 17 mg (NISOLDIPINE ER)	TIER 1	
nisoldipine tab er 24hr 34 mg (NISOLDIPINE ER)	TIER 1	
nisoldipine tab er 24hr 8.5 mg (NISOLDIPINE ER)	TIER 1	
NORVASC (*amlodipine besylate*) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	
NYMALIZE (*nimodipine*) 30 MG/10ML SOLUTION, 60 MG/20ML SOLUTION	TIER 3	PA, QLC (60 ml/day, max of 21 days in 6 months)
NYMALIZE (*nimodipine*) 6 MG/ML SOLUTION	TIER 3	PA, QLC (60 ml/day; max 21 days therapy/180 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROCARDIA (*nifedipine*) 10 MG CAP	TIER 3	
PROCARDIA XL (*nifedipine*) 30 MG TAB ER 24H, 60 MG TAB ER 24H, 90 MG TAB ER 24H	TIER 3	
SULAR (*nisoldipine*) 8.5 MG TAB ER 24H, 17 MG TAB ER 24H, 34 MG TAB ER 24H	TIER 3	
CALCIUM CHANNEL BLOCKING AGENTS, NONDIHYDROPYRIDINES		
CALAN (*verapamil hcl*) 80 MG TAB, 120 MG TAB	TIER 3	
CALAN SR (*verapamil hcl*) 120 MG TAB ER, 180 MG TAB ER, 240 MG TAB ER	TIER 3	
CARDIZEM (*diltiazem hcl*) 30 MG TAB, 60 MG TAB, 120 MG TAB	TIER 3	
CARDIZEM CD (*diltiazem hcl coated beads*) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H	TIER 3	
CARDIZEM LA (*diltiazem hcl coated beads*) 120 MG TAB ER 24H, 180 MG TAB ER 24H, 240 MG TAB ER 24H, 300 MG TAB ER 24H, 360 MG TAB ER 24H, 420 MG TAB ER 24H	TIER 3	
diltiazem hcl cap er 12hr 120 mg (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl cap er 12hr 60 mg (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl cap er 12hr 90 mg (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl cap er 24hr 120 mg (DILT-XR)	TIER 1	
diltiazem hcl cap er 24hr 120 mg (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl cap er 24hr 180 mg (DILT-XR)	TIER 1	
diltiazem hcl cap er 24hr 180 mg (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl cap er 24hr 240 mg (DILT-XR)	TIER 1	
diltiazem hcl cap er 24hr 240 mg (DILTIAZEM HCL ER)	TIER 1	
diltiazem hcl coated beads cap er 24hr 120 mg (CARTIA XT)	TIER 1	
diltiazem hcl coated beads cap er 24hr 120 mg (DILTIAZEM CD)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diltiazem hcl coated beads cap er 24hr 120 mg (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
diltiazem hcl coated beads cap er 24hr 180 mg (CARTIA XT)	TIER 1	
diltiazem hcl coated beads cap er 24hr 180 mg (DILTIAZEM CD)	TIER 1	
diltiazem hcl coated beads cap er 24hr 180 mg (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
diltiazem hcl coated beads cap er 24hr 240 mg (CARTIA XT)	TIER 1	
diltiazem hcl coated beads cap er 24hr 240 mg (DILTIAZEM CD)	TIER 1	
diltiazem hcl coated beads cap er 24hr 240 mg (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
diltiazem hcl coated beads cap er 24hr 300 mg (CARTIA XT)	TIER 1	
diltiazem hcl coated beads cap er 24hr 300 mg (DILTIAZEM CD)	TIER 1	
diltiazem hcl coated beads cap er 24hr 300 mg (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
diltiazem hcl coated beads cap er 24hr 360 mg (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
diltiazem hcl coated beads tab er 24hr 180 mg (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
diltiazem hcl coated beads tab er 24hr 180 mg (MATZIM LA)	TIER 1	
diltiazem hcl coated beads tab er 24hr 240 mg (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
diltiazem hcl coated beads tab er 24hr 240 mg (MATZIM LA)	TIER 1	
diltiazem hcl coated beads tab er 24hr 300 mg (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
diltiazem hcl coated beads tab er 24hr 300 mg (MATZIM LA)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diltiazem hcl coated beads tab er 24hr 360 mg (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
diltiazem hcl coated beads tab er 24hr 360 mg (MATZIM LA)	TIER 1	
diltiazem hcl coated beads tab er 24hr 420 mg (DILTIAZEM HCL ER COATED BEADS)	TIER 1	
diltiazem hcl coated beads tab er 24hr 420 mg (MATZIM LA)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 120 mg (DILTIAZEM HCL ER BEADS)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 120 mg (TAZTIA XT)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 120 mg (TIADYLT ER)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 180 mg (DILTIAZEM HCL ER BEADS)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 180 mg (TAZTIA XT)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 180 mg (TIADYLT ER)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 240 mg (DILTIAZEM HCL ER BEADS)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 240 mg (TAZTIA XT)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 240 mg (TIADYLT ER)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 300 mg (DILTIAZEM HCL ER BEADS)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 300 mg (TAZTIA XT)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 300 mg (TIADYLT ER)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 360 mg (DILTIAZEM HCL ER BEADS)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
diltiazem hcl extended release beads cap er 24hr 360 mg (TAZTIA XT)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 360 mg (TIADYLT ER)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 420 mg (DILTIAZEM HCL ER BEADS)	TIER 1	
diltiazem hcl extended release beads cap er 24hr 420 mg (TIADYLT ER)	TIER 1	
diltiazem hcl tab 120 mg	TIER 1	
diltiazem hcl tab 30 mg	TIER 1	
diltiazem hcl tab 60 mg	TIER 1	
diltiazem hcl tab 90 mg	TIER 1	
TIAZAC (*diltiazem hcl extended release beads*) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 300 MG CAP ER 24H, 360 MG CAP ER 24H, 420 MG CAP ER 24H	TIER 3	
verapamil hcl cap er 24hr 100 mg (VERAPAMIL HCL ER)	TIER 1	
verapamil hcl cap er 24hr 120 mg (VERAPAMIL HCL ER)	TIER 1	
verapamil hcl cap er 24hr 180 mg (VERAPAMIL HCL ER)	TIER 1	
verapamil hcl cap er 24hr 200 mg (VERAPAMIL HCL ER)	TIER 1	
verapamil hcl cap er 24hr 240 mg (VERAPAMIL HCL ER)	TIER 1	
verapamil hcl cap er 24hr 300 mg (VERAPAMIL HCL ER)	TIER 1	
VERAPAMIL HCL ER ER 100 MG CAP ER 24H, ER 200 MG CAP ER 24H, ER 300 MG CAP ER 24H, ER 360 MG CAP ER 24H	TIER 1	
verapamil hcl tab 120 mg	TIER 1	
verapamil hcl tab 40 mg	TIER 1	
verapamil hcl tab 80 mg	TIER 1	
verapamil hcl tab er 120 mg (VERAPAMIL HCL ER)	TIER 1	
verapamil hcl tab er 180 mg (VERAPAMIL HCL ER)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
verapamil hcl tab er 240 mg (VERAPAMIL HCL ER)	TIER 1	
VERELAN (*verapamil hcl*) 120 MG CAP ER 24H, 180 MG CAP ER 24H, 240 MG CAP ER 24H, 360 MG CAP ER 24H	TIER 3	
VERELAN PM (*verapamil hcl*) 100 MG CAP ER 24H, 200 MG CAP ER 24H, 300 MG CAP ER 24H	TIER 3	

CARDIOVASCULAR AGENTS, OTHER

ACCURETIC (*quinapril-hydrochlorothiazide*) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	TIER 3	
acetazolamide tab 125 mg	TIER 1	
acetazolamide tab 250 mg	TIER 1	
ALDACTAZIDE (*spironolactone & hydrochlorothiazide*) 25-25 MG TAB, 50-50 MG TAB	TIER 3	
aliskiren fumarate tab 150 mg (base equivalent)	TIER 1	ST, QLC (1 tab/day)
aliskiren fumarate tab 300 mg (base equivalent)	TIER 1	ST, QLC (1 tab/day)
amiloride & hydrochlorothiazide tab 5-50 mg (AMILORIDE-HYDROCHLOROTHIAZIDE)	TIER 1	
amlodipine besylate-atorvastatin calcium tab 10-10 mg (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 10-20 mg (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 10-40 mg (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 10-80 mg (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 2.5-10 mg (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 2.5-20 mg (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amlodipine besylate-atorvastatin calcium tab 2.5-40 mg (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 5-10 mg (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 5-20 mg (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 5-40 mg (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
amlodipine besylate-atorvastatin calcium tab 5-80 mg (AMLODIPINE-ATORVASTATIN)	TIER 1	PA, QLC (1 tab/day)
amlodipine besylate-benazepril hcl cap 10-20 mg (AMLODIPINE BESY-BENAZEPRIL HCL)	TIER 1	QLC (1 cap/day)
amlodipine besylate-benazepril hcl cap 10-40 mg (AMLODIPINE BESY-BENAZEPRIL HCL)	TIER 1	QLC (1 cap/day)
amlodipine besylate-benazepril hcl cap 2.5-10 mg (AMLODIPINE BESY-BENAZEPRIL HCL)	TIER 1	
amlodipine besylate-benazepril hcl cap 5-10 mg (AMLODIPINE BESY-BENAZEPRIL HCL)	TIER 1	
amlodipine besylate-benazepril hcl cap 5-20 mg (AMLODIPINE BESY-BENAZEPRIL HCL)	TIER 1	
amlodipine besylate-benazepril hcl cap 5-40 mg (AMLODIPINE BESY-BENAZEPRIL HCL)	TIER 1	QLC (2 caps/day)
amlodipine besylate-olmesartan medoxomil tab 10-20 mg (AMLODIPINE-OLMESARTAN)	TIER 1	QLC (1 tab/day)
amlodipine besylate-olmesartan medoxomil tab 10-40 mg (AMLODIPINE-OLMESARTAN)	TIER 1	QLC (1 tab/day)
amlodipine besylate-olmesartan medoxomil tab 5-20 mg (AMLODIPINE-OLMESARTAN)	TIER 1	QLC (1 tab/day)
amlodipine besylate-olmesartan medoxomil tab 5-40 mg (AMLODIPINE-OLMESARTAN)	TIER 1	QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amlodipine besylate-valsartan tab 10-160 mg	TIER 1	QLC (1 tab/day)
amlodipine besylate-valsartan tab 10-320 mg	TIER 1	QLC (1 tab/day)
amlodipine besylate-valsartan tab 5-160 mg	TIER 1	QLC (1 tab/day)
amlodipine besylate-valsartan tab 5-320 mg	TIER 1	QLC (1 tab/day)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg (AMLODIPINE-VALSARTAN-HCTZ)	TIER 1	QLC (1 tab/day)
ATACAND HCT (*candesartan cilexetil-hydrochlorothiazide*) 16-12.5 MG TAB	TIER 3	ST, QLC (2 tabs/day)
ATACAND HCT (*candesartan cilexetil-hydrochlorothiazide*) 32-12.5 MG TAB, 32-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
atenolol & chlorthalidone tab 100-25 mg (ATENOLOL-CHLORTHALIDONE)	TIER 1	
atenolol & chlorthalidone tab 50-25 mg (ATENOLOL-CHLORTHALIDONE)	TIER 1	
AVALIDE (*irbesartan-hydrochlorothiazide*) 150-12.5 MG TAB	TIER 3	QLC (2 tabs/day)
AVALIDE (*irbesartan-hydrochlorothiazide*) 300-12.5 MG TAB	TIER 3	QLC (1 tab/day)
AZOR (*amlodipine besylate-olmesartan medoxomil*) 5-20 MG TAB, 5-40 MG TAB, 10-20 MG TAB, 10-40 MG TAB	TIER 3	QLC (1 tab/day)
benazepril & hydrochlorothiazide tab 10-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
benazepril & hydrochlorothiazide tab 20-12.5 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
benazepril & hydrochlorothiazide tab 20-25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
benazepril & hydrochlorothiazide tab 5-6.25 mg (BENAZEPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
BENAZEPRIL-HYDROCHLOROTHIAZIDE (*benazepril & hydrochlorothiazide*) -5-6.25 MG TAB	TIER 1	
BENICAR HCT (*olmesartan medoxomil-hydrochlorothiazide*) 20-12.5 MG TAB, 40-12.5 MG TAB, 40-25 MG TAB	TIER 3	QLC (1 tab/day)
BIDIL (*isosorbide dinitrate-hydralazine hcl*) 20-37.5 MG TAB	TIER 3	QLC (6 tabs/day)
bisoprolol & hydrochlorothiazide tab 10-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
bisoprolol & hydrochlorothiazide tab 5-6.25 mg (BISOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
BYVALSON (*nebivolol-valsartan*) 5-80 MG TAB	TIER 3	ST, QLC (1 tab/day)
CADUET (*amlodipine besylate-atorvastatin calcium*) 5-10 MG TAB, 5-20 MG TAB, 5-40 MG TAB, 5-80 MG TAB, 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	TIER 3	PA, QLC (1 tab/day)
candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg (CANDESARTAN CILEXETIL-HCTZ)	TIER 1	ST, QLC (2 tabs/day)
candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg (CANDESARTAN CILEXETIL-HCTZ)	TIER 1	ST, QLC (1 tab/day)
candesartan cilexetil-hydrochlorothiazide tab 32-25 mg (CANDESARTAN CILEXETIL-HCTZ)	TIER 1	ST, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CAPTOPRIL-HYDROCHLOROTHIAZIDE (*captopril & hydrochlorothiazide*) -25-15 MG TAB, -25-25 MG TAB, -50-15 MG TAB, -50-25 MG TAB	TIER 1	
CONSENSI (*amlodipine besylate-celecoxib*) 2.5-200 MG TAB, 5-200 MG TAB, 10-200 MG TAB	TIER 3	PA, QLC (1 tab/day)
CORLANOR (*ivabradine hcl*) 5 MG TAB, 7.5 MG TAB	TIER 3	PA, QLC (2 tabs/day)
CORLANOR (*ivabradine hcl*) 5 MG/5ML SOLUTION	TIER 3	PA, QLC (20 ml/day)
CORZIDE (*nadolol & bendroflumethiazide*) 40-5 MG TAB, 80-5 MG TAB	TIER 3	
DEMSER (*metyrosine*) 250 MG CAP	TIER 3	QLC (16 caps/day)
DIGOXIN 0.05 MG/ML SOLUTION	TIER 1	AL1 (Up to 64 yrs old), QLC (2.5 ml/day)
digoxin oral soln 0.05 mg/ml	TIER 1	AL1 (Up to 64 yrs old), QLC (2.5 ml/day)
digoxin tab 125 mcg (0.125 mg) (0.	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
digoxin tab 125 mcg (0.125 mg) (DIGITEK) *(0.*	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
digoxin tab 250 mcg (0.25 mg)	TIER 1	AL1 (Up to 64 yrs old), QLC (0.5 tab/day)
digoxin tab 250 mcg (0.25 mg) (DIGITEK)	TIER 1	AL1 (Up to 64 yrs old), QLC (0.5 tab/day)
DIOVAN HCT (*valsartan-hydrochlorothiazide*) 320-12.5 MG TAB, 320-25 MG TAB	TIER 3	QLC (1 tab/day)
DIOVAN HCT (*valsartan-hydrochlorothiazide*) 80-12.5 MG TAB, 160-12.5 MG TAB, 160-25 MG TAB	TIER 3	QLC (2 tabs/day)
DUTOPROL (*metoprolol & hydrochlorothiazide*) 100-12.5 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
DUTOPROL (*metoprolol & hydrochlorothiazide*) 25-12.5 MG TAB ER 24H, 50-12.5 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
DYAZIDE (*triamterene & hydrochlorothiazide*) 37.5-25 MG CAP	TIER 3	
EDARBYCLOR (*azilsartan medoxomil-chlorthalidone*) 40-12.5 MG TAB, 40-25 MG TAB	TIER 3	ST, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
enalapril maleate & hydrochlorothiazide tab 10-25 mg (ENALAPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
enalapril maleate & hydrochlorothiazide tab 5-12.5 mg (ENALAPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
ENTRESTO (*sacubitril-valsartan*) 24-26 MG TAB, 49-51 MG TAB, 97-103 MG TAB	TIER 2	QLC (2 tabs/day)
EXFORGE (*amlodipine besylate-valsartan*) 5-160 MG TAB, 5-320 MG TAB, 10-160 MG TAB, 10-320 MG TAB	TIER 3	QLC (1 tab/day)
EXFORGE HCT (*amlodipine-valsartan-hydrochlorothiazide*) 5-160-12.5 MG TAB, 5-160-25 MG TAB, 10-160-12.5 MG TAB, 10-160-25 MG TAB, 10-320-25 MG TAB	TIER 3	QLC (1 tab/day)
fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg (FOSINOPRIL SODIUM-HCTZ)	TIER 1	
fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg (FOSINOPRIL SODIUM-HCTZ)	TIER 1	
HYZAAR (*losartan potassium & hydrochlorothiazide*) 100-12.5 MG TAB, 100-25 MG TAB	TIER 3	QLC (1 tab/day)
HYZAAR (*losartan potassium & hydrochlorothiazide*) 50-12.5 MG TAB	TIER 3	QLC (2 tabs/day)
irbesartan-hydrochlorothiazide tab 150-12.5 mg	TIER 1	QLC (2 tabs/day)
irbesartan-hydrochlorothiazide tab 300-12.5 mg	TIER 1	QLC (1 tab/day)
LANOXIN (*digoxin*) 125 MCG TAB, 187.5 MCG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
LANOXIN (*digoxin*) 250 MCG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (0.5 tab/day)
LANOXIN (*digoxin*) 62.5 MCG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
lisinopril & hydrochlorothiazide tab 10-12.5 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
lisinopril & hydrochlorothiazide tab 20-12.5 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	
lisinopril & hydrochlorothiazide tab 20-25 mg (LISINOPRIL-HYDROCHLOROTHIAZIDE)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LOPRESSOR HCT (*metoprolol & hydrochlorothiazide*) 50-25 MG TAB	TIER 3	
losartan potassium & hydrochlorothiazide tab 100-12.5 mg (LOSARTAN POTASSIUM-HCTZ)	TIER 1	QLC (1 tab/day)
losartan potassium & hydrochlorothiazide tab 100-25 mg (LOSARTAN POTASSIUM-HCTZ)	TIER 1	QLC (1 tab/day)
losartan potassium & hydrochlorothiazide tab 50-12.5 mg (LOSARTAN POTASSIUM-HCTZ)	TIER 1	QLC (2 tabs/day)
LOTENSIN HCT (*benazepril & hydrochlorothiazide*) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	TIER 3	
LOTREL (*amlodipine besylate-benazepril hcl*) 10-20 MG CAP, 10-40 MG CAP	TIER 3	QLC (1 cap/day)
LOTREL (*amlodipine besylate-benazepril hcl*) 5-10 MG CAP, 5-20 MG CAP	TIER 3	
MAXZIDE (*triamterene & hydrochlorothiazide*) 75-50 MG TAB	TIER 3	
MAXZIDE-25 (*triamterene & hydrochlorothiazide*) -37.5-MG TAB	TIER 3	
METHYLDOPA-HYDROCHLOROTHIAZIDE (*methyldopa & hydrochlorothiazide*) -250-15 MG TAB, -250-25 MG TAB	TIER 1	
metoprolol & hydrochlorothiazide tab 100-25 mg (METOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
metoprolol & hydrochlorothiazide tab 50-25 mg (METOPROLOL-HYDROCHLOROTHIAZIDE)	TIER 1	
METOPROLOL-HCTZ ER (*metoprolol & hydrochlorothiazide*) -100-12.5 MG TAB 24H	TIER 3	PA, QLC (2 tabs/day)
METOPROLOL-HCTZ ER (*metoprolol & hydrochlorothiazide*) -ER 25-12.5 MG TAB ER 24H, -ER 50-12.5 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
METOPROLOL-HYDROCHLOROTHIAZIDE (*metoprolol & hydrochlorothiazide*) -100-50 MG TAB	TIER 1	
metyrosine cap 250 mg	TIER 1	QLC (16 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MICARDIS HCT (*telmisartan-hydrochlorothiazide*) 40-12.5 MG TAB	TIER 3	ST, QLC (3 tabs/day)
MICARDIS HCT (*telmisartan-hydrochlorothiazide*) 80-12.5 MG TAB, 80-25 MG TAB	TIER 3	ST, QLC (2 tabs/day)
moexipril-hydrochlorothiazide tab 15-12.5 mg	TIER 1	
moexipril-hydrochlorothiazide tab 15-25 mg	TIER 1	
moexipril-hydrochlorothiazide tab 7.5-12.5 mg	TIER 1	
NADOLOL-BENDROFLUMETHIAZIDE (*nadolol & bendroflumethiazide*) -40-5 MG TAB	TIER 1	
NEXLETOL (*bempedoic acid*) 180 MG TAB	TIER 3	PA, QLC (1 tab/day)
olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg (OLMESARTAN MEDOXOMIL-HCTZ)	TIER 1	QLC (1 tab/day)
olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg (OLMESARTAN MEDOXOMIL-HCTZ)	TIER 1	QLC (1 tab/day)
olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg (OLMESARTAN MEDOXOMIL-HCTZ)	TIER 1	QLC (1 tab/day)
olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg (OLMESARTAN-AMLODIPINE-HCTZ)	TIER 1	ST, QLC (1 tab/day)
pentoxifylline tab er 400 mg (PENTOXIFYLLINE ER)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRESTALIA (*perindopril arginine-amlodipine besylate*) 3.5-2.5 MG TAB, 7-5 MG TAB, 14-10 MG TAB	TIER 3	ST, QLC (1 tab/day)
PROPRANOLOL-HCTZ (*propranolol & hydrochlorothiazide*) -40-25 MG TAB, -80-25 MG TAB	TIER 1	
quinapril-hydrochlorothiazide tab 10-12.5 mg	TIER 1	
quinapril-hydrochlorothiazide tab 20-12.5 mg	TIER 1	
quinapril-hydrochlorothiazide tab 20-25 mg	TIER 1	
RANEXA (*ranolazine*) 500 MG TAB ER 12H, 1000 MG TAB ER 12H	TIER 3	PA, QLC (2 tabs/day)
ranolazine tab er 12hr 1000 mg (RANOLAZINE ER)	TIER 1	PA, QLC (2 tabs/day)
ranolazine tab er 12hr 500 mg (RANOLAZINE ER)	TIER 1	PA, QLC (2 tabs/day)
spironolactone & hydrochlorothiazide tab 25-25 mg (SPIRONOLACTONE-HCTZ)	TIER 1	
TARKA (*trandolapril-verapamil hcl*) 2-180 MG TAB ER, 2-240 MG TAB ER, 4-240 MG TAB ER	TIER 3	
TEKTURNA (*aliskiren fumarate*) 150 MG TAB, 300 MG TAB	TIER 3	ST, QLC (1 tab/day)
TEKTURNA HCT (*aliskiren-hydrochlorothiazide*) 150-12.5 MG TAB, 150-25 MG TAB, 300-12.5 MG TAB, 300-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
telmisartan-amlodipine tab 40-10 mg	TIER 1	ST, QLC (1 tab/day)
telmisartan-amlodipine tab 40-5 mg	TIER 1	ST, QLC (1 tab/day)
telmisartan-amlodipine tab 80-10 mg	TIER 1	ST, QLC (1 tab/day)
telmisartan-amlodipine tab 80-5 mg	TIER 1	ST, QLC (1 tab/day)
telmisartan-hydrochlorothiazide tab 40-12.5 mg (TELMISARTAN-HCTZ)	TIER 1	ST, QLC (3 tabs/day)
telmisartan-hydrochlorothiazide tab 80-12.5 mg (TELMISARTAN-HCTZ)	TIER 1	ST, QLC (2 tabs/day)
telmisartan-hydrochlorothiazide tab 80-25 mg (TELMISARTAN-HCTZ)	TIER 1	ST, QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TENORETIC 100 (*atenolol & chlorthalidone*) -25 MG TAB	TIER 3	
TENORETIC 50 (*atenolol & chlorthalidone*) -25 MG TAB	TIER 3	
TRANDOLAPRIL-VERAPAMIL HCL ER -ER 1-240 MG TAB ER, -ER 2-180 MG TAB ER, -ER 2-240 MG TAB ER, -ER 4-240 MG TAB ER	TIER 1	
trandolapril-verapamil hcl tab er 1-240 mg (TRANDOLAPRIL-VERAPAMIL HCL ER)	TIER 1	
trandolapril-verapamil hcl tab er 2-180 mg (TRANDOLAPRIL-VERAPAMIL HCL ER)	TIER 1	
trandolapril-verapamil hcl tab er 2-240 mg (TRANDOLAPRIL-VERAPAMIL HCL ER)	TIER 1	
trandolapril-verapamil hcl tab er 4-240 mg (TRANDOLAPRIL-VERAPAMIL HCL ER)	TIER 1	
triamterene & hydrochlorothiazide cap 37.5-25 mg (TRIAMTERENE-HCTZ)	TIER 1	
triamterene & hydrochlorothiazide tab 37.5-25 mg (TRIAMTERENE-HCTZ)	TIER 1	
triamterene & hydrochlorothiazide tab 75-50 mg (TRIAMTERENE-HCTZ)	TIER 1	
TRIBENZOR (*olmesartan medoxomil-amlodipine-hydrochlorothiazide*) 20-5-12.5 MG TAB, 40-10-12.5 MG TAB, 40-10-25 MG TAB, 40-5-12.5 MG TAB, 40-5-25 MG TAB	TIER 3	ST, QLC (1 tab/day)
TWYNSTA (*telmisartan-amlodipine*) 40-10 MG TAB, 40-5 MG TAB, 80-10 MG TAB, 80-5 MG TAB	TIER 3	ST, QLC (1 tab/day)
valsartan-hydrochlorothiazide tab 160-12.5 mg	TIER 1	QLC (2 tabs/day)
valsartan-hydrochlorothiazide tab 160-25 mg	TIER 1	QLC (2 tabs/day)
valsartan-hydrochlorothiazide tab 320-12.5 mg	TIER 1	QLC (1 tab/day)
valsartan-hydrochlorothiazide tab 320-25 mg	TIER 1	QLC (1 tab/day)
valsartan-hydrochlorothiazide tab 80-12.5 mg	TIER 1	QLC (2 tabs/day)
VASERETIC (*enalapril maleate & hydrochlorothiazide*) 10-25 MG TAB	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VECAMYL (*mecamylamine hcl*) 2.5 MG TAB	TIER 1	
VERQUVO (*vericiguat*) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	PA, QLC (1 tab/day)
VYNDAMAX (*tafamidis*) 61 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
ZESTORETIC (*lisinopril & hydrochlorothiazide*) 10-12.5 MG TAB, 20-12.5 MG TAB, 20-25 MG TAB	TIER 3	
ZIAC (*bisoprolol & hydrochlorothiazide*) 2.5-6.25 MG TAB, 5-6.25 MG TAB, 10-6.25 MG TAB	TIER 3	

DIURETICS, LOOP

bumetanide tab 0.5 mg	TIER 1	
bumetanide tab 1 mg	TIER 1	
bumetanide tab 2 mg	TIER 1	
BUMEX (*bumetanide*) 0.5 MG TAB, 1 MG TAB, 2 MG TAB	TIER 3	
DEMADEX (*torsemide*) 10 MG TAB, 20 MG TAB	TIER 3	
EDECRIN (*ethacrynic acid*) 25 MG TAB	TIER 3	PA
ethacrynic acid tab 25 mg	TIER 1	PA
FUROSEMIDE 8 MG/ML SOLUTION	TIER 1	
furosemide oral soln 10 mg/ml	TIER 1	
furosemide tab 20 mg	TIER 1	
furosemide tab 40 mg	TIER 1	
furosemide tab 80 mg	TIER 1	
LASIX (*furosemide*) 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	
torsemide tab 10 mg	TIER 1	
torsemide tab 100 mg	TIER 1	
torsemide tab 20 mg	TIER 1	
torsemide tab 5 mg	TIER 1	

DIURETICS, POTASSIUM-SPARING

ALDACTONE (*spironolactone*) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amiloride hcl tab 5 mg	TIER 1	
CAROSPIR (*spironolactone*) 25 MG/5ML SUSPENSION	TIER 3	PA, QLC (20 ml/day)
DYRENIUM (*triamterene*) 50 MG CAP, 100 MG CAP	TIER 3	ST
eplerenone tab 25 mg	TIER 1	
eplerenone tab 50 mg	TIER 1	
INSPRA (*eplerenone*) 25 MG TAB, 50 MG TAB	TIER 3	
spironolactone tab 100 mg	TIER 1	
spironolactone tab 25 mg	TIER 1	
spironolactone tab 50 mg	TIER 1	
triamterene cap 100 mg	TIER 1	ST
triamterene cap 50 mg	TIER 1	ST

DIURETICS, THIAZIDE

CHLOROTHIAZIDE 250 MG TAB, 500 MG TAB	TIER 1	
chlorothiazide tab 500 mg	TIER 1	
chlorthalidone tab 25 mg	TIER 1	
chlorthalidone tab 50 mg	TIER 1	
DIURIL (*chlorothiazide*) 250 MG/5ML SUSPENSION	TIER 3	
hydrochlorothiazide cap 12.5 mg	TIER 1	
hydrochlorothiazide tab 12.5 mg	TIER 1	
hydrochlorothiazide tab 25 mg	TIER 1	
hydrochlorothiazide tab 50 mg	TIER 1	
indapamide tab 1.25 mg	TIER 1	
indapamide tab 2.5 mg	TIER 1	
METHYCLOTHIAZIDE 5 MG TAB	TIER 1	
metolazone tab 10 mg	TIER 1	
metolazone tab 2.5 mg	TIER 1	
metolazone tab 5 mg	TIER 1	
MICROZIDE (*hydrochlorothiazide*) 12.5 MG CAP	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
THALITONE (*chlorthalidone*) 15 MG TAB	TIER 3	PA, QLC (4 tabs/day)

DYSLIPIDEMICS, FIBRIC ACID DERIVATIVES (Drugs for High Cholesterol)

ANTARA (*fenofibrate micronized*) 30 MG CAP	TIER 3	ST, QLC (2 caps/day)
ANTARA (*fenofibrate micronized*) 90 MG CAP	TIER 3	ST, QLC (1 cap/day)
choline fenofibrate cap dr 135 mg (fenofibric acid equiv)	TIER 1	QLC (1 cap/day)
choline fenofibrate cap dr 45 mg (fenofibric acid equiv)	TIER 1	QLC (1 cap/day)
FENOFIBRATE 150 MG CAP	TIER 1	ST, QLC (1 cap/day)
FENOFIBRATE 50 MG CAP	TIER 1	ST, QLC (2 caps/day)
FENOFIBRATE MICRONIZED 30 MG CAP	TIER 3	ST, QLC (2 caps/day)
FENOFIBRATE MICRONIZED 90 MG CAP	TIER 3	ST, QLC (1 cap/day)
fenofibrate micronized cap 130 mg	TIER 1	ST, QLC (1 cap/day)
fenofibrate micronized cap 134 mg	TIER 1	QLC (1 cap/day)
fenofibrate micronized cap 200 mg	TIER 1	QLC (1 cap/day)
fenofibrate micronized cap 43 mg	TIER 1	ST, QLC (2 caps/day)
fenofibrate micronized cap 67 mg	TIER 1	QLC (1 cap/day)
fenofibrate tab 120 mg	TIER 1	ST, QLC (1 tab/day)
fenofibrate tab 145 mg	TIER 1	QLC (1 tab/day)
fenofibrate tab 160 mg	TIER 1	QLC (1 tab/day)
fenofibrate tab 40 mg	TIER 1	ST, QLC (2 tabs/day)
fenofibrate tab 48 mg	TIER 1	QLC (2 tabs/day)
fenofibrate tab 54 mg	TIER 1	QLC (2 tabs/day)
FENOFIBRIC ACID 105 MG TAB	TIER 3	QLC (1 tab/day)
FENOFIBRIC ACID 35 MG TAB	TIER 3	QLC (2 tabs/day)
FENOGLIDE (*fenofibrate*) 120 MG TAB	TIER 3	ST, QLC (1 tab/day)
FENOGLIDE (*fenofibrate*) 40 MG TAB	TIER 3	ST, QLC (2 tabs/day)
FIBRICOR (*fenofibric acid*) 105 MG TAB	TIER 3	QLC (1 tab/day)
FIBRICOR (*fenofibric acid*) 35 MG TAB	TIER 3	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
gemfibrozil tab 600 mg	TIER 1	QLC (2.5 tabs/day)
LIPOFEN (*fenofibrate*) 150 MG CAP	TIER 3	ST, QLC (1 cap/day)
LIPOFEN (*fenofibrate*) 50 MG CAP	TIER 3	ST, QLC (2 caps/day)
LOPID (*gemfibrozil*) 600 MG TAB	TIER 3	QLC (2.5 tabs/day)
TRICOR (*fenofibrate*) 145 MG TAB	TIER 3	QLC (1 tab/day)
TRICOR (*fenofibrate*) 48 MG TAB	TIER 3	QLC (2 tabs/day)
TRIGLIDE (*fenofibrate*) 160 MG TAB	TIER 3	ST, QLC (1 tab/day)
TRILIPIX (*choline fenofibrate*) 45 MG CAP DR, 135 MG CAP DR	TIER 3	QLC (1 cap/day)

DYSLIPIDEMICS, HMG COA REDUCTASE INHIBITORS (Drugs for High Cholesterol)

ALTOPREV (*lovastatin*) 20 MG TAB ER 24H, 40 MG TAB ER 24H, 60 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
atorvastatin calcium tab 10 mg (base equivalent)	TIER 1	PH (Preventive Health), QLC (1 tab/day)
atorvastatin calcium tab 20 mg (base equivalent)	TIER 1	PH (Preventive Health), QLC (1 tab/day)
atorvastatin calcium tab 40 mg (base equivalent)	TIER 1	QLC (1 tab/day)
atorvastatin calcium tab 80 mg (base equivalent)	TIER 1	QLC (1 tab/day)
CRESTOR (*rosuvastatin calcium*) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB	TIER 3	QLC (1 tab/day)
EZALLOR SPRINKLE (*rosuvastatin calcium*) 5 MG CAP SPRINK, 10 MG CAP SPRINK, 20 MG CAP SPRINK, 40 MG CAP SPRINK	TIER 3	PA, QLC (1 cap/day)
FLOLIPID (*simvastatin*) 20 MG/5ML SUSPENSION	TIER 3	PA, QLC (5 ml/day)
FLOLIPID (*simvastatin*) 40 MG/5ML SUSPENSION	TIER 3	PA, QLC (10 ml/day)
fluvastatin sodium cap 20 mg (base equivalent)	TIER 1	QLC (1 cap/day)
fluvastatin sodium cap 40 mg (base equivalent)	TIER 1	QLC (2 caps/day)
fluvastatin sodium tab er 24 hr 80 mg (base equivalent) (FLUVASTATIN SODIUM ER)	TIER 1	PA, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LESCOL XL (*fluvastatin sodium*) 80 MG TAB ER 24H	TIER 3	PA, QLC (1 tab/day)
LIPITOR (*atorvastatin calcium*) 10 MG TAB, 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	QLC (1 tab/day)
LIVALO (*pitavastatin calcium*) 1 MG TAB, 2 MG TAB, 4 MG TAB	TIER 3	ST, QLC (1 tab/day)
lovastatin tab 10 mg	TIER 1	QLC (1 tab/day)
lovastatin tab 20 mg	TIER 1	QLC (1 tab/day)
lovastatin tab 40 mg	TIER 1	QLC (2 tabs/day)
PRAVACHOL (*pravastatin sodium*) 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	QLC (1 tab/day)
pravastatin sodium tab 10 mg	TIER 1	QLC (1 tab/day)
pravastatin sodium tab 20 mg	TIER 1	QLC (1 tab/day)
pravastatin sodium tab 40 mg	TIER 1	QLC (1 tab/day)
pravastatin sodium tab 80 mg	TIER 1	QLC (1 tab/day)
rosuvastatin calcium tab 10 mg	TIER 1	QLC (1 tab/day)
rosuvastatin calcium tab 20 mg	TIER 1	QLC (1 tab/day)
rosuvastatin calcium tab 40 mg	TIER 1	QLC (1 tab/day)
rosuvastatin calcium tab 5 mg	TIER 1	QLC (1 tab/day)
SIMVASTATIN 20 MG/5ML SUSPENSION	TIER 3	PA, QLC (5 ml/day)
simvastatin tab 10 mg	TIER 1	PH (Preventive Health), QLC (1 tab/day)
simvastatin tab 20 mg	TIER 1	PH (Preventive Health), QLC (1 tab/day)
simvastatin tab 40 mg	TIER 1	PH (Preventive Health), QLC (1 tab/day)
simvastatin tab 5 mg	TIER 1	PH (Preventive Health), QLC (1 tab/day)
simvastatin tab 80 mg	TIER 1	QLC (1 tab/day)
ZOCOR (*simvastatin*) 5 MG TAB, 10 MG TAB, 20 MG TAB, 40 MG TAB, 80 MG TAB	TIER 3	QLC (1 tab/day)
ZYPITAMAG (*pitavastatin magnesium*) 1 MG TAB, 2 MG TAB, 4 MG TAB	TIER 3	ST, QLC (1 tab/day)

DYSLIPIDEMICS, OTHER (Other Drugs for High Cholesterol)

cholestyramine light powder 4 gm/dose	TIER 1	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
cholestyramine light powder 4 gm/dose (PREVALITE)	TIER 1	
cholestyramine light powder packets 4 gm	TIER 1	
cholestyramine light powder packets 4 gm (PREVALITE)	TIER 1	
cholestyramine powder 4 gm/dose	TIER 1	
cholestyramine powder packets 4 gm	TIER 1	
colesevelam hcl packet for susp 3.75 gm	TIER 1	
colesevelam hcl tab 625 mg	TIER 1	
COLESTID (*colestipol hcl*) 1 GM TAB, 5 GM GRANULES, 5 GM PACKET	TIER 3	
COLESTID FLAVORED (*colestipol hcl*) 5 GM GRANULES, 5 GM PACKET	TIER 3	
colestipol hcl granule packets 5 gm	TIER 1	
colestipol hcl granules 5 gm	TIER 1	
colestipol hcl tab 1 gm	TIER 1	
ezetimibe tab 10 mg	TIER 1	QLC (1 tab/day)
EZETIMIBE-ROSUVASTATIN (*ezetimibe-rosuvastatin calcium*) -10-10 MG TAB, -10-20 MG TAB, -10-40 MG TAB, -10-5 MG TAB	TIER 3	PA, QLC (1 tab/day)
ezetimibe-simvastatin tab 10-10 mg	TIER 1	ST, QLC (1 tab/day)
ezetimibe-simvastatin tab 10-20 mg	TIER 1	ST, QLC (1 tab/day)
ezetimibe-simvastatin tab 10-40 mg	TIER 1	ST, QLC (1 tab/day)
ezetimibe-simvastatin tab 10-80 mg	TIER 1	ST, QLC (1 tab/day)
icosapent ethyl cap 1 gm	TIER 1	PA, QLC (4 caps/day)
JUXTAPID (*lomitapide mesylate*) 5 MG CAP, 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 60 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
KYNAMRO (*mipomersen sodium*) 200 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
LOVAZA (*omega-3-acid ethyl esters*) 1 GM CAP	TIER 3	QLC (4 caps/day)
NEXLIZET (*bempedoic acid-ezetimibe*) 180-10 MG TAB	TIER 3	PA, QLC (1 tab/day)
NIACIN (ANTIHYPERLIPIDEMIC) 500 MG TAB	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
niacin tab er 1000 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERLIPIDEMIC))	TIER 1	QLC (2 tabs/day)
niacin tab er 500 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERLIPIDEMIC))	TIER 1	QLC (4 tabs/day)
niacin tab er 750 mg (antihyperlipidemic) (NIACIN ER (ANTIHYPERLIPIDEMIC))	TIER 1	QLC (2 tabs/day)
NIACOR (*niacin (antihyperlipidemic)*) 500 MG TAB	TIER 1	
NIASPAN (*niacin (antihyperlipidemic)*) 500 MG TAB	TIER 3	QLC (4 tabs/day)
NIASPAN (*niacin (antihyperlipidemic)*) 750 MG TAB ER, 1000 MG TAB ER	TIER 3	QLC (2 tabs/day)
omega-3-acid ethyl esters cap 1 gm	TIER 1	QLC (4 caps/day)
omega-3-acid ethyl esters cap 1 gm (TRIKLO)	TIER 1	QLC (4 caps/day)
PRALUENT (*alirocumab*) PRLUENT 75 MG/ML SOLN -INJ, PRLUENT 150 MG/ML SOLN -INJ	TIER 4	PA, QLC (2 pens/month)
PRALUENT 150 MG/ML PEN (NDC 00024)	TIER 4	PA, QLC (2 pens/month)
PRALUENT 150 MG/ML PEN (NDC 72733)	TIER 3	PA, QLC (2 pens/month)
PRALUENT 75 MG/ML PEN (NDC 00024)	TIER 4	PA, QLC (2 pens/month)
PRALUENT 75 MG/ML PEN (NDC 72733)	TIER 3	PA, QLC (2 pens/month)
QUESTRAN (*cholestyramine*) 4 GM PACKET, 4 GM/DOSE POWDER	TIER 3	
QUESTRAN LIGHT (*cholestyramine light*) 4 GM/DOSE POWDER	TIER 3	
REPATHA (*evolocumab*) 140 MG/ML SOLN PRSYR	TIER 3	PA, QLC (2 syringes/month)
REPATHA PUSHTRONEX SYSTEM (*evolocumab*) 420 MG/3.5ML SOLN CART	TIER 3	PA, QLC (1 injector/month)
REPATHA SURECLICK (*evolocumab*) REPTH140 MG/ML SOLN -INJ	TIER 3	PA, QLC (2 pens/month)
ROSZET (*ezetimibe-rosuvastatin calcium*) 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-5 MG TAB	TIER 3	PA, QLC (1 tab/day)
VASCEPA (*icosapent ethyl*) 0.5 GM CAP	TIER 3	PA, QLC (2 caps/day)
VASCEPA (*icosapent ethyl*) 1 GM CAP	TIER 3	PA, QLC (4 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VYTORIN (*ezetimibe-simvastatin*) 10-10 MG TAB, 10-20 MG TAB, 10-40 MG TAB, 10-80 MG TAB	TIER 3	ST, QLC (1 tab/day)
WELCHOL (*colesevelam hcl*) 3.75 GM PACKET, 625 MG TAB	TIER 3	
ZETIA (*ezetimibe*) 10 MG TAB	TIER 3	QLC (1 tab/day)

VASODILATORS, DIRECT-ACTING ARTERIAL (Drugs for Relaxing Arteries)

hydralazine hcl tab 10 mg	TIER 1	
hydralazine hcl tab 100 mg	TIER 1	
hydralazine hcl tab 25 mg	TIER 1	
hydralazine hcl tab 50 mg	TIER 1	
minoxidil tab 10 mg	TIER 1	
minoxidil tab 2.5 mg	TIER 1	

VASODILATORS, DIRECT-ACTING ARTERIAL/VENOUS (Drugs for Relaxing Arteries and Veins)

DILATRATE-SR (*isosorbide dinitrate*) -40 MG CAP ER	TIER 3	
GONITRO (*nitroglycerin*) 400 MCG PACKET	TIER 3	PA, QLC (36 packs/month)
ISORDIL TITRADOSE (*isosorbide dinitrate*) 5 MG TAB, 40 MG TAB	TIER 3	
ISOSORBIDE DINITRATE ER 40 MG TAB	TIER 1	
isosorbide dinitrate tab 10 mg	TIER 1	
isosorbide dinitrate tab 20 mg	TIER 1	
isosorbide dinitrate tab 30 mg	TIER 1	
isosorbide dinitrate tab 40 mg	TIER 1	
isosorbide dinitrate tab 5 mg	TIER 1	
isosorbide mononitrate tab 10 mg	TIER 1	
isosorbide mononitrate tab 20 mg	TIER 1	
isosorbide mononitrate tab er 24hr 120 mg (ISOSORBIDE MONONITRATE ER)	TIER 1	
isosorbide mononitrate tab er 24hr 30 mg (ISOSORBIDE MONONITRATE ER)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
isosorbide mononitrate tab er 24hr 60 mg (ISOSORBIDE MONONITRATE ER)	TIER 1	
NITRO-BID (*nitroglycerin*) -2 % OINTMENT	TIER 2	
NITRO-DUR (*nitroglycerin*) -0.1 MG/HR PATCH 24HR, -0.2 MG/HR PATCH 24HR, -0.4 MG/HR PATCH 24HR, -0.6 MG/HR PATCH 24HR	TIER 3	
NITRO-DUR (*nitroglycerin*) -0.3 MG/HR PATCH 24HR, -0.8 MG/HR PATCH 24HR	TIER 2	
NITRO-TIME (*nitroglycerin*) -2.5 MG CAP ER, -6.5 MG CAP ER, -9 MG CAP ER	TIER 1	
nitroglycerin cap er 2.5 mg (NITROGLYCERIN ER)	TIER 1	
nitroglycerin cap er 6.5 mg (NITROGLYCERIN ER)	TIER 1	
nitroglycerin cap er 9 mg (NITROGLYCERIN ER)	TIER 1	
nitroglycerin sl tab 0.3 mg	TIER 1	
nitroglycerin sl tab 0.4 mg	TIER 1	
nitroglycerin sl tab 0.6 mg	TIER 1	
nitroglycerin td patch 24hr 0.1 mg/hr	TIER 1	
nitroglycerin td patch 24hr 0.1 mg/hr (MINITRAN)	TIER 1	
nitroglycerin td patch 24hr 0.2 mg/hr	TIER 1	
nitroglycerin td patch 24hr 0.2 mg/hr (MINITRAN)	TIER 1	
nitroglycerin td patch 24hr 0.4 mg/hr	TIER 1	
nitroglycerin td patch 24hr 0.4 mg/hr (MINITRAN)	TIER 1	
nitroglycerin td patch 24hr 0.6 mg/hr	TIER 1	
nitroglycerin td patch 24hr 0.6 mg/hr (MINITRAN)	TIER 1	
nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)	TIER 1	
NITROLINGUAL (*nitroglycerin*) 0.4 MG/SPRAY SOLUTION	TIER 3	
NITROMIST (*nitroglycerin*) 400 MCG/SPRAY AERO SOLN	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NITROSTAT (*nitroglycerin*) 0.3 MG SL TAB, 0.4 MG SL TAB, 0.6 MG SL TAB	TIER 3	
RECTIV (*nitroglycerin (intra-anal)*) 0.4 % OINTMENT	TIER 3	PA, QLC (30 gm/30 days)

CENTRAL NERVOUS SYSTEM AGENTS (Drugs for Nerve Conditions)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, AMPHETAMINES

ADDERALL (*amphetamine-dextroamphetamine*) 12.5 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
ADDERALL (*amphetamine-dextroamphetamine*) 20 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
ADDERALL (*amphetamine-dextroamphetamine*) 30 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
ADDERALL (*amphetamine-dextroamphetamine*) 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
ADDERALL XR (*amphetamine-dextroamphetamine*) 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (2 caps/day)
ADZENYS ER (*amphetamine*) 1.25 MG/ML SUSP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (15 ml/day)
ADZENYS XR-ODT (*amphetamine*) -ODT 3.1 MG TAB ER DISP, -ODT 6.3 MG TAB ER DISP, -ODT 9.4 MG TAB ER DISP, -ODT 12.5 MG TAB ER DISP, -ODT 15.7 MG TAB ER DISP, -ODT 18.8 MG TAB ER DISP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
AMPHETAMINE ER 1.25 MG/ML SUSP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (15 ml/day)
amphetamine sulfate tab 10 mg	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)
amphetamine sulfate tab 5 mg	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
amphetamine-dextroamphetamine cap er 24hr 10 mg (AMPHETAMINE-DEXTROAMPHET ER) *-dextro*	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
amphetamine-dextroamphetamine cap er 24hr 15 mg (AMPHETAMINE-DEXTROAMPHET ER) *-dextro*	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
amphetamine-dextroamphetamine cap er 24hr 20 mg (AMPHETAMINE-DEXTROAMPHET ER) *-dextro*	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
amphetamine-dextroamphetamine cap er 24hr 25 mg (AMPHETAMINE-DEXTROAMPHET ER) *-dextro*	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
amphetamine-dextroamphetamine cap er 24hr 30 mg (AMPHETAMINE-DEXTROAMPHET ER) *-dextro*	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
amphetamine-dextroamphetamine cap er 24hr 5 mg (AMPHETAMINE-DEXTROAMPHET ER) *-dextro*	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
amphetamine-dextroamphetamine tab 10 mg -dextro	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
amphetamine-dextroamphetamine tab 12.5 mg -dextro	TIER 1	AL1 (Up to 17 yrs old), QLC (5 tabs/day)
amphetamine-dextroamphetamine tab 15 mg -dextro	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
amphetamine-dextroamphetamine tab 20 mg -dextro	TIER 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
amphetamine-dextroamphetamine tab 30 mg -dextro	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
amphetamine-dextroamphetamine tab 5 mg -dextro	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
amphetamine-dextroamphetamine tab 7.5 mg -dextro	TIER 1	AL1 (Up to 17 yrs old), QLC (4 tabs/day)
AZSTARYS (*serdexmethylphenidate chloride-dexmethylphenidate hcl*) 26.1-5.2 MG CAP, 39.2-7.8 MG CAP, 52.3-10.4 MG CAP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
DESOXYN (*methamphetamine hcl*) 5 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
DEXEDRINE (*dextroamphetamine sulfate*) 10 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
DEXEDRINE (*dextroamphetamine sulfate*) 15 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)
DEXEDRINE (*dextroamphetamine sulfate*) 5 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
dextroamphetamine sulfate cap er 24hr 10 mg (DEXTROAMPHETAMINE SULFATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (6 caps/day)
dextroamphetamine sulfate cap er 24hr 15 mg (DEXTROAMPHETAMINE SULFATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (4 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dextroamphetamine sulfate cap er 24hr 5 mg (DEXTROAMPHETAMINE SULFATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (12 caps/day)
dextroamphetamine sulfate oral solution 5 mg/5ml (PROCENTRA) *mg/ml*	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (40 ml/day)
dextroamphetamine sulfate oral solution 5 mg/5ml mg/ml	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (40 ml/day)
dextroamphetamine sulfate tab 10 mg	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
dextroamphetamine sulfate tab 10 mg (ZENZEDI)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
dextroamphetamine sulfate tab 15 mg	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 15 mg (ZENZEDI)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 20 mg	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 20 mg (ZENZEDI)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
dextroamphetamine sulfate tab 30 mg	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 30 mg (ZENZEDI)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dextroamphetamine sulfate tab 5 mg	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
dextroamphetamine sulfate tab 5 mg (ZENZEDI)	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
DYANAVEL XR (*amphetamine*) 2.5 MG/ML SUSP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (8 ml/day)
EVEKEO (*amphetamine sulfate*) 10 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)
EVEKEO (*amphetamine sulfate*) 5 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
EVEKEO ODT (*amphetamine sulfate*) ODT 5 MG TAB DISP, ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 20 MG TAB DISP	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
methamphetamine hcl tab 5 mg	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (8 tabs/day)
MYDAYIS (*amphetamine-dextroamphetamine*) 12.5 MG CAP ER 24H, 25 MG CAP ER 24H, 37.5 MG CAP ER 24H, 50 MG CAP ER 24H	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VYVANSE (*lisdexamfetamine dimesylate*) 10 MG CAP, 20 MG CAP, 30 MG CAP, 40 MG CAP, 50 MG CAP, 60 MG CAP, 70 MG CAP	TIER 2	AL1 (Up to 17 yrs old), QLC (1 cap/day)
VYVANSE (*lisdexamfetamine dimesylate*) 10 MG CHEW TAB, 20 MG CHEW TAB, 30 MG CHEW TAB, 40 MG CHEW TAB, 50 MG CHEW TAB, 60 MG CHEW TAB	TIER 2	AL1 (Up to 17 yrs old), QLC (1 tab/day)
ZENZEDI (*dextroamphetamine sulfate*) 2.5 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
ZENZEDI (*dextroamphetamine sulfate*) 7.5 MG TAB	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (4 tabs/day)

ATTENTION DEFICIT HYPERACTIVITY DISORDER AGENTS, NON-AMPHETAMINES

ADHANSIA XR (*methylphenidate hcl*) 25 MG CAP ER 24H, 35 MG CAP ER 24H, 45 MG CAP ER 24H, 55 MG CAP ER 24H, 70 MG CAP ER 24H, 85 MG CAP ER 24H	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
APTENSIO XR (*methylphenidate hcl*) 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H, 40 MG CAP ER 24H, 50 MG CAP ER 24H, 60 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
atomoxetine hcl cap 10 mg (base equiv)	TIER 1	AL1 (Up to 17 yrs old), QLC (4 caps/day)
atomoxetine hcl cap 100 mg (base equiv)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
atomoxetine hcl cap 18 mg (base equiv)	TIER 1	AL1 (Up to 17 yrs old), QLC (4 caps/day)
atomoxetine hcl cap 25 mg (base equiv)	TIER 1	AL1 (Up to 17 yrs old), QLC (4 caps/day)
atomoxetine hcl cap 40 mg (base equiv)	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
atomoxetine hcl cap 60 mg (base equiv)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
atomoxetine hcl cap 80 mg (base equiv)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
clonidine hcl tab er 12hr 0.1 mg (CLONIDINE HCL ER)	TIER 1	PA, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
CONCERTA (*methylphenidate hcl*) 18 MG TAB ER, 27 MG TAB ER, 54 MG TAB ER	TIER 3	AL1 (Up to 17 yrs old), QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CONCERTA (*methylphenidate hcl*) CONCTA 36 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
COTEMPLA XR-ODT (*methylphenidate*) - 17.3 MG TAB ER DISP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
COTEMPLA XR-ODT (*methylphenidate*) - 25.9 MG TAB ER DISP	TIER 3	PA, AL1 (Up to 17 yrs old)
COTEMPLA XR-ODT (*methylphenidate*) - 8.6 MG TAB ER DISP	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (5 tabs/day)
DAYTRANA (*methylphenidate*) 10 MG/9HR PATCH, 15 MG/9HR PATCH, 20 MG/9HR PATCH, 30 MG/9HR PATCH	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 patch/day)
dexmethylphenidate hcl cap er 24 hr 10 mg (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl cap er 24 hr 15 mg (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl cap er 24 hr 20 mg (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl cap er 24 hr 25 mg (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl cap er 24 hr 30 mg (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl cap er 24 hr 35 mg (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl cap er 24 hr 40 mg (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl cap er 24 hr 5 mg (DEXMETHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
dexmethylphenidate hcl tab 10 mg	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dexmethylphenidate hcl tab 2.5 mg	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
dexmethylphenidate hcl tab 5 mg	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
FOCALIN (*dexmethylphenidate hcl*) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
FOCALIN XR (*dexmethylphenidate hcl*) 5 MG CAP ER 24H, 10 MG CAP ER 24H, 15 MG CAP ER 24H, 20 MG CAP ER 24H, 25 MG CAP ER 24H, 30 MG CAP ER 24H, 35 MG CAP ER 24H, 40 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
guanfacine hcl tab er 24hr 1 mg (base equiv) (GUANFACINE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
guanfacine hcl tab er 24hr 2 mg (base equiv) (GUANFACINE HCL ER) *4hr*	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
guanfacine hcl tab er 24hr 3 mg (base equiv) (GUANFACINE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
guanfacine hcl tab er 24hr 4 mg (base equiv) (GUANFACINE HCL ER) *2hr*	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
INTUNIV (*guanfacine hcl (adhd)*) 1 MG TAB ER 24H, 2 MG TAB ER 24H, 3 MG TAB ER 24H, 4 MG TAB ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (1 tab/day)
JORNAY PM (*methylphenidate hcl*) 20 MG CAP ER 24H, 40 MG CAP ER 24H, 60 MG CAP ER 24H, 80 MG CAP ER 24H, 100 MG CAP ER 24H	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
KAPVAY (*clonidine hcl (adhd)*) 0.1 MG TAB ER 12H	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (4 tabs/day)
METHYLIN (*methylphenidate hcl*) 10 MG/5ML SOLUTION	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
METHYLIN (*methylphenidate hcl*) 5 MG/5ML SOLUTION	TIER 3	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)
methylphenidate hcl cap er 10 mg (cd) (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (2 caps/day)
methylphenidate hcl cap er 20 mg (cd) (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (2 caps/day)
methylphenidate hcl cap er 24hr 10 mg (la) (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
methylphenidate hcl cap er 24hr 10 mg (xr) (METHYLPHENIDATE HCL ER (XR))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 15 mg (xr) (METHYLPHENIDATE HCL ER (XR))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 20 mg (la) (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
methylphenidate hcl cap er 24hr 20 mg (xr) (METHYLPHENIDATE HCL ER (XR))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 30 mg (la) (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (2 caps/day)
methylphenidate hcl cap er 24hr 30 mg (xr) (METHYLPHENIDATE HCL ER (XR))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 40 mg (la) (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methylphenidate hcl cap er 24hr 40 mg (xr) (METHYLPHENIDATE HCL ER (XR))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 50 mg (xr) (METHYLPHENIDATE HCL ER (XR))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 60 mg (la) (METHYLPHENIDATE HCL ER (LA))	TIER 1	AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 24hr 60 mg (xr) (METHYLPHENIDATE HCL ER (XR))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 30 mg (cd) (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (2 caps/day)
methylphenidate hcl cap er 40 mg (cd) (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 50 mg (cd) (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl cap er 60 mg (cd) (METHYLPHENIDATE HCL ER (CD))	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (1 cap/day)
methylphenidate hcl chew tab 10 mg	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
methylphenidate hcl chew tab 2.5 mg	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
methylphenidate hcl chew tab 5 mg	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
METHYLPHENIDATE HCL ER 18 MG TAB 24H	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
METHYLPHENIDATE HCL ER 72 MG TAB	TIER 1	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl soln 10 mg/5ml	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (30 ml/day)
methylphenidate hcl soln 5 mg/5ml mg/ml	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (60 ml/day)
methylphenidate hcl tab 10 mg	TIER 1	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
methylphenidate hcl tab 20 mg	TIER 1	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
methylphenidate hcl tab 5 mg	TIER 1	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
methylphenidate hcl tab er 10 mg (METHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (6 tabs/day)
methylphenidate hcl tab er 20 mg (METADATE ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methylphenidate hcl tab er 20 mg (METHYLPHENIDATE HCL ER)	TIER 1	ST, AL1 (Up to 17 yrs old), QLC (3 tabs/day)
methylphenidate hcl tab er 24hr 27 mg (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er 24hr 36 mg (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
methylphenidate hcl tab er 24hr 54 mg (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 18 mg (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 27 mg (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
methylphenidate hcl tab er osmotic release (osm) 36 mg (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (2 tabs/day)
methylphenidate hcl tab er osmotic release (osm) 54 mg (METHYLPHENIDATE HCL ER)	TIER 1	AL1 (Up to 17 yrs old), QLC (1 tab/day)
QELBREE (*viloxazine hcl (adhd)*) 100 MG CAP ER 24H	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 cap/day)
QELBREE (*viloxazine hcl (adhd)*) 150 MG CAP ER 24H, 200 MG CAP ER 24H	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (2 caps/day)
QUILLICHEW ER (*methylphenidate hcl*) 30 MG CH	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (2 tabs/day)
QUILLICHEW ER (*methylphenidate hcl*) ER 20 MG, ER 40 MG	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
QUILLIVANT XR (*methylphenidate hcl*) 25 MG/5ML SRER	TIER 3	PA, AL1 (Up to 17 yrs old), QLC (12 ml/day)
RELEXXII (*methylphenidate hcl*) 72 MG TAB ER	TIER 1	PA, AL1 (Up to 17 yrs old), QLC (1 tab/day)
RITALIN (*methylphenidate hcl*) 10 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (6 tabs/day)
RITALIN (*methylphenidate hcl*) 20 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (3 tabs/day)
RITALIN (*methylphenidate hcl*) 5 MG TAB	TIER 3	AL1 (Up to 17 yrs old), QLC (12 tabs/day)
RITALIN LA (*methylphenidate hcl*) 10 MG CAP ER 24H, 20 MG CAP ER 24H, 30 MG CAP ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RITALIN LA (*methylphenidate hcl*) 40 MG CAP ER 24H	TIER 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)
STRATTERA (*atomoxetine hcl*) 10 MG CAP, 18 MG CAP, 25 MG CAP	TIER 3	AL1 (Up to 17 yrs old), QLC (4 caps/day)
STRATTERA (*atomoxetine hcl*) 40 MG CAP	TIER 3	AL1 (Up to 17 yrs old), QLC (2 caps/day)
STRATTERA (*atomoxetine hcl*) 60 MG CAP, 80 MG CAP, 100 MG CAP	TIER 3	AL1 (Up to 17 yrs old), QLC (1 cap/day)

CENTRAL NERVOUS SYSTEM, OTHER

ADIPEX-P (*phentermine hcl*) ADIEX-37.5 MG CA	TIER 1	PA
ADIPEX-P (*phentermine hcl*) ADIEX-37.5 MG TAB	TIER 3	PA
ALLZITAL (*butalbital-acetaminophen*) 25-325 MG TAB	TIER 3	PA, QLC (12 tabs/day; max 96 tabs/30 days)
AUSTEDO (*deutetrabenazine*) 6 MG TAB, 9 MG TAB, 12 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
BENZPHETAMINE HCL 25 MG TAB	TIER 1	PA, QLC (3 tabs/day)
benzphetamine hcl tab 50 mg	TIER 1	PA
BUTALBITAL-ACETAMINOPHEN -25-325 MG TAB	TIER 1	PA, QLC (12 tabs/day; max 96 tabs/30 days)
BUTALBITAL-ACETAMINOPHEN -50-300 MG CAP	TIER 1	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen cap 50-300 mg	TIER 1	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen tab 50-300 mg	TIER 1	PA, QLC (6 tabs/day; max 48 tabs/30 days)
butalbital-acetaminophen tab 50-300 mg (BUPAP)	TIER 1	PA, QLC (6 tabs/day; max 48 tabs/30 days)
butalbital-acetaminophen tab 50-325 mg	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
butalbital-acetaminophen tab 50-325 mg (BUTALBITAL-APAP)	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
butalbital-acetaminophen tab 50-325 mg (MARTEN-TAB)	TIER 1	QLC (6 tabs/day)
butalbital-acetaminophen-caffeine cap 50-300-40 mg (BUTALBITAL-APAP-CAFFEINE)	TIER 1	PA, QLC (6 caps/day; max 48 caps/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
butalbital-acetaminophen-caffeine cap 50-300-40 mg (PHRENILIN FORTE)	TIER 1	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg (BUTALBITAL-APAP-CAFFEINE)	TIER 1	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg (CAPACET)	TIER 3	PA, QLC (6 caps/day)
butalbital-acetaminophen-caffeine cap 50-325-40 mg (ESGIC)	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen-caffeine cap 50-325-40 mg (ZEBUTAL)	TIER 3	PA, QLC (6 caps/day; max 48 caps/30 days)
butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml (VANATOL LQ)	TIER 1	PA, QLC (90 ml/day; max 720 ml/30 days)
butalbital-acetaminophen-caffeine soln 50-325-40 mg/15ml (VANATOL S)	TIER 1	PA, QLC (90 ml/day; max 720 ml/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (BAC)	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
butalbital-acetaminophen-caffeine tab 50-325-40 mg (BUTALBITAL-APAP-CAFFEINE)	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
CONTRAVE (*naltrexone hcl-bupropion hcl*) 8-90 MG TAB ER 12H	TIER 3	PA, QLC (4 tabs/day)
DIETHYLPROPION HCL 25 MG TAB	TIER 1	PA
DIETHYLPROPION HCL ER 75 MG TAB 24H	TIER 1	PA
diethylpropion hcl tab 25 mg	TIER 1	PA
diethylpropion hcl tab er 24hr 75 mg (DIETHYLPROPION HCL ER)	TIER 1	PA
ESGIC (*butalbital-acetaminophen-caffeine*) 50-325-40 MG TAB	TIER 3	QLC (6 tabs/day; max 48 tabs/30 days)
EXSERVAN (*riluzole*) 50 MG FILM	TIER 4	PA, SP, QLC (2 films/day)
FIORICET (*butalbital-acetaminophen-caffeine*) 50-300-40 MG CAP	TIER 1	PA, QLC (6 caps/day; max 48 caps/30 days)
FIRDAPSE (*amifampridine phosphate*) 10 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day)
GRALISE (*gabapentin (once-daily)*) 300 MG TAB	TIER 3	PA, QLC (1 tab/day)
GRALISE (*gabapentin (once-daily)*) 600 MG TAB	TIER 3	PA, QLC (3 tabs/day)
HORIZANT (*gabapentin enacarbil*) 300 MG TAB ER, 600 MG TAB ER	TIER 3	PA, QLC (2 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INGREZZA (*valbenazine tosylate*) 40 & 80 MG CAP THPK	TIER 4	PA, SP, QLC (1 packet/6 months)
INGREZZA (*valbenazine tosylate*) 40 MG CAP, 60 MG CAP, 80 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
LOMAIRA (*phentermine hcl*) 8 MG TAB	TIER 1	PA
NUEDEXTA (*dextromethorphan hbr-quinidine sulfate*) 20-10 MG CAP	TIER 2	PA, QLC (2 caps/day)
PHENDIMETRAZINE TARTRATE ER 105 MG CAP 24H	TIER 1	PA
phendimetrazine tartrate tab 35 mg	TIER 1	PA
phentermine hcl cap 15 mg	TIER 1	PA
phentermine hcl cap 30 mg	TIER 1	PA
phentermine hcl cap 37.5 mg	TIER 1	PA
phentermine hcl tab 37.5 mg	TIER 1	PA
QSYMIA (*phentermine hcl-topiramate*) 3.75-23 MG CAP ER 24H, 7.5-46 MG CAP ER 24H, 11.25-69 MG CAP ER 24H, 15-92 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
REGIMEX (*benzphetamine hcl*) 25 MG TAB	TIER 3	PA, QLC (3 tabs/day)
RILUTEK (*riluzole*) 50 MG TAB	TIER 3	
riluzole tab 50 mg	TIER 1	
TENCON (*butalbital-acetaminophen*) 50-325 MG TAB	TIER 1	QLC (6 tabs/day; max 48 tabs/30 days)
tetrabenazine tab 12.5 mg	TIER 4	PA, SP, QLC (8 tabs/day)
tetrabenazine tab 25 mg	TIER 4	PA, SP, QLC (4 tabs/day)
TIGLUTIK (*riluzole*) 50 MG/10ML SUSPENSION	TIER 4	PA, SP, QLC (20 ml/day)
VTOL LQ (*butalbital-acetaminophen-caffeine*) 50-325-40 MG/15ML SOLUTION	TIER 1	PA, QLC (90 ml/day; max 720 ml/30 days)
XENAZINE (*tetrabenazine*) 12.5 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day)
XENAZINE (*tetrabenazine*) 25 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)

FIBROMYALGIA AGENTS

CYMBALTA (*duloxetine hcl*) 20 MG CP DR PART, 60 MG CP DR PART	TIER 3	QLC (2 caps/day)
CYMBALTA (*duloxetine hcl*) 30 MG CP DR PART	TIER 3	QLC (3 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DRIZALMA SPRINKLE (*duloxetine hcl*) 20 MG CAP DR, 40 MG CAP DR, 60 MG CAP DR	TIER 3	PA, QLC (2 caps/day)
DRIZALMA SPRINKLE (*duloxetine hcl*) 30 MG CAP	TIER 3	PA, QLC (3 caps/day)
duloxetine hcl enteric coated pellets cap 20 mg (base eq)	TIER 1	QLC (2 caps/day)
duloxetine hcl enteric coated pellets cap 30 mg (base eq)	TIER 1	QLC (3 caps/day)
duloxetine hcl enteric coated pellets cap 40 mg (base eq)	TIER 1	QLC (2 caps/day)
duloxetine hcl enteric coated pellets cap 60 mg (base eq)	TIER 1	QLC (2 caps/day)
LYRICA (*pregabalin*) 20 MG/ML SOLUTION	TIER 3	QLC (30 ml/day)
LYRICA (*pregabalin*) 225 MG CAP, 300 MG CAP	TIER 3	QLC (2 caps/day)
LYRICA (*pregabalin*) 25 MG CAP, 50 MG CAP, 75 MG CAP, 100 MG CAP, 150 MG CAP, 200 MG CAP	TIER 3	QLC (3 caps/day)
LYRICA CR (*pregabalin (once-daily)*) 330 MG TAB ER 24H	TIER 3	PA, QLC (2 tabs/day)
LYRICA CR (*pregabalin (once-daily)*) 82.5 MG TAB ER 24H, 165 MG TAB ER 24H	TIER 3	PA, QLC (3 tabs/day)
pregabalin cap 100 mg	TIER 1	QLC (3 caps/day)
pregabalin cap 150 mg	TIER 1	QLC (3 caps/day)
pregabalin cap 200 mg	TIER 1	QLC (3 caps/day)
pregabalin cap 225 mg	TIER 1	QLC (2 caps/day)
pregabalin cap 25 mg	TIER 1	QLC (3 caps/day)
pregabalin cap 300 mg	TIER 1	QLC (2 caps/day)
pregabalin cap 50 mg	TIER 1	QLC (3 caps/day)
pregabalin cap 75 mg	TIER 1	QLC (3 caps/day)
pregabalin soln 20 mg/ml	TIER 1	QLC (30 ml/day)
pregabalin tab er 24hr 165 mg (PREGABALIN ER)	TIER 1	PA, QLC (3 tabs/day)
pregabalin tab er 24hr 330 mg (PREGABALIN ER)	TIER 1	PA, QLC (2 tabs/day)
pregabalin tab er 24hr 82.5 mg (PREGABALIN ER)	TIER 1	PA, QLC (3 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SAVELLA (*milnacipran hcl*) 12.5 MG TAB, 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	ST, QLC (2 tabs/day)
SAVELLA TITRATION PACK (*milnacipran hcl*) 12.5 & 25 & 50 MG MISC	TIER 3	ST, QLC (1 pack/28 days)
MULTIPLE SCLEROSIS AGENTS		
AMPYRA (*dalfampridine*) 10 MG TAB ER 12H	TIER 4	PA, SP, QLC (2 tabs/day)
AUBAGIO (*teriflunomide*) 7 MG TAB, 14 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
AVONEX (*interferon beta-1a*) 30 MCG KIT	TIER 4	PA, SP, QLC (4 injections/month)
AVONEX PEN (*interferon beta-1a*) 30 MCG/0.5ML AUT-IJ KIT	TIER 4	PA, SP, QLC (4 injections/month)
AVONEX PREFILLED (*interferon beta-1a*) ILLED 30 MCG/0.5ML SY KT	TIER 4	PA, SP, QLC (4 injections/month)
BAFIERTAM (*monomethyl fumarate*) 95 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
BETASERON (*interferon beta-1b*) 0.3 MG KIT	TIER 4	PA, SP, QLC (15 injections/month)
COPAXONE (*glatiramer acetate*) 20 MG/ML SOLN PRSYR	TIER 4	SP, QLC (1 syringe/day)
COPAXONE (*glatiramer acetate*) 40 MG/ML SOLN PRSYR	TIER 4	SP, QLC (12 syringes/month)
dalfampridine tab er 12hr 10 mg (DALFAMPRIDINE ER)	TIER 4	PA, SP, QLC (2 tabs/day)
dimethyl fumarate capsule delayed release 120 mg	TIER 1	SP, QLC (2 caps/day)
dimethyl fumarate capsule delayed release 240 mg	TIER 1	SP, QLC (2 caps/day)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg (DIMETHYL FUMARATE STARTER PACK)	TIER 1	SP, QLC (2 tabs/day; 1 pack/month)
EXTAVIA (*interferon beta-1b*) 0.3 MG KIT	TIER 3	SP, QLC (1 kit/month)
GILENYA (*fingolimod hcl*) 0.5 MG CAP	TIER 3	SP, QLC (1 cap/day)
glatiramer acetate soln prefilled syringe 20 mg/ml	TIER 2	SP, QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 20 mg/ml (GLATOPA)	TIER 2	SP, QLC (1 syringe/day)
glatiramer acetate soln prefilled syringe 40 mg/ml	TIER 2	SP, QLC (12 syringes/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
glatiramer acetate soln prefilled syringe 40 mg/ml (GLATOPA)	TIER 2	SP, QLC (12 syringes/month)
KESIMPTA (*ofatumumab (ms)*) 20 MG/0.4ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/28 days)
MAVENCLAD (10 TABS) (*cladribine (multiple sclerosis)*) S) MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (4 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (5 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (6 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (7 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (8 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAVENCLAD (9 TABS) (*cladribine (multiple sclerosis)*) S) 10 MG THPK	TIER 4	PA, SP, QLC (20 tabs/year)
MAYZENT (*siponimod fumarate*) 0.25 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
MAYZENT (*siponimod fumarate*) 2 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
MAYZENT STARTER PACK (*siponimod fumarate*) 12 X 0.25 MG TAB THPK	TIER 4	PA, SP, QLC (12 tabs/28 days)
PLEGRIDY (*peginterferon beta-1a*) 125 MCG/0.5ML SOLN PEN	TIER 4	PA, SP, QLC (2 pens/28 days)
PLEGRIDY (*peginterferon beta-1a*) 125 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
PLEGRIDY STARTER PACK (*peginterferon beta-1a*) PACK 63 94 MCG/0.5ML SOLN PEN, PACK 63 94 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 starter pack/12 months)
PONVORY (*ponesimod*) 20 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
PONVORY STARTER PACK (*ponesimod*) 2,3,4,5,6,7,8,9 & 10 MG TAB THPK	TIER 4	PA, SP, QLC (14 tabs/30 days)
REBIF (*interferon beta-1a*) 22 MCG/0.5ML SOLN PRSYR, 44 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (12 injections/month)
REBIF REBIDOSE (*interferon beta-1a*) 22 MCG/0.5ML SOLN -INJ, 44 MCG/0.5ML SOLN -INJ	TIER 4	PA, SP, QLC (12 injections/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REBIF REBIDOSE TITRATION PACK (*interferon beta-1a*) TITRTION PCK 6X8.8 & 6X22 MCG SOLN -INJ	TIER 4	PA, SP, QLC (1 kit/month)
REBIF TITRATION PACK (*interferon beta-1a*) 6X8.8 & 6X22 MCG SOLN PRSYR	TIER 4	PA, SP, QLC (1 pack/month)
TECFIDERA (*dimethyl fumarate*) 120 & 240 MG MISC	TIER 4	SP, QLC (2 tabs/day; 1 pack/month)
TECFIDERA (*dimethyl fumarate*) 120 MG CAP DR, 240 MG CAP DR	TIER 4	SP, QLC (2 caps/day)
VUMERITY (*diroximel fumarate*) 231 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
VUMERITY (STARTER) (*diroximel fumarate*) 231 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
ZEPOSIA (*ozanimod hcl*) 0.92 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
ZEPOSIA 7-DAY STARTER PACK (*ozanimod hcl*) -4 X 0.23MG & 3 X 0.46MG CAP THPK	TIER 4	PA, SP, QLC (1 packet/30 days)
ZEPOSIA STARTER KIT (*ozanimod hcl*) 0.23MG & 0.46MG & 0.92MG CAP THPK	TIER 4	PA, SP, QLC (1 packet/37 days)

DENTAL AND ORAL AGENTS (Drugs for the Mouth)

DENTAL AND ORAL AGENTS

cevimeline hcl cap 30 mg	TIER 1	
EVOXAC (*cevimeline hcl*) 30 MG CAP	TIER 3	
pilocarpine hcl tab 5 mg	TIER 1	
pilocarpine hcl tab 7.5 mg	TIER 1	
SALAGEN (*pilocarpine hcl (oral)*) 5 MG TAB, 7.5 MG TAB	TIER 3	
triamcinolone acetonide dental paste 0.1%	TIER 1	
triamcinolone acetonide dental paste 0.1% (ORALONE)	TIER 1	

DERMATOLOGICAL AGENTS (Drugs for the Skin)

ACNE AND ROSACEA AGENTS

ABSORICA (*isotretinoin*) 10 MG CAP, 20 MG CAP, 25 MG CAP, 30 MG CAP, 35 MG CAP, 40 MG CAP	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ACANYA (*clindamycin phosphate-benzoyl peroxide*) 1.2-2.5 % GEL	TIER 3	ST
acitretin cap 10 mg	TIER 1	
acitretin cap 17.5 mg	TIER 1	
acitretin cap 25 mg	TIER 1	
ADAPALENE 0.1 % LOTION	TIER 1	AL1 (Up to 40 yrs old)
ADAPALENE 0.1 % PAD, 0.1 % SOLUTION	TIER 1	PA
adapalene cream 0.1%	TIER 1	AL1 (Up to 40 yrs old)
adapalene gel 0.3%	TIER 1	AL1 (Up to 40 yrs old)
adapalene-benzoyl peroxide gel 0.1-2.5%	TIER 1	ST, AL1 (Up to 40 yrs old)
AKTIPAK (*benzoyl peroxide-erythromycin*) 5-3 % PACKET	TIER 3	
ALTRENO (*tretinoin*) 0.05 % LOTION	TIER 3	PA, AL1 (Up to 39 yrs old)
ARAZLO (*tazarotene (acne)*) 0.045 % LOTION	TIER 3	AL1 (Up to 40 yrs old), QLC (1 bottle(45 gm)/30 days)
ATRALIN (*tretinoin*) 0.05 % GEL	TIER 3	AL1 (Up to 40 yrs old)
azelaic acid gel 15%	TIER 1	QLC (1 tube/month)
AZELEX (*azelaic acid (acne)*) 20 % CREAM	TIER 3	
BENZACLIN (*clindamycin phosphate-benzoyl peroxide*) 1-5 % GEL	TIER 3	
BENZACLIN WITH PUMP (*clindamycin phosphate-benzoyl peroxide*) 1-5 % GEL	TIER 3	ST
BENZAMYCIN (*benzoyl peroxide-erythromycin*) 5-3 % GEL	TIER 3	
benzoyl peroxide-erythromycin gel 5-3%	TIER 1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	TIER 1	
clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5% (NEUAC)	TIER 3	
clindamycin phosphate-benzoyl peroxide gel 1-5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	TIER 1	ST
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5% (CLINDAMYCIN PHOS-BENZOYL PEROX)	TIER 1	ST

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clindamycin phosphate-tretinoin gel 1.2-0.025% (CLINDAMYCIN-TRETINOIN)	TIER 1	ST, AL1 (Up to 40 yrs old)
DIFFERIN (*adapalene*) 0.1 % CREAM, 0.1 % LOTION, 0.3 % GEL	TIER 3	AL1 (Up to 40 yrs old)
DUAC (*clindamycin phosphate-benzoyl peroxide (refrigerate)*) 1.2-5 % GEL	TIER 3	
EPIDUO (*adapalene-benzoyl peroxide*) 0.1-2.5 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old)
EPIDUO FORTE (*adapalene-benzoyl peroxide*) 0.3-2.5 % GEL	TIER 2	ST, AL1 (Up to 40 yrs old)
FABIOR (*tazarotene (acne)*) 0.1 % FOAM	TIER 3	AL1 (Up to 40 yrs old), QLC (100 gm/month)
FINACEA (*azelaic acid*) 15 % FOAM	TIER 3	QLC (1 bottle/month)
FINACEA (*azelaic acid*) 15 % GEL	TIER 3	QLC (1 tube/month)
isotretinoin cap 10 mg	TIER 1	
isotretinoin cap 10 mg (ACCUTANE)	TIER 1	
isotretinoin cap 10 mg (AMNESTEEM)	TIER 1	
isotretinoin cap 10 mg (CLARAVIS)	TIER 1	
isotretinoin cap 10 mg (MYORISAN)	TIER 1	
isotretinoin cap 10 mg (ZENATANE)	TIER 1	
isotretinoin cap 20 mg	TIER 1	
isotretinoin cap 20 mg (ACCUTANE)	TIER 1	
isotretinoin cap 20 mg (AMNESTEEM)	TIER 1	
isotretinoin cap 20 mg (CLARAVIS)	TIER 1	
isotretinoin cap 20 mg (MYORISAN)	TIER 1	
isotretinoin cap 20 mg (ZENATANE)	TIER 1	
isotretinoin cap 25 mg	TIER 1	
isotretinoin cap 30 mg	TIER 1	
isotretinoin cap 30 mg (ACCUTANE)	TIER 1	
isotretinoin cap 30 mg (CLARAVIS)	TIER 1	
isotretinoin cap 30 mg (MYORISAN)	TIER 1	
isotretinoin cap 30 mg (ZENATANE)	TIER 1	
isotretinoin cap 35 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
isotretinoin cap 40 mg	TIER 1	
isotretinoin cap 40 mg (ACCUTANE)	TIER 1	
isotretinoin cap 40 mg (AMNESTEEM)	TIER 1	
isotretinoin cap 40 mg (CLARAVIS)	TIER 1	
isotretinoin cap 40 mg (MYORISAN)	TIER 1	
isotretinoin cap 40 mg (ZENATANE)	TIER 1	
MIRVASO (*brimonidine tartrate (topical)*) 0.33 % GEL	TIER 3	QLC (1 tube/month)
ONEXTON (*clindamycin phosphate-benzoyl peroxide*) 1.2-3.75 % GEL	TIER 3	ST, QLC (1 bottle/month)
RETIN-A (*tretinoin*) -0.01 % GEL, -0.025 % CREM, -0.025 % GEL, -0.05 % CREM, -0.1 % CREM	TIER 3	AL1 (Up to 40 yrs old)
RETIN-A MICRO (*tretinoin microsphere*) -0.04 % GEL, -0.1 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old)
RETIN-A MICRO PUMP (*tretinoin microsphere*) -PUMP 0.04 % GEL, -PUMP 0.1 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old)
RETIN-A MICRO PUMP (*tretinoin microsphere*) -PUMP 0.06 % GEL, -PUMP 0.08 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old), QLC (1 bottle/month)
RHOFADE (*oxymetazoline hcl (topical)*) 1 % CREAM	TIER 3	PA, QLC (one 30 gm tube/month)
SORIATANE (*acitretin*) 10 MG CAP, 17.5 MG CAP, 25 MG CAP	TIER 3	
TAZAROTENE (*tazarotene (acne)*) 0.1 % FOAM	TIER 3	AL1 (Up to 40 yrs old), QLC (100 gm/month)
tazarotene cream 0.1%	TIER 1	
TAZORAC (*tazarotene*) 0.05 % CREAM, 0.05 % GEL, 0.1 % CREAM, 0.1 % GEL	TIER 3	
TRETIN-X (*tretinoin*) -0.075 % CREAM	TIER 3	ST, AL1 (Up to 40 yrs old)
tretinoin cream 0.025%	TIER 1	AL1 (Up to 40 yrs old)
tretinoin cream 0.025% (AVITA)	TIER 3	AL1 (Up to 40 yrs old)
tretinoin cream 0.05%	TIER 1	AL1 (Up to 40 yrs old)
tretinoin cream 0.1%	TIER 1	AL1 (Up to 40 yrs old)
tretinoin gel 0.01%	TIER 1	AL1 (Up to 40 yrs old)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tretinoin gel 0.025%	TIER 1	AL1 (Up to 40 yrs old)
tretinoin gel 0.025% (AVITA)	TIER 3	AL1 (Up to 40 yrs old)
tretinoin gel 0.05%	TIER 1	AL1 (Up to 40 yrs old)
tretinoin microsphere gel 0.04%	TIER 1	ST, AL1 (Up to 40 yrs old)
tretinoin microsphere gel 0.04% (TRETINOIN MICROSPHERE PUMP)	TIER 1	ST, AL1 (Up to 40 yrs old)
tretinoin microsphere gel 0.1%	TIER 1	ST, AL1 (Up to 40 yrs old)
tretinoin microsphere gel 0.1% (TRETINOIN MICROSPHERE PUMP)	TIER 1	ST, AL1 (Up to 40 yrs old)
VELTIN (*clindamycin phosphate-tretinoin*) 1.2-0.025 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old)
WINLEVI (*clascoterone*) 1 % CREAM	TIER 3	PA, QLC (60 gm/30 days)
ZIANA (*clindamycin phosphate-tretinoin*) 1.2-0.025 % GEL	TIER 3	ST, AL1 (Up to 40 yrs old)
ZILXI (*minocycline hcl micronized (rosacea)*) 1.5 % FOAM	TIER 3	PA, QLC (1 bottle/30 days)

DERMATITIS AND PRURITUS AGENTS

ALA SCALP (*hydrocortisone (topical)*) 2 % LOTION	TIER 3	ST
alclometasone dipropionate oint 0.05%	TIER 1	
AMCINONIDE 0.1 % CREAM, 0.1 % LOTION, 0.1 % OINTMENT	TIER 1	ST
ANUSOL-HC (*hydrocortisone (rectal)*) -2.5 % CREAM	TIER 1	
APEXICON E (*diflorasone diacetate emollient base*) APXICON 0.05 % CRAM	TIER 1	ST
BETAMETHASONE DIPROPIONATE AUG (*betamethasone dipropionate augmented*) 0.05 % GEL	TIER 1	
betamethasone dipropionate augmented oint 0.05%	TIER 1	
betamethasone dipropionate cream 0.05%	TIER 1	
betamethasone dipropionate lotion 0.05%	TIER 1	
betamethasone valerate aerosol foam 0.12%	TIER 1	ST

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
betamethasone valerate cream 0.1% (base equivalent)	TIER 1	
betamethasone valerate lotion 0.1% (base equivalent)	TIER 1	
betamethasone valerate oint 0.1% (base equivalent)	TIER 1	
BRYHALI (*halobetasol propionate*) 0.01 % LOTION	TIER 3	PA, QLC (200 gm/28 days)
CAPEX (*fluocinolone acetonide*) 0.01 % SHAMPOO	TIER 3	PA
clobetasol propionate cream 0.05%	TIER 1	
clobetasol propionate emollient base cream 0.05% (CLOBETASOL PROP EMOLLIENT BASE)	TIER 1	
clobetasol propionate emulsion foam 0.05%	TIER 1	PA
clobetasol propionate emulsion foam 0.05% (TOVET)	TIER 1	PA
clobetasol propionate foam 0.05%	TIER 1	PA
clobetasol propionate gel 0.05%	TIER 1	
clobetasol propionate lotion 0.05%	TIER 1	PA
clobetasol propionate oint 0.05%	TIER 1	
clobetasol propionate shampoo 0.05%	TIER 1	ST
clobetasol propionate shampoo 0.05% (CLODAN)	TIER 1	ST
clobetasol propionate soln 0.05%	TIER 1	
clobetasol propionate soln 0.05% (CORMAX SCALP APPLICATION)	TIER 1	
clobetasol propionate spray 0.05%	TIER 1	ST, QLC (125 ml/month)
CLOBEX (*clobetasol propionate*) 0.05 % LOTION	TIER 3	PA
CLOBEX (*clobetasol propionate*) 0.05 % SHAMPOO	TIER 3	ST
CLOBEX SPRAY (*clobetasol propionate*) 0.05 % LIQUID	TIER 3	ST, QLC (125 ml/month)
CORDRAN (*flurandrenolide*) 0.025 % CREAM, 0.05 % CREAM, 0.05 % LOTION, 0.05 % OINTMENT, 4 MCG/SQCM TAPE	TIER 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CUTIVATE (*fluticasone propionate*) 0.05 % LOTION	TIER 3	ST
DERMA-SMOOTHE/FS BODY (*fluocinolone acetonide*) -0.01 % OIL	TIER 3	
DERMA-SMOOTHE/FS SCALP (*fluocinolone acetonide*) -0.01 % OIL	TIER 3	
DESONATE (*desonide*) 0.05 % GEL	TIER 3	PA
desonide cream 0.05%	TIER 1	
desonide gel 0.05%	TIER 1	PA
desonide gel 0.05% (DESRX)	TIER 1	PA
desonide oint 0.05%	TIER 1	
DESOWEN (*desonide*) 0.05 % CREAM	TIER 3	
desoximetasone cream 0.05%	TIER 1	ST
desoximetasone cream 0.25%	TIER 1	ST
desoximetasone gel 0.05%	TIER 1	ST
desoximetasone oint 0.05%	TIER 1	ST
desoximetasone oint 0.25%	TIER 1	ST
desoximetasone spray 0.25%	TIER 1	ST, QLC (1 bottle/month)
DIFLORASONE DIACETATE 0.05 % CREAM	TIER 1	ST
diflorasone diacetate oint 0.05%	TIER 1	ST
DIPROLENE (*betamethasone dipropionate augmented*) 0.05 % OINTMENT	TIER 3	
DOXEPIN HCL (*doxepin hcl (antipruritic)*) 5 % CREAM	TIER 1	PA
ELIDEL (*pimecrolimus*) 1 % CREAM	TIER 3	ST, QLC (100 gm/month)
EUCRISA (*crisaborole*) 2 % OINTMENT	TIER 3	PA, QLC (100 gm/month)
fluocinolone acetonide cream 0.01%	TIER 1	
fluocinolone acetonide cream 0.025%	TIER 1	
fluocinolone acetonide oil 0.01% (body oil) (FLUOCINOLONE ACETONIDE BODY) *)*	TIER 1	
fluocinolone acetonide oil 0.01% (scalp oil) (FLUOCINOLONE ACETONIDE SCALP) *)*	TIER 1	
fluocinolone acetonide oint 0.025%	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluocinolone acetonide soln 0.01%	TIER 1	
fluocinonide cream 0.05%	TIER 1	
fluocinonide cream 0.1%	TIER 1	PA
fluocinonide emulsified base cream 0.05%	TIER 1	
fluocinonide gel 0.05%	TIER 1	
fluocinonide oint 0.05%	TIER 1	
fluocinonide soln 0.05%	TIER 1	
flurandrenolide cream 0.05%	TIER 1	PA
flurandrenolide cream 0.05% (NOLIX)	TIER 1	PA
flurandrenolide lotion 0.05%	TIER 1	PA
flurandrenolide lotion 0.05% (NOLIX)	TIER 1	PA
flurandrenolide oint 0.05%	TIER 1	PA
fluticasone propionate cream 0.05%	TIER 1	
fluticasone propionate lotion 0.05%	TIER 1	ST
fluticasone propionate lotion 0.05% (BESER)	TIER 1	ST
fluticasone propionate oint 0.005%	TIER 1	
halcinonide cream 0.1%	TIER 1	PA
HALOBETASOL PROPIONATE 0.05 % FOAM	TIER 3	PA, QLC (50 grams/week)
halobetasol propionate cream 0.05%	TIER 1	
halobetasol propionate oint 0.05%	TIER 1	
HALOG (*halcinonide*) 0.1 % CREAM, 0.1 % OINTMENT	TIER 3	PA
HYDROCORTISONE BUTYRATE 0.1 % CREAM	TIER 1	ST
HYDROCORTISONE BUTYRATE 0.1 % SOLUTION	TIER 1	
hydrocortisone butyrate cream 0.1%	TIER 1	ST
hydrocortisone butyrate hydrophilic lipo base cream 0.1% (HYDROCORTISONE BUTYR LIPO BASE)	TIER 1	ST
hydrocortisone butyrate lotion 0.1%	TIER 1	ST
hydrocortisone butyrate soln 0.1%	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
hydrocortisone cream 2.5%	TIER 1	
hydrocortisone cream 2.5% (ALA-CORT)	TIER 1	
hydrocortisone lotion 2% (ALA SCALP)	TIER 3	ST
hydrocortisone lotion 2.5%	TIER 1	
hydrocortisone oint 2.5%	TIER 1	
hydrocortisone perianal cream 1% (HYDROCORTISONE (PERIANAL))	TIER 1	
hydrocortisone perianal cream 1% (PROCTO-PAK)	TIER 1	
hydrocortisone perianal cream 2.5% (HYDROCORTISONE (PERIANAL))	TIER 1	
hydrocortisone perianal cream 2.5% (PROCTO-MED HC)	TIER 1	
hydrocortisone perianal cream 2.5% (PROCTOSOL HC)	TIER 1	
hydrocortisone perianal cream 2.5% (PROCTOZONE-HC)	TIER 1	
hydrocortisone valerate cream 0.2%	TIER 1	
IMPEKLO (*clobetasol propionate*) 0.15 MG/ACT (0.05%) LOTION	TIER 3	PA, QLC (272 gm (4 bottles)/28 days)
IMPOYZ (*clobetasol propionate*) 0.025 % CREAM	TIER 3	PA, QLC (1 tube/month)
KENALOG (*triamcinolone acetonide (topical)*) 0.147 MG/GM AERO SOLN	TIER 3	ST
LEXETTE (*halobetasol propionate*) 0.05 % FOAM	TIER 3	PA, QLC (200 gm/28 days)
LOCOID (*hydrocortisone butyrate*) 0.1 % CREAM, 0.1 % LOTION	TIER 3	ST
LOCOID (*hydrocortisone butyrate*) 0.1 % SOLUTION	TIER 3	
LOCOID LIPOCREAM (*hydrocortisone butyrate hydrophilic lipo base*) LIPO0.1 %	TIER 3	ST
LUXIQ (*betamethasone valerate*) 0.12 % FOAM	TIER 3	ST
mometasone furoate solution 0.1% (lotion)	TIER 1	
OLUX (*clobetasol propionate*) 0.05 % FOAM	TIER 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OLUX-E (*clobetasol propionate emulsion*) -0.05 % FOAM	TIER 3	PA
PANDEL (*hydrocortisone probutate*) 0.1 % CREAM	TIER 3	PA
pimecrolimus cream 1%	TIER 1	ST, QLC (100 gm/month)
PROCTOCORT (*hydrocortisone (rectal)*) 1 % CREAM	TIER 3	
PROTOPIC (*tacrolimus (topical)*) 0.03 % OINTMENT	TIER 3	ST, AL1 (Up to 12 yrs old), QLC (100 gm/month)
PROTOPIC (*tacrolimus (topical)*) 0.1 % OINTMENT	TIER 3	ST, AL1 (At least 16 yrs old), QLC (100 gm/month)
PRUDOXIN (*doxepin hcl (antipruritic)*) 5 % CREAM	TIER 3	PA
PSORCON (*diflorasone diacetate*) 0.05 % CREAM	TIER 1	ST
selenium sulfide lotion 2.5%	TIER 1	QLC (1 bottle/month)
SYNALAR (*fluocinolone acetonide*) 0.01 % SOLUTION, 0.025 % CREAM, 0.025 % OINTMENT	TIER 3	
tacrolimus oint 0.03%	TIER 1	ST, AL1 (Up to 12 yrs old), QLC (100 gm/month)
tacrolimus oint 0.1%	TIER 1	ST, AL1 (At least 16 yrs old), QLC (100 gm/month)
TEMOVATE (*clobetasol propionate*) 0.05 % CREAM, 0.05 % OINTMENT	TIER 3	
TEXACORT (*hydrocortisone (topical)*) 2.5 % SOLUTION	TIER 3	
TOPICORT (*desoximetasone*) 0.05 % CREAM, 0.05 % GEL, 0.05 % OINTMENT, 0.25 % CREAM, 0.25 % OINTMENT	TIER 3	ST
TOPICORT SPRAY (*desoximetasone*) 0.25 % LIQUID	TIER 3	ST, QLC (1 bottle/month)
triamcinolone acetonide aerosol soln 0.147 mg/gm	TIER 1	ST
triamcinolone acetonide cream 0.025%	TIER 1	
triamcinolone acetonide cream 0.1%	TIER 1	
triamcinolone acetonide cream 0.1% (TRIDERM)	TIER 1	
triamcinolone acetonide cream 0.5%	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
triamcinolone acetonide cream 0.5% (TRIDERM)	TIER 1	
triamcinolone acetonide lotion 0.025%	TIER 1	
triamcinolone acetonide lotion 0.1%	TIER 1	
triamcinolone acetonide oint 0.025%	TIER 1	
triamcinolone acetonide oint 0.05%	TIER 1	ST
triamcinolone acetonide oint 0.05% (TRIAMCINOLONE IN ABSORBASE)	TIER 1	ST
triamcinolone acetonide oint 0.05% (TRIANEX)	TIER 1	ST
triamcinolone acetonide oint 0.05% (TRITOCIN)	TIER 1	ST
triamcinolone acetonide oint 0.1%	TIER 1	
triamcinolone acetonide oint 0.5%	TIER 1	
TRIANEX (*triamcinolone acetonide (topical)*) 0.05 % OINTMENT	TIER 3	ST
TRIDESILON (*desonide*) 0.05 % CREAM	TIER 3	
ULTRAVATE (*halobetasol propionate*) 0.05 % CREAM, 0.05 % OINTMENT	TIER 3	
ULTRAVATE (*halobetasol propionate*) 0.05 % LOTION	TIER 3	ST, QLC (1 bottle (60ml) /month)
VANOS (*fluocinonide*) 0.1 % CREAM	TIER 3	PA
ZONALON (*doxepin hcl (antipruritic)*) 5 % CREAM	TIER 3	PA

DERMATOLOGICAL AGENTS, OTHER (Other Drugs for the Skin)

ABSORICA LD (*isotretinoin micronized*) 8 MG CAP, 16 MG CAP, 24 MG CAP, 32 MG CAP	TIER 3	PA
AKLIEF (*trifarotene*) 0.005 % CREAM	TIER 3	PA, QLC (45 gm/30 days)
ALDARA (*imiquimod*) 5 % CREAM	TIER 3	QLC (24 packs/month, max of 48 packs/6 months)
ANALPRAM-HC (*hydrocortisone acetate w/ pramoxine*) -1-1 % CREAM	TIER 3	
ANALPRAM-HC (*hydrocortisone acetate w/ pramoxine*) -2.5-1 % LOTION	TIER 2	
AVAR (*sulfacetamide sodium w/ sulfur*) 9.5-5 % PAD	TIER 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AVAR LS (*sulfacetamide sodium w/ sulfur*) 10-2 % PAD	TIER 3	PA
AVAR LS CLEANSER (*sulfacetamide sodium w/ sulfur*) 10-2 % LIQUID	TIER 3	
AVAR-E LS (*sulfacetamide sodium w/ sulfur*) -10-2 % CRAM	TIER 3	
CALCIPOTRIENE 0.005 % FOAM	TIER 3	PA
calcipotriene cream 0.005%	TIER 1	
calcipotriene oint 0.005%	TIER 1	
calcipotriene oint 0.005% (CALCITRENE)	TIER 1	
calcipotriene soln 0.005% (50 mcg/ml)	TIER 1	
calcipotriene-betamethasone dipropionate oint 0.005-0.064% (CALCIPOTRIENE-BETAMETH DIPROP)	TIER 1	PA, QLC (400 gm/month)
calcipotriene-betamethasone dipropionate susp 0.005-0.064% (CALCIPOTRIENE-BETAMETH DIPROP)	TIER 1	PA
CALCITRIOL (*calcitriol (topical)*) 3 MCG/GM OINTMENT	TIER 1	
CARAC (*fluorouracil (topical)*) 0.5 % CREAM	TIER 3	PA, QLC (1 tube/month)
CEM-UREA -45 % SOLUTION	TIER 1	ST
clotrimazole w/ betamethasone cream 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE)	TIER 1	
clotrimazole w/ betamethasone lotion 1-0.05% (CLOTRIMAZOLE-BETAMETHASONE)	TIER 1	
CONDYLOX (*podofilox*) 0.5 % GEL	TIER 2	
CORTISPORIN (*bacitracin-polymyxin-neomycin hc*) 1 % OINTMENT	TIER 3	
diclofenac sodium (actinic keratoses) gel 3%	TIER 1	PA, QLC (1 tube/month; max 3 tubes/year)
DOVONEX (*calcipotriene*) 0.005 % CREAM	TIER 3	
DUOBRII (*halobetasol propionate-tazarotene*) 0.01-0.045 % LOTION	TIER 3	PA, QLC (200 gm/28 days)
EFUDEX (*fluorouracil (topical)*) 5 % CREAM	TIER 3	
ENSTILAR (*calcipotriene-betamethasone dipropionate*) 0.005-0.064 % FOAM	TIER 3	PA, QLC (420gm/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EPIFOAM (*pramoxine-hc*) 1	TIER 2	
FLUOROPLEX (*fluorouracil (topical)*) 1 % CREAM	TIER 3	PA, QLC (1 tube/month)
FLUOROURACIL (*fluorouracil (topical)*) 0.5 % CREAM	TIER 1	PA, QLC (1 tube/month)
FLUOROURACIL (*fluorouracil (topical)*) 2 % SOLUTION, 5 % SOLUTION	TIER 1	
fluorouracil cream 5%	TIER 1	
GORDONS UREA 22 % OINTMENT	TIER 3	
HALOG (*halcinonide*) 0.1 % SOLUTION	TIER 3	PA
HYDRO 35 (*urea in lactic acid vehicle*) % FOAM	TIER 3	ST
HYDRO 40 (*urea*) % FOAM	TIER 3	ST
hydrocortisone acetate w/ pramoxine perianal cream 1-1% (HYDROCORTISONE ACE-PRAMOXINE)	TIER 1	
imiquimod cream 3.75%	TIER 1	ST, QLC (28 packets/month; max 56 packets/ 6 months)
imiquimod cream 3.75% (IMIQUIMOD PUMP)	TIER 1	ST, QLC (1 bottle/month, max of 2 bottles/6 months)
imiquimod cream 5%	TIER 1	QLC (24 packs/month, max of 48 packs/6 months)
KERALAC (*urea*) 47 % CREAM	TIER 3	ST, QLC (1 tube/month)
KLISYRI (*tirbanibulin*) 1 % OINTMENT	TIER 3	PA, QLC (5 packets/30 days)
LOTRISONE (*clotrimazole w/ betamethasone*) 1-0.05 % CREAM	TIER 3	
METHOXSALEN RAPID 10 MG CAP	TIER 1	
methoxsalen rapid cap 10 mg	TIER 1	
NEO-SYNALAR (*neomycin sulfate-fluocinolone acetonide*) -0.5-0.025 % CREAM	TIER 3	PA, QLC (1 tube/month)
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	TIER 1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	TIER 1	
OPZELURA (*ruxolitinib phosphate (topical)*) 1.5 % CREAM	TIER 3	PA, QLC (240 gm/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OTEZLA (*apremilast*) 30 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
OVACE PLUS (*sulfacetamide sodium*) 10 % CREAM, 10 % SHAMPOO	TIER 3	
OVACE PLUS (*sulfacetamide sodium*) 9.8 % LOTION	TIER 3	QLC (1 bottle (57gm)/month)
OVACE PLUS WASH (*sulfacetamide sodium*) 10 % GEL	TIER 3	PA, QLC (1 bottle/month)
OVACE PLUS WASH (*sulfacetamide sodium*) 10 % LIQUID	TIER 3	
OVACE WASH (*sulfacetamide sodium*) 10 % LIQUID	TIER 3	
OXSORALEN ULTRA (*methoxsalen rapid*) 10 MG CAP	TIER 3	
PICATO (*ingenol mebutate*) 0.015 % GEL	TIER 2	QLC (3 doses/month)
PICATO (*ingenol mebutate*) 0.05 % GEL	TIER 2	QLC (2 doses/month)
PLEXION (*sulfacetamide sodium w/ sulfur*) 9.8-4.8 % CREAM, 9.8-4.8 % LOTION	TIER 3	PA, QLC (1 bottle/month)
PLEXION CLEANSER (*sulfacetamide sodium w/ sulfur*) 9.8-4.8 % LIQUID	TIER 3	PA, QLC (1 bottle/month)
PLEXION CLEANSING CLOTH (*sulfacetamide sodium w/ sulfur*) 9.8-4.8 % PAD	TIER 3	PA, QLC (1 box/month)
podofilox soln 0.5%	TIER 1	
PRAMOSONE (*pramoxine-hc*) 1-1 % CREAM	TIER 3	
PRAMOSONE (*pramoxine-hc*) 1-1 % LOTION, 1-2.5 % LOTION	TIER 2	
PROCTOFOAM HC (*hydrocortisone acetate w/ pramoxine*) PROCTO1	TIER 2	
QBREXZA (*glycopyrronium tosylate*) 2.4 % PAD	TIER 3	PA, QLC (1 towelette/day)
REGRANEX (*becaplermin*) 0.01 % GEL	TIER 2	PA, QLC (15 gm/30 days)
SALEX (*salicylic acid*) 6 % SHAMPOO	TIER 3	
SALICYLIC ACID 26 % SOLUTION	TIER 1	
SALICYLIC ACID 6 % LOTION	TIER 1	QLC (400 gm/month)
salicylic acid film forming liquid 27.5%	TIER 1	
salicylic acid film forming liquid 27.5% (SALICYLIC ACID WART REMOVER)	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
salicylic acid foam 6%	TIER 1	
salicylic acid lotion 6%	TIER 1	QLC (400 gm/month)
salicylic acid lotion 6% (SALACYN)	TIER 1	QLC (400 gm/month)
salicylic acid lotion 6% (SALITECH FORTE)	TIER 1	QLC (400 gm/month)
salicylic acid shampoo 6%	TIER 1	
salicylic acid shampoo 6% (KERALYT)	TIER 1	
salicylic acid soln 26%	TIER 1	
salicylic acid soln 26% (SALISOL FORTE)	TIER 1	
SALVAX (*salicylic acid*) 6 % FOAM	TIER 3	
SANTYL (*collagenase*) 250 UNIT/GM OINTMENT	TIER 2	QLC (180 grams/month)
SILVADENE (*silver sulfadiazine*) 1 % CREAM	TIER 3	
silver sulfadiazine cream 1%	TIER 1	
silver sulfadiazine cream 1% (SSD)	TIER 1	
SODIUM SULFACETAMIDE-BAKUCHIOL (*sulfacetamide sodium in bakuchiol vehicle*) -10 % LIQUID	TIER 1	
SORILUX (*calcipotriene*) 0.005 % FOAM	TIER 3	PA
SSS 10-5 (*sulfacetamide sodium w/ sulfur*) - -% FOAM	TIER 1	
sulfacetamide sodium cleansing gel 10%	TIER 1	PA, QLC (1 bottle/month)
sulfacetamide sodium liquid 10%	TIER 1	
sulfacetamide sodium liquid 10% (SEB-PREV WASH)	TIER 1	
sulfacetamide sodium liquid 10% (SODIUM SULFACETAMIDE WASH)	TIER 1	
sulfacetamide sodium shampoo 10% (SODIUM SULFACETAMIDE)	TIER 1	
sulfacetamide sodium w/ sulfur cleanser 10-2% (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
sulfacetamide sodium w/ sulfur cleanser 10-5% (AVAR CLEANSER)	TIER 1	
sulfacetamide sodium w/ sulfur cleanser 10-5% (ROSANIL CLEANSER)	TIER 1	
sulfacetamide sodium w/ sulfur cleanser 10-5% (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sulfacetamide sodium w/ sulfur cleanser 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	PA, QLC (1 bottle/month)
sulfacetamide sodium w/ sulfur cleansing pad 10-4% (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
sulfacetamide sodium w/ sulfur cream 10-2% (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
sulfacetamide sodium w/ sulfur cream 10-5% (AVAR-E EMOLLIENT)	TIER 1	
sulfacetamide sodium w/ sulfur cream 10-5% (AVAR-E GREEN)	TIER 1	
sulfacetamide sodium w/ sulfur cream 10-5% (SSS 10-5)	TIER 1	
sulfacetamide sodium w/ sulfur cream 10-5% (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
sulfacetamide sodium w/ sulfur cream 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	PA, QLC (1 bottle/month)
sulfacetamide sodium w/ sulfur emulsion 10-1% (BP 10-1)	TIER 1	
sulfacetamide sodium w/ sulfur emulsion 10-1% (CERISA WASH)	TIER 1	
sulfacetamide sodium w/ sulfur emulsion 10-1% (SULFAMEZ WASH)	TIER 1	
sulfacetamide sodium w/ sulfur lotion 9.8-4.8% (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	PA, QLC (1 bottle/month)
sulfacetamide sodium w/ sulfur susp 8-4% (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	PA
sulfacetamide sodium w/ sulfur susp 8-4% (SULFACLEANSE 8/4)	TIER 1	PA
sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SOD-SULFUR WASH)	TIER 1	
sulfacetamide sodium w/ sulfur wash 9-4% (SULFACETAMIDE SODIUM-SULFUR)	TIER 1	
sulfacetamide sodium w/ sulfur wash 9-4% (ZENCIA)	TIER 1	
SULFACETAMIDE SODIUM-SULFUR (*sulfacetamide sodium w/ sulfur*) -10-5 % LOTION, -10-5 % SUSPENSION	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SULFACETAMIDE SODIUM-SULFUR (*sulfacetamide sodium w/ sulfur*) -9.8-4.8 % PAD	TIER 3	PA, QLC (1 box/month)
SUMAXIN (*sulfacetamide sodium w/ sulfur*) 10-4 % PAD	TIER 3	
SUMAXIN TS (*sulfacetamide sodium w/ sulfur*) 8-4 % SUSPENSION	TIER 3	PA
SUMAXIN WASH (*sulfacetamide sodium w/ sulfur*) 9-4 % LIQUID	TIER 3	
TACLONEX (*calcipotriene-betamethasone dipropionate*) 0.005-0.064 % OINTMENT	TIER 3	PA, QLC (400 gm/month)
TACLONEX (*calcipotriene-betamethasone dipropionate*) 0.005-0.064 % SUSPENSION	TIER 3	PA
TOLAK (*fluorouracil (topical)*) 4 % CREAM	TIER 2	QLC (1 tube/month)
ULESFIA (*benzyl alcohol (pediculicide)*) 5 % LOTION	TIER 3	
URAMAXIN (*urea in ammonium lactate vehicle*) 20 % FOAM	TIER 3	
URAMAXIN (*urea*) 45 % CREAM	TIER 3	
URAMAXIN (*urea*) 45 % GEL, 45 % LOTION	TIER 3	ST
URAMAXIN GT (*urea*) 45 % GEL	TIER 3	ST
URE-K (*urea*) -50 % CREAM	TIER 1	PA
UREA 45 % CREAM	TIER 1	
UREA 45 % LOTION	TIER 1	ST
urea cream 39%	TIER 1	PA
urea cream 39% (REA LO 39)	TIER 1	PA
urea cream 39% (UREDEB)	TIER 1	PA
urea cream 39% (XUREA)	TIER 1	PA
urea cream 40%	TIER 1	
urea cream 40% (REA LO 40)	TIER 1	
urea cream 40% (UREMEZ-40)	TIER 1	
urea cream 41%	TIER 1	ST, QLC (2 bottles/month)
urea cream 41% (METOPIC)	TIER 1	ST, QLC (2 bottles/month)
urea cream 47%	TIER 1	ST, QLC (1 bottle/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
urea cream 50%	TIER 1	
urea cream 50% (REMEVEN)	TIER 1	
urea foam 40% (UMECTA MOUSSE)	TIER 1	ST
urea gel 45% (UREA NAIL)	TIER 1	ST
UREA HYDRATING (*urea in lactic acid vehicle*) 35 % FOAM	TIER 1	ST
urea lotion 40%	TIER 1	
urea lotion 40% (CEROVEL)	TIER 1	
urea lotion 40% (REA LO 40)	TIER 1	
urea lotion 40% (UREA-C40)	TIER 1	
UREA NAIL (*urea in zinc undecylenate-lactic acid vehicle*) 50 % STICK	TIER 1	
UTOPIC (*urea*) 41 % CREAM	TIER 3	ST, QLC (2 bottles/month)
VECTICAL (*calcitriol (topical)*) 3 MCG/GM OINTMENT	TIER 3	
VEREGEN (*sinecatechins*) 15 % OINTMENT	TIER 3	ST, QLC (1 tube/month, not to exceed 4 tubes/6 months)
VIRASAL (*salicylic acid*) 27.5 % LIQUID	TIER 3	
WYNZORA (*calcipotriene-betamethasone dipropionate*) 0.005-0.064 % CREAM	TIER 3	PA, QLC (420 gm/30 days)
XERESE (*acyclovir-hydrocortisone*) 5-1 % CREAM	TIER 3	PA, QLC (5 gm tube/fill; max 30 gm/year)
ZYCLARA (*imiquimod*) 3.75 % CREAM	TIER 3	ST, QLC (28 packets/month, max of 56 packets/6 months)
ZYCLARA PUMP (*imiquimod*) 2.5 % CREAM	TIER 3	ST, QLC (1 bottle/month, max of 2 bottles/6 months)
ZYCLARA PUMP (*imiquimod*) 3.75 % CREAM	TIER 3	ST, QLC (1 bottle/month, max of 2 bottles/6 months)

PEDICULICIDES/SCABICIDES (Drugs for Lice and Scabies)

CROTAN (*crotamiton*) 10 % LOTION	TIER 1	
ELIMITE (*permethrin*) 5 % CREAM	TIER 3	
EURAX (*crotamiton*) 10 % CREAM, 10 % LOTION	TIER 3	
IVERMECTIN (*ivermectin (pediculicide)*) 0.5 % LOTION	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IVERMECTIN (*ivermectin (rosacea)*) 1 % CREAM	TIER 1	PA, QLC (1 bottle (45gm)/month)
ivermectin cream 1%	TIER 1	PA, QLC (1 bottle (45gm)/month)
LINDANE 1 % SHAMPOO	TIER 1	
malathion lotion 0.5%	TIER 1	
NATROBA (*spinosad*) 0.9 % SUSPENSION	TIER 3	QLC (1 bottle/fill)
OVIDE (*malathion*) 0.5 % LOTION	TIER 3	
permethrin cream 5%	TIER 1	
SKLICE (*ivermectin (pediculicide)*) 0.5 % LOTION	TIER 3	
SOOLANTRA (*ivermectin (rosacea)*) 1 % CREAM	TIER 3	PA, QLC (1 bottle (45gm)/month)
SPINOSAD 0.9 % SUSPENSION	TIER 1	QLC (1 bottle/fill)

TOPICAL ANTI-INFECTIVES

acyclovir cream 5%	TIER 1	PA, QLC (5 gm tube/fill; max 30 gm/year)
acyclovir oint 5%	TIER 1	PA, QLC (30 gm/fill; max 180 gm/year)
ACZONE (*dapsone (topical)*) 5 % GEL, 7.5 % GEL	TIER 3	PA, QLC (90 gm/month)
BACTROBAN (*mupirocin calcium (topical)*) 2 % CREAM	TIER 3	PA
BACTROBAN NASAL (*mupirocin calcium*) 2 % OINTMENT	TIER 3	
CENTANY (*mupirocin*) 2 % OINTMENT	TIER 3	
ciclopirox gel 0.77%	TIER 1	
ciclopirox shampoo 1%	TIER 1	
ciclopirox solution 8%	TIER 1	
ciclopirox solution 8% (CICLODAN)	TIER 1	
CLEOCIN-T (*clindamycin phosphate (topical)*) -1 % GEL, -1 % LOION, -1 % SOLUION	TIER 3	
CLINDAGEL (*clindamycin phosphate (topical)*) 1 %	TIER 3	
clindamycin phosphate foam 1%	TIER 1	QLC (1 can/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clindamycin phosphate gel 1%	TIER 1	
clindamycin phosphate lotion 1%	TIER 1	
clindamycin phosphate soln 1%	TIER 1	
DAPSONE (*dapsone (topical)*) 7.5 % GEL	TIER 3	PA, QLC (90 gm/month)
dapsone gel 5%	TIER 1	PA, QLC (90 gm/month)
dapsone gel 7.5%	TIER 3	PA, QLC (90 gm/month)
DENAVIR (*penciclovir*) 1 % CREAM	TIER 3	PA, QLC (5 gm tube/fill; max 30 gm/year)
ERY (*erythromycin (acne aid)*) 2 % PAD	TIER 1	
ERYGEL (*erythromycin (acne aid)*) 2 %	TIER 3	
erythromycin gel 2%	TIER 1	
erythromycin pads 2%	TIER 1	
erythromycin soln 2%	TIER 1	
EVOCLIN (*clindamycin phosphate (topical)*) 1 % FOAM	TIER 3	QLC (1 can/month)
LOPROX (*ciclopirox*) 1 % SHAMPOO	TIER 3	
mafenide acetate packet for topical soln 5% (50 gm)	TIER 1	
mupirocin calcium cream 2%	TIER 1	PA
mupirocin oint 2%	TIER 1	
PENLAC (*ciclopirox*) 8 % SOLUTION	TIER 3	
SULFAMYLON (*mafenide acetate*) 5 % PACKET, 85 MG/GM CREAM	TIER 3	
XEPI (*ozenoxacin*) 1 % CREAM	TIER 3	ST, QLC (1 tube/60 days)
ZOVIRAX (*acyclovir topical*) 5 % CREAM	TIER 3	PA, QLC (5 gm tube/fill; max 30 gm/year)
ZOVIRAX (*acyclovir topical*) 5 % OINTMENT	TIER 3	PA, QLC (30 gm/fill; max 180 gm/year)

ELECTROLYTES/MINERALS/METALS/VITAMINS

ELECTROLYTE/MINERAL REPLACEMENT

CARBAGLU (*carglumic acid*) 200 MG TAB	TIER 4	PA, SP, QLC (35 tabs/day)
K-TAB (*potassium chloride*) -TAB 8 TAB ER, -TAB 10 TAB ER, -TAB 20 TAB ER	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MULTIVITAMIN/FLUORIDE (*pediatric multivitamins w/fl*) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 3	PH (Preventive Health), QLC (1 tab/day)
potassium chloride cap er 10 meq (KLOR-CON SPRINKLE)	TIER 1	
potassium chloride cap er 10 meq (POTASSIUM CHLORIDE ER)	TIER 1	
potassium chloride cap er 8 meq (KLOR-CON SPRINKLE)	TIER 1	
potassium chloride cap er 8 meq (POTASSIUM CHLORIDE ER)	TIER 1	
POTASSIUM CHLORIDE ER ER 8 TAB ER, ER 20 TAB ER	TIER 1	
potassium chloride microencapsulated crys er tab 10 meq (KLOR-CON M10)	TIER 1	
potassium chloride microencapsulated crys er tab 10 meq (POTASSIUM CHLORIDE CRYS ER)	TIER 1	
potassium chloride microencapsulated crys er tab 15 meq (KLOR-CON M15)	TIER 1	
potassium chloride microencapsulated crys er tab 15 meq (POTASSIUM CHLORIDE CRYS ER)	TIER 1	
potassium chloride microencapsulated crys er tab 20 meq (KLOR-CON M20)	TIER 1	
potassium chloride microencapsulated crys er tab 20 meq (POTASSIUM CHLORIDE CRYS ER)	TIER 1	
potassium chloride oral soln 10% (20 meq/15ml)	TIER 1	PA
potassium chloride oral soln 20% (40 meq/15ml)	TIER 1	PA
potassium chloride powder packet 20 meq	TIER 1	
potassium chloride powder packet 20 meq (KLOR-CON)	TIER 1	
potassium chloride tab er 10 meq (KLOR-CON 10)	TIER 3	
potassium chloride tab er 10 meq (POTASSIUM CHLORIDE ER)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
potassium chloride tab er 20 meq (1500 mg) (POTASSIUM CHLORIDE ER)	TIER 1	
potassium chloride tab er 8 meq (600 mg) (KLOR-CON)	TIER 1	
potassium chloride tab er 8 meq (600 mg) (POTASSIUM CHLORIDE ER)	TIER 1	
potassium citrate tab er 10 meq (1080 mg) (POTASSIUM CITRATE ER)	TIER 1	
potassium citrate tab er 15 meq (1620 mg) (POTASSIUM CITRATE ER)	TIER 1	
potassium citrate tab er 5 meq (540 mg) (POTASSIUM CITRATE ER) *(40*	TIER 1	
UROCIT-K 10 (*potassium citrate (alkalinizer)*) -MEQ (80 MG) TAB	TIER 3	
UROCIT-K 15 (*potassium citrate (alkalinizer)*) -MEQ (1620 MG) TAB	TIER 3	
UROCIT-K 5 (*potassium citrate (alkalinizer)*) -MEQ (40 MG) TAB	TIER 3	

ELECTROLYTE/MINERAL/METAL MODIFIERS

CHEMET (*succimer*) 100 MG CAP	TIER 2	
deferasirox granules packet 180 mg	TIER 4	PA, SP
deferasirox granules packet 360 mg	TIER 4	PA, SP
deferasirox granules packet 90 mg	TIER 4	PA, SP
deferasirox tab 180 mg	TIER 4	SP, SF
deferasirox tab 360 mg	TIER 4	SP, SF
deferasirox tab 90 mg	TIER 4	SP, SF
deferasirox tab for oral susp 125 mg	TIER 4	SP, SF
deferasirox tab for oral susp 250 mg	TIER 4	SP, SF
deferasirox tab for oral susp 500 mg	TIER 4	SP, SF
deferiprone tab 500 mg	TIER 4	PA, SP, QLC (18 tabs/day)
EXJADE (*deferasirox*) 125 MG TAB SOL, 250 MG TAB SOL, 500 MG TAB SOL	TIER 4	SP, SF
FERRIPROX (*deferiprone*) 100 MG/ML SOLUTION	TIER 4	PA, SP, QLC (90 ml/day)
FERRIPROX (*deferiprone*) 1000 MG TAB	TIER 4	PA, SP, QLC (9 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FERRIPROX (*deferiprone*) 500 MG TAB	TIER 4	PA, SP, QLC (18 tabs/day)
FERRIPROX TWICE-A-DAY (*deferiprone*) -- DY 1000 MG TB	TIER 4	PA, SP, QLC (9 tabs/day)
JADENU (*deferasirox*) 90 MG TAB, 180 MG TAB, 360 MG TAB	TIER 4	SP, SF
JADENU SPRINKLE (*deferasirox*) 90 MG PACKET, 180 MG PACKET, 360 MG PACKET	TIER 4	PA, SP
JYNARQUE (*tolvaptan*) 15 MG TAB, 15 MG TAB THPK, 30 & 15 MG TAB THPK, 45 & 15 MG TAB THPK, 60 & 30 MG TAB THPK, 90 & 30 MG TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day)
JYNARQUE (*tolvaptan*) 30 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
SAMSCA (*tolvaptan*) 15 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
SAMSCA (*tolvaptan*) 30 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
SYPRINE (*trientine hcl*) 250 MG CAP	TIER 4	PA, QLC (8 caps/day)
TOLVAPTAN 15 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
tolvaptan tab 30 mg	TIER 4	PA, SP, QLC (2 tabs/day)
trientine hcl cap 250 mg	TIER 4	PA, QLC (8 caps/day)
trientine hcl cap 250 mg (CLOVIQUE)	TIER 4	PA, QLC (8 caps/day)

PHOSPHATE BINDERS (Drugs to Lower Phosphate)

AURYXIA (*ferric citrate*) 1 GM 210 MG(FE) TAB	TIER 3	
calcium acetate (phosphate binder) cap 667 mg (169 mg ca) (CALCIUM ACETATE (PHOS BINDER))	TIER 1	
FOSRENOL (*lanthanum carbonate*) 500 MG CHEW TAB, 750 MG CHEW TAB, 750 MG PACKET, 1000 MG CHEW TAB, 1000 MG PACKET	TIER 3	PA
lanthanum carbonate chew tab 1000 mg (elemental)	TIER 1	PA
lanthanum carbonate chew tab 500 mg (elemental)	TIER 1	PA
lanthanum carbonate chew tab 750 mg (elemental)	TIER 1	PA
PHOSLYRA (*calcium acetate (phosphate binder)*) 667 MG/5ML SOLUTION	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RENAGEL (*sevelamer hcl*) 400 MG TAB, 800 MG TAB	TIER 3	
RENVELA (*sevelamer carbonate*) 0.8 GM PACKET, 2.4 GM PACKET	TIER 3	PA
RENVELA (*sevelamer carbonate*) 800 MG TAB	TIER 3	
sevelamer carbonate packet 0.8 gm	TIER 1	PA
sevelamer carbonate packet 2.4 gm	TIER 1	PA
sevelamer carbonate tab 800 mg	TIER 1	
SEVELAMER HCL 400 MG TAB	TIER 1	
sevelamer hcl tab 800 mg	TIER 1	
VELPHORO (*sucroferric oxyhydroxide*) 500 MG CHEW TAB	TIER 3	

POTASSIUM BINDERS

sodium polystyrene sulfonate powder*	TIER 1	
sodium polystyrene sulfonate powder* (KIONEX)	TIER 1	
LOKELMA (*sodium zirconium cyclosilicate*) 10 GM PACKET	TIER 3	QLC (1 pack/day)
LOKELMA (*sodium zirconium cyclosilicate*) 5 GM PACKET	TIER 3	QLC (3 packs/day)
sodium polystyrene sulfonate oral susp 15 gm/60ml	TIER 1	
sodium polystyrene sulfonate oral susp 15 gm/60ml (KIONEX)	TIER 1	
sodium polystyrene sulfonate rectal susp 30 gm/120ml	TIER 1	
SPS (*sodium polystyrene sulfonate*) 15 GM/60ML SUSPENSION	TIER 1	
VELTASSA (*patiromer sorbitex calcium*) 8.4 GM PACKET, 16.8 GM PACKET, 25.2 GM PACKET	TIER 4	PA, SP, QLC (1 packet/day)

VITAMINS

pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml* (MULTI-VIT/FLUORIDE/IRON)	TIER 1	PH (Preventive Health)

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml* (MULTI-VIT/IRON/FLUORIDE)	TIER 1	PH (Preventive Health)
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml* (MULTI-VITAMIN/FLUORIDE/IRON)	TIER 1	PH (Preventive Health)
pediatric multiple vitamins w/ fl-fe drops 0.25-10 mg/ml* (MULTIVITAMIN/FLUORIDE/IRON)	TIER 1	PH (Preventive Health)
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg** (MULTIVITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health), QLC (1 tab/day)
pediatric multiple vitamins w/ fluoride chew tab 0.25 mg** (MVC-FLUORIDE)	TIER 1	PH (Preventive Health), QLC (1 tab/day)
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg** (MULTIVITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health), QLC (1 tab/day)
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg** (MULTIVITAMINS/FLUORIDE)	TIER 1	PH (Preventive Health), QLC (1 tab/day)
pediatric multiple vitamins w/ fluoride chew tab 0.5 mg** (MVC-FLUORIDE)	TIER 3	PH (Preventive Health), QLC (1 tab/day)
pediatric multiple vitamins w/ fluoride chew tab 1 mg** (MULTIVITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health), QLC (1 tab/day)
pediatric multiple vitamins w/ fluoride chew tab 1 mg** (MVC-FLUORIDE)	TIER 3	PH (Preventive Health), QLC (1 tab/day)
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml** (MULTI-VIT/FLUORIDE)	TIER 1	PH (Preventive Health)
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml** (MULTI-VITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)
pediatric multiple vitamins w/ fluoride soln 0.25 mg/ml** (MULTIVITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml** (MULTI-VIT/FLUORIDE)	TIER 1	PH (Preventive Health)
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml** (MULTI-VITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)
pediatric multiple vitamins w/ fluoride soln 0.5 mg/ml** (MULTIVITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml** (TRI-VIT/FLUORIDE)	TIER 1	PH (Preventive Health)
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml** (TRI-VITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml** (TRI-VITE/FLUORIDE)	TIER 1	PH (Preventive Health)
pediatric vitamins acd w/ fluoride soln 0.25 mg/ml** (VITAMINS ACD-FLUORIDE)	TIER 1	PH (Preventive Health)
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml** (ADC/F (0.5MG/ML))	TIER 1	PH (Preventive Health)
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml** (TRI-VIT/FLUORIDE)	TIER 1	PH (Preventive Health)
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml** (TRI-VITAMIN/FLUORIDE)	TIER 1	PH (Preventive Health)
pediatric vitamins acd w/ fluoride soln 0.5 mg/ml** (TRI-VITE/FLUORIDE)	TIER 1	PH (Preventive Health)
ACCRUFER (*ferric maltol*) 30 MG CAP	TIER 3	PA, QLC (2 caps/day)
ATABEX EC (*prenatal vit w/ docusate-iron carbonyl-folic acid*) AEX 29-1 MG DR	TIER 3	
ATABEX OB (*prenatal vit w/ fe bisglycinate chelate-folic acid*) AEX 29-1 MG	TIER 3	
AZESCHEW PRENATAL/POSTNATAL (*prenatal without a vit w/ fe fumarate-folic acid*) 13-1 MG TAB	TIER 3	PA, QLC (60 tabs/30 days)
AZESCO (*prenatal vit w/ ferrous gluconate-folic acid*) 13-1 MG TAB	TIER 3	PA, QLC (2 tabs/day)
C-NATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) -28-1-200 MG AP	TIER 1	
CADEAU DHA (*prenatal vit w/ ferrous fumarate-l methylfolate-fa-dha*) 29-0.4-0.8-375 MG CAP	TIER 3	
CALCIUM PNV (*prenatal without vit a w/ fe fum-fa-omega fatty acids*) 28-1-250 MG CAP	TIER 3	
CARNITOR (*levocarnitine (metabolic modifiers)*) 1 GM/10ML SOLUTION, 330 MG TAB	TIER 3	
CARNITOR SF (*levocarnitine (metabolic modifiers)*) 1 GM/10ML SOLUTION	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CITRANATAL HARMONY (*prenatal w/o vit a w/ fe fumarate-fe carbonyl-dss-fa-dha*) 27-1-260 MG CAP	TIER 3	PA
CITRANATAL MEDLEY (*prenatal w/o vit a w/ fe fumarate-fe carbonyl-fa-dha*) 27-1-200 MG CAP	TIER 3	
CITRANATAL RX (*prenatal without vit a w/ fe carbonyl-fe gluc-docusate-fa*) 27-1 MG TAB	TIER 3	PA
CO-NATAL FA (*prenatal vit w/ ferrous fumarate-folic acid*) - TAB	TIER 1	
COMPLETENATE (*prenatal vit w/ ferrous fumarate-folic acid*) 29-1 MG CHEW TAB	TIER 1	
CONCEPT DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) 53.5-38-1 MG CAP	TIER 3	
CONCEPT OB (*prenatal without a vit w/ fe fum-iron polysacch complex -fa*) 130-92.4-1 MG CAP	TIER 3	
cyanocobalamin inj 1000 mcg/ml	TIER 1	
DERMACINRX PRETRATE (*prenatal multivit-min w/fe-fa*) 1 MG TAB	TIER 3	
DOJOLVI (*triheptanoin*) 100 % LIQUID	TIER 4	PA, SP, QLC (105 ml/day)
DOTHELLE DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) 53.5-38-1 MG CAP	TIER 1	
EFFER-K (*potassium bicarbonate-citric acid*) EFFER-10 EFFER TAB, EFFER-20 EFFER TAB	TIER 3	
ELITE-OB (*prenatal vit w/ iron carbonyl-folic acid*) -50-1.25 MG TAB	TIER 1	
ENBRACE HR (*prenatal vit w/ fe glycine cysteinate-fa-omega 3 fatty acids*) CAP	TIER 3	
ESCAVITE (*ped multivitamins w/fl & iron*) 0.25-7.5 MG CHEW TAB	TIER 3	PH (Preventive Health)
ESCAVITE D (*ped multivitamins w/fl & iron*) 0.25-6 MG CHEW TAB	TIER 3	
ESCAVITE LQ (*ped multivitamins w/fl & iron*) 0.25-6 MG/ML LIQUID	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLORIVA (*pediatric multiple vitamins & minerals w/ fluoride*) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 3	PH (Preventive Health)
FLORIVA (*sodium fluoride-vitamin d*) 0.25-400 MG-UNIT/ML LIQUID	TIER 3	PH (Preventive Health)
FLORIVA PLUS (*pediatric multivitamins w/fl*) 0.25 MG/ML SOLUTION	TIER 3	PH (Preventive Health)
FOLCAL DHA (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*) 27-1.25-300 MG CAP	TIER 3	PA
FOLCAPS OMEGA 3 (*prenatal vit w/ iron carbonyl-fe aspart glyc-fa-omega 3*) FOLS 27-1 MG	TIER 3	
FOLET ONE (*prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha*) 38-1-225 MG CAP	TIER 3	PA
folic acid tab 1 mg	TIER 1	
folic acid tab 1 mg (KP FOLIC ACID)	TIER 1	
FOLIVANE-OB (*prenatal without a vit w/ fe fum-iron polysacch complex -fa*) -85-1 MG CAP	TIER 1	
GALZIN (*zinc acetate (oral)*) 25 MG CAP, 50 MG CAP	TIER 3	
HEMENATAL OB (*prenatal vit w/ fe polysacch complex-fe heme polypeptide-fa*) 28-6-1 MG TAB	TIER 3	
INATAL GT (*prenatal vit w/ docusate-iron carbonyl-folic acid*) TAB	TIER 3	
JENLIVA PRENATAL/POSTNATAL (*prenatal multivit-min w/fe-fa*) 1 MG CAP	TIER 3	
KOSHER PRENATAL PLUS IRON (*prenatal vit w/ iron carbonyl-folic acid*) 30-1 MG TAB	TIER 3	
levocarnitine oral soln 1 gm/10ml (10%) (LEVOCARNITINE SF) *gm/0ml (0%)*	TIER 1	
levocarnitine oral soln 1 gm/10ml (10%) gm/0ml (0%)	TIER 1	
levocarnitine tab 330 mg	TIER 1	
M-NATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) -27-1 G TAB	TIER 1	
M-VIT (*prenatal vit w/ ferrous fumarate-folic acid*) - TAB	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MARNATAL-F (*prenatal without vit a w/ iron polysaccharide complex-fa*) -60-1 MG CAP	TIER 3	
MULTIVITAMIN/FLUORIDE (*pediatric multivitamins w/fl*) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 1	PH (Preventive Health), QLC (1 tab/day)
MYNATAL (*prenatal multivit-min w/fe-fa*) CAP	TIER 3	
MYNATAL (*prenatal vit w/ docusate-iron carbonyl-folic acid*) 90-1 MG TAB	TIER 3	
MYNATAL ADVANCE (*prenatal vit w/ docusate-iron carbonyl-folic acid*) TAB	TIER 3	
MYNATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) TAB	TIER 1	
MYNATAL-Z (*prenatal vit w/ ferrous fumarate-folic acid*) - TAB	TIER 1	
MYNATE 90 PLUS (*prenatal vit w/ docusate-fe fumarate-folic acid*) TAB ER	TIER 3	
NASCOBAL (*cyanocobalamin*) 500 MCG/0.1ML SOLUTION	TIER 3	QLC (1 bottle/week)
NATACHEW (*prenatal vit w/ fe fum-fe bisglycinate chelate-folic acid*) NATA28-1 MG TAB	TIER 3	
NATALVIT (*prenatal vit w/ ferrous fumarate-folic acid*) TAB	TIER 3	
NATELLE ONE (*prenatal without vit a w/ fe fum-fa-omega fatty acids*) 28-1-250 MG CAP	TIER 3	
NEEVO DHA (*prenatal without vit a w/ fe fumarate-l methylfolate-omegas*) 27-1.13 MG CAP	TIER 3	
NEONATAL 19 (*prenatal vitamin-folic acid*) 9 MG TAB	TIER 3	
NEONATAL COMPLETE (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB, 29-1 MG TAB	TIER 1	
NEONATAL FE (*prenatal multivitamins w/ iron-folic acid*) 90-1 MG TAB	TIER 3	
NEONATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	TIER 1	
NESTABS (*prenatal vit without vit a w/ fe bisglycinate-folic acid*) NESS 32-1 MG	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NESTABS ONE (*prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dha*) 38-1-225 MG CAP	TIER 3	
NEXA PLUS (*prenatal w/o vit a w/fe fumarate-docusate ca-folic acid-dha*) 29-1.25-350 MG CAP	TIER 3	PA
NIVA-PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) -27-1 MG TAB	TIER 1	
O-CAL FA (*prenatal vit w/ ferrous fumarate-folic acid*) -27-1 MG TAB	TIER 1	
O-CAL PRENATAL (*prenatal vit w/ ferrous fumarate-folic acid*) - TAB	TIER 3	
OB COMPLETE (*prenatal vit w/ iron carbonyl-folic acid*) 50-1.25 MG TAB	TIER 3	
OB COMPLETE ONE (*prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-fish oil*) 50-1-476 MG CAP	TIER 3	
OB COMPLETE PETITE (*prenatal w/o vit a w/ fe carbonyl-fe aspart glyc-fa-omega 3*) 35-5-1-200 MG CAP	TIER 3	
OB COMPLETE PREMIER (*prenatal vit w/ iron carbonyl-fe aspart glycinate-fa*) 30-20-1 MG TAB	TIER 3	
OB COMPLETE/DHA (*prenat vit w/ iron carbonyl-fe asp glyc-fa-omega fatty acid*) 30-10-1-200 MG CAP	TIER 3	
OBSTETRIX EC (*prenatal vit w/ docusate-iron carbonyl-folic acid*) 29-1 MG TAB	TIER 3	
OBSTETRIX ONE (*prenatal w/o a w/fe carbonyl-fe bisglyc-l methylfol-dss-dha*) 38-1-225 MG CAP	TIER 3	PA
ONE VITE WOMENS PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	TIER 1	
PNV FOLIC ACID + IRON (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	TIER 1	
PNV PRENATAL PLUS MULTIVITAMIN (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	TIER 1	
PNV TABS 29-1 (*prenatal vit w/ iron carbonyl-folic acid*) S --MG	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PNV-DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) -27-0.6-0.4-300 MG CAP	TIER 1	
PNV-DHA+DOCUSATE (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*) -27-1.25-300 MG CAP	TIER 3	PA
PNV-OMEGA (*prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*) -28-0.6-0.4-340 MG CAP	TIER 1	
PNV-SELECT (*prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*) -27-0.6-0.4 MG TAB	TIER 1	
POLY-VI-FLOR (*pediatric multivitamins w/fl*) --0.25 MG CHEW TAB, --0.25 MG/ML SUSPENSION, --0.5 MG CHEW TAB, --1 MG CHEW TAB	TIER 3	PH (Preventive Health)
POLY-VI-FLOR FS (*pediatric multivitamins w/fl*) --0.25 MG STRIP, --0.5 MG STRIP, --1 MG STRIP	TIER 3	PH (Preventive Health)
POLY-VI-FLOR/IRON (*ped multivitamins w/fl & iron*) --0.25-7 MG/ML SUSPENSION, --0.5-10 MG CHEW TAB	TIER 3	PH (Preventive Health)
POT BICARB-POT CHLORIDE (*potassium bicarb & chloride*) -25 MEQ EFFER TAB	TIER 1	
pot bicarbonate & chloride effer tab 25 meq (EFFERVESCENT POT CHLORIDE)	TIER 1	
potassium bicarbonate effer tab 25 meq	TIER 1	
potassium bicarbonate effer tab 25 meq (EFFER-K)	TIER 1	
potassium bicarbonate effer tab 25 meq (K-EFFERVESCENT)	TIER 1	
potassium bicarbonate effer tab 25 meq (K-PRIME)	TIER 1	
potassium bicarbonate effer tab 25 meq (K-VESCENT)	TIER 1	
potassium bicarbonate effer tab 25 meq (KLOR-CON/EF)	TIER 1	
PREFERA OB (*prenatal vit w/ fe polysacch complex-fe heme polypeptide-fa*) 34-1 MG TAB	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREFERAOB ONE (*prenatal vit w/ fe polysacch cmplx-fe heme polypept-fa & dha*) 22-6-1-200 MG CAP	TIER 1	
PREGEN DHA (*prenatal mv & min w/fe carbonyl-fa-dha*) 28-1-35 MG CAP	TIER 3	PA, QLC (1 cap/day)
PREMESISRX (*prenatal w/ calcium-vit b6-vit b12-folic acid-ginger*) MG TAB	TIER 3	
PRENA1 (*prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid*) 1.4 MG CHEW TAB	TIER 3	
PRENA1 PEARL (*prenatal without a w/ fe fumarate-sod feredetate-fa-dha*) 30-1.4-200 MG CAP	TIER 3	
PRENAISSANCE (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*) 29-1.25-325 MG CAP	TIER 1	
PRENAISSANCE NEXT (*prenatal w/ calcium-vit b6-folic acid-ginger*) 1.2 MG TAB	TIER 1	
PRENAISSANCE PLUS (*prenatal w/o vit a w/ fe carbonyl-dss-fa-dha*) 28-1-250 MG CAP	TIER 3	
PRENARA (*prenatal vit w/ ferrous fumarate-folic acid*) 15-1 MG CAP	TIER 3	PA
PRENATA (*prenatal without a vit w/ fe fumarate-folic acid*) 29-1 MG CHEW TAB	TIER 3	
PRENATABS FA (*prenatal vit w/ ferrous fumarate-folic acid*) 29-1 MG	TIER 1	
PRENATABS RX (*prenatal vit w/ iron carbonyl-folic acid*) 29-1 MG	TIER 1	
PRENATAL (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	TIER 1	
PRENATAL 19 (*prenatal vit w/ docusate-fe fumarate-folic acid*) 9 29-MG TAB	TIER 3	
PRENATAL 19 (*prenatal vit w/ ferrous fumarate-folic acid*) 19 CHEW TAB, 19 29-1 MG CHEW TAB	TIER 1	
PRENATAL PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	TIER 1	
PRENATAL PLUS IRON (*prenatal vit w/ iron carbonyl-folic acid*) 29-1 MG TAB	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRENATAL VITAMIN PLUS LOW IRON (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	TIER 1	
PRENATAL-U (*prenatal without a vit w/ fe fumarate-folic acid*) -106.5-1 MG CAP	TIER 1	
PRENATE (*prenatal multivitamins & minerals w/ l-methylfolate-fa*) 0.6-0.4 MG CHEW TAB	TIER 3	
PRENATE AM (*prenatal w/ calcium-vit b6-vit b12-folic acid-ginger*) MG TAB	TIER 3	
PRENATE DHA (*prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*) 18-0.6-0.4-300 MG CAP	TIER 3	
PRENATE DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 28-0.6-0.4-300 MG CAP	TIER 3	
PRENATE ELITE (*prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*) 26-0.6-0.4 MG TAB	TIER 3	
PRENATE ELITE (*prenatal w/ fe asparto glycinate-l methylfolate-folic acid*) 20-0.6-0.4 MG TAB	TIER 3	
PRENATE ENHANCE (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 28-0.6-0.4-400 MG CAP	TIER 3	
PRENATE ESSENTIAL (*prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*) 18-0.6-0.4-300 MG CAP	TIER 3	
PRENATE ESSENTIAL (*prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3*) 29-0.6-0.4-340 MG CAP	TIER 3	
PRENATE MINI (*prenatal w/o vit a w/ fe carbonyl-fe asp glyc-methfol-fa-dha*) 18-0.6-0.4-350 MG CAP	TIER 3	
PRENATE PIXIE (*prenatal w/o a w/ fe asparto glyc-l methylfolate-fa-dha*) 10-0.6-0.4-200 MG CAP	TIER 3	
PRENATE RESTORE (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 27-0.6-0.4-400 MG CAP	TIER 3	
PRENATRIX (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRENATRYL (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	TIER 1	
PRENATVITE COMPLETE (*prenatal multivit-min w/fe-fa*) 1 MG TAB	TIER 3	
PRENATVITE PLUS (*prenatal multivit-min w/fe-fa*) 1 MG TAB	TIER 3	
PREPLUS (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	TIER 1	
PRETAB (*prenatal vit w/ ferrous fumarate-folic acid*) PRE29-1 MG	TIER 1	
PRIMACARE (*prenatal without a w/ fe asp glyc-l methylfolate-fa-omega 3*) 30-1-470 MG CAP	TIER 3	
PROVIDA DHA (*prenatal without a w/fe fum-fe polysacch complex-fa-dha*) 16-16-1.25-110 MG CAP	TIER 3	
PROVIDA OB (*prenatal without a vit w/ fe fum-iron polysacch complex -fa*) 20-20-1.25 MG CAP	TIER 3	
PUREFE OB PLUS (*prenatal without a vit w/ fe fum-iron polysacch complex -fa*) 162-115.2-1 MG CAP	TIER 3	
QUFLORA FE (*multiple vitamins w/minerals & fluoride-iron-folic acid*) 0.25 MG CHEW TAB	TIER 3	PH (Preventive Health), QLC (1 tab/day)
QUFLORA FE PEDIATRIC (*ped multivitamins w/fl & iron*) 0.25-9.5 MG/ML LIQUID	TIER 3	PH (Preventive Health)
QUFLORA GUMMIES (*pediatric multivitamins w/fl*) 0.125 MG CHEW TAB	TIER 3	PH (Preventive Health)
QUFLORA PEDIATRIC (*pediatric multivitamins w/fl*) 0.25 MG CHEW TAB, 0.5 MG CHEW TAB, 1 MG CHEW TAB	TIER 3	PH (Preventive Health), QLC (1 tab/day)
QUFLORA PEDIATRIC (*pediatric multivitamins w/fl*) 0.25 MG/ML SOLUTION, 0.5 MG/ML SOLUTION	TIER 3	PH (Preventive Health)
R-NATAL OB (*prenatal w/o vit a w/ fe carbonyl-folic acid-dha*) -20-1-320 MG CAP	TIER 3	
RADIOGARDASE (*prussian blue insoluble (ferric hexacyanoferrate iii)*) 0.5 GM CAP	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RELNATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP	TIER 1	
SE-NATAL 19 (*prenatal vit w/ docusate-fe fumarate-folic acid*) -9 29-MG TAB	TIER 3	
SE-NATAL 19 (*prenatal vit w/ ferrous fumarate-folic acid*) -9 29-MG CHEW TAB	TIER 3	
SELECT-OB (*prenatal vit w/ iron polysaccharide cmplx-l methylfolate-fa*) -29-0.6-0.4 MG CHEW TAB	TIER 3	
SELECT-OB (*prenatal vit w/ iron polysaccharide complex-folic acid*) -29-1 MG CHEW TAB	TIER 3	
SODIUM FLUORIDE 2.2 (1 F) MG TAB	TIER 3	PH (Preventive Health)
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (FLUOR-A-DAY) *luoride*	TIER 1	PH (Preventive Health)
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (FLUORITAB) *luoride*	TIER 1	PH (Preventive Health)
sodium fluoride soln 0.125 mg/drop f (0.275 mg/drop naf) (NAFRINSE DROPS) *luoride*	TIER 1	PH (Preventive Health)
TARON-C DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) -35-1 MG AP	TIER 1	
TARON-PREX (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*) -30-1.2-265 MG CAP	TIER 3	
THRIVITE RX (*prenatal vit w/ iron carbonyl-folic acid*) 29-1 MG TAB	TIER 1	
TL FOLATE (*prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*) 27-0.5-0.5 MG TAB	TIER 3	
TL-CARE DHA (*prenatal w/fe fumarate-fa-dss-fish oil*) -27-1-500 MG CAP	TIER 3	
TL-FLUORIVITE (*ped multivitamins w/fl & iron*) -0.25-7.5 MG CHEW TAB	TIER 3	PH (Preventive Health)
TL-SELECT (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*) -29-1.25-325 MG CAP	TIER 1	
TRI-VI-FLOR (*pediatric vitamins acd & l-methylfolate w/ fluoride*) --0.25 MG/ML SUSPENSION, --0.5 MG/ML SUSPENSION	TIER 3	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRI-VI-FLORO (*pediatric vitamins acd & l-methylfolate w/ fluoride*) --0.25 MG/ML SUSPENSION, --0.5 MG/ML SUSPENSION	TIER 3	PH (Preventive Health)
TRI-VIT/FLUORIDE/IRON (*pediatric vitamins acd fluoride & iron*) -0.25-10 MG/ML SOLUTION	TIER 1	PH (Preventive Health)
TRICARE (*prenatal vit w/ ferrous fumarate-folic acid*) TAB	TIER 1	
TRICARE PRENATAL DHA ONE (*prenatal multivit-min w/fe-fa*) 0.8 MG CAP	TIER 3	
TRICARE PRENATAL DHA ONE (*prenatal w/fe fumarate-fa-dss-fish oil*) 27-1-500 MG CAP	TIER 3	
TRINATAL RX 1 (*prenatal vit w/ ferrous fumarate-folic acid*) 60-MG TAB	TIER 1	
TRINATE (*prenatal vit w/ ferrous fumarate-folic acid*) TAB	TIER 1	
TRINAZ (*prenatal vit w/ ferrous gluconate-folic acid*) 12-1 MG TAB	TIER 3	PA, QLC (2 tabs/day)
TRISTART DHA (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*) 31-0.6-0.4-200 MG CAP	TIER 3	
TRISTART FREE (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*) 33-1 MG CAP	TIER 3	QLC (1 cap/day)
TRISTART ONE (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*) 35-1-215 MG CAP	TIER 3	
ULTIMATECARE ONE (*prenatal vit w/ iron carbonyl-fe aspart glyc-fa-omega 3*) 27-1 MG CAP	TIER 3	
VEMAVITE-PRX 2 (*prenatal w/o vit a w/ fe fumarate-dss-fa-dha*) -7-1.5-300 MG CAP	TIER 3	PA
VIL-RX (*prenatal vit w/ iron carbonyl-folic acid*) -29-1 MG TAB	TIER 1	
VINATE CARE (*prenatal without a vit w/ fe fumarate-folic acid*) 40-1 MG CHEW TAB	TIER 1	
VINATE DHA RF (*prenatal without vit a w/ fe fumarate-l methylfolate-omegas*) 27-1.13 MG CAP	TIER 3	
VINATE II (*prenatal vit w/ fe bisglycinate chelate-folic acid*) 29-1 MG TAB	TIER 3	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VINATE M (*prenatal vit w/ selenium-fe fumarate-folic acid*) 27-1 G TAB	TIER 1	
VINATE ONE (*prenatal vit w/ ferrous fumarate-folic acid*) 60-1 MG TAB	TIER 1	
VIRT NATE (*prenatal vit w/ ferrous fumarate-folic acid*) 28-1 MG TAB	TIER 1	
VIRT-C DHA (*prenatal vit w/ fe fum-iron polysacch complex -fa-omega 3*) -53.5-38-1 MG AP	TIER 1	
VIRT-NATE DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) -28-1-200 MG CAP	TIER 1	
VIRT-PN (*prenatal vit w/ ferrous fumarate-l methylfolate-folic acid*) -27-0.6-0.4 MG TAB	TIER 1	
VIRT-PN DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) -27-0.6-0.4-300 MG CAP	TIER 1	
VIRT-PN PLUS (*prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*) -28-0.6-0.4-340 MG CAP	TIER 1	
VITAFOL FE+ (*prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha*) 90-0.6-0.4-200 MG CAP	TIER 3	
VITAFOL GUMMIES (*prenatal vit w/ ferric phosphate-fa-omega 3 fatty acids*) 3.33-0.333-34.8 MG CHEW TAB	TIER 3	
VITAFOL STRIPS (*prenatal w/ vit b6-b12-cholecalciferol-folic acid*) MG FILM	TIER 3	
VITAFOL ULTRA (*prenatal vit w/ fe polysacch complex-l methylfolate-fa-dha*) 29-0.6-0.4-200 MG CAP	TIER 3	
VITAFOL-NANO (*prenatal w/o a vit w/ fe fumarate-l methylfolate-folic acid*) -18-0.6-0.4 MG TAB	TIER 3	
VITAFOL-OB (*prenatal vit w/ ferrous fumarate-folic acid*) - TAB	TIER 1	
VITAFOL-ONE (*prenatal mv & min w/fe polysaccharide complex-fa-dha*) -29-1-200 MG CAP	TIER 3	
VITAMEDMD ONE RX/QUATREFOLIC (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) 30-0.6-0.4-200 MG CAP	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VITAMEDMD REDICHEW RX (*prenatal w/ vit b2-b6-b12-cholecalciferol-folic acid*) 1.4 MG TAB	TIER 3	
VITAPEARL (*prenatal without a w/ fe fumarate-sod feredetate-fa-dha*) 30-1.4-200 MG CAP	TIER 3	
VITATHELY WITH GINGER (*prenatal vit w/ ferrous fumarate-folic acid*) 27-1 MG TAB	TIER 1	
VIVA DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) 28-1-200 MG CAP	TIER 1	
VOL-NATE (*prenatal vit w/ ferrous fumarate-folic acid*) -28-1 MG TAB	TIER 1	
VOL-PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) -27-1 MG TAB	TIER 1	
VOL-TAB RX (*prenatal vit w/ iron carbonyl-folic acid*) -29-1 MG	TIER 1	
VP-GGR-B6 PRENATAL (*prenatal w/ calcium-vit b6-folic acid-ginger*) --1.2 MG TAB	TIER 1	
VP-HEME OB (*prenatal vit w/ fe polysacch complex-fe heme polypeptide-fa*) -28-6-1 MG TAB	TIER 3	
VP-HEME ONE (*prenatal vit w/ fe polysacch cmplx-fe heme polypept-fa & dha*) -22-6-1-200 MG CAP	TIER 1	
VP-PNV-DHA (*prenatal vit w/ ferrous fumarate-fa-omega 3 fatty acids*) --28-1-215.8 MG CAP	TIER 3	
WESTAB PLUS (*prenatal vit w/ ferrous fumarate-folic acid*) WES27-1 MG	TIER 1	
WESTGEL DHA (*prenatal without a w/ fe carbonyl-l methylfolate-fa-dha*) 31-0.6-0.4-200 MG CAP	TIER 3	
WILZIN (*zinc acetate (oral)*) 25 MG CAP	TIER 3	
ZALVIT (*prenatal vit w/ ferrous gluconate-folic acid*) 13-1 MG TAB	TIER 3	PA, QLC (2 tabs/day)
ZATEAN-PN DHA (*prenatal without a w/ fe fumarate-l methylfolate-fa-dha*) -27-0.6-0.4-300 MG CAP	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZATEAN-PN PLUS (*prenatal without a w/ fe fumarate-l methylfolate-fa-omega 3*) -28-0.6-0.4-340 MG CAP	TIER 1	

GASTROINTESTINAL AGENTS (Drugs for the Bowel and Stomach)

ANTI-CONSTIPATION AGENTS (Drugs for Constipation)

AMITIZA (*lubiprostone*) 8 MCG CAP, 24 MCG CAP	TIER 3	PA, AL1 (At least 18 yrs old), QLC (2 caps/day)
bisacodyl tab & peg 3350-kcl-sod bicarb-nacl for soln kit (GAVILYTE-H)	TIER 1	PH (Preventive Health)
CLENPIQ (*sodium picosulfate-magnesium oxide-anhydrous citric acid*) 10-3.5-12 MG-GM -GM/160ML SOLUTION	TIER 3	PA
KRISTALOSE (*lactulose*) 10 GM PACKET	TIER 3	PA, QLC (1 pack/day)
KRISTALOSE (*lactulose*) 20 GM PACKET	TIER 3	PA, QLC (2 packs/day)
lactulose (encephalopathy) solution 10 gm/15ml (ENULOSE)	TIER 1	
lactulose (encephalopathy) solution 10 gm/15ml (GENERLAC)	TIER 1	
lactulose (encephalopathy) solution 10 gm/15ml (LACTULOSE ENCEPHALOPATHY)	TIER 1	
LACTULOSE 10 GM PACKET	TIER 1	PA, QLC (1 pack/day)
lactulose solution 10 gm/15ml	TIER 1	
lactulose solution 10 gm/15ml (CONSTULOSE)	TIER 1	
LINZESS (*linaclotide*) 72 MCG CAP, 145 MCG CAP, 290 MCG CAP	TIER 2	AL1 (At least 18 yrs old), QLC (1 cap/day)
LUBIPROSTONE 8 MCG CAP, 24 MCG CAP	TIER 3	PA, AL1 (At least 18 yrs old), QLC (2 caps/day)
MOTEGRITY (*prucalopride succinate*) 1 MG TAB, 2 MG TAB	TIER 3	PA, QLC (1 tab/day)
MOVANTIK (*naloxegol oxalate*) 12.5 MG TAB, 25 MG TAB	TIER 3	AL1 (At least 18 yrs old), QLC (1 tab/day)
MOVIPREP (*peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid*) 100 GM RECON SOLN	TIER 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NULYTELY LEMON-LIME (*peg 3350-potassium chloride-sod bicarbonate-sod chloride*) -420 GM RECON SOLN	TIER 3	
NULYTELY WITH FLAVOR PACKS (*peg 3350-potassium chloride-sod bicarbonate-sod chloride*) 420 GM RECON SOLN	TIER 3	
OSMOPREP (*sodium phosphate monobasic-sodium phosphate dibasic*) 1.102-0.398 GM TAB	TIER 3	PA, PH (Preventive Health)
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (PEG-3350/ELECTROLYTES/ASCORBAT) *-kl-l--asorbate-*	TIER 1	PA, PH (Preventive Health)
peg 3350-kcl-nacl-na sulfate-na ascorbate-c for soln 100 gm (PEG-KCL-NACL-NASULF-NA ASC-C) *-kl-l--asorbate-*	TIER 1	PA, PH (Preventive Health)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (GAVILYTE-N WITH FLAVOR PACK)	TIER 1	PH (Preventive Health)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (PEG 3350-KCL-NA BICARB-NACL)	TIER 1	PH (Preventive Health)
peg 3350-kcl-sod bicarb-nacl for soln 420 gm (TRILYTE)	TIER 1	PH (Preventive Health)
PEG-PREP (*bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride*) --210 MG-GM KIT	TIER 1	PH (Preventive Health)
PLENVU (*peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid*) 140 GM RECON SOLN	TIER 3	PA
PREPOPIK (*sodium picosulfate-magnesium oxide-anhydrous citric acid*) 10-3.5-12 MG-GM-GM PACKET	TIER 3	PA, PH (Preventive Health)
RELISTOR (*methylnaltrexone bromide*) 150 MG TAB	TIER 4	PA, QLC (3 tabs/day)
RELISTOR (*methylnaltrexone bromide*) 8 MG/0.4ML SOLUTION, 12 MG/0.6ML SOLUTION	TIER 4	PA
SUPREP BOWEL PREP KIT (*sodium sulfate-potassium sulfate-magnesium sulfate*) SU17.5-3.13-1.6 GM/177ML SOLUTION	TIER 2	PH (Preventive Health)
SUTAB (*sodium sulfate-magnesium sulfate-potassium chloride*) SU1479-225-188 MG	TIER 3	PA
SYMPROIC (*naldemedine tosylate*) 0.2 MG TAB	TIER 3	PA, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRULANCE (*plecanatide*) 3 MG TAB	TIER 3	PA, QLC (1 tab/day)

ANTI-DIARRHEAL AGENTS (Drugs for Diarrhea)

alosetron hcl tab 0.5 mg (base equiv)	TIER 1	PA
alosetron hcl tab 1 mg (base equiv)	TIER 1	PA
diphenoxylate w/ atropine tab 2.5-0.025 mg (DIPHENOXYLATE-ATROPINE)	TIER 1	
DIPHENOXYLATE-ATROPINE (*diphenoxylate w/ atropine*) -2.5-0.025 MG/5ML LIQUID	TIER 1	
LOMOTIL (*diphenoxylate w/ atropine*) 2.5-0.025 MG TAB	TIER 3	
LOTRONEX (*alosetron hcl*) 0.5 MG TAB, 1 MG TAB	TIER 3	PA
MYTESI (*crofelemer*) 125 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
VIBERZI (*eluxadoline*) 75 MG TAB, 100 MG TAB	TIER 4	PA, QLC (2 tabs/day)
XERMELO (*telotristat etiprate*) 250 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
ZELNORM (*tegaserod maleate*) 6 MG TAB	TIER 3	PA, QLC (2 tabs/day)

ANTISPASMODICS, GASTROINTESTINAL (Other Drugs for Bowel and Stomach)

ANASPAZ (*hyoscyamine sulfate*) 0.125 MG TAB DISP	TIER 3	
BENTYL (*dicyclomine hcl*) 10 MG CAP	TIER 3	
chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg (CHLORDIAZEPOXIDE-CLIDINIUM)	TIER 1	QLC (8 caps/day)
CUVPOSA (*glycopyrrolate*) 1 MG/5ML SOLUTION	TIER 3	PA, QLC (45 ml/day)
dicyclomine hcl cap 10 mg	TIER 1	
dicyclomine hcl oral soln 10 mg/5ml	TIER 1	
dicyclomine hcl tab 20 mg	TIER 1	
DONNATAL (*phenobarbital-hyoscyamine-atropine-scopolamine*) 16.2 MG TAB	TIER 3	
DONNATAL (*phenobarbital-hyoscyamine-atropine-scopolamine*) 16.2 MG/5ML ELIXIR	TIER 3	QLC (40 ml/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GLYCATE (*glycopyrrolate*) 1.5 MG TAB	TIER 1	PA, QLC (3 tabs/day)
GLYCOPYRROLATE 1.5 MG TAB	TIER 1	PA, QLC (3 tabs/day)
glycopyrrolate tab 1 mg	TIER 1	
glycopyrrolate tab 2 mg	TIER 1	
hyoscyamine sulfate elixir 0.125 mg/5ml	TIER 1	
hyoscyamine sulfate elixir 0.125 mg/5ml (HYOSYNE)	TIER 1	
hyoscyamine sulfate sl tab 0.125 mg	TIER 1	
hyoscyamine sulfate sl tab 0.125 mg (OSCIMIN)	TIER 1	
hyoscyamine sulfate sl tab 0.125 mg (SYMAX-SL)	TIER 1	
hyoscyamine sulfate soln 0.125 mg/ml	TIER 1	
hyoscyamine sulfate soln 0.125 mg/ml (HYOSYNE)	TIER 1	
hyoscyamine sulfate tab 0.125 mg	TIER 1	
hyoscyamine sulfate tab 0.125 mg (OSCIMIN)	TIER 1	
hyoscyamine sulfate tab disint 0.125 mg	TIER 1	
hyoscyamine sulfate tab disint 0.125 mg (ED-SPAZ)	TIER 1	
hyoscyamine sulfate tab disint 0.125 mg (NULEV)	TIER 1	
hyoscyamine sulfate tab disint 0.125 mg (OSCIMIN)	TIER 1	
hyoscyamine sulfate tab er 12hr 0.375 mg (HYOSCYAMINE SULFATE ER)	TIER 1	
hyoscyamine sulfate tab er 12hr 0.375 mg (OSCIMIN SR)	TIER 1	
hyoscyamine sulfate tab er 12hr 0.375 mg (SYMAX-SR)	TIER 1	
LEVBID (*hyoscyamine sulfate*) 0.375 MG TAB ER 12H	TIER 3	
LEVSIN (*hyoscyamine sulfate*) 0.125 MG TAB	TIER 3	
LEVSIN/SL (*hyoscyamine sulfate*) 0.125 MG TAB	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LIBRAX (*chlordiazepoxide hcl-clidinium bromide*) 5-2.5 MG CAP	TIER 3	QLC (8 caps/day)
methscopolamine bromide tab 2.5 mg	TIER 1	
methscopolamine bromide tab 5 mg	TIER 1	
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PB-HYOSCY-ATROPINE-SCOPOLAMINE)	TIER 1	QLC (40 ml/day)
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PHENOBARBITAL-BELLADONNA ALK)	TIER 1	QLC (40 ml/day)
pb-hyoscy-atrop-scopol elix 16.2-0.1037-0.0194-0.0065 mg/5ml (PHENOHYTRO)	TIER 1	QLC (40 ml/day)
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (PB-HYOSCY-ATROPINE-SCOPOLAMINE)	TIER 1	
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (PHENOBARBITAL-BELLADONNA ALK)	TIER 1	
pb-hyoscy-atrop-scopol tab 16.2-0.1037-0.0194-0.0065 mg (PHENOHYTRO)	TIER 1	
PROPANTHELINE BROMIDE 15 MG TAB	TIER 1	
ROBINUL (*glycopyrrolate*) 1 MG TAB	TIER 3	
ROBINUL-FORTE (*glycopyrrolate*) -2 MG TAB	TIER 3	
SYMAX DUOTAB (*hyoscyamine sulfate*) DUO0.375 MG ER	TIER 3	

GASTROINTESTINAL AGENTS, OTHER (Other Drugs for Bowel and Stomach)

ACTIGALL (*ursodiol*) 300 MG CAP	TIER 3	
amoxicillin cap-clarithro tab-lansopraz cap dr therapy pack (AMOXICILL-CLARITHRO-LANSOPRAZ)	TIER 1	QLC (one 14-day course/month)
CHENODAL (*chenodiol*) 250 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day)
COLYTE WITH FLAVOR PACKS (*peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*) 240 GM RECON SOLN	TIER 3	PA
GATTEX (*teduglutide (rdna)*) 5 MG KIT	TIER 4	PA, SP, QLC (1 kit/30 days)
GAVILYTE-C (*peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*) -240 GM REON SOLN	TIER 1	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GOLYTELY (*peg 3350-kcl-sod bicarb-sod chloride-sod sulfate*) 227.1 GM RECON SOLN, 236 GM RECON SOLN	TIER 3	
HELIDAC THERAPY (*metronidazole-tetracycline w/ bismuth subsalicylate*) MISC	TIER 3	QLC (224 tabs/30 days)
IMCIVREE (*setmelanotide acetate*) 10 MG/ML SOLUTION	TIER 4	PA, SP, QLC (9 ml (9 vials)/30 days)
MOTOFEN (*difenoxin w/ atropine*) 1-0.025 MG TAB	TIER 3	
MYALEPT (*metreleptin*) 11.3 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)
OCALIVA (*obeticholic acid*) 5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), SF
OMECLAMOX-PAK (*amoxicillin-clarithromycin w/ omeprazole*) -500-500-20 MG MISC	TIER 3	QLC (1 pack/month)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (GAVILYTE-G) *---cl-*	TIER 1	PH (Preventive Health)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm (PEG-3350/ELECTROLYTES) *---cl-*	TIER 1	PH (Preventive Health)
peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm (PEG 3350/ELECTROLYTES) *---cl-*	TIER 1	PH (Preventive Health)
PREVPAC (*amoxicillin-clarithromycin w/ lansoprazole*) MISC	TIER 3	QLC (one 14-day course/month)
PYLERA (*bismuth subcitrate potassium-metronidazole-tetracycline*) 140-125-125 MG CAP	TIER 3	QLC (120 caps/month)
RELTONE (*ursodiol*) 200 MG CAP, 400 MG CAP	TIER 3	PA, QLC (2 caps/day)
TALICIA (*amoxicillin-rifabutin-omeprazole*) 250-12.5-10 MG CAP DR	TIER 3	QLC (168 caps/28 days)
URSO 250 (*ursodiol*) MG TAB	TIER 3	
URSO FORTE (*ursodiol*) 500 MG TAB	TIER 3	
ursodiol cap 300 mg	TIER 1	
ursodiol tab 250 mg	TIER 1	
ursodiol tab 500 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XENICAL (*orlistat*) 120 MG CAP	TIER 3	PA

HISTAMINE2 (H2) RECEPTOR ANTAGONISTS (Drugs for Acid Reflux and Ulcers)

CIMETIDINE HCL 300 MG/5ML SOLUTION	TIER 1	
cimetidine hcl soln 300 mg/5ml	TIER 1	
cimetidine tab 300 mg	TIER 1	
cimetidine tab 400 mg	TIER 1	
cimetidine tab 800 mg	TIER 1	
famotidine for susp 40 mg/5ml	TIER 1	
famotidine tab 40 mg	TIER 1	
NIZATIDINE 15 MG/ML SOLUTION, 150 MG CAP, 300 MG CAP	TIER 1	
nizatidine cap 150 mg	TIER 1	
nizatidine cap 300 mg	TIER 1	
PEPCID (*famotidine*) 40 MG TAB, 40 MG/5ML RECON SUSP	TIER 3	
ranitidine hcl cap 150 mg	TIER 1	
ranitidine hcl cap 300 mg	TIER 1	
ranitidine hcl syrup 15 mg/ml (75 mg/5ml)	TIER 1	
ranitidine hcl tab 300 mg	TIER 1	
ZANTAC (*ranitidine hcl*) 300 MG TAB	TIER 3	

PROTECTANTS (Drugs for Acid Reflux and Ulcers)

CARAFATE (*sucralfate*) 1 GM TAB, 1 GM/10ML SUSPENSION	TIER 3	
CYTOTEC (*misoprostol*) 100 MCG TAB, 200 MCG TAB	TIER 3	
misoprostol tab 100 mcg	TIER 1	
misoprostol tab 200 mcg	TIER 1	
sucralfate susp 1 gm/10ml gm/0ml	TIER 1	
sucralfate tab 1 gm	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROTON PUMP INHIBITORS (Drugs for Acid Reflux and Ulcers)		
ACIPHEX (*rabeprazole sodium*) 20 MG TAB DR	TIER 3	
ACIPHEX SPRINKLE (*rabeprazole sodium*) 5 MG CAP SPRINK, 10 MG CAP SPRINK	TIER 3	ST, QLC (1 cap/day)
DEXILANT (*dexlansoprazole*) 30 MG CAP DR, 60 MG CAP DR	TIER 2	ST, QLC (1 cap/day)
esomeprazole magnesium cap delayed release 40 mg (base eq)	TIER 1	PA
esomeprazole magnesium for delayed release susp packet 10 mg	TIER 1	ST, QLC (1 packet/day)
esomeprazole magnesium for delayed release susp packet 20 mg	TIER 1	ST, QLC (1 packet/day)
esomeprazole magnesium for delayed release susp packet 40 mg	TIER 1	ST, QLC (1 packet/day)
ESOMEPRAZOLE STRONTIUM 49.3 MG CAP DR	TIER 1	ST, QLC (6 caps/day)
lansoprazole cap delayed release 30 mg	TIER 1	
lansoprazole tab delayed release orally disintegrating 15 mg	TIER 1	ST
lansoprazole tab delayed release orally disintegrating 30 mg	TIER 1	ST
NEXIUM (*esomeprazole magnesium*) 10 MG PACKET, 20 MG PACKET, 40 MG PACKET	TIER 3	ST, QLC (1 packet/day)
NEXIUM (*esomeprazole magnesium*) 2.5 MG PACKET, 5 MG PACKET	TIER 3	PA, QLC (1 packet/day)
NEXIUM (*esomeprazole magnesium*) 40 MG CAP DR	TIER 3	PA
omeprazole cap delayed release 10 mg	TIER 1	
omeprazole cap delayed release 20 mg	TIER 1	
omeprazole cap delayed release 40 mg	TIER 1	
omeprazole-sodium bicarbonate cap 40-1100 mg	TIER 1	PA, QLC (1 cap/day)
omeprazole-sodium bicarbonate cap 40-1100 mg (OMEPPI)	TIER 1	PA, QLC (1 cap/day)
omeprazole-sodium bicarbonate powd pack for susp 20-1680 mg	TIER 1	PA, QLC (2 packs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
omeprazole-sodium bicarbonate powd pack for susp 40-1680 mg	TIER 1	PA, QLC (1 pack/day)
pantoprazole sodium ec tab 20 mg (base equiv)	TIER 1	
pantoprazole sodium ec tab 40 mg (base equiv)	TIER 1	
pantoprazole sodium for delayed release susp packet 40 mg	TIER 1	
PREVACID (*lansoprazole*) 30 MG CAP DR	TIER 3	
PREVACID SOLUTAB (*lansoprazole*) 15 MG TAB DR DISP, 30 MG TAB DR DISP	TIER 3	ST
PRILOSEC (*omeprazole magnesium*) 10 MG PACKET	TIER 3	QLC (2 packs/day)
PRILOSEC (*omeprazole magnesium*) 2.5 MG PACKET	TIER 3	QLC (3 packs/day)
PROTONIX (*pantoprazole sodium*) 20 MG TAB DR, 40 MG PACKET, 40 MG TAB DR	TIER 3	
RABEPRAZOLE SODIUM 10 MG CAP SPRINK	TIER 3	ST, QLC (1 cap/day)
rabeprazole sodium ec tab 20 mg	TIER 1	
ZEGERID (*omeprazole-sodium bicarbonate*) 20-1680 MG PACKET	TIER 3	PA, QLC (2 packs/day)
ZEGERID (*omeprazole-sodium bicarbonate*) 40-1100 MG CAP	TIER 3	PA, QLC (1 cap/day)
ZEGERID (*omeprazole-sodium bicarbonate*) 40-1680 MG PACKET	TIER 3	PA, QLC (1 pack/day)

GENETIC OR ENZYME OR PROTEIN DISORDER: REPLACEMENT, MODIFIERS, TREATMENT (Drugs for Genetic, Enzyme or Protein Disorders)

BUPHENYL (*sodium phenylbutyrate*) 3 GM/TSP POWDER	TIER 4	PA, SP, QLC (20 gm/day)
BUPHENYL (*sodium phenylbutyrate*) 500 MG TAB	TIER 4	PA, SP, QLC (40 tabs/day)
BYLVAY (*odevixibat*) 1200 MCG CAP	TIER 4	PA, SP, QLC (5 caps/day)
BYLVAY (*odevixibat*) 400 MCG CAP	TIER 4	PA, SP, QLC (15 caps/day)
BYLVAY (PELLETS) (*odevixibat*) 200 MCG CAP SPRINK	TIER 4	PA, SP, QLC (30 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BYLVAY (PELLETS) (*odevixibat*) 600 MCG CAP SPRINK	TIER 4	PA, SP, QLC (10 caps/day)
CERDELGA (*eliglustat tartrate*) 84 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
CHOLBAM (*cholic acid*) 250 MG CAP	TIER 4	PA, SP, QLC (5 caps/day)
CHOLBAM (*cholic acid*) 50 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)
CREON (*pancrelipase (lipase-protease-amylase)*) 3000-9500 CP DR PART, 6000 CP DR PART, 12000 CP DR PART, 24000-76000 CP DR PART, 36000 CP DR PART	TIER 2	
cromolyn sodium oral conc 100 mg/5ml	TIER 1	
CYSTADANE (*betaine*) POWDER	TIER 3	SP
CYSTADROPS (*cysteamine hcl*) 0.37 % SOLUTION	TIER 4	PA, SP, QLC (20 ml(4 bottles)/28 days)
CYSTAGON (*cysteamine bitartrate*) 150 MG CAP	TIER 4	PA, SP, QLC (26 caps/day)
CYSTAGON (*cysteamine bitartrate*) 50 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)
CYSTARAN (*cysteamine hcl*) 0.44 % SOLUTION	TIER 4	PA, SP, QLC (4 bottles/28 days)
ENDARI (*glutamine (sickle cell)*) 5 GM PACKET	TIER 4	PA, QLC (6 packets/day)
GALAFOLD (*migalastat hcl*) 123 MG CAP	TIER 4	PA, SP, QLC (14 caps/28 days)
GASTROCROM (*cromolyn sodium (mastocytosis)*) 100 MG/5ML CONC	TIER 3	
KEVEYIS (*dichlorphenamide*) 50 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
KUVAN (*sapropterin dihydrochloride*) 100 MG PACKET	TIER 4	PA, SP, QLC (14 packs/day)
KUVAN (*sapropterin dihydrochloride*) 100 MG TAB	TIER 4	PA, SP, QLC (14 tabs/day)
KUVAN (*sapropterin dihydrochloride*) 500 MG PACKET	TIER 4	PA, SP, QLC (3 packs/day)
LIVMARLI (*maralixibat chloride*) 9.5 MG/ML SOLUTION	TIER 4	PA, SP, QLC (3 ml/day)
miglustat cap 100 mg	TIER 4	PA, SP, QLC (3 caps/day)
nitisinone cap 10 mg	TIER 4	PA, SP, QLC (14 caps/day)
nitisinone cap 2 mg	TIER 4	PA, SP, QLC (10 caps/day)
nitisinone cap 5 mg	TIER 4	PA, SP, QLC (2 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NITYR (*nitisinone*) 10 MG TAB	TIER 4	PA, SP, QLC (14 tabs/day)
NITYR (*nitisinone*) 2 MG TAB	TIER 4	PA, SP, QLC (70 tabs/day)
NITYR (*nitisinone*) 5 MG TAB	TIER 4	PA, SP, QLC (28 tabs/day)
ORFADIN (*nitisinone*) 10 MG CAP	TIER 4	PA, SP, QLC (14 caps/day)
ORFADIN (*nitisinone*) 2 MG CAP	TIER 4	PA, SP, QLC (10 caps/day)
ORFADIN (*nitisinone*) 20 MG CAP	TIER 4	PA, SP, QLC (8 caps/day)
ORFADIN (*nitisinone*) 4 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (35 ml/day)
ORFADIN (*nitisinone*) 5 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)
PALYNZIQ (*pegvaliase-pqpz*) 10 MG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/day)
PALYNZIQ (*pegvaliase-pqpz*) 2.5 MG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 syringes/28 days)
PALYNZIQ (*pegvaliase-pqpz*) 20 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (3 syringes/day)
PANCREAZE (*pancrelipase (lipase-protease-amylase)*) 2600 CP DR PART, 2600-8800 CP DR PART, 4200 CP DR PART, 10500 CP DR PART, 16800 CP DR PART, 21000 CP DR PART, 37000-97300 CP DR PART	TIER 3	
PERTZYE (*pancrelipase (lipase-protease-amylase)*) 4000 CP DR PART, 8000 CP DR PART, 16000 CP DR PART, 24000-86250 CP DR PART	TIER 3	
PROCYSBI (*cysteamine bitartrate*) 25 MG CAP DR	TIER 4	PA, SP, QLC (4 caps/day)
PROCYSBI (*cysteamine bitartrate*) 300 MG PACKET	TIER 4	PA, SP, QLC (6 packets/day)
PROCYSBI (*cysteamine bitartrate*) 75 MG CAP DR	TIER 4	PA, SP, QLC (26 caps/day)
PROCYSBI (*cysteamine bitartrate*) 75 MG PACKET	TIER 4	PA, SP, QLC (4 packets/day)
RAVICTI (*glycerol phenylbutyrate*) 1.1 GM/ML LIQUID	TIER 4	PA, SP, QLC (17.5 ml/day)
sapropterin dihydrochloride powder packet 100 mg	TIER 4	PA, SP, QLC (14 packs/day)
sapropterin dihydrochloride powder packet 500 mg	TIER 4	PA, SP, QLC (3 packs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sapropterin dihydrochloride tab 100 mg	TIER 4	PA, SP, QLC (14 tabs/day)
sodium phenylbutyrate oral powder 3 gm/teaspoonful	TIER 4	PA, SP, QLC (20 gm/day)
sodium phenylbutyrate tab 500 mg	TIER 4	PA, SP, QLC (40 tabs/day)
STRENSIQ (*asfotase alfa*) 18 MG/0.45ML SOLUTION, 28 MG/0.7ML SOLUTION, 40 MG/ML SOLUTION, 80 MG/0.8ML SOLUTION	TIER 4	PA, SP, QLC (24 vials/28 days)
SUCRAID (*sacrosidase*) 8500 UNIT/ML SOLUTION	TIER 4	PA, SP, QLC (12 ml/day)
TEGSEDI (*inotersen sodium*) 284 MG/1.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
VIOKACE (*pancrelipase (lipase-protease-amylase)*) 10440-39150 TAB, 20880 TAB	TIER 3	
VYNDAQEL (*tafamidis meglumine (cardiac)*) 20 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)
XURIDEN (*uridine triacetate*) 2 GM PACKET	TIER 4	PA, SP, QLC (4 packets/day)
ZAVESCA (*miglustat*) 100 MG CAP	TIER 4	PA, SP, QLC (3 caps/day)
ZENPEP (*pancrelipase (lipase-protease-amylase)*) 3000-10000 CP DR PART, 3000-14000 CP DR PART, 5000-24000 CP DR PART, 10000-32000 CP DR PART, 15000-47000 CP DR PART, 20000-63000 CP DR PART, 25000-79000 CP DR PART, 40000-126000 CP DR PART	TIER 2	
ZOKINVY (*lonafarnib*) 50 MG CAP, 75 MG CAP	TIER 4	PA, SP, QLC (4 caps/day)

GENITOURINARY AGENTS (Drugs for Genital, Bladder, and Kidney)

ANTISPASMODICS, URINARY (Drugs for Overactive Bladder)

darifenacin hydrobromide tab er 24hr 15 mg (base equiv) (DARIFENACIN HYDROBROMIDE ER)	TIER 1	ST, QLC (1 tab/day)
darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv) (DARIFENACIN HYDROBROMIDE ER)	TIER 1	ST, QLC (2 tabs/day)
DETROL (*tolterodine tartrate*) 1 MG TAB, 2 MG TAB	TIER 3	ST, QLC (2 tabs/day)
DETROL LA (*tolterodine tartrate*) 2 MG CAP ER 24H, 4 MG CAP ER 24H	TIER 3	ST, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DITROPAN XL (*oxybutynin chloride*) 10 MG TAB ER 24H	TIER 3	QLC (3 tabs/day)
DITROPAN XL (*oxybutynin chloride*) 15 MG TAB ER 24H	TIER 3	QLC (2 tabs/day)
DITROPAN XL (*oxybutynin chloride*) 5 MG TAB ER 24H	TIER 3	QLC (1 tab/day)
ENABLEX (*darifenacin hydrobromide*) 15 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
ENABLEX (*darifenacin hydrobromide*) 7.5 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)
flavoxate hcl tab 100 mg	TIER 1	
GELNIQUE (*oxybutynin chloride*) 10 %	TIER 3	ST, QLC (1 pack/day)
GELNIQUE PUMP (*oxybutynin chloride*) 10 %	TIER 3	ST, QLC (one 30 gm gel pump/month)
GEMTESA (*vibegron*) 75 MG TAB	TIER 3	ST, QLC (1 tab/day)
MYRBETRIQ (*mirabegron*) 25 MG TAB ER 24H, 50 MG TAB ER 24H	TIER 2	ST, QLC (1 tab/day)
MYRBETRIQ (*mirabegron*) 8 MG/ML SRER	TIER 3	PA, QLC (10 ml/day)
oxybutynin chloride syrup 5 mg/5ml mg/ml	TIER 1	
oxybutynin chloride tab 5 mg	TIER 1	
oxybutynin chloride tab er 24hr 10 mg (OXYBUTYNIN CHLORIDE ER)	TIER 1	QLC (3 tabs/day)
oxybutynin chloride tab er 24hr 15 mg (OXYBUTYNIN CHLORIDE ER)	TIER 1	QLC (2 tabs/day)
oxybutynin chloride tab er 24hr 5 mg (OXYBUTYNIN CHLORIDE ER)	TIER 1	QLC (1 tab/day)
OXYTROL (*oxybutynin*) 3.9 MG/24HR PATCH TW	TIER 3	ST, QLC (8 patches/month)
solifenacin succinate tab 10 mg	TIER 1	QLC (1 tab/day)
solifenacin succinate tab 5 mg	TIER 1	QLC (1 tab/day)
tolterodine tartrate cap er 24hr 2 mg (TOLTERODINE TARTRATE ER) *4hr*	TIER 1	ST, QLC (1 tab/day)
tolterodine tartrate cap er 24hr 4 mg (TOLTERODINE TARTRATE ER) *2hr*	TIER 1	ST, QLC (1 tab/day)
tolterodine tartrate tab 1 mg	TIER 1	ST, QLC (2 tabs/day)
tolterodine tartrate tab 2 mg	TIER 1	ST, QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOVIAZ (*fesoterodine fumarate*) 4 MG TAB ER 24H, 8 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
trospium chloride cap er 24hr 60 mg (TROSPIUM CHLORIDE ER)	TIER 1	QLC (1 cap/day)
trospium chloride tab 20 mg	TIER 1	QLC (2 tabs/day)
VESICARE (*solifenacin succinate*) 5 MG TAB, 10 MG TAB	TIER 3	QLC (1 tab/day)
VESICARE LS (*solifenacin succinate*) 5 MG/5ML SUSPENSION	TIER 3	PA, QLC (10 ml/day)

BENIGN PROSTATIC HYPERTROPHY AGENTS (Drugs for BPH)

alfuzosin hcl tab er 24hr 10 mg (ALFUZOSIN HCL ER)	TIER 1	
AVODART (*dutasteride*) 0.5 MG CAP	TIER 3	QLC (1 cap/day)
CARDURA XL (*doxazosin mesylate (bph)*) 4 MG TAB ER 24H, 8 MG TAB ER 24H	TIER 3	ST, QLC (1 tab/day)
CIALIS (*tadalafil*) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
dutasteride cap 0.5 mg	TIER 1	QLC (1 cap/day)
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	TIER 1	PA, QLC (1 cap/day)
finasteride tab 5 mg	TIER 1	
FLOMAX (*tamsulosin hcl*) 0.4 MG CAP	TIER 3	
JALYN (*dutasteride-tamsulosin hcl*) 0.5-0.4 MG CAP	TIER 3	PA, QLC (1 cap/day)
PROSCAR (*finasteride*) 5 MG TAB	TIER 3	
RAPAFLO (*silodosin*) 4 MG CAP, 8 MG CAP	TIER 3	ST, QLC (1 cap/day)
silodosin cap 4 mg	TIER 1	ST, QLC (1 cap/day)
silodosin cap 8 mg	TIER 1	ST, QLC (1 cap/day)
tadalafil tab 10 mg	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
tadalafil tab 2.5 mg	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
tadalafil tab 20 mg	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
tadalafil tab 5 mg	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
tamsulosin hcl cap 0.4 mg	TIER 1	
UROXATRAL (*alfuzosin hcl*) 10 MG TAB ER 24H	TIER 3	

GENITOURINARY AGENTS, OTHER (Other Drugs for Genital, Bladder, and Kidney)

ADDYI (*flibanserin*) 100 MG TAB	TIER 3	PA, QLC (1 tab/day)
bethanechol chloride tab 10 mg	TIER 1	
bethanechol chloride tab 25 mg	TIER 1	
bethanechol chloride tab 5 mg	TIER 1	
bethanechol chloride tab 50 mg	TIER 1	
CAVERJECT (*alprostadil (vasodilator)*) 20 MCG RECON SOLN, 40 MCG RECON SOLN	TIER 3	PA, QLC (6 injections/month)
CAVERJECT IMPULSE (*alprostadil (vasodilator)*) 10 MCG KIT, 20 MCG KIT	TIER 3	PA, QLC (6 injections/month)
CUPRIMINE (*penicillamine*) 250 MG CAP	TIER 4	PA, QLC (16 caps/day)
CYTRA K CRYSTALS (*potassium citrate-citric acid*) 3300-1002 MG PACET	TIER 1	
CYTRA-3 (*pot & sod citrates w/citric ac*) -550-500-4 MG/5ML SYRUP	TIER 1	
D-PENAMINE (*penicillamine*) -125 MG TAB	TIER 4	PA, QLC (32 tabs/day)
DEPEN TITRATABS (*penicillamine*) 250 MG	TIER 4	PA, QLC (16 tabs/day)
EDEX (*alprostadil (vasodilator)*) 10 MCG KIT, 20 MCG KIT, 40 MCG KIT	TIER 3	PA, QLC (6 injections/month)
ELMIRON (*pentosan polysulfate sodium*) 100 MG CAP	TIER 2	
K-PHOS (*potassium phosphate monobasic*) -500 MG TAB	TIER 3	
K-PHOS NO 2 (*potassium & sodium acid phosphates*) -305-700 MG TAB	TIER 3	
K-PHOS-NEUTRAL (*pot phosphate monobasic w/ sod phosphate dibasic & monobasic*) --155-852-130 MG TAB	TIER 3	
LEVITRA (*vardenafil hcl*) 2.5 MG TAB, 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
LITHOSTAT (*acetohydroxamic acid*) 250 MG TAB	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MUSE (*alprostadil (vasodilator)*) 125 MCG PELLET, 250 MCG PELLET, 500 MCG PELLET, 1000 MCG PELLET	TIER 3	PA, QLC (6 suppositories/month)
ORACIT (*sodium citrate & citric acid*) 490-640 MG/5ML SOLUTION	TIER 3	
penicillamine cap 250 mg	TIER 4	PA, QLC (16 caps/day)
penicillamine tab 250 mg	TIER 4	PA, QLC (16 tabs/day)
phenazopyridine hcl tab 100 mg	TIER 1	
phenazopyridine hcl tab 200 mg	TIER 1	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (POT & SOD CIT-CIT AC)	TIER 1	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (TRICITRATES)	TIER 1	
pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml (VIRTRATE-3)	TIER 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHA 250 NEUTRAL) *ic*	TIER 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHO-TRIN 250 NEUTRAL) *ic*	TIER 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (PHOSPHOROUS) *ic*	TIER 1	
pot phos monobasic w/sod phos di & monobas tab 155-852-130mg (VIRT-PHOS 250 NEUTRAL) *ic*	TIER 1	
potassium citrate & citric acid powder pack 3300-1002 mg (POTASSIUM CITRATE-CITRIC ACID)	TIER 1	
potassium citrate & citric acid powder pack 3300-1002 mg (TARON-CRYSTALS)	TIER 1	
potassium citrate & citric acid soln 1100-334 mg/5ml (CYTRA-K)	TIER 1	
potassium citrate & citric acid soln 1100-334 mg/5ml (POTASSIUM CITRATE-CITRIC ACID)	TIER 1	
potassium citrate & citric acid soln 1100-334 mg/5ml (VIRTRATE-K)	TIER 1	
PYRIDIUM (*phenazopyridine hcl*) 100 MG TAB, 200 MG TAB	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RENACIDIN (*citric acid-gluconolactone-magnesium carbonate*) SOLUTION	TIER 3	PA, QLC (180 ml/day)
sildenafil citrate tab 100 mg	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
sildenafil citrate tab 25 mg	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
sildenafil citrate tab 50 mg	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
sodium citrate & citric acid soln 500-334 mg/5ml (SOD CITRATE-CITRIC ACID)	TIER 1	
sodium citrate & citric acid soln 500-334 mg/5ml (VIRTRATE-2)	TIER 1	
STAXYN (*vardenafil hcl*) 10 MG TAB DISP	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
STENDRA (*avanafil*) 50 MG TAB, 100 MG TAB, 200 MG TAB	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
THIOLA (*tiopronin*) 100 MG TAB	TIER 4	PA, SP
THIOLA EC (*tiopronin*) EC 100 MG TAB DR, EC 300 MG TAB DR	TIER 4	PA, SP
tiopronin tab 100 mg	TIER 4	PA, SP
URECHOLINE (*bethanechol chloride*) 5 MG TAB, 10 MG TAB, 25 MG TAB, 50 MG TAB	TIER 3	
vardenafil hcl orally disintegrating tab 10 mg	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
vardenafil hcl tab 10 mg	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
vardenafil hcl tab 2.5 mg	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
vardenafil hcl tab 20 mg	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
vardenafil hcl tab 5 mg	TIER 1	PA, RO (Retail Only), QLC (6 tabs/month)
VIAGRA (*sildenafil citrate*) 25 MG TAB, 50 MG TAB, 100 MG TAB	TIER 3	PA, RO (Retail Only), QLC (6 tabs/month)
VYLEESI (*bremelanotide acetate*) 1.75 MG/0.3ML SOLN -INJ	TIER 4	PA, SP, QLC (8 doses/30 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Drugs for Replacing/Stimulating Adrenal Gland Hormones)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (ADRENAL) (Glucocorticoids)

ACTHAR (*corticotropin*) 80 UNIT/ML GEL	TIER 4	PA, SP
alclometasone dipropionate cream 0.05%	TIER 1	
betamethasone dipropionate augmented cream 0.05%	TIER 1	
betamethasone dipropionate augmented lotion 0.05%	TIER 1	
betamethasone dipropionate oint 0.05%	TIER 1	
clobetasol propionate emollient base cream 0.05%	TIER 1	
clobetasol propionate emollient base cream 0.05% (CLOBETASOL PROP EMOLLIENT BASE)	TIER 1	
CLOCORTOLONE PIVALATE 0.1 % CREAM	TIER 1	ST
CLOCORTOLONE PIVALATE PUMP 0.1 % CREAM	TIER 1	ST
CLODERM (*clocortolone pivalate*) 0.1 % CREAM	TIER 3	ST
CLODERM PUMP (*clocortolone pivalate*) 0.1 % CREAM	TIER 3	ST
CORTISONE ACETATE 25 MG TAB	TIER 1	
DERMATOP (*prednicarbate*) 0.1 % OINTMENT	TIER 3	
desonide lotion 0.05%	TIER 1	ST
DESOWEN (*desonide*) 0.05 % LOTION	TIER 3	ST
DEXABLISS (*dexamethasone*) 1.5 MG (39) TAB THPK	TIER 3	PA
DEXAMETHASONE 0.5 MG/5ML SOLUTION, 1 MG TAB, 2 MG TAB	TIER 1	
DEXAMETHASONE 1.5 MG (35) TAB THPK, 1.5 MG (51) TAB THPK	TIER 1	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dexamethasone elixir 0.5 mg/5ml	TIER 1	
dexamethasone elixir 0.5 mg/5ml (DECADRON)	TIER 1	
DEXAMETHASONE INTENSOL 1 MG/ML CONC	TIER 1	
dexamethasone tab 0.5 mg	TIER 1	
dexamethasone tab 0.5 mg (DECADRON)	TIER 1	
dexamethasone tab 0.75 mg	TIER 1	
dexamethasone tab 0.75 mg (DECADRON)	TIER 1	
dexamethasone tab 1.5 mg	TIER 1	
dexamethasone tab 4 mg	TIER 1	
dexamethasone tab 4 mg (DECADRON)	TIER 1	
dexamethasone tab 6 mg	TIER 1	
dexamethasone tab 6 mg (DECADRON)	TIER 1	
dexamethasone tab therapy pack 1.5 mg (21)	TIER 1	PA
dexamethasone tab therapy pack 1.5 mg (21) (DEXPAK 6 DAY)	TIER 1	PA
dexamethasone tab therapy pack 1.5 mg (21) (HIDEX 6-DAY)	TIER 1	PA
dexamethasone tab therapy pack 1.5 mg (21) (TAPERDEX 6-DAY)	TIER 1	PA
dexamethasone tab therapy pack 1.5 mg (21) (ZODEX 6-DAY)	TIER 1	PA
dexamethasone tab therapy pack 1.5 mg (35) (DEXPAK 10 DAY)	TIER 3	PA
dexamethasone tab therapy pack 1.5 mg (51) (DEXPAK 13 DAY)	TIER 3	PA
DIPROLENE AF (*betamethasone dipropionate augmented*) 0.05 % CREAM	TIER 3	
DXEVO 11-DAY (*dexamethasone*) -1.5 MG TAB THPK	TIER 3	PA
ELOCON (*mometasone furoate*) 0.1 % CREAM, 0.1 % OINTMENT	TIER 3	
EMFLAZA (*deflazacort*) 18 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EMFLAZA (*deflazacort*) 22.75 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (6 bottles/month)
EMFLAZA (*deflazacort*) 6 MG TAB, 30 MG TAB, 36 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
fludrocortisone acetate tab 0.1 mg	TIER 1	
HEMADY (*dexamethasone*) 20 MG TAB	TIER 3	PA, QLC (2 tabs/day; max 24 tabs/28 days)
hydrocortisone acetate suppos 25 mg	TIER 1	
hydrocortisone acetate suppos 25 mg (ANUCORT-HC)	TIER 1	
hydrocortisone acetate suppos 25 mg (ANUSOL-HC)	TIER 1	PA
hydrocortisone acetate suppos 25 mg (HEMMOREX-HC)	TIER 1	
hydrocortisone butyrate oint 0.1%	TIER 1	
hydrocortisone valerate oint 0.2%	TIER 1	
ISTURISA (*osilodrostat phosphate*) 1 MG TAB	TIER 4	PA, SP, QLC (8 tabs/day)
ISTURISA (*osilodrostat phosphate*) 10 MG TAB	TIER 4	PA, SP, QLC (6 tabs/day)
ISTURISA (*osilodrostat phosphate*) 5 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
KORLYM (*mifepristone (hyperglycemia)*) 300 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
LOCOID (*hydrocortisone butyrate*) 0.1 % OINTMENT	TIER 3	
LOCORT 11-DAY (*dexamethasone*) -1.5 MG (41) TAB THPK	TIER 3	PA, QLC (1 pack/month)
LOCORT 7-DAY (*dexamethasone*) -1.5 MG (2) TAB THPK	TIER 3	PA
MEDROL (*methylprednisolone*) 2 MG TAB	TIER 2	
MEDROL (*methylprednisolone*) 4 MG TAB, 4 MG TAB THPK, 8 MG TAB, 16 MG TAB, 32 MG TAB	TIER 3	
methylprednisolone tab 16 mg	TIER 1	
methylprednisolone tab 32 mg	TIER 1	
methylprednisolone tab 4 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methylprednisolone tab 8 mg	TIER 1	
methylprednisolone tab therapy pack 4 mg (21)	TIER 1	
MICORT-HC (*hydrocortisone acetate (topical)*) -2.5 % CREAM	TIER 3	PA, QLC (56 tubes/month)
MILLIPRED (*prednisolone sodium phosphate*) 10 MG/5ML SOLUTION	TIER 3	
MILLIPRED (*prednisolone*) 5 MG TAB	TIER 2	PA
MILLIPRED DP (*prednisolone*) 5 MG (21) TAB THPK, 5 MG (48) TAB THPK	TIER 2	PA
MILLIPRED DP 12-DAY (*prednisolone*) -5 MG (48) TAB THPK	TIER 2	PA
mometasone furoate cream 0.1%	TIER 1	
mometasone furoate oint 0.1%	TIER 1	
ORAPRED ODT (*prednisolone sodium phosphate*) ODT 10 MG TAB DISP, ODT 15 MG TAB DISP, ODT 30 MG TAB DISP	TIER 3	PA
PEDIAPRED (*prednisolone sodium phosphate*) 6.7 (5 BASE) MG/5ML SOLUTION	TIER 3	
PREDNICARBATE 0.1 % CREAM, 0.1 % OINTMENT	TIER 1	
prednicarbate cream 0.1%	TIER 1	
PREDNISOLONE 15 MG/5ML SOLUTION	TIER 1	
prednisolone sod phos orally disintegr tab 10 mg (base eq) (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	PA
prednisolone sod phos orally disintegr tab 15 mg (base eq) (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	PA
prednisolone sod phos orally disintegr tab 30 mg (base eq) (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	PA
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base) (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	
prednisolone sod phosphate oral soln 10 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	
prednisolone sod phosphate oral soln 20 mg/5ml (base equiv) (PREDNISOLONE SODIUM PHOSPHATE)	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE 10 MG TAB DISP, 15 MG TAB DISP, 30 MG TAB DISP	TIER 1	PA
PREDNISOLONE SODIUM PHOSPHATE 25 MG/5ML SOLUTION	TIER 1	
prednisolone syrup 15 mg/5ml (usp solution equivalent)	TIER 1	
PREDNISONE 5 MG/5ML SOLUTION	TIER 1	
PREDNISONE INTENSOL 5 MG/ML CONC	TIER 1	
prednisone tab 1 mg	TIER 1	
prednisone tab 10 mg	TIER 1	
prednisone tab 2.5 mg	TIER 1	
prednisone tab 20 mg	TIER 1	
prednisone tab 20 mg (DELTASONE)	TIER 1	
prednisone tab 5 mg	TIER 1	
prednisone tab 50 mg	TIER 1	
prednisone tab therapy pack 10 mg (21)	TIER 1	
prednisone tab therapy pack 10 mg (48)	TIER 1	
prednisone tab therapy pack 5 mg (21)	TIER 1	
prednisone tab therapy pack 5 mg (48)	TIER 1	
RAYOS (*prednisone*) 1 MG TAB DR	TIER 3	PA, QLC (3 tabs/day)
RAYOS (*prednisone*) 2 MG TAB DR	TIER 3	PA, QLC (2 tabs/day)
RAYOS (*prednisone*) 5 MG TAB DR	TIER 3	PA, QLC (12 tabs/day)
SERNIVO (*betamethasone dipropionate (topical)*) 0.05 % EMULSION	TIER 3	PA, QLC (1 bottle/month)
TAPERDEX 12-DAY (*dexamethasone*) -1.5 MG (49) TAB THPK	TIER 1	PA
TAPERDEX 7-DAY (*dexamethasone*) -1.5 MG (2) TAB THPK	TIER 1	PA
VERDESO (*desonide*) 0.05 % FOAM	TIER 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VERIPRED 20 (*prednisolone sodium phosphate*) MG/5ML SOLUTION	TIER 3	
ZCORT 7-DAY (*dexamethasone*) -1.5 MG (25) TAB THPK	TIER 3	PA
ZODEX 12-DAY (*dexamethasone*) -1.5 MG (49) TAB THPK	TIER 3	PA
ZONACORT 11 DAY (*dexamethasone*) 1.5 MG (41) TAB THPK	TIER 3	PA, QLC (1 pack/month)
ZONACORT 7 DAY (*dexamethasone*) 1.5 MG (2) TAB THPK	TIER 3	PA

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs for Replacing/Stimulating Pituitary Gland Hormones)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (PITUITARY) (Drugs to Replace/Stimulate Pituitary Gland Hormones)

CHORIONIC GONADOTROPIN 10000 UNIT RECON SOLN	TIER 4	PA, SP
DDAVP (*desmopressin acetate spray*) 0.01 % SOLUTION	TIER 3	
DDAVP (*desmopressin acetate*) 0.1 MG TAB, 0.2 MG TAB	TIER 3	
DDAVP RHINAL TUBE (*desmopressin acetate refrigerated*) 0.01 % SOLUTION	TIER 3	
DESMOPRESSIN ACETATE 1.5 MG/ML SOLUTION	TIER 4	SP, QLC (2.5 ml/month)
desmopressin acetate nasal spray soln 0.01% (DESMOPRESSIN ACETATE SPRAY)	TIER 1	
desmopressin acetate nasal spray soln 0.01% (refrigerated) (DESMOPRESSIN ACE SPRAY REFRIG)	TIER 1	
desmopressin acetate tab 0.1 mg	TIER 1	
desmopressin acetate tab 0.2 mg	TIER 1	
EGRIFTA (*tesamorelin acetate*) 1 MG RECON SOLN	TIER 4	PA, SP, QLC (2 vials/day)
EGRIFTA SV (*tesamorelin acetate*) 2 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FOLLISTIM AQ (*follitropin beta*) 300 UNT/0.36ML SOLUTION, 600 UNT/0.72ML SOLUTION, 900 UNT/1.08ML SOLUTION	TIER 4	PA, SP
GENOTROPIN (*somatropin*) 5 MG RECON SOLN, 12 MG RECON SOLN	TIER 4	PA, SP
GENOTROPIN MINIQUICK (*somatropin*) 0.2 MG RECON SOLN, 0.4 MG RECON SOLN, 0.6 MG RECON SOLN, 0.8 MG RECON SOLN, 1 MG RECON SOLN, 1.2 MG RECON SOLN, 1.4 MG RECON SOLN, 1.6 MG RECON SOLN, 1.8 MG RECON SOLN, 2 MG RECON SOLN	TIER 4	PA, SP
GONAL-F (*follitropin alfa*) -F 450 RECON SOLN, -F 1050 RECON SOLN	TIER 4	PA, SP
GONAL-F RFF (*follitropin alfa*) -75 UNIT RECON SOLN	TIER 4	PA, SP
GONAL-F RFF REDIJECT (*follitropin alfa*) -F 300 UNIT/0.5ML SOLUTION, -F 450 UNT/0.75ML SOLUTION, -F 900 UNIT/1.5ML SOLUTION	TIER 4	PA, SP
HUMATROPE (*somatropin*) 5 MG RECON SOLN, 6 MG RECON SOLN, 12 MG RECON SOLN, 24 MG RECON SOLN	TIER 4	PA, SP
INCRELEX (*mecasermin*) 40 MG/4ML SOLUTION	TIER 4	PA, SP
MENOPUR (*menotropins*) 75 UNIT RECON SOLN	TIER 4	PA, SP
MYFEMBREE (*relugolix-estradiol-norethindrone acetate*) 40-1-0.5 MG TAB	TIER 3	PA, QLC (1 tab/day)
NOCDURNA (*desmopressin acetate*) 27.7 MCG SL TAB	TIER 3	PA, QLC (1 tab/day)
NOCDURNA (*desmopressin acetate*) 55.3 MCG SL TAB	TIER 3	PA, QLC (1 tab/day)
NOCTIVA (*desmopressin acetate*) 0.83 MCG/0.1ML EMULSION, 1.66 MCG/0.1ML EMULSION	TIER 3	PA, QLC (1 bottle/month)
NORDITROPIN FLEXPRO (*somatropin*) 5 MG/1.5ML SOLN PEN, 10 MG/1.5ML SOLN PEN, 15 MG/1.5ML SOLN PEN, 30 MG/3ML SOLN PEN	TIER 4	PA, SP
NOVAREL (*chorionic gonadotropin*) 5000 RECON SOLN, 10000 RECON SOLN	TIER 4	PA, SP

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NUTROPIN AQ NUSPIN 10 (*somatropin*) MG/2ML SOLN PEN	TIER 4	PA, SP
NUTROPIN AQ NUSPIN 20 (*somatropin*) MG/2ML SOLN PEN	TIER 4	PA, SP
NUTROPIN AQ NUSPIN 5 (*somatropin*) MG/2ML SOLN PEN	TIER 4	PA, SP
OMNITROPE (*somatropin*) 5 MG/1.5ML SOLN CART, 5.8 MG RECON SOLN, 10 MG/1.5ML SOLN CART	TIER 4	PA, SP
ORIAHNN (*elagolix sodium-estradiol-norethindrone acetate*) 300-1-0.5 & 300 MG CAP THPK	TIER 3	PA, QLC (2 caps/day)
OVIDREL (*choriogonadotropin alfa*) 250 MCG/0.5ML INJECTABLE	TIER 4	PA, SP, QLC (1 syringe/28 days)
PREGNYL (*chorionic gonadotropin*) 10000 UNIT RECON SOLN	TIER 4	PA, SP
SAIZEN (*somatropin (non-refrigerated)*) 5 MG RECON SOLN, 8.8 MG RECON SOLN	TIER 4	PA, SP
SAIZEN CLICK.EASY (*somatropin (non-refrigerated)*) 8.8 MG RECON SOLN	TIER 4	PA, SP
SAIZENPREP (*somatropin (non-refrigerated)*) 8.8 MG RECON SOLN	TIER 4	PA, SP
SEROSTIM (*somatropin (non-refrigerated)*) 4 MG RECON SOLN, 5 MG RECON SOLN, 6 MG RECON SOLN	TIER 4	PA, SP
SKYTROFA (*lonapegsomatropin-tcgd*) 3 MG CARTRIDGE, 3.6 MG CARTRIDGE, 4.3 MG CARTRIDGE, 5.2 MG CARTRIDGE, 6.3 MG CARTRIDGE, 7.6 MG CARTRIDGE, 9.1 MG CARTRIDGE, 11 MG CARTRIDGE, 13.3 MG CARTRIDGE	TIER 4	PA, SP
STIMATE (*desmopressin acetate*) 1.5 MG/ML SOLUTION	TIER 4	SP, QLC (2.5 ml/month)
ZOMACTON (FOR ZOMA-JET 10) (*somatropin*) CTON -MG RECON SOLN	TIER 4	PA, SP
ZOMACTON (*somatropin*) 5 MG RECON SOLN, 10 MG RECON SOLN	TIER 4	PA, SP
ZORBTIVE (*somatropin (non-refrigerated)*) 8.8 MG RECON SOLN	TIER 4	PA, SP

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (SEX HORMONES/MODIFIERS) (Drugs for Replacing/Stimulating Sex Hormones)

ANABOLIC STEROIDS

ANADROL-50 (*oxymetholone*) -MG TAB	TIER 3	PA
OXANDRIN (*oxandrolone*) 2.5 MG TAB, 10 MG TAB	TIER 3	PA
oxandrolone tab 10 mg	TIER 1	PA
oxandrolone tab 2.5 mg	TIER 1	PA

ANDROGENS

ANDRODERM (*testosterone*) 2 MG/24HR PATCH 24HR, 4 MG/24HR PATCH 24HR	TIER 3	PA, QLC (1 patch/day)
ANDROGEL (*testosterone*) 20.25 MG/1.25GM (1.62%)	TIER 3	PA, QLC (1 packet/day)
ANDROGEL (*testosterone*) 25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL	TIER 3	PA, QLC (300 grams/month)
ANDROGEL (*testosterone*) 40.5 MG/2.5GM (1.62%)	TIER 3	PA, QLC (2 packets/day)
ANDROGEL PUMP (*testosterone*) 20.25 MG/ACT (1.62%)	TIER 3	PA, QLC (2 bottles/month)
ANDROID (*methyltestosterone*) 10 MG CAP	TIER 2	PA
danazol cap 100 mg	TIER 1	
danazol cap 200 mg	TIER 1	
danazol cap 50 mg	TIER 1	
DEPO-TESTOSTERONE (*testosterone cypionate*) -100 MG/ML SOLUTION, -200 MG/ML SOLUTION	TIER 3	QLC (10 ml/month)
FORTESTA (*testosterone*) 10 MG/ACT (2%) GEL	TIER 3	PA, QLC (2 bottles/month)
JATENZO (*testosterone undecanoate*) 158 MG CAP, 198 MG CAP	TIER 3	PA, QLC (4 caps/day)
JATENZO (*testosterone undecanoate*) 237 MG CAP	TIER 3	PA, QLC (2 caps/day)
METHITEST (*methyltestosterone*) 10 MG TAB	TIER 2	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
METHYLTESTOSTERONE 10 MG CAP	TIER 1	PA
NATESTO (*testosterone*) 5.5 MG/ACT GEL	TIER 3	PA, QLC (3 bottles/month)
STRIANT (*testosterone*) 30 MG MISC	TIER 3	PA, QLC (2 tabs/day)
TESTIM (*testosterone*) 50 MG/5GM (1%) GEL	TIER 3	PA, QLC (10 grams/day)
TESTOSTERONE 12.5 MG/ACT (1%) GEL, 25 MG/2.5GM (1%) GEL, 50 MG/5GM (1%) GEL	TIER 1	PA, QLC (300 grams/month)
TESTOSTERONE CYPIONATE 100 MG/ML SOLUTION	TIER 1	QLC (10 ml/month)
testosterone cypionate im inj in oil 100 mg/ml	TIER 1	QLC (10 ml/month)
testosterone cypionate im inj in oil 200 mg/ml	TIER 1	QLC (10 ml/month)
TESTOSTERONE ENANTHATE 200 MG/ML SOLUTION	TIER 1	QLC (5 ml/month)
testosterone enanthate im inj in oil 200 mg/ml	TIER 1	QLC (5 ml/month)
testosterone td gel 10mg/act (2%)	TIER 1	PA, QLC (2 bottles/month)
testosterone td gel 12.5 mg/act (1%)	TIER 1	PA, QLC (300 grams/month)
testosterone td gel 20.25 mg/1.25gm (1.62%)	TIER 1	PA, QLC (1 packet/day)
testosterone td gel 20.25 mg/act (1.62%)	TIER 1	PA, QLC (2 bottles/month)
testosterone td gel 25 mg/2.5gm (1%)	TIER 1	PA, QLC (300 grams/month)
testosterone td gel 40.5 mg/2.5gm (1.62%)	TIER 1	PA, QLC (2 packets/day)
testosterone td gel 50 mg/5gm (1%)	TIER 1	PA, QLC (300 grams/month)
testosterone td soln 30 mg/act	TIER 1	PA, QLC (2 bottles/month)
TESTRED (*methyltestosterone*) 10 MG CAP	TIER 3	PA
VOGELXO (*testosterone*) 50 MG/5GM (1%)	TIER 3	PA, QLC (300 grams/month)
VOGELXO PUMP (*testosterone*) 12.5 MG/ACT (1%)	TIER 3	PA, QLC (300 grams/month)
XYOSTED (*testosterone enanthate*) 50 MG/0.5ML SOLN -INJ, 75 MG/0.5ML SOLN -INJ, 100 MG/0.5ML SOLN -INJ	TIER 3	PA, QLC (1 injection/week)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ESTROGENS (Contraceptives and Drugs for Menopause)		
ACTIVELLA (*estradiol & norethindrone acetate*) 0.5-0.1 MG TAB, 1-0.5 MG TAB	TIER 3	QLC (1 tab/day)
ALORA (*estradiol*) 0.025 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW	TIER 3	QLC (16 patches/28 days)
ANGELIQ (*drospirenone-estradiol*) 0.25-0.5 MG TAB, 0.5-1 MG TAB	TIER 3	QLC (1 tab/day)
ANNOVERA (*segesterone acetate-ethinyl estradiol*) 0.013-0.15 MG/24HR RING	TIER 3	PA, QLC (1 ring/ 365 days)
BALCOLTRA (*levonorgestrel-ethinyl estradiol-ferrous bisglycinate*) 0.1-20 MG-MCG(21) TAB	TIER 3	PA
BEYAZ (*drospirenone-ethinyl estradiol-levomefolate calcium*) 3-0.02-0.451 MG TAB	TIER 3	
BIJUVA (*estradiol-progesterone*) 1-100 MG CAP	TIER 3	QLC (1 cap/day)
BREVICON (28) (*norethindrone & eth estradiol*) 0.5-35 MG-MCG TAB	TIER 3	
CLIMARA (*estradiol*) 0.025 MG/24HR PATCH WK, 0.0375 MG/24HR PATCH WK, 0.05 MG/24HR PATCH WK, 0.06 MG/24HR PATCH WK, 0.075 MG/24HR PATCH WK, 0.1 MG/24HR PATCH WK	TIER 3	QLC (8 patches/28 days)
CLIMARA PRO (*estradiol-levonorgestrel*) 0.045-0.015 MG/DAY PATCH WK	TIER 2	QLC (4 patches/month)
COMBIPATCH (*estradiol & norethindrone acetate*) 0.05-0.14 MG/DAY PATCH TW, 0.05-0.25 MG/DAY PATCH TW	TIER 3	QLC (8 patches/month)
CYCLESSA (*desogestrel-ethinyl estradiol (triphasic)*) 0.1/0.125/0.15 -0.025 MG TAB	TIER 3	
DELESTROGEN (*estradiol valerate*) 10 MG/ML OIL, 20 MG/ML OIL, 40 MG/ML OIL	TIER 3	
DEPO-ESTRADIOL (*estradiol cypionate*) -5 MG/ML OIL	TIER 3	
DESOGEN (*desogestrel & ethinyl estradiol*) 0.15-30 MG-MCG TAB	TIER 3	
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (AZURETTE)	TIER 1	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (BEKYREE)	TIER 1	PH (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (DESOGESTREL-ETHINYL ESTRADIOL)	TIER 1	PH (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (KARIVA)	TIER 1	PH (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (KIMIDESS)	TIER 1	PH (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (PIMTREA)	TIER 1	PH (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (SIMLIYA)	TIER 1	PH (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (VIORELE)	TIER 1	PH (Preventive Health)
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (VOLNEA)	TIER 1	PH (Preventive Health)
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (CAZIANT) *desog--0.025/25---*	TIER 1	PH (Preventive Health)
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (VELIVET) *desog--0.025/25---*	TIER 1	PH (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (APRI)	TIER 1	PH (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CYRED EQ)	TIER 1	PH (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CYRED)	TIER 1	PH (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (DESOGESTREL-ETHINYL ESTRADIOL)	TIER 1	PH (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (EMOQUETTE)	TIER 1	PH (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ENSKYCE)	TIER 1	PH (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ISIBLOOM)	TIER 1	PH (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (JULEBER)	TIER 1	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (KALLIGA)	TIER 1	PH (Preventive Health)
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (RECLIPSEN)	TIER 1	PH (Preventive Health)
DIVIGEL (*estradiol*) 0.25 MG/0.25GM GEL, 0.5 MG/0.5GM GEL, 1 MG/GM GEL, 1.25 MG/1.25GM GEL	TIER 3	QLC (1 pack/day)
DIVIGEL (*estradiol*) 0.75 MG/0.75GM	TIER 3	QLC (1 pack/day)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (DROSPIREN-ETH ESTRAD-LEVOMEFOL)	TIER 1	PH (Preventive Health)
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg (RAJANI)	TIER 1	PH (Preventive Health)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (DROSPIREN-ETH ESTRAD-LEVOMEFOL) *---0.0-*	TIER 1	PH (Preventive Health)
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (TYDEMY) *---0.0-*	TIER 1	PH (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg	TIER 1	PH (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (GIANVI)	TIER 1	PH (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (JASMIEL)	TIER 1	PH (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (LO-ZUMANDIMINE)	TIER 1	PH (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (LORYNA)	TIER 1	PH (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (NIKKI)	TIER 1	PH (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.02 mg (VESTURA)	TIER 1	PH (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg	TIER 1	PH (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (OCELLA)	TIER 1	PH (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (SYEDA)	TIER 1	PH (Preventive Health)
drospirenone-ethinyl estradiol tab 3-0.03 mg (ZARAH)	TIER 1	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
drospirenone-ethinyl estradiol tab 3-0.03 mg (ZUMANDIMINE)	TIER 1	PH (Preventive Health)
ELESTRIN (*estradiol*) 0.52 MG/0.87 GM (0.06%) GEL	TIER 3	QLC (1 bottle/month)
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (COVARYX HS)	TIER 1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EEMT HS)	TIER 1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST HS)	TIER 1	
esterified estrogens & methyltestosterone tab 0.625-1.25 mg (EST ESTROGENS-METHYLTEST)	TIER 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (COVARYX)	TIER 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EEMT)	TIER 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST DS)	TIER 1	
esterified estrogens & methyltestosterone tab 1.25-2.5 mg (EST ESTROGENS-METHYLTEST)	TIER 1	
ESTRACE (*estradiol vaginal*) 0.1 MG/GM CREAM	TIER 3	
ESTRACE (*estradiol*) 0.5 MG TAB, 1 MG TAB, 2 MG TAB	TIER 3	
estradiol & norethindrone acetate tab 0.5-0.1 mg (AMABELZ)	TIER 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 0.5-0.1 mg (ESTRADIOL-NORETHINDRONE ACET)	TIER 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 0.5-0.1 mg (LOPREEZA)	TIER 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 0.5-0.1 mg (MIMVEY LO)	TIER 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (AMABELZ)	TIER 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (ESTRADIOL-NORETHINDRONE ACET)	TIER 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol & norethindrone acetate tab 1-0.5 mg (LOPREEZA)	TIER 1	QLC (1 tab/day)
estradiol & norethindrone acetate tab 1-0.5 mg (MIMVEY)	TIER 1	QLC (1 tab/day)
estradiol tab 0.5 mg	TIER 1	
estradiol tab 1 mg	TIER 1	
estradiol tab 2 mg	TIER 1	
estradiol td patch twice weekly 0.025 mg/24hr	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.025 mg/24hr (DOTTI)	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.025 mg/24hr (LYLLANA)	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr (DOTTI)	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.0375 mg/24hr (LYLLANA)	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr (DOTTI)	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.05 mg/24hr (LYLLANA)	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr (DOTTI)	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.075 mg/24hr (LYLLANA)	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.1 mg/24hr	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.1 mg/24hr (DOTTI)	TIER 1	QLC (16 patches/28 days)
estradiol td patch twice weekly 0.1 mg/24hr (LYLLANA)	TIER 1	QLC (16 patches/28 days)
estradiol td patch weekly 0.025 mg/24hr	TIER 1	QLC (8 patches/28 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)	TIER 1	QLC (8 patches/28 days)
estradiol td patch weekly 0.05 mg/24hr	TIER 1	QLC (8 patches/28 days)
estradiol td patch weekly 0.06 mg/24hr	TIER 1	QLC (8 patches/28 days)
estradiol td patch weekly 0.075 mg/24hr	TIER 1	QLC (8 patches/28 days)
estradiol td patch weekly 0.1 mg/24hr	TIER 1	QLC (8 patches/28 days)
estradiol vaginal cream 0.1 mg/gm	TIER 1	
estradiol vaginal tab 10 mcg	TIER 1	
estradiol vaginal tab 10 mcg (YUVAFEM)	TIER 1	
estradiol valerate im in oil 20 mg/ml	TIER 1	
estradiol valerate im in oil 40 mg/ml	TIER 1	
ESTRING (*estradiol vaginal*) 2 MG	TIER 2	QLC (1 ring/90 days)
ESTROGEL (*estradiol*) 0.75 MG/1.25 GM (0.06%)	TIER 3	QLC (1 bottle/month)
ESTROPIPATE 0.75 MG TAB, 1.5 MG TAB, 3 MG TAB	TIER 1	
ESTROSTEP FE (*norethindrone acetate-ethinyl estradiol-fe*) 1-20/1-30/1-35 MG-MCG TAB	TIER 3	
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL)	TIER 1	PH (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (KELNOR 1/35)	TIER 1	PH (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ZOVIA 1/35 (28))	TIER 1	PH (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg (ZOVIA 1/35E (28))	TIER 1	PH (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (ETHYNODIOL DIAC-ETH ESTRADIOL)	TIER 1	PH (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (KELNOR 1/50)	TIER 1	PH (Preventive Health)
ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg (ZOVIA 1/50E (28))	TIER 1	PH (Preventive Health)
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr	TIER 1	PH (Preventive Health), QLC (1 ring/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
etonogestrel-ethinyl estradiol va ring 0.120-0.015 mg/24hr (ELURYNG)	TIER 1	PH (Preventive Health), QLC (1 ring/month)
EVAMIST (*estradiol*) 1.53 MG/SPRAY SOLUTION	TIER 3	QLC (2 bottles/month)
FEMHRT (*norethindrone acetate-ethinyl estradiol*) 0.5-2.5 MG-MCG TAB	TIER 3	QLC (1 tab/day)
FEMRING (*estradiol acetate vaginal*) 0.05 MG/24HR RING, 0.1 MG/24HR RING	TIER 3	QLC (1 ring/3 months)
GENERESS FE (*norethindrone & ethinyl estradiol-fe*) 0.8-25 MG-MCG CHEW TAB	TIER 3	
IMVEXXY MAINTENANCE PACK (*estradiol vaginal*) 10 MCG INSERT	TIER 3	PA, QLC (8 inserts/28 days)
IMVEXXY MAINTENANCE PACK (*estradiol vaginal*) 4 MCG INSERT	TIER 3	PA, QLC (8 inserts/28 days)
IMVEXXY STARTER PACK (*estradiol vaginal*) 10 MCG INSERT	TIER 3	PA, QLC (18 inserts/28 days)
IMVEXXY STARTER PACK (*estradiol vaginal*) 4 MCG INSERT	TIER 3	PA, QLC (18 inserts/28 days)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (FAYOSIM)	TIER 1	PH (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (LEVONORGEST-ETH EST & ETH EST)	TIER 1	PH (Preventive Health)
levonor-eth est tab 0.15-0.02/0.025/0.03 mg &eth est 0.01 mg (RIVELSA)	TIER 1	PH (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (AMETHIA LO)	TIER 1	PH (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (CAMRESE LO)	TIER 1	PH (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY)	TIER 1	PH (Preventive Health)
levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7) (LOJAIMIESS)	TIER 1	PH (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (AMETHIA)	TIER 1	PH (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (ASHLYNA)	TIER 1	PH (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (CAMRESE)	TIER 1	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (DAYSEE)	TIER 1	PH (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (JAIMIESS)	TIER 1	PH (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (LEVONORGEST-ETH ESTRAD 91-DAY)	TIER 1	PH (Preventive Health)
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (SIMPESSE)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (ICLEVIA)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (INTROVALE)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (JOLESSA)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (LEVONORGEST-ETH ESTRAD 91-DAY)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (QUASENSE)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (SETLAKIN)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AFIRMELLE)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AUBRA EQ)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AUBRA)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (AVIANE)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (DELYLA)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (FALMINA)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LARISSIA)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LESSINA)	TIER 1	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LEVONORGESTREL-ETHINYL ESTRAD)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (LUTERA)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (ORSYTHIA)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (SRONYX)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (VIENVA)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (ALTAVERA)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (AYUNA)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CHATEAL EQ)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (CHATEAL)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (KURVELO)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LEVONORGESTREL-ETHINYL ESTRAD)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LEVORA 0.15/30 (28))	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (LILLOW)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (MARLISSA)	TIER 1	PH (Preventive Health)
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (PORTIA-28)	TIER 1	PH (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (ENPRESSE-28)	TIER 1	PH (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (LEVONEST)	TIER 1	PH (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (LEVONORG-ETH ESTRAD TRIPHASIC)	TIER 1	PH (Preventive Health)
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (MYZILRA)	TIER 1	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (TRIVORA (28))	TIER 1	PH (Preventive Health)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	TIER 1	PH (Preventive Health), QLC (1 pack/month)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (AMETHYST)	TIER 1	PH (Preventive Health), QLC (1 pack/month)
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (DOLISHALE)	TIER 1	PH (Preventive Health), QLC (1 pack/month)
LO LOESTRIN FE (*norethindrone acetate-ethinyl estradiol-fe fum (biphasic)*) ESTRIN 1 MG-10 MCG 10 MCG TAB	TIER 2	PH (Preventive Health)
LOESTRIN FE 1.5/30 (*norethin acet & estrad-fe*) /-MG-MCG TAB	TIER 3	
LOESTRIN FE 1/20 (*norethin acet & estrad-fe*) /-MG-MCG TAB	TIER 3	
LOSEASONIQUE (*levonorgestrel-ethinyl estradiol (91-day)*) 0.1-0.02 & 0.01 MG TAB	TIER 3	
MENEST (*esterified estrogens*) 0.3 MG TAB, 0.625 MG TAB, 1.25 MG TAB, 2.5 MG TAB	TIER 3	
MENOSTAR (*estradiol*) 14 MCG/24HR PATCH WK	TIER 3	QLC (4 patches/28 days)
MINASTRIN 24 FE (*norethin acet & estrad-fe*) 1-20 MG-MCG() CHEW TAB	TIER 3	
MINIVELLE (*estradiol*) 0.025 MG/24HR PATCH TW, 0.0375 MG/24HR PATCH TW, 0.05 MG/24HR PATCH TW, 0.075 MG/24HR PATCH TW, 0.1 MG/24HR PATCH TW	TIER 3	QLC (16 patches/28 days)
MIRCETTE (*desogestrel-ethinyl estradiol (biphasic)*) 0.15-0.02/0.01 MG (21/5) TAB	TIER 3	
NATAZIA (*estradiol valerate-dienogest*) 3/2-2/2-3/1 MG TAB	TIER 3	
NECON 1/50 (28) (*norethindrone & mestranol*) /-MG-MCG TAB	TIER 3	
NEXTSTELLIS (*drospirenone-estetrol*) 3-14.2 MG TAB	TIER 3	PA
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (XULANE)	TIER 1	PH (Preventive Health), QLC (3 patches/month)
norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr (ZAFEMY)	TIER 1	PH (Preventive Health), QLC (3 patches/month)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (BALZIVA)	TIER 1	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (BRIELLYN)	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (GILDAGIA)	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (PHILITH)	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (VYFEMLA)	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (ZENCHENT)	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (NECON 0.5/35 (28))	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (NORTREL 0.5/35 (28))	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (WERA)	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (ALYACEN 1/35)	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (CYCLAFEM 1/35)	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (DASETTA 1/35)	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (NORTREL 1/35 (21))	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (NORTREL 1/35 (28))	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (PIRMELLA 1/35)	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (NORETHIN-ETH ESTRADIOL-FE)	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (WYMZYA FE)	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (KAITLIB FE)	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (LAYOLIS FE)	TIER 1	PH (Preventive Health)
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (NORETHIN-ETH ESTRADIOL-FE)	TIER 1	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (TILIA FE) *---20/-30/--*	TIER 1	PH (Preventive Health)
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (TRI-LEGEST FE) *---20/-30/--*	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (AUROVELA 1/20)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (JUNEL 1/20)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (LARIN 1/20)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (LOESTRIN 1/20 (21))	TIER 3	
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (MICROGESTIN 1/20)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (NORETHINDRONE ACET-ETHINYL EST)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (AUROVELA 1.5/30)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (HAILEY 1.5/30)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (JUNEL 1.5/30)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (LARIN 1.5/30)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (LOESTRIN 1.5/30 (21))	TIER 3	
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (MICROGESTIN 1.5/30)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (NORETHINDRONE ACET-ETHINYL EST)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (AUROVELA FE 1/20)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (BLISOVI FE 1/20)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (HAILEY FE 1/20)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (JUNEL FE 1/20)	TIER 1	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (LARIN FE 1/20)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (LOESTRIN FE 1/20)	TIER 3	
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (MICROGESTIN FE 1/20)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (TARINA FE 1/20 EQ)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (TARINA FE 1/20)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (AUROVELA FE 1.5/30)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (BLISOVI FE 1.5/30)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (HAILEY FE 1.5/30)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (JUNEL FE 1.5/30)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (LARIN FE 1.5/30)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (LOESTRIN FE 1.5/30)	TIER 3	
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (MICROGESTIN FE 1.5/30)	TIER 1	PH (Preventive Health)
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	PH (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (CHARLOTTE 24 FE)	TIER 1	PH (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (MELODETTA 24 FE)	TIER 1	PH (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (MIBELAS 24 FE)	TIER 1	PH (Preventive Health)
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (NORETHINDRONE ACET-ETHINYL EST)	TIER 1	PH (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (GEMMILY)	TIER 1	PH (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (MERZEE)	TIER 1	PH (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	PH (Preventive Health)
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (TAYSOFY)	TIER 1	PH (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (AUROVELA 24 FE)	TIER 1	PH (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (BLISOVI 24 FE)	TIER 1	PH (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (HAILEY 24 FE)	TIER 1	PH (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (JUNEL FE 24)	TIER 1	PH (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (LARIN 24 FE)	TIER 1	PH (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (LOMEDIA 24 FE)	TIER 1	PH (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (MICROGESTIN 24 FE)	TIER 1	PH (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (NORETHIN ACE-ETH ESTRAD-FE)	TIER 1	PH (Preventive Health)
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (TARINA 24 FE)	TIER 1	PH (Preventive Health)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (FYAVOLV)	TIER 1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (JEVANTIQUE LO)	TIER 1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg (NORETHINDRONE-ETH ESTRADIOL)	TIER 1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (FYAVOLV)	TIER 1	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (JINTELI)	TIER 1	QLC (1 tab/day)
norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg (NORETHINDRONE-ETH ESTRADIOL)	TIER 1	QLC (1 tab/day)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (ALYACEN 7/7/7) *---/1--*	TIER 1	PH (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (CYCLAFEM 7/7/7) *---/1--*	TIER 1	PH (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (DASETTA 7/7/7) *---/1--*	TIER 1	PH (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NECON 7/7/7) *---/1--*	TIER 1	PH (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NORTREL 7/7/7) *---/1--*	TIER 1	PH (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (NYLIA 7/7/7) *---/1--*	TIER 1	PH (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (PIRMELLA 7/7/7) *---/1--*	TIER 1	PH (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (ARANELLE) *--/1---*	TIER 1	PH (Preventive Health)
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (LEENA) *--/1---*	TIER 1	PH (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (ESTARYLLA)	TIER 1	PH (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (FEMYNOR)	TIER 1	PH (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MILI)	TIER 1	PH (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MONO-LINYAH)	TIER 1	PH (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (MONONESSA)	TIER 1	PH (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NORGESTIMATE-ETH ESTRADIOL)	TIER 1	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (NYMYO)	TIER 1	PH (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (PREVIFEM)	TIER 1	PH (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (SPRINTEC 28)	TIER 1	PH (Preventive Health)
norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg (VYLIBRA)	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC) *--/0.215-/0.--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-ESTARYLLA) *--/0.215-/0.--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MARZIA) *--/0.215-/0.--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-MILI) *--/0.215-/0.--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-LO-SPRINTEC) *--/0.215-/0.--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRI-VYLIBRA LO) *--/0.215-/0.--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg (TRINESSA LO) *--/0.215-/0.--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (NORGESTIM-ETH ESTRAD TRIPHASIC) *--/0.215-/0.25--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI FEMYNOR) *--/0.215-/0.25--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-ESTARYLLA) *--/0.215-/0.25--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-LINYAH) *--/0.215-/0.25--*	TIER 1	PH (Preventive Health)

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-MILI) *--/0.215-/0.25--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-NYMYO) *--/0.215-/0.25--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-PREVIFEM) *--/0.215-/0.25--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-SPRINTEC) *--/0.215-/0.25--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRI-VYLIBRA) *--/0.215-/0.25--*	TIER 1	PH (Preventive Health)
norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg (TRINESSA (28)) *--/0.215-/0.25--*	TIER 1	PH (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (CRYSELLE-28)	TIER 1	PH (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (ELINEST)	TIER 1	PH (Preventive Health)
norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg (LOW-OGESTREL)	TIER 1	PH (Preventive Health)
NUVARING (*etonogestrel-ethinyl estradiol*) NUVA0.12-0.015 MG/24HR	TIER 3	QLC (1 ring/month)
OGESTREL (*norgestrel & ethinyl estradiol*) 0.5-50 MG-MCG TAB	TIER 1	PH (Preventive Health)
ORTHO TRI-CYCLEN (28) (*norgestimate-ethinyl estradiol (triphasic)*) - 0.18/0.215/0.25 MG-35 MCG TAB	TIER 3	
ORTHO TRI-CYCLEN LO (*norgestimate-ethinyl estradiol (triphasic)*) - 0.18/0.215/0.25 MG-25 MCG TAB	TIER 3	
ORTHO-CYCLEN (28) (*norgestimate-ethinyl estradiol*) -0.25-35 MG-MCG TAB	TIER 3	
ORTHO-NOVUM 1/35 (28) (*norethindrone & eth estradiol*) -/-MG-MCG TAB	TIER 3	
ORTHO-NOVUM 7/7/7 (28) (*norethindrone-eth estradiol (triphasic)*) - 0.5/0.75/1-35 MG-MCG TAB	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PREFEST (*estradiol-norgestimate*) 1/1-0.09 MG (15/15) TAB	TIER 3	QLC (1 tab/day)
PREMARIN (*estrogens, conjugated vaginal*) 0.625 MG/GM CREAM	TIER 2	
PREMARIN (*estrogens, conjugated*) 0.3 MG TAB, 0.45 MG TAB, 0.625 MG TAB, 0.9 MG TAB, 1.25 MG TAB	TIER 3	
PREMPHASE (*conjugated estrogens-medroxyprogesterone acetate*) 0.625-5 MG TAB	TIER 2	QLC (28 tabs/month)
PREMPRO (*conjugated estrogens-medroxyprogesterone acetate*) 0.3-1.5 MG TAB, 0.45-1.5 MG TAB, 0.625-2.5 MG TAB, 0.625-5 MG TAB	TIER 2	QLC (28 tabs/month)
QUARTETTE (*levonorgestrel-ethinyl estradiol (91-day)*) 42-21-21-7 DAYS TAB	TIER 3	
SAFYRAL (*drospirenone-ethinyl estradiol-levomefolate calcium*) 3-0.03-0.451 MG TAB	TIER 3	
SEASONIQUE (*levonorgestrel-ethinyl estradiol (91-day)*) 0.15-0.03 &0.01 MG TAB	TIER 3	
TAYTULLA (*norethin acet & estrad-fe*) 1-20 MG-MCG(24) CAP	TIER 3	
TRI-NORINYL (28) (*norethindrone-eth estradiol (triphasic)*) -0.5/1/0.5-35 MG-MCG TAB	TIER 3	
TWIRLA (*levonorgestrel-ethinyl estradiol*) 120-30 MCG/24HR PATCH WK	TIER 3	QLC (3 patches/28 days)
TYBLUME (*levonorgestrel & eth estradiol*) 0.1-20 MG-MCG CHEW TAB	TIER 3	
VAGIFEM (*estradiol vaginal*) 10 MCG TAB	TIER 3	
VIVELLE-DOT (*estradiol*) -0.025 MG/24HR PATCH TW, -0.0375 MG/24HR PATCH TW, -0.05 MG/24HR PATCH TW, -0.075 MG/24HR PATCH TW, -0.1 MG/24HR PATCH TW	TIER 3	QLC (16 patches/28 days)
YASMIN 28 (*drospirenone-ethinyl estradiol*) 3-0.03 MG TAB	TIER 3	
YAZ (*drospirenone-ethinyl estradiol*) 3-0.02 MG TAB	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROGESTINS		
AYGESTIN (*norethindrone acetate*) 5 MG TAB	TIER 3	
CRINONE (*progesterone (vaginal)*) 4 % GEL, 8 % GEL	TIER 3	PA
ELLA (*ulipristal acetate*) 30 MG TAB	TIER 3	PH (Preventive Health), QLC (1 tab/fill)
ENDOMETRIN (*progesterone (vaginal)*) 100 MG INSERT	TIER 2	PA
hydroxyprogesterone caproate im in oil 250 mg/ml	TIER 4	PA, SP, QLC (5 ml/month)
MAKENA (*hydroxyprogesterone caproate*) 250 MG/ML OIL	TIER 4	PA, SP, QLC (5 ml/month)
MAKENA (*hydroxyprogesterone caproate*) MKEN275 MG/1.1ML SOLN -INJ	TIER 4	PA, SP, QLC (1 injection/week)
medroxyprogesterone acetate tab 10 mg	TIER 1	
medroxyprogesterone acetate tab 2.5 mg	TIER 1	
medroxyprogesterone acetate tab 5 mg	TIER 1	
MEGACE ES (*megestrol acetate (appetite)*) 625 MG/5ML SUSPENSION	TIER 3	
megestrol acetate susp 40 mg/ml	TIER 1	
megestrol acetate susp 625 mg/5ml	TIER 1	
megestrol acetate tab 20 mg	TIER 1	OAC
megestrol acetate tab 40 mg	TIER 1	OAC
norethindrone acetate tab 5 mg	TIER 1	
norethindrone tab 0.35 mg	TIER 1	PH (Preventive Health)
norethindrone tab 0.35 mg (CAMILA)	TIER 1	PH (Preventive Health)
norethindrone tab 0.35 mg (DEBLITANE)	TIER 1	PH (Preventive Health)
norethindrone tab 0.35 mg (ERRIN)	TIER 1	PH (Preventive Health)
norethindrone tab 0.35 mg (HEATHER)	TIER 1	PH (Preventive Health)
norethindrone tab 0.35 mg (INCASSIA)	TIER 1	PH (Preventive Health)
norethindrone tab 0.35 mg (JENCYCLA)	TIER 1	PH (Preventive Health)
norethindrone tab 0.35 mg (JOLIVETTE)	TIER 1	PH (Preventive Health)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone tab 0.35 mg (LYLEQ)	TIER 1	PH (Preventive Health)
norethindrone tab 0.35 mg (LYZA)	TIER 1	PH (Preventive Health)
norethindrone tab 0.35 mg (NORA-BE)	TIER 1	PH (Preventive Health)
norethindrone tab 0.35 mg (NORLYDA)	TIER 1	PH (Preventive Health)
norethindrone tab 0.35 mg (NORLYROC)	TIER 1	PH (Preventive Health)
norethindrone tab 0.35 mg (SHAROBEL)	TIER 1	PH (Preventive Health)
norethindrone tab 0.35 mg (TULANA)	TIER 1	PH (Preventive Health)
ORTHO MICRONOR (*norethindrone (contraceptive)*) 0.35 MG TAB	TIER 3	
PHEXXI (*lactic acid-citric acid-potassium bitartrate*) 1.8-1-0.4 % GEL	TIER 3	PA, QLC (1 box (12 applicators)/ 30 days)
progesterone cap 100 mg	TIER 1	
progesterone cap 200 mg	TIER 1	
progesterone im in oil 50 mg/ml	TIER 1	
PROMETRIUM (*progesterone*) 100 MG CAP, 200 MG CAP	TIER 3	
PROVERA (*medroxyprogesterone acetate*) 2.5 MG TAB, 5 MG TAB, 10 MG TAB	TIER 3	
SLYND (*drospirenone*) 4 MG TAB	TIER 3	ST

SELECTIVE ESTROGEN RECEPTOR MODIFYING AGENTS

CLOMIPHENE CITRATE 50 MG TAB	TIER 1	QLC (10 tabs/28 days)
DUAVEE (*conjugated estrogens-bazedoxifene*) 0.45-20 MG TAB	TIER 2	QLC (1 tab/day)
EVISTA (*raloxifene hcl*) 60 MG TAB	TIER 3	PA, QLC (1 tab/day)
OSPHENA (*ospemifene*) 60 MG TAB	TIER 3	PA, QLC (1 tab/day)
raloxifene hcl tab 60 mg	TIER 1	PH (Preventive Health), QLC (1 tab/day)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs for the Thyroid)

HORMONAL AGENTS, STIMULANT/REPLACEMENT/MODIFYING (THYROID) (Drugs to Replace Thyroid Hormone)

ARMOUR THYROID 15 MG TAB, 30 MG TAB, 60 MG TAB, 90 MG TAB, 120 MG TAB, 180 MG TAB, 240 MG TAB, 300 MG TAB	TIER 2	

AL1 - Age Limit; GL - Gender Limit; OAC – Oral Anti-Cancer; PA - Prior Authorization; PH - Preventive Health Drugs; QLC - Quantity Limit; RO - Retail Only; SF - Starter Fill; SP – Specialty Pharmacy; ST – Step Therapy

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CYTOMEL (*liothyronine sodium*) 5 MCG TAB, 25 MCG TAB, 50 MCG TAB	TIER 3	
LEVOTHYROXINE SODIUM 13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP	TIER 3	
levothyroxine sodium tab 100 mcg	TIER 1	
levothyroxine sodium tab 100 mcg (EUTHYROX)	TIER 3	
levothyroxine sodium tab 100 mcg (LEVO-T)	TIER 3	
levothyroxine sodium tab 100 mcg (LEVOXYL)	TIER 3	
levothyroxine sodium tab 100 mcg (UNITHROID)	TIER 3	
levothyroxine sodium tab 112 mcg	TIER 1	
levothyroxine sodium tab 112 mcg (EUTHYROX)	TIER 3	
levothyroxine sodium tab 112 mcg (LEVO-T)	TIER 3	
levothyroxine sodium tab 112 mcg (LEVOXYL)	TIER 3	
levothyroxine sodium tab 112 mcg (UNITHROID)	TIER 3	
levothyroxine sodium tab 125 mcg	TIER 1	
levothyroxine sodium tab 125 mcg (EUTHYROX)	TIER 3	
levothyroxine sodium tab 125 mcg (LEVO-T)	TIER 3	
levothyroxine sodium tab 125 mcg (LEVOXYL)	TIER 3	
levothyroxine sodium tab 125 mcg (UNITHROID)	TIER 3	
levothyroxine sodium tab 137 mcg	TIER 1	
levothyroxine sodium tab 137 mcg (EUTHYROX)	TIER 3	
levothyroxine sodium tab 137 mcg (LEVO-T)	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 137 mcg (LEVOXYL)	TIER 3	
levothyroxine sodium tab 137 mcg (UNITHROID)	TIER 3	
levothyroxine sodium tab 150 mcg	TIER 1	
levothyroxine sodium tab 150 mcg (EUTHYROX)	TIER 3	
levothyroxine sodium tab 150 mcg (LEVO-T)	TIER 3	
levothyroxine sodium tab 150 mcg (LEVOXYL)	TIER 3	
levothyroxine sodium tab 150 mcg (UNITHROID)	TIER 3	
levothyroxine sodium tab 175 mcg	TIER 1	
levothyroxine sodium tab 175 mcg (EUTHYROX)	TIER 3	
levothyroxine sodium tab 175 mcg (LEVO-T)	TIER 3	
levothyroxine sodium tab 175 mcg (LEVOXYL)	TIER 3	
levothyroxine sodium tab 175 mcg (UNITHROID)	TIER 3	
levothyroxine sodium tab 200 mcg	TIER 1	
levothyroxine sodium tab 200 mcg (EUTHYROX)	TIER 3	
levothyroxine sodium tab 200 mcg (LEVO-T)	TIER 3	
levothyroxine sodium tab 200 mcg (LEVOXYL)	TIER 3	
levothyroxine sodium tab 200 mcg (UNITHROID)	TIER 3	
levothyroxine sodium tab 25 mcg	TIER 1	
levothyroxine sodium tab 25 mcg (EUTHYROX)	TIER 3	
levothyroxine sodium tab 25 mcg (LEVO-T)	TIER 3	
levothyroxine sodium tab 25 mcg (LEVOXYL)	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 25 mcg (UNITHROID)	TIER 3	
levothyroxine sodium tab 300 mcg	TIER 1	
levothyroxine sodium tab 300 mcg (LEVO-T)	TIER 3	
levothyroxine sodium tab 300 mcg (UNITHROID)	TIER 3	
levothyroxine sodium tab 50 mcg	TIER 1	
levothyroxine sodium tab 50 mcg (EUTHYROX)	TIER 3	
levothyroxine sodium tab 50 mcg (LEVO-T)	TIER 3	
levothyroxine sodium tab 50 mcg (LEVOXYL)	TIER 3	
levothyroxine sodium tab 50 mcg (UNITHROID)	TIER 3	
levothyroxine sodium tab 75 mcg	TIER 1	
levothyroxine sodium tab 75 mcg (EUTHYROX)	TIER 3	
levothyroxine sodium tab 75 mcg (LEVO-T)	TIER 3	
levothyroxine sodium tab 75 mcg (LEVOXYL)	TIER 3	
levothyroxine sodium tab 75 mcg (UNITHROID)	TIER 3	
levothyroxine sodium tab 88 mcg	TIER 1	
levothyroxine sodium tab 88 mcg (EUTHYROX)	TIER 3	
levothyroxine sodium tab 88 mcg (LEVO-T)	TIER 3	
levothyroxine sodium tab 88 mcg (LEVOXYL)	TIER 3	
levothyroxine sodium tab 88 mcg (UNITHROID)	TIER 3	
liothyronine sodium tab 25 mcg	TIER 1	
liothyronine sodium tab 5 mcg	TIER 1	
liothyronine sodium tab 50 mcg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NATURE-THROID (*thyroid*) -16.25 MG TAB, -32.5 MG TAB, -48.75 MG TAB, -65 MG TAB, -81.25 MG TAB, -97.5 MG TAB, -113.75 MG TAB, -130 MG TAB, -146.25 MG TAB, -162.5 MG TAB, -195 MG TAB, -260 MG TAB, -325 MG TAB	TIER 3	
SYNTHROID (*levothyroxine sodium*) 25 MCG TAB, 50 MCG TAB, 75 MCG TAB, 88 MCG TAB, 100 MCG TAB, 112 MCG TAB, 125 MCG TAB, 137 MCG TAB, 150 MCG TAB, 175 MCG TAB, 200 MCG TAB, 300 MCG TAB	TIER 2	
THYQUIDITY (*levothyroxine sodium*) 100 MCG/5ML SOLUTION	TIER 3	QLC (300 ml/30 days)
thyroid tab 120 mg (2 grain)	TIER 2	
thyroid tab 120 mg (2 grain) (NP THYROID)	TIER 2	
thyroid tab 15 mg (1/4 grain)	TIER 2	
thyroid tab 15 mg (1/4 grain) (NP THYROID)	TIER 2	
thyroid tab 30 mg (1/2 grain)	TIER 2	
thyroid tab 30 mg (1/2 grain) (NP THYROID)	TIER 2	
thyroid tab 60 mg (1 grain)	TIER 2	
thyroid tab 60 mg (1 grain) (NP THYROID)	TIER 2	
thyroid tab 90 mg (1 1/2 grain)	TIER 2	
thyroid tab 90 mg (1 1/2 grain) (NP THYROID)	TIER 2	
THYROLAR-1 (*liotrix (t3-t4)*) -60 (2.5-50) MG (MCG) TAB	TIER 2	
THYROLAR-1/2 (*liotrix (t3-t4)*) -30 (6.25-25) MG (MCG) TAB	TIER 2	
THYROLAR-1/4 (*liotrix (t3-t4)*) -15 (3.1-12.5) MG (MCG) TAB	TIER 2	
THYROLAR-2 (*liotrix (t3-t4)*) -10 (5-100) MG (MCG) TAB	TIER 2	
THYROLAR-3 (*liotrix (t3-t4)*) -180 (7.5-150) MG (MCG) TAB	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TIROSINT (*levothyroxine sodium*) 13 MCG CAP, 25 MCG CAP, 50 MCG CAP, 75 MCG CAP, 88 MCG CAP, 100 MCG CAP, 112 MCG CAP, 125 MCG CAP, 137 MCG CAP, 150 MCG CAP, 175 MCG CAP, 200 MCG CAP	TIER 3	
TIROSINT-SOL (*levothyroxine sodium*) -SOL 13 MCG/ML SOLUTION, -SOL 25 MCG/ML SOLUTION, -SOL 37.5 MCG/ML SOLUTION, -SOL 44 MCG/ML SOLUTION, -SOL 50 MCG/ML SOLUTION, -SOL 62.5 MCG/ML SOLUTION, -SOL 75 MCG/ML SOLUTION, -SOL 88 MCG/ML SOLUTION, -SOL 100 MCG/ML SOLUTION, -SOL 112 MCG/ML SOLUTION, -SOL 125 MCG/ML SOLUTION, -SOL 137 MCG/ML SOLUTION, -SOL 150 MCG/ML SOLUTION, -SOL 175 MCG/ML SOLUTION, -SOL 200 MCG/ML SOLUTION	TIER 3	
WESTHROID (*thyroid*) 32.5 MG TAB, 65 MG TAB, 97.5 MG TAB, 130 MG TAB, 195 MG TAB	TIER 3	
WP THYROID 16.25 MG TAB, 32.5 MG TAB, 48.75 MG TAB, 65 MG TAB, 81.25 MG TAB, 97.5 MG TAB, 113.75 MG TAB, 130 MG TAB	TIER 3	

HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (Drugs for Suppressing Hormones from the Pituitary Gland)

HORMONAL AGENTS, SUPPRESSANT (PITUITARY) (Drugs to Suppress Pituitary Hormones)

BYNFEZIA PEN (*octreotide acetate*) 2500 MCG/ML (2.8 ML) SOLN	TIER 4	PA, SP
cabergoline tab 0.5 mg	TIER 1	QLC (16 tabs/month)
CETROTIDE (*cetrorelix acetate*) 0.25 MG KIT	TIER 4	PA, SP
GANIRELIX ACETATE 250 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP
ganirelix acetate soln prefilled syringe 250 mcg/0.5ml	TIER 4	PA, SP
leuprolide acetate inj kit 5 mg/ml	TIER 4	PA, SP
MYCAPSSA (*octreotide acetate*) MYSSA 20 MG DR	TIER 4	PA, SP, QLC (4 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OCTREOTIDE ACETATE 50 MCG/ML SOLN PRSYR, 100 MCG/ML SOLN PRSYR, 200 MCG/ML SOLUTION, 500 MCG/ML SOLN PRSYR, 1000 MCG/ML SOLUTION	TIER 4	PA, SP
octreotide acetate inj 100 mcg/ml (0.1 mg/ml)	TIER 4	PA, SP
octreotide acetate inj 1000 mcg/ml (1 mg/ml)	TIER 4	PA, SP
octreotide acetate inj 200 mcg/ml (0.2 mg/ml)	TIER 4	PA, SP
octreotide acetate inj 50 mcg/ml (0.05 mg/ml)	TIER 4	PA, SP
octreotide acetate inj 500 mcg/ml (0.5 mg/ml)	TIER 4	PA, SP
ORGOVYX (*relugolix*) 120 MG TAB	TIER 4	PA, SP, QLC (1 tab/day), OAC
ORILISSA (*elagolix sodium*) 150 MG TAB	TIER 3	PA, QLC (1 tab/day)
ORILISSA (*elagolix sodium*) 200 MG TAB	TIER 3	PA, QLC (2 tabs/day)
SANDOSTATIN (*octreotide acetate*) 50 MCG/ML SOLUTION, 100 MCG/ML SOLUTION, 200 MCG/ML SOLUTION, 500 MCG/ML SOLUTION, 1000 MCG/ML SOLUTION	TIER 4	PA, SP
SIGNIFOR (*pasireotide diaspartate*) 0.3 MG/ML SOLUTION, 0.6 MG/ML SOLUTION, 0.9 MG/ML SOLUTION	TIER 4	PA, SP, QLC (2 ampules/day)
SOMAVERT (*pegvisomant*) 10 MG RECON SOLN, 15 MG RECON SOLN, 20 MG RECON SOLN, 25 MG RECON SOLN, 30 MG RECON SOLN	TIER 4	PA, SP, QLC (1 vial/day)
SYNAREL (*nafarelin acetate*) 2 MG/ML SOLUTION	TIER 4	PA, QLC (16 ml/30 days)

HORMONAL AGENTS, SUPPRESSANT (THYROID) (Drugs for the Thyroid)

ANTITHYROID AGENTS (Drugs to Suppress Thyroid Hormone)

methimazole tab 10 mg	TIER 1
methimazole tab 5 mg	TIER 1
propylthiouracil tab 50 mg	TIER 1

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SSKI (*potassium iodide (expectorant)*) 1 GM/ML SOLUTION	TIER 1	
TAPAZOLE (*methimazole*) 5 MG TAB, 10 MG TAB	TIER 3	

IMMUNOLOGICAL AGENTS (Drugs for Enhancing or Suppressing the Immune System)

ANGIOEDEMA AGENTS

FIRAZYR (*icatibant acetate*) 30 MG/3ML SOLUTION	TIER 4	PA, SP, QLC (2 syringes per fill; not to exceed 12 syringes/2 months)
HAEGARDA (*c1 esterase inhibitor (human)*) 2000 RECON SOLN, 3000 RECON SOLN	TIER 4	PA, SP
icatibant acetate inj 30 mg/3ml (base equivalent)	TIER 4	PA, SP, QLC (2 syringes/fill; max 12 syringes/2 months)
icatibant acetate inj 30 mg/3ml (base equivalent) (SAJAZIR)	TIER 4	PA, SP, QLC (2 syringes/fill; max 12 syringes/2 months)
ORLADEYO (*berotralstat hcl*) 110 MG CAP, 150 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
TAKHZYRO (*lanadelumab-flyo*) 300 MG/2ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/14 days)

IMMUNOLOGICAL AGENTS, OTHER

ACTEMRA (*tocilizumab*) 162 MG/0.9ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
ACTEMRA ACTPEN (*tocilizumab*) CTPEN 162 MG/0.9ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen injector/week)
ARCALYST (*rilonacept*) 220 MG RECON SOLN	TIER 4	PA, SP
BENLYSTA (*belimumab*) 200 MG/ML SOLN A-INJ, 200 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
COSENTYX (300 MG DOSE) (*secukinumab*) 150 /ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
COSENTYX (*secukinumab*) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
COSENTYX SENSOREADY (300 MG) (*secukinumab*) SENSOREDY 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (2 pens/28 days)
COSENTYX SENSOREADY PEN (*secukinumab*) SENSOREDY 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DUPIXENT (*dupilumab*) 100 MG/0.67ML SOLN PRSYR, 200 MG/1.14ML SOLN PEN, 300 MG/2ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
DUPIXENT (*dupilumab*) 200 MG/1.14ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
DUPIXENT (*dupilumab*) 300 MG/2ML SOLN PEN	TIER 4	PA, SP, QLC (2 pens (4 ml)/ 28 days)
EMPAVELI (*pegcetacoplan*) 1080 MG/20ML SOLUTION	TIER 4	PA, SP, QLC (40 ml/7 days)
ENSPRYNG (*satralizumab-mwge*) 120 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
KEVZARA (*sarilumab*) 150 MG/1.14ML SOLN PRSYR, 200 MG/1.14ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
KEVZARA (*sarilumab*) KEVZR150 MG/1.14ML SOLN -INJ, KEVZR200 MG/1.14ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/14 days)
KINERET (*anakinra*) 100 MG/0.67ML SOLN PRSYR	TIER 4	PA, SP, QLC (28 syringes/28 days)
OLUMIANT (*baricitinib*) 1 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
OLUMIANT (*baricitinib*) 2 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ORENCIA (*abatacept*) 50 MG/0.4ML SOLN PRSYR, 87.5 MG/0.7ML SOLN PRSYR, 125 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/week)
ORENCIA CLICKJECT (*abatacept*) ORENCI125 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 syringe/week)
OTEZLA (*apremilast*) 10 & 20 & 30 MG TAB THPK	TIER 4	PA, SP, QLC (1 pack/month)
PALFORZIA (12 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (X & 0 CSPK	TIER 4	PA, SP, QLC (45 caps/14 days)
PALFORZIA (120 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) & 100 CSPK	TIER 4	PA, SP, QLC (30 caps/14 days)
PALFORZIA (160 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) 3 X 20 & 100 CSPK	TIER 4	PA, SP, QLC (60 caps/14 days)
PALFORZIA (20 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) CSPK	TIER 4	PA, SP, QLC (15 caps/14 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PALFORZIA (200 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (00 X 100 CSPK	TIER 4	PA, SP, QLC (30 caps/14 days)
PALFORZIA (240 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (40 X 0 & X 100 CSPK	TIER 4	PA, SP, QLC (60 caps/14 days)
PALFORZIA (3 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (X 1 CSPK	TIER 4	PA, SP, QLC (45 caps/14 days)
PALFORZIA (300 MG MAINTENANCE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (PACKET	TIER 4	PA, SP, QLC (1 packet/day)
PALFORZIA (300 MG TITRATION) (*peanut (arachis hypogaea) allergen powder-dnfp*) (PACKET	TIER 4	PA, SP, QLC (1 packet/day)
PALFORZIA (40 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) 2 X 20 CSPK	TIER 4	PA, SP, QLC (30 caps/14 days)
PALFORZIA (6 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) (X 1 CSPK	TIER 4	PA, SP, QLC (90 caps/14 days)
PALFORZIA (80 MG DAILY DOSE) (*peanut (arachis hypogaea) allergen powder-dnfp*) 4 X 20 CSPK	TIER 4	PA, SP, QLC (60 caps/14 days)
RIDAURA (*auranofin*) 3 MG CAP	TIER 2	
SILIQ (*brodalumab*) 210 MG/1.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
SKYRIZI (150 MG DOSE) (*risankizumab-rzaa*) 75 /0.83ML PREF SY KT	TIER 4	PA, SP, QLC (1 kit/84 days)
SKYRIZI (*risankizumab-rzaa*) 150 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 auto-injector/ 84 days)
SKYRIZI (*risankizumab-rzaa*) 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/84 days)
STELARA (*ustekinumab*) 45 MG/0.5ML SOLN PRSYR, 90 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/84 days)
STELARA (*ustekinumab*) 45 MG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/84 days)
TALTZ (*ixekizumab*) 80 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
TALTZ (*ixekizumab*) TLTZ 80 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/28 days)
TREMFYA (*guselkumab*) 100 MG/ML SOLN PEN	TIER 4	PA, SP, QLC (1 injection/8 weeks)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TREMFYA (*guselkumab*) 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/8 weeks)
XELJANZ (*tofacitinib citrate*) 1 MG/ML SOLUTION	TIER 4	PA, SP, QLC (10 ml/day)
XELJANZ (*tofacitinib citrate*) 5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
XOLAIR (*omalizumab*) 75 MG/0.5ML SOLN PRSYR, 150 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (2 syringes/28 days)
IMMUNOSTIMULANTS		
ACTIMMUNE (*interferon gamma-1b*) 2000000 UNIT/0.5ML SOLUTION	TIER 4	PA, SP
INTRON A (*interferon alfa-2b*) 6000000 UNIT/ML SOLUTION, 10000000 UNIT RECON SOLN, 10000000 UNIT/ML SOLUTION, 18000000 UNIT RECON SOLN, 50000000 UNIT RECON SOLN	TIER 4	PA, SP
PEGASYS (*peginterferon alfa-2a*) 180 MCG/0.5ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 pen/week)
PEGASYS (*peginterferon alfa-2a*) 180 MCG/ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/week)
PEGASYS PROCLICK (*peginterferon alfa-2a*) PEGSYS 135 MCG/0.5ML SOLN -INJ, PEGSYS 180 MCG/0.5ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/week)
SYLATRON (*peginterferon alfa-2b (antineoplastic)*) 200 MCG KIT, 300 MCG KIT, 600 MCG KIT	TIER 4	PA, SP
IMMUNOSUPPRESSANTS (Drugs to Suppress the Immune System)		
ARAVA (*leflunomide*) 10 MG TAB, 20 MG TAB	TIER 3	
ASTAGRAF XL (*tacrolimus*) 0.5 MG CAP ER 24H, 1 MG CAP ER 24H, 5 MG CAP ER 24H	TIER 3	
azathioprine tab 100 mg	TIER 1	
azathioprine tab 100 mg (AZASAN)	TIER 1	
azathioprine tab 50 mg	TIER 1	
azathioprine tab 75 mg	TIER 1	
azathioprine tab 75 mg (AZASAN)	TIER 1	
CELLCEPT (*mycophenolate mofetil*) 200 MG/ML RECON SUSP, 250 MG CAP, 500 MG TAB	TIER 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CIMZIA PREFILLED (*certolizumab pegol*) 2 X 200 MG/ML KIT	TIER 4	PA, SP, QLC (1 kit/28 days)
CIMZIA STARTER KIT (*certolizumab pegol*) 6 X 200 MG/ML	TIER 4	PA, SP, QLC (3 set (1 kit = 3 sets of 2 syringes)/180 days)
cyclosporine cap 100 mg	TIER 1	
cyclosporine cap 25 mg	TIER 1	
cyclosporine modified cap 100 mg	TIER 1	
cyclosporine modified cap 100 mg (GENGRAF)	TIER 1	
cyclosporine modified cap 25 mg	TIER 1	
cyclosporine modified cap 25 mg (GENGRAF)	TIER 1	
cyclosporine modified cap 50 mg	TIER 1	
cyclosporine modified cap 50 mg (GENGRAF)	TIER 1	
cyclosporine modified oral soln 100 mg/ml	TIER 1	
cyclosporine modified oral soln 100 mg/ml (GENGRAF)	TIER 1	
ENBREL (*etanercept*) 25 MG RECON SOLN	TIER 4	PA, SP, QLC (8 vials/28 days)
ENBREL (*etanercept*) 25 MG/0.5ML SOLN PRSYR, 50 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 ml/28 days)
ENBREL (*etanercept*) 25 MG/0.5ML SOLUTION	TIER 4	PA, SP, QLC (4 ml/ 28 days)
ENBREL MINI (*etanercept*) 50 MG/ML SOLN CART	TIER 4	PA, SP, QLC (4 ml/ 28 days)
ENBREL SURECLICK (*etanercept*) 50 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (4 ml/28 days)
ENVARSUS XR (*tacrolimus*) 0.75 MG TAB ER 24H	TIER 3	ST, QLC (11 tabs/day)
ENVARSUS XR (*tacrolimus*) 1 MG TAB ER 24H	TIER 3	ST, QLC (8 tabs/day)
ENVARSUS XR (*tacrolimus*) 4 MG TAB ER 24H	TIER 3	ST, QLC (2 tabs/day)
everolimus tab 0.25 mg	TIER 1	QLC (2 tabs/day)
everolimus tab 0.5 mg	TIER 1	QLC (4 tabs/day)
everolimus tab 0.75 mg	TIER 1	QLC (2 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HUMIRA (*adalimumab*) 10 MG/0.1ML PREF SY KT, 20 MG/0.2ML PREF SY KT, 40 MG/0.4ML PREF SY KT	TIER 4	PA, SP, QLC (2 syringes [1 kit]/28 days)
HUMIRA (*adalimumab*) 10 MG/0.2ML PREF SY KT, 20 MG/0.4ML PREF SY KT, 40 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (2 syringes/28 days)
HUMIRA (*adalimumab*) 80 MG/0.8ML PEN KIT	TIER 4	PA, SP, QLC (2 pens (1 kit)/ 28 days)
HUMIRA PEDIATRIC CROHNS START (*adalimumab*) 40 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (3 or 6 syringes/year depending upon package size)
HUMIRA PEDIATRIC CROHNS START (*adalimumab*) 80 MG/0.8ML & 40MG/0.4ML PREF SY KT	TIER 4	PA, SP, QLC (2 syr [1 kit]/year)
HUMIRA PEDIATRIC CROHNS START (*adalimumab*) 80 MG/0.8ML PREF SY KT	TIER 4	PA, SP, QLC (3 syr [1 kit]/year)
HUMIRA PEN (*adalimumab*) 40 MG/0.4ML KIT	TIER 4	PA, SP, QLC (2 pens [1 kit]/28 days)
HUMIRA PEN (*adalimumab*) 40 MG/0.8ML KIT	TIER 4	PA, SP, QLC (2 syringes/28 days)
HUMIRA PEN-CD/UC/HS STARTER (*adalimumab*) -40 MG/0.8ML KIT	TIER 4	PA, SP, QLC (6 syringes/year)
HUMIRA PEN-CD/UC/HS STARTER (*adalimumab*) -80 MG/0.8ML KIT	TIER 4	PA, SP, QLC (1 carton/year)
HUMIRA PEN-PEDIATRIC UC START (*adalimumab*) -80 MG/0.8ML KIT	TIER 4	PA, SP, QLC (1 carton/year)
HUMIRA PEN-PS/UV/ADOL HS START (*adalimumab*) -40 MG/0.8ML KIT	TIER 4	PA, SP, QLC (4 syringes/year)
HUMIRA PEN-PSOR/UVEIT STARTER (*adalimumab*) -80 MG/0.8ML & 40MG/0.4ML KIT	TIER 4	PA, SP, QLC (1 carton/year)
IMURAN (*azathioprine*) 50 MG TAB	TIER 3	
leflunomide tab 10 mg	TIER 1	
leflunomide tab 20 mg	TIER 1	
LUPKYNIS (*voclosporin*) 7.9 MG CAP	TIER 4	PA, SP, QLC (6 caps/day)
METHOTREXATE SODIUM 250 MG/10ML SOLUTION	TIER 1	QLC (8 ml/month)
methotrexate sodium inj 50 mg/2ml (25 mg/ml)	TIER 1	QLC (8 ml/month)
methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml) (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
methotrexate sodium inj pf 250 mg/10ml (25 mg/ml) (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)
methotrexate sodium inj pf 50 mg/2ml (25 mg/ml) (METHOTREXATE SODIUM (PF))	TIER 1	QLC (8 ml/month)
methotrexate sodium tab 2.5 mg (base equiv)	TIER 1	OAC
mycophenolate mofetil cap 250 mg	TIER 1	
mycophenolate mofetil for oral susp 200 mg/ml	TIER 1	
mycophenolate mofetil tab 500 mg	TIER 1	
mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)	TIER 1	
mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)	TIER 1	
MYFORTIC (*mycophenolate sodium*) 180 MG TAB DR, 360 MG TAB DR	TIER 3	
NEORAL (*cyclosporine modified (for microemulsion)*) 25 MG CAP, 100 MG CAP, 100 MG/ML SOLUTION	TIER 3	
OTREXUP (*methotrexate (antirheumatic)*) 10 MG/0.4ML SOLN -INJ, 12.5 MG/0.4ML SOLN -INJ, 15 MG/0.4ML SOLN -INJ, 17.5 MG/0.4ML SOLN -INJ, 20 MG/0.4ML SOLN -INJ, 22.5 MG/0.4ML SOLN -INJ, 25 MG/0.4ML SOLN -INJ	TIER 4	PA, SP, QLC (1 syringe/week)
PROGRAF (*tacrolimus*) 0.2 MG PACKET, 1 MG PACKET	TIER 3	PA
PROGRAF (*tacrolimus*) 0.5 MG CAP, 1 MG CAP, 5 MG CAP	TIER 3	
RAPAMUNE (*sirolimus*) 0.5 MG TAB, 1 MG TAB, 1 MG/ML SOLUTION, 2 MG TAB	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RASUVO (*methotrexate (antirheumatic)*) RSUVO 7.5 MG/0.15ML SOLN -INJ, RSUVO 10 MG/0.2ML SOLN -INJ, RSUVO 12.5 MG/0.25ML SOLN -INJ, RSUVO 15 MG/0.3ML SOLN -INJ, RSUVO 17.5 MG/0.35ML SOLN -INJ, RSUVO 20 MG/0.4ML SOLN -INJ, RSUVO 22.5 MG/0.45ML SOLN -INJ, RSUVO 25 MG/0.5ML SOLN -INJ, RSUVO 30 MG/0.6ML SOLN -INJ	TIER 4	PA, SP, QLC (1 syringe/week)
REDITREX (*methotrexate (antirheumatic)*) 7.5 MG/0.3ML SOLN PRSYR, 10 MG/0.4ML SOLN PRSYR, 12.5 MG/0.05ML SOLN PRSYR, 15 MG/0.6ML SOLN PRSYR, 17.5 MG/0.7ML SOLN PRSYR, 20 MG/0.8ML SOLN PRSYR, 22.5 MG/0.9ML SOLN PRSYR, 25 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (4 syringes/28 days)
REZUROCK (*belumosudil mesylate*) 200 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
RINVOQ (*upadacitinib*) 15 MG TAB ER 24H	TIER 4	PA, SP, QLC (1 tab/day)
SANDIMMUNE (*cyclosporine*) 100 MG/ML SOLUTION	TIER 2	
SANDIMMUNE (*cyclosporine*) 25 MG CAP, 100 MG CAP	TIER 3	
SIMPONI (*golimumab*) 50 MG/0.5ML SOLN A-INJ, 50 MG/0.5ML SOLN PRSYR, 100 MG/ML SOLN A-INJ, 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (1 syringe/28 days)
sirolimus oral soln 1 mg/ml	TIER 1	
sirolimus tab 0.5 mg	TIER 1	
sirolimus tab 1 mg	TIER 1	
sirolimus tab 2 mg	TIER 1	
tacrolimus cap 0.5 mg	TIER 1	
tacrolimus cap 1 mg	TIER 1	
tacrolimus cap 5 mg	TIER 1	
TAVNEOS (*avacopan*) 10 MG CAP	TIER 4	PA, SP, QLC (6 caps/day)
TREXALL (*methotrexate sodium*) 5 MG TAB, 7.5 MG TAB, 10 MG TAB, 15 MG TAB	TIER 3	OAC
XATMEP (*methotrexate*) 2.5 MG/ML SOLUTION	TIER 4	AL1 (Up to 8 yrs old), QLC (1 bottle/month), OAC
XELJANZ XR (*tofacitinib citrate*) 11 MG TAB ER 24H, 22 MG TAB ER 24H	TIER 4	PA, SP, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ZORTRESS (*everolimus (immunosuppressant)*) 0.25 MG TAB, 0.75 MG TAB	TIER 3	QLC (2 tabs/day)
ZORTRESS (*everolimus (immunosuppressant)*) 0.5 MG TAB	TIER 3	QLC (4 tabs/day)
ZORTRESS (*everolimus (immunosuppressant)*) 1 MG TAB	TIER 2	QLC (2 tabs/day)

INFLAMMATORY BOWEL DISEASE AGENTS (Drugs for Inflammatory Bowel Disease)

AMINOSALICYLATES

APRISO (*mesalamine*) 0.375 GM CAP ER 24H	TIER 3	QLC (4 caps/day)
ASACOL HD (*mesalamine*) 800 MG TAB DR	TIER 3	ST, QLC (6 tabs/day)
AZULFIDINE (*sulfasalazine*) 500 MG TAB	TIER 3	
AZULFIDINE EN-TABS (*sulfasalazine*) -S 500 MG DR	TIER 3	
balsalazide disodium cap 750 mg	TIER 1	QLC (9 caps/day)
CANASA (*mesalamine*) 1000 MG SUPPOS	TIER 3	QLC (1 suppository/day)
COLAZAL (*balsalazide disodium*) 750 MG CAP	TIER 3	QLC (9 caps/day)
DELZICOL (*mesalamine*) 400 MG CAP DR	TIER 3	ST, QLC (6 caps/day)
DIPENTUM (*olsalazine sodium*) 250 MG CAP	TIER 3	ST, QLC (4 caps/day)
GIAZO (*balsalazide disodium*) 1.1 GM TAB	TIER 3	ST, QLC (6 tabs/day)
LIALDA (*mesalamine*) 1.2 GM TAB DR	TIER 3	QLC (4 tabs/day)
mesalamine cap dr 400 mg	TIER 1	ST, QLC (6 caps/day)
mesalamine cap er 24hr 0.375 gm (MESALAMINE ER)	TIER 1	QLC (4 caps/day)
mesalamine enema 4 gm	TIER 1	
mesalamine suppos 1000 mg	TIER 1	QLC (1 suppository/day)
mesalamine tab delayed release 1.2 gm	TIER 1	QLC (4 tabs/day)
mesalamine tab delayed release 800 mg	TIER 1	ST, QLC (6 tabs/day)
PENTASA (*mesalamine*) 250 MG CAP ER	TIER 3	ST, QLC (4 caps/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PENTASA (*mesalamine*) 500 MG CAP ER	TIER 3	ST, QLC (8 caps/day)
SFROWASA (*mesalamine*) 4 GM/60ML ENEMA	TIER 3	
sulfasalazine tab 500 mg	TIER 1	
sulfasalazine tab delayed release 500 mg	TIER 1	

GLUCOCORTICOIDS

ALKINDI SPRINKLE (*hydrocortisone*) 0.5 MG CAP SPRINK, 1 MG CAP SPRINK	TIER 3	PA, QLC (100 caps/30 days)
ALKINDI SPRINKLE (*hydrocortisone*) 2 MG CAP SPRINK, 5 MG CAP SPRINK	TIER 3	PA, QLC (200 caps/30 days)
budesonide delayed release particles cap 3 mg	TIER 1	PA, QLC (3 caps/day)
budesonide tab er 24hr 9 mg (BUDESONIDE ER)	TIER 1	PA, QLC (1 tab/day; not to exceed 60 days therapy/90 days)
CORTEF (*hydrocortisone*) 5 MG TAB, 10 MG TAB, 20 MG TAB	TIER 3	
CORTENEMA (*hydrocortisone (intrarectal)*) CORT100 MG/60ML	TIER 3	
CORTIFOAM (*hydrocortisone acetate (intrarectal)*) 10 %	TIER 2	
ENTOCORT EC (*budesonide*) 3 MG CP DR PART	TIER 3	PA, QLC (3 caps/day)
hydrocortisone enema 100 mg/60ml	TIER 1	
hydrocortisone enema 100 mg/60ml (COLOCORT)	TIER 1	
hydrocortisone tab 10 mg	TIER 1	
hydrocortisone tab 20 mg	TIER 1	
hydrocortisone tab 5 mg	TIER 1	
ORTIKOS (*budesonide*) 6 MG CAP ER 24H, 9 MG CAP ER 24H	TIER 3	PA, QLC (1 cap/day)
UCERIS (*budesonide (intrarectal)*) 2 MG/ACT FOAM	TIER 3	QLC (4 cans/6 weeks; not to exceed 6 weeks therapy/6 months)
UCERIS (*budesonide*) 9 MG TAB 24H	TIER 3	PA, QLC (1 tab/day; not to exceed 60 days therapy/90 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS

METABOLIC BONE DISEASE AGENTS (Drugs for the Bone)

METABOLIC BONE DISEASE AGENTS

ACTONEL (*risedronate sodium*) 150 MG TAB	TIER 3	QLC (1 tab/month)
ACTONEL (*risedronate sodium*) 30 MG TAB	TIER 3	PA
ACTONEL (*risedronate sodium*) 35 MG TAB	TIER 3	QLC (4 tabs/month)
ACTONEL (*risedronate sodium*) 5 MG TAB	TIER 3	QLC (1 tab/day)
ALENDRONATE SODIUM 40 MG TAB	TIER 1	QLC (1 tab/day)
ALENDRONATE SODIUM 5 MG TAB	TIER 1	
alendronate sodium oral soln 70 mg/75ml	TIER 1	QLC (4 bottles/month)
alendronate sodium tab 10 mg	TIER 1	
alendronate sodium tab 35 mg	TIER 1	QLC (4 tabs/month)
alendronate sodium tab 5 mg	TIER 1	
alendronate sodium tab 70 mg	TIER 1	QLC (4 tabs/month)
ATELVIA (*risedronate sodium*) 35 MG TAB	TIER 3	QLC (4 tabs/month)
BINOSTO (*alendronate sodium*) 70 MG EFFER TAB	TIER 3	ST, QLC (4 tabs/month)
BONIVA (*ibandronate sodium*) 150 MG TAB	TIER 3	QLC (1 tab/month)
calcitonin (salmon) inj 200 unit/ml	TIER 1	
calcitonin (salmon) nasal soln 200 unit/act	TIER 1	QLC (1 bottle/month)
calcitriol cap 0.25 mcg	TIER 1	
calcitriol cap 0.5 mcg	TIER 1	
calcitriol oral soln 1 mcg/ml	TIER 1	
cinacalcet hcl tab 30 mg (base equiv)	TIER 1	PA
cinacalcet hcl tab 60 mg (base equiv)	TIER 1	PA
cinacalcet hcl tab 90 mg (base equiv)	TIER 1	PA
doxercalciferol cap 0.5 mcg	TIER 1	
doxercalciferol cap 1 mcg	TIER 1	
doxercalciferol cap 2.5 mcg	TIER 1	
DRISDOL (*ergocalciferol*) 1.25 MG (50000 UT) CAP	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ergocalciferol cap 1.25 mg (50000 unit)	TIER 1	
ergocalciferol cap 1.25 mg (50000 unit) (VITAMIN D (ERGOCALCIFEROL))	TIER 1	
ETIDRONATE DISODIUM 200 MG TAB, 400 MG TAB	TIER 1	
FORTEO (*teriparatide (recombinant)*) 620 MCG/2.48ML SOLN PEN	TIER 4	PA, SP, QLC (1 pen/month)
FOSAMAX (*alendronate sodium*) 70 MG TAB	TIER 3	QLC (4 tabs/month)
FOSAMAX PLUS D (*alendronate sodium-cholecalciferol*) 70-2800 MG-TAB, 70-5600 MG-TAB	TIER 3	QLC (4 tabs/month)
HECTOROL (*doxercalciferol*) 0.5 MCG CAP, 1 MCG CAP, 2.5 MCG CAP	TIER 3	
ibandronate sodium tab 150 mg (base equivalent)	TIER 1	QLC (1 tab/month)
MIACALCIN (*calcitonin (salmon)*) 200 UNIT/ML SOLUTION	TIER 4	
NATPARA (*parathyroid hormone (recombinant)*) 25 MCG CARTRIDGE, 50 MCG CARTRIDGE, 75 MCG CARTRIDGE, 100 MCG CARTRIDGE	TIER 4	PA, SP, QLC (2 cartridges/month)
paricalcitol cap 1 mcg	TIER 1	
paricalcitol cap 2 mcg	TIER 1	
paricalcitol cap 4 mcg	TIER 1	
RAYALDEE (*calcifediol*) 30 MCG CAP ER	TIER 3	PA
risedronate sodium tab 150 mg	TIER 1	QLC (1 tab/month)
risedronate sodium tab 30 mg	TIER 1	PA
risedronate sodium tab 35 mg	TIER 1	QLC (4 tabs/month)
risedronate sodium tab 5 mg	TIER 1	QLC (1 tab/day)
risedronate sodium tab delayed release 35 mg	TIER 1	QLC (4 tabs/month)
ROCALTROL (*calcitriol*) 0.25 MCG CAP, 0.5 MCG CAP, 1 MCG/ML SOLUTION	TIER 3	
SENSIPAR (*cinacalcet hcl*) 30 MG TAB, 60 MG TAB, 90 MG TAB	TIER 3	PA
TERIPARATIDE (RECOMBINANT) 620 MCG/2.48ML SOLN PEN	TIER 4	PA, SP, QLC (1 pen/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TYMLOS (*abaloparatide*) 3120 MCG/1.56ML SOLN PEN	TIER 4	PA, SP, QLC (1 pen/month)
XGEVA (*denosumab*) 120 MG/1.7ML SOLUTION	TIER 4	PA, SP, QLC (1 vial/month)
ZEMPLAR (*paricalcitol*) 1 MCG CAP, 2 MCG CAP	TIER 3	

MISCELLANEOUS THERAPEUTIC AGENTS

1ST TIER UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC	TIER 2	
1ST TIER UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2	
1ST TIER UNILET COMFORTOUCH MISC	TIER 2	QLC (200 lancets/month)
ABOUTTIME PEN NEEDLE PEN 30G 8 MISC, PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
ACCU-CHEK AVIVA PLUS (*glucose blood*) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK COMPACT PLUS (*glucose blood*) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK FASTCLIX LANCETS - MISC	TIER 2	QLC (204 lancets/month)
ACCU-CHEK GUIDE (*glucose blood*) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK MULTICLIX LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ACCU-CHEK SAFE-T PRO LANCETS -- LANCES MISC	TIER 2	QLC (200 lancets/month)
ACCU-CHEK SMARTVIEW (*glucose blood*) - STRIP	TIER 2	QLC (200 strips/month)
ACCU-CHEK SOFT TOUCH LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ACCU-CHEK SOFTCLIX LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ACCUTREND GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ACTI-LANCE 28G - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE LITE LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ACTI-LANCE SPECIAL LANCETS 17G - MISC	TIER 2	QLC (200 lancets/month)
ACTI-LANCE UNIVERSAL 23G - MISC	TIER 2	QLC (200 lancets/month)
ACTIVE 1ST BLOOD LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ADVANCE INTUITION TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ADVANCE MICRO-DRAW TEST (*glucose blood*) - STRIP	TIER 3	PA, QLC (200 strips/month)
ADVANCED MOBILE LANCET MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE INSULIN PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 33G 4 MM MISC	TIER 2	
ADVOCATE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ADVOCATE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE LANCETS MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE REDI-CODE (*glucose blood*) - STRIP	TIER 3	PA, QLC (200 strips/month)
ADVOCATE REDI-CODE+ TEST (*glucose blood*) - STRIP	TIER 3	PA, QLC (200 strips/month)
ADVOCATE SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
ADVOCATE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
AEROCHAMBER MINI CHAMBER DEVICE	TIER 2	
AEROCHAMBER MV MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU LARGE - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU MEDIUM - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU SMALL - MISC	TIER 2	
AEROCHAMBER PLUS FLO-VU W/MASK - MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AEROCHAMBER PLUS FLOW VU MISC	TIER 2	
AEROCHAMBER W/FLOWSIGNAL MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS CHAMBR - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS/LARGE - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS/MEDIUM - MISC	TIER 2	
AEROCHAMBER Z-STAT PLUS/SMALL - MISC	TIER 2	
AEROVENT PLUS DEVICE	TIER 2	
AGAMATRIX AMP TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
AGAMATRIX JAZZ TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
AGAMATRIX KEYNOTE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
AGAMATRIX PRESTO TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
AGAMATRIX ULTRA-THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)
AIMSCO TWIST LANCETS 32G MISC	TIER 2	QLC (200 lancets/month)
AIMSCO TWIST LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
ANTI-STICK INSULIN SYRINGE -STICK 28G 1/2" 0.5 ML MISC, -STICK 29G 1/2" 0.5 ML MISC, -STICK 29G 1/2" 1 ML MISC	TIER 2	
AQUALANCE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ARIAL CHAMBER DEVICE	TIER 2	
ASSURE 3 TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE 4 TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE COMFORT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS HIGH MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS LOW MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS MICRO MISC	TIER 2	QLC (200 lancets/month)
ASSURE HAEMOLANCE PLUS NORMAL MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ASSURE HAEMOLANCE PLUS PED MISC	TIER 2	QLC (200 lancets/month)
ASSURE ID INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
ASSURE ID SAFETY PEN NEEDLES PEN 30G 5 MISC, PEN 30G 8 MISC, PEN 31G 5 MISC	TIER 2	
ASSURE II (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE II CHECK (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE LANCE LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE LANCETS MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE PLUS SAFETY 25G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE PLUS SAFETY 30G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCE SAFETY LANCET 28G MISC	TIER 2	QLC (200 lancets/month)
ASSURE LANCETS MISC	TIER 2	QLC (200 lancets/month)
ASSURE PLATINUM (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE PRISM MULTI TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ASSURE PRO TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
AT LAST LANCETS MISC	TIER 2	QLC (200 lancets/month)
AT LAST TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
AURORA LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
AURORA LANCET THIN 23G MISC	TIER 2	QLC (200 lancets/month)
AURORA PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
AURORA UNIFINE PENTIPS 31G 5 MISC, 32G 4 MISC	TIER 2	
BD AUTOSHIELD 5MM MISC, 8MM MISC	TIER 2	
BD AUTOSHIELD DUO 30G X 5 MM MISC	TIER 2	
BD INSULIN SYR ULTRAFINE II 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BD INSULIN SYRINGE 25G X 1" 1 ML MISC, 25G X 5/8" 1 ML MISC, 26G X 1/2" 1 ML MISC, 27G X 1/2" 1 ML MISC, 27.5G X 5/8" 2 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, U-100 1 ML MISC	TIER 2	
BD INSULIN SYRINGE HALF-UNIT -31G X 5/16" 0.3 ML MISC	TIER 2	
BD INSULIN SYRINGE MICROFINE 27G 5/8" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC	TIER 2	
BD INSULIN SYRINGE U-500 -31G X 6MM 0.5 ML MISC	TIER 2	
BD INSULIN SYRINGE U/F 1/2UNIT 31G X 5/16" 0.3 ML MISC	TIER 2	
BD INSULIN SYRINGE U/F 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
BD INSULIN SYRINGE ULTRAFINE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	
BD LANCET ULTRAFINE 30G MISC	TIER 2	QLC (200 lancets/month)
BD LANCET ULTRAFINE 33G MISC	TIER 2	QLC (200 lancets/month)
BD MICROTAINER LANCETS MISC	TIER 2	QLC (200 lancets/month)
BD PEN NEEDLE MICRO U/F 32G X 6 MM MISC	TIER 2	
BD PEN NEEDLE MINI U/F 31G X 5 MM MISC	TIER 2	
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM MISC	TIER 2	
BD PEN NEEDLE NANO U/F 32G X 4 MM MISC	TIER 2	
BD PEN NEEDLE ORIGINAL U/F 29G X 12.7MM MISC	TIER 2	
BD PEN NEEDLE SHORT U/F 31G X 8 MM MISC	TIER 2	
BD SAFETY-LOK INSULIN SYRINGE -29G X 1/2" 1 ML MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BD SAFETYGLIDE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC	TIER 2	
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML MISC	TIER 2	
BD VEO INSULIN SYRINGE U/F 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC	TIER 2	
BIOSCANNER GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
BLULINK GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
BREATHE EASE LARGE DEVICE	TIER 2	
BREATHE EASE MEDIUM DEVICE	TIER 2	
BREATHE EASE SMALL DEVICE	TIER 2	
BREATHERITE COLL SPACER ADULT MISC	TIER 2	
BREATHERITE COLL SPACER CHILD MISC	TIER 2	
BREATHERITE COLL SPACER INFANT MISC	TIER 2	
BREATHERITE MISC	TIER 2	
BREATHERITE RIGID SPACER/MASK MISC	TIER 2	
BREATHERITE SPACER NEONATE MISC	TIER 2	
BREATHERITE SPACER SMALL CHILD MISC	TIER 2	
BREATHERITE VALVED MDI CHAMBER DEVICE	TIER 2	
BREATHERITE/LARGE MASK MISC	TIER 2	
BREATHERITE/MEDIUM MASK MISC	TIER 2	
BREATHERITE/SMALL MASK MISC	TIER 2	
BREEZE 2 TEST (*glucose blood*) DISK	TIER 3	PA, QLC (200 strips/month)
BULLSEYE MINI SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
BULLSEYE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CAREFINE PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC	TIER 2	
CAREONE BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
CAREONE INSULIN SYRINGE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
CAREONE LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
CAREONE LANCET THIN 23G MISC	TIER 2	QLC (200 lancets/month)
CAREONE UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
CAREONE UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2	
CARESENS LANCETS MISC	TIER 2	QLC (200 lancets/month)
CARESENS N GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
CARETOUCH INSULIN SYRINGE 28G 5/16" 1 ML MISC, 29G 5/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
CARETOUCH PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC	TIER 2	
CARETOUCH SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
CARETOUCH TWIST LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TWIST LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
CARETOUCH TWIST LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
CAYA (*diaphragm arc-spring*)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CEQUR SIMPLICITY 2U DEVICE	TIER 3	PA, QLC (10 patches/30 days)
CHEK-STIX CONTROL (*acetone (urine) test*) - STRIP	TIER 2	
CHEMSTRIP K (*acetone (urine) test*) CHEM	TIER 2	
CHEMSTRIP UGK (*urine glucose-ketones test*) CHEM	TIER 2	
CLEANLET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHEK AUTO-CODE TEST (*glucose blood*) - STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHEK AUTO-CODE VOICE (*glucose blood*) - STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHEK LANCETS MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHEK TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHOICE AUTO-CODE TEST (*glucose blood*) - STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHOICE COMFORT EZ 29G 12MM MISC, 33G 4 MM MISC	TIER 2	
CLEVER CHOICE HOLDING CHAMBER DEVICE	TIER 2	
CLEVER CHOICE LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
CLEVER CHOICE MICRO TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHOICE NO CODING (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
CLEVER CHOICE TALK SYSTEM (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
CLICKFINE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
COAGUCHEK LANCETS MISC	TIER 2	QLC (200 lancets/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMFORT ASSIST INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
COMFORT ASSURED LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
COMFORT ASSURED LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
COMFORT EZ INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
COMFORT EZ MICRO PEN NEEDLES 32G X 4 MM MISC	TIER 2	
COMFORT EZ PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC, PEN 33G 8 MISC	TIER 2	
COMFORT EZ SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
COMFORT LANCETS MISC	TIER 2	QLC (200 lancets/month)
COMFORT TOUCH INSULIN PEN NEED PEN 31G 4 MISC, PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 32G 8 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
COMFORT TOUCH LANCETS 31G MISC	TIER 2	QLC (200 lancets/month)
COMFORT TOUCH PLUS LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
COMPACT SPACE CHAMBER DEVICE	TIER 2	
COMPACT SPACE CHAMBER/LG MASK DEVICE	TIER 2	
COMPACT SPACE CHAMBER/MED MASK DEVICE	TIER 2	
COMPACT SPACE CHAMBER/SM MASK DEVICE	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CONTOUR NEXT TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
CONTOUR TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
COOL BLOOD GLUCOSE TEST STRIPS (*glucose blood*) S	TIER 3	PA, QLC (200 strips/month)
CVS ADVANCED GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
CVS GLUCOSE METER TEST STRIPS (*glucose blood*) S	TIER 3	PA, QLC (200 strips/month)
CVS KETONE CARE (*urine glucose-ketones test*) STRIP	TIER 2	
CVS LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ORIGINAL MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
CVS LANCETS ULTRA-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)
CVS ULTRA THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
D-CARE BLOOD GLUCOSE (*glucose blood*) -BLOO STRIP	TIER 3	PA, QLC (200 strips/month)
DIATHRIVE BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
DIATHRIVE GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
DIATHRIVE LANCET ULTRA THIN 30 MISC	TIER 2	QLC (200 lancets/month)
DIATHRIVE LANCETS MISC	TIER 2	QLC (200 lancets/month)
DIATHRIVE PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
DIATHRIVE+ GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
DIATRUE PLUS TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DROPLET INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 15/64" 0.3 ML MISC, 30G 15/64" 0.5 ML MISC, 30G 15/64" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
DROPLET LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
DROPLET MICRON 34G X 3.5 MM MISC	TIER 2	
DROPLET PEN NEEDLES PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC	TIER 2	
DROPLET PERSONAL LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
DROPSAFE SAFETY PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
DRUG MART LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
DRUG MART ON-THE-GO LANCET 30G -- MISC	TIER 2	QLC (200 lancets/month)
DRUG MART UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
DRUG MART UNIFINE PENTIPS PLUS 32G X 4 MM MISC	TIER 2	
DRUG MART UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
DRUG MART UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
DRUG MART UNILET LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
DUO-CARE TEST (*glucose blood*) - STRIP	TIER 3	PA, QLC (200 strips/month)
E-Z JECT LANCET MICRO-THIN 33G -JCT - MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCET SUPER THIN 30G -JCT MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCETS -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)
E-Z JECT LANCETS 21G -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
E-Z JECT LANCETS THIN 26G -JCT LANCTS MISC	TIER 2	QLC (200 lancets/month)
EASIVENT MASK LARGE MISC	TIER 2	
EASIVENT MASK MEDIUM MISC	TIER 2	
EASIVENT MASK SMALL MISC	TIER 2	
EASIVENT MISC	TIER 2	
EASY COMFORT INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 0.5 ML MISC, 32G 5/16" 1 ML MISC	TIER 2	
EASY COMFORT LANCETS MISC	TIER 2	QLC (200 lancets/month)
EASY COMFORT LANCETS TWIST TOP MISC	TIER 2	QLC (200 lancets/month)
EASY COMFORT PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
EASY GLIDE PEN NEEDLES 33G X 4 MM MISC	TIER 2	
EASY PLUS BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY PLUS II GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY STEP TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TALK BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TALK PLUS II TEST STRIPS (*glucose blood*) S	TIER 3	PA, QLC (200 strips/month)
EASY TOUCH FLIPLOCK INSULIN SY SY 29G 1/2" 1 ML MISC, SY 30G 1/2" 1 ML MISC, SY 30G 5/16" 1 ML MISC, SY 31G 5/16" 1 ML MISC	TIER 2	
EASY TOUCH HEALTHPRO GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TOUCH INSULIN SAFETY SYR 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASY TOUCH INSULIN SYRINGE 27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
EASY TOUCH LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 28G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 30G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 32G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 32G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH LANCETS 33G/TWIST MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 6 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC	TIER 2	
EASY TOUCH SAFETY LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
EASY TOUCH SAFETY PEN NEEDLES PEN 29G 5MM MISC, PEN 29G 8MM MISC, PEN 30G 8 MM MISC	TIER 2	
EASY TOUCH SHEATHLOCK SYRINGE 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
EASY TOUCH TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TRAK BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EASY TRAK II GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EASY TWIST & CAP LANCETS MISC	TIER 2	QLC (200 lancets/month)
EASYGLUCO (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYGLUCO PLUS (*glucose blood*) STRIP	TIER 3	PA, QLC (200 test strips/month)
EASYMAX 15 TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYMAX TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYPLUS BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYPRO BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYPRO PLUS (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EASYTEST II LANCETS MISC	TIER 2	QLC (200 lancets/month)
EASYTEST LANCETS MISC	TIER 2	QLC (200 lancets/month)
ELEMENT COMPACT TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ELEMENT TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ELITE-THIN INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -28G 5/16" 0.5 ML MISC, -28G 5/16" 1 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 1/2" 1 ML MISC, -29G 5/16" 0.5 ML MISC, -29G 5/16" 1 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
EMBRACE BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EMBRACE EVO BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EMBRACE LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
EMBRACE PRESSURE ACTIVATED 21G MISC	TIER 2	QLC (200 lancets/month)
EMBRACE PRESSURE ACTIVATED 28G MISC	TIER 2	QLC (200 lancets/month)
EMBRACE PRO GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EMBRACE TALK GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EQ BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EQ SPACE CHAMBER ANTI-STATIC - DEVICE	TIER 2	
EQ SPACE CHAMBER ANTI-STATIC L - DEVICE	TIER 2	
EQ SPACE CHAMBER ANTI-STATIC M - DEVICE	TIER 2	
EQ SPACE CHAMBER ANTI-STATIC S -TATIC DEVICE	TIER 2	
EQL COLOR LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
EQL COLOR LANCETS MICRO 33G MISC	TIER 2	QLC (200 lancets/month)
EQL INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
EQL SUPER THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
EQL THIN LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
EVENCARE + BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE G2 TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE G3 TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE MINI GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EVENCARE PROVIEW GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EVOLUTION AUTOCODE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EVRYSDI (*risdiplam*) 0.75 MG/ML RECON SOLN	TIER 4	PA, SP, QLC (6.67 ml/day)
EXACTECH R-S-G TEST (*glucose blood*) -- TET TIP	TIER 3	PA, QLC (200 strips/month)
EXACTECH TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
EXEL COMFORT POINT INSULIN SYR EEL 28G 1/2" 0.5 ML MISC, EEL 28G 1/2" 1 ML MISC, EEL 29G 1/2" 0.3 ML MISC, EEL 29G 1/2" 0.5 ML MISC, EEL 29G 1/2" 1 ML MISC, EEL 30G 5/16" 0.3 ML MISC, EEL 30G 5/16" 0.5 ML MISC, EEL 30G 5/16" 1 ML MISC	TIER 2	
EXEL COMFORT POINT PEN NEEDLE EEL PEN 29G 12MM MISC, EEL PEN 31G 4 MM MISC, EEL PEN 31G 6 MM MISC, EEL PEN 31G 8 MM MISC	TIER 2	
EZ SMART BLOOD GLUCOSE LANCETS MISC	TIER 2	QLC (200 lancets/month)
EZ SMART BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EZ SMART PLUS GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
EZ-LETS LANCETS 21G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 23G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 26G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)
EZ-LETS LANCETS 30G - MISC	TIER 2	QLC (200 lancets/month)
FEMCAP (*cervical caps*) 22 DEVICE, 26 DEVICE, 30 DEVICE	TIER 2	PH (Preventive Health), QLC (one cervical cap/300 days)
FIFTY50 GLUCOSE TEST 2.0 (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FIFTY50 PEN NEEDLES PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
FIFTY50 SAFETY SEAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
FIFTY50 SUPERIOR COMFORT SYR 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
FIFTY50 UNILET LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
FINE 30 MISC	TIER 2	QLC (200 lancets/month)
FINGERSTIX LANCETS MISC	TIER 2	QLC (200 lancets/month)
FLEXICHAMBER ADULT MASK/SMALL MISC	TIER 2	
FLEXICHAMBER CHILD MASK/LARGE MISC	TIER 2	
FLEXICHAMBER CHILD MASK/SMALL MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLEXICHAMBER DEVICE	TIER 2	
FORA 6 CONNECT (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA D15G BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA D20 BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA D40/G31 BLOOD GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA G20 BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA G30/PREM V10 GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA GD20 TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA GD50 BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA GTEL BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA GTEL BLOOD KETONE TEST (*ketone blood test*) STRIP	TIER 2	
FORA LANCETS MISC	TIER 2	QLC (200 lancets/month)
FORA TN'G ADVANCE PRO (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA TN'G/TN'G VOICE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA V10 BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA V12 BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA V20 BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORA V30A BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORACARE GD40 TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORACARE PREMIUM V10 TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FORACARE TEST N GO TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FORTISCARE G1 TEST STRIP (*glucose blood*)	TIER 3	PA, QLC (200 strips/month)
FORTISCARE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FREDS PHARMACY UNIFINE PENTIP+ 5 MISC, 8 MISC	TIER 2	
FREDS PHARMACY UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
FREDS PHARMACY UNILET LANC 28G MISC	TIER 2	QLC (200 lancets/month)
FREDS PHARMACY UNILET LANC 30G MISC	TIER 2	QLC (200 lancets/month)
FREESTYLE INSULINX TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FREESTYLE LANCETS MISC	TIER 2	QLC (200 lancets/month)
FREESTYLE LITE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FREESTYLE PRECISION INS SYR 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
FREESTYLE PRECISION NEO TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FREESTYLE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
FREESTYLE UNISTICK II LANCETS MISC	TIER 2	QLC (200 lancets/month)
GE100 BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
GENSTRIP 50 (*glucose blood*) GEN	TIER 3	PA, QLC (200 test strips/month)
GENTEEL BUTTERFLY TOUCH LANCET MISC	TIER 2	QLC (200 lancets/month)
GENTLE-LET GP LANCETS - MISC	TIER 2	QLC (200 lancets/month)
GENTLE-LET LANCETS - MISC	TIER 2	QLC (200 lancets/month)
GENULTIMATE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
GHT TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
GLOBAL EASE INJECT PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
GLOBAL EASY GLIDE INSULIN SYR 5/16" 0.3 ML MISC, 15/64" 0.3 ML MISC, 15/64" 0.5 ML MISC, 15/64" 1 ML MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GLOBAL EASY GLIDE PEN NEEDLES 32G X 4 MM MISC	TIER 2	
GLOBAL INJECT EASE INSULIN SYR 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GLOBAL INJECT EASE LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
GLOBAL INJECT EASE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GLOBAL INSULIN SYRINGES 1/2" 0.3 ML MISC, 5/16" 0.3 ML MISC	TIER 2	
GLUCO PERFECT 3 TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCARD 01 SENSOR PLUS (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCARD EXPRESSION TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCARD SHINE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCARD VITAL TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCARD X-SENSOR (*glucose blood*) - STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOCOM LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
GLUCOCOM LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GLUCOCOM LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GLUCOCOM TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCONAVII BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
GLUCOPRO INSULIN SYRINGE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GLUCOSE METER TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GNP CLICKFINE PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
GNP EASY TOUCH GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
GNP INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GNP INSULIN SYRINGES 28GX1/2" /2" /2" ML MISC	TIER 2	
GNP INSULIN SYRINGES 29GX1/2" 0.5 ML MISC, 1 ML MISC	TIER 2	
GNP INSULIN SYRINGES 30G X 5/16" 1 ML MISC	TIER 2	
GNP INSULIN SYRINGES 30GX5/16" 0.3 ML MISC	TIER 2	
GNP INSULIN SYRINGES 31GX5/16" 0.3 ML MISC	TIER 2	
GNP LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
GNP LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
GNP MICRO THIN LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GNP STERILE LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
GNP STERILE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GNP STERILE LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GNP SUPER THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GNP TRUE METRIX GLUCOSE STRIPS (*glucose blood*) S	TIER 3	PA, QLC (200 strips/month)
GNP TRUETRACK SMART SYSTEM (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
GNP TRUETRACK TEST STRIPS (*glucose blood*) S	TIER 3	PA, QLC (200 strips/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GNP ULTICARE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
GNP ULTRA COM INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
GOJJI BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
GOJJI BLOOD KETONE TEST (*ketone blood test*) STRIP	TIER 2	
GOJJI BLOOD TEST STRIP/LANCETS (*glucose blood*) /LANCETS	TIER 3	PA, QLC (200 units/month)
GOJJI STERILE LANCETS MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE BLOOD GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
GOODSENSE CLICKFINE PEN NEEDLE 31G X 5 MM MISC	TIER 2	
GOODSENSE COLOR LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 26G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 30G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE LANCETS 33G UNIV MISC	TIER 2	QLC (200 lancets/month)
GOODSENSE PEN NEEDLE PENFINE PEN 31G 5 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 6 MISC	TIER 2	
H-E-B INCONTROL LANCETS 28G --LANCTS MISC	TIER 2	QLC (200 lancets/month)
H-E-B INCONTROL LANCETS 30G --LANCTS MISC	TIER 2	QLC (200 lancets/month)
H-E-B INCONTROL LANCETS 33G --LANCTS MISC	TIER 2	QLC (200 lancets/month)
H-E-B INCONTROL PEN NEEDLES --PN 29G 12MM MISC, --PN 31G 5 MM MISC, --PN 31G 6 MM MISC, --PN 31G 8 MM MISC, --PN 32G 4 MM MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
H-E-B INCONTROL UNIFINE PENTIP --UNIFINPNTIP 31G 5 MISC, --UNIFINPNTIP 31G 6 MISC, --UNIFINPNTIP 31G 8 MISC, --UNIFINPNTIP 32G 4 MISC, --UNIFINPNTIP 33G 4 MISC	TIER 2	
HAEMOLANCE LOW FLOW LANCETS F MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS HIGH FLOW MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS LOW FLOW F MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS MAX FLOW MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS MISC	TIER 2	QLC (200 lancets/month)
HAEMOLANCE PLUS PEDIATRIC FLOW MISC	TIER 2	QLC (200 lancets/month)
HARMONY BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
HEALTHWISE INSULIN SYR/NEEDLE 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
HEALTHWISE MICRON PEN NEEDLES 32G X 4 MM MISC	TIER 2	
HEALTHWISE MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
HEALTHWISE PEN NEEDLES 29G X 12MM MISC	TIER 2	
HEALTHWISE SHORT PEN NEEDLES PEN 5 MISC, PEN 8 MISC	TIER 2	
HEALTHWISE UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
HEALTHY ACCENTS UNIFINE PENTIP 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
HEALTHY ACCENTS UNILET LANCETS MISC	TIER 2	QLC (200 lancets/month)
HM ULTICARE INSULIN SYRINGE 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC	TIER 2	
HM ULTICARE MINI PEN NEEDLES 31G X 5 MM MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HM ULTICARE SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
HUMAPEN LUXURA HD DEVICE	TIER 2	PA, QLC (1 pen/year)
HW EMBRACE PRO GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
HW EMBRACE TALK GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
HY-VEE LANCETS - MISC	TIER 2	QLC (200 lancets/month)
HY-VEE THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)
IGLUCOSE TEST STRIPS (*glucose blood*) S	TIER 3	PA, QLC (200 strips/month)
IN TOUCH BLOOD GLUCOSE TEST (*glucose blood*) IN STRIP	TIER 3	PA, QLC (200 strips/month)
IN TOUCH STERILE LANCETS 30G IN MISC	TIER 2	QLC (200 lancets/month)
INFINITY BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
INFINITY VOICE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
INPEN 100-BLUE-LILLY -- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-BLUE-NOVO -- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-GRAY-LILLY -- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-GREY-NOVO -- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-PINK-LILLY -- DEVICE	TIER 3	PA, QLC (1 pen/year)
INPEN 100-PINK-NOVO -- DEVICE	TIER 3	PA, QLC (1 pen/year)
INSPIRACHAMBER/LARGE DEVICE	TIER 2	
INSPIRACHAMBER/MEDIUM DEVICE	TIER 2	
INSPIRACHAMBER/MOUTHPIECE DEVICE	TIER 2	
INSPIRACHAMBER/SMALL DEVICE	TIER 2	
INSPIREASE MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
INSULIN SYRINGE 27G 1/2" 0.5 ML MISC, 27G 1/2" 1 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1" 0.3 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
INSULIN SYRINGE-NEEDLE U-100 --100 29G 1/2" 0.5 ML MISC, --100 29G 1/2" 1 ML MISC, --100 30G 5/16" 0.3 ML MISC, --100 30G 5/16" 0.5 ML MISC, --100 30G 5/16" 1 ML MISC, --100 31G 1/4" 0.3 ML MISC, --100 31G 1/4" 0.5 ML MISC, --100 31G 1/4" 1 ML MISC, --100 31G 5/16" 0.3 ML MISC, --100 31G 5/16" 0.5 ML MISC, --100 31G 5/16" 1 ML MISC	TIER 2	
INSULIN SYRINGE/NEEDLE 27G 1/2" 0.5 ML MISC, 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC	TIER 2	
INSUPEN PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC	TIER 2	
INSUPEN SENSITIVE 6 MISC, 8 MISC	TIER 2	
INSUPEN ULTRAFIN 29G 12MM MISC, 30G 8 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC	TIER 2	
INTRAROSA (*prasterone vaginal*) 6.5 MG INSERT	TIER 3	PA, QLC (1 insert/day)
KETO-DIASTIX (*urine glucose-ketones test*) - STRIP	TIER 2	
KETONE TEST (*acetone (urine) test*) STRIP	TIER 2	
KETOSTIX (*acetone (urine) test*) STRIP	TIER 2	
KINNEY LANCETS MISC	TIER 2	QLC (200 lancets/month)
KINNEY THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
KINRAY INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
KMART VALU INSULIN SYRINGE 29G VAL-100 0.5 ML MISC, VAL-100 1 ML MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
KMART VALU INSULIN SYRINGE 30G VAL-100 0.3 ML MISC, VAL-100 0.5 ML MISC, VAL-100 1 ML MISC	TIER 2	
KROGER BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
KROGER HEALTHPRO GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
KROGER HEALTHPRO LANCET 26G MISC	TIER 2	QLC (200 lancets/month)
KROGER INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
KROGER LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
KROGER LANCETS ULTRATHIN 30G MISC	TIER 2	QLC (200 lancets/month)
KROGER PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC	TIER 2	
KROGER PREMIUM GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
KROGER TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
LANCETS MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
LANCETS MISC	TIER 2	QLC (200 lancets/month)
LANCETS SUPER THIN 28G MISC	TIER 2	QLC (200 lancets/month)
LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
LANCETS ULTRA FINE MISC	TIER 2	QLC (200 lancets/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
LEADER INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
LEADER UNIFINE PENTIPS 31G 5 MISC, 32G 4 MISC	TIER 2	
LEADER UNIFINE PENTIPS PLUS 31G 5 MISC, 31G 8 MISC, 32G 4 MISC	TIER 2	
LIBERTY MEDICAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
LIBERTY NEXT GENERATION TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
LIBERTY TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
LIFESCAN UNISTIK 2 MISC	TIER 2	QLC (200 lancets/month)
LIFESCAN UNISTIK II LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITE TOUCH LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITEAIRE DEVICE	TIER 2	
LITETOUCH INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
LITETOUCH LANCETS MISC	TIER 2	QLC (200 lancets/month)
LITETOUCH PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
LIVE BETTER LANCET SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
LIVE BETTER LANCET ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
LONGS INSULIN SYRINGE 31G X 5/16" 0.5 ML MISC	TIER 2	
LONGS LANCETS STANDARD MISC	TIER 2	QLC (200 lancets/month)
LONGS LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LONGS LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
MAGELLAN INSULIN SAFETY SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
MARATHON MEDICAL PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
MAXI-COMFORT INSULIN SYRINGE -1/2" 0.5 ML MISC, -1/2" 1 ML MISC	TIER 2	
MAXI-COMFORT SAFETY PEN NEEDLE -PEN 5MM MISC, -PEN 8MM MISC	TIER 2	
MAXICOMFORT II PEN NEEDLE MAICOMFORT 31G 6 MM MISC	TIER 2	
MAXICOMFORT SYR 27G X 1/2" MAICOMFORT 0.5 ML MISC, MAICOMFORT 1 ML MISC	TIER 2	
MEDIC INSULIN SYRINGE 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC	TIER 2	
MEDICHOICE SAFETY LANCET EXTRA MISC	TIER 2	QLC (200 lancets/month)
MEDICHOICE SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
MEDICHOICE SAFETY LANCET NORM MISC	TIER 2	QLC (200 lancets/month)
MEDICINE SHOPPE PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
MEDISENSE THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE EXTRA 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE LITE 25G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS EXTRA 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS LITE 25G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS SPECIAL 0.8MM MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS SUPERLITE 30G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE PLUS UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEDLANCE UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEIJER BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MEIJER ESSENTIAL GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
MEIJER LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 21G MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 30G MISC	TIER 2	QLC (200 lancets/month)
MEIJER LANCETS UNIVERSAL 33G MISC	TIER 2	QLC (200 lancets/month)
MEIJER PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
MEIJER PREMIUM GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
MEIJER SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
MEIJER TRUETEST TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
MEIJER TRUETRACK TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
methylergonovine maleate tab 0.2 mg	TIER 1	
methylergonovine maleate tab 0.2 mg (METHERGINE)	TIER 1	
MICROCHAMBER DEVICE, MISC	TIER 2	
MICRODOT PEN NEEDLE PEN 31G 6 MISC, PEN 32G 4 MISC, PEN 33G 4 MISC	TIER 2	
MICRODOT TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 test strips/month)
MICROLET LANCETS MISC	TIER 2	QLC (200 lancets/month)
MICROSPACER MISC	TIER 2	
MICROTAINER SAFETY FLOW LANCET MISC	TIER 2	QLC (200 lancets/month)
MM EASY TOUCH GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
MM INSULIN SYRINGE/NEEDLE 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
MM PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MM TWIST LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOJECT INSULIN SYRINGE 25G X 5/8" 1 ML MISC, 27G X 1/2" 1 ML MISC, 28G X 1/2" 0.5 ML MISC, 28G X 1/2" 1 ML MISC, 29G X 1/2" 0.3 ML MISC, 29G X 1/2" 0.5 ML MISC, 29G X 1/2" 1 ML MISC, 30G X 5/16" 0.3 ML MISC, 30G X 5/16" 0.5 ML MISC, 30G X 5/16" 1 ML MISC, 31G X 5/16" 1 ML MISC, U-100 1 ML MISC	TIER 2	
MONOJECT ULTRA COMFORT SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	
MONOLET LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOLET OPD LANCETS MISC	TIER 2	QLC (200 lancets/month)
MONOLETTOR SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 21G MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 23G MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 28G MISC	TIER 2	QLC (200 lancets/month)
MPD SAFETY LANCET 30G MISC	TIER 2	QLC (200 lancets/month)
MS INSULIN SYRINGE 5/16" 0.3 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
MYGLUCOHEALTH LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
MYGLUCOHEALTH TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
NETGROUP LANCETS MISC	TIER 2	QLC (200 lancets/month)
NEUTEK 2TEK TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
NEXGEN TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
NOVA MAX GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
NOVA MAX PLUS KETONE TEST (*ketone blood test*) STRIP	TIER 2	
NOVA SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
NOVA SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
NOVA SUREFLEX LANCETS MISC	TIER 2	QLC (200 lancets/month)
NOVOFINE 30G X 8 MM MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM MISC	TIER 2	
NOVOFINE PEN NEEDLE 32G X 6 MM MISC	TIER 2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM MISC	TIER 2	
NOVOPEN ECHO DEVICE	TIER 3	PA, QLC (1 pen/year)
NOVOTWIST PEN NEEDLE 32G X 5 MM MISC	TIER 2	
ODACTRA (*dust mite mixed allergen extract*) 12 SQ-HDM SL TAB	TIER 3	PA, QLC (1 tab/day)
OMNIFLEX DIAPHRAGM (*diaphragms*)	TIER 2	PH (Preventive Health)
OMNIPOD 10 PACK MISC	TIER 3	PA, QLC (1 pod/2 days)
OMNIPOD 5 PACK MISC	TIER 3	PA, QLC (1 pod/2 days)
OMNIPOD DASH 5 PACK PODS MISC	TIER 3	PA, QLC (1 pod/2 days)
OMNIPOD DASH SYSTEM KIT	TIER 3	PA, QLC (1 pod/2 days)
ON CALL EXPRESS BLOOD GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ON CALL LANCETS MISC	TIER 2	QLC (200 lancets/month)
ON CALL PLUS BLOOD GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ON CALL PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
ON CALL VIVID BLOOD GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ONE DROP TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ONETOUCH CLUB LANCETS FINE PT MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH COMBO PACK MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA PLUS LANCET30G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH DELICA PLUS LANCET33G MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH FINEPOINT LANCETS MISC	TIER 2	QLC (200 lancets/month)
ONETOUCH ULTRA (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ONETOUCH ULTRASOFT LANCETS MISC	TIER 2	QLC (200 lancets/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ONETOUCH VERIO (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
OPTICHAMBER ADVANTAGE-LG MASK - MISC	TIER 2	
OPTICHAMBER ADVANTAGE-MED MASK - MISC	TIER 2	
OPTICHAMBER ADVANTAGE-SM MASK - MISC	TIER 2	
OPTICHAMBER DIAMOND MISC	TIER 2	
OPTICHAMBER DIAMOND-LG MASK - DEVICE	TIER 2	
OPTICHAMBER DIAMOND-MD MASK - MISC	TIER 2	
OPTICHAMBER DIAMOND-SM MASK - MISC	TIER 2	
OPTICHAMBER FACE MASK-LARGE - MISC	TIER 2	
OPTICHAMBER FACE MASK-MEDIUM - MISC	TIER 2	
OPTICHAMBER FACE MASK-SMALL - MISC	TIER 2	
OPTIHALER DEVICE, MISC	TIER 2	
OPTIUM TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
OPTIUMEZ TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
OPTUMRX BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
OSMOLEX ER (*amantadine hcl*) 129 & 193 MG TB24 THPK	TIER 3	PA, QLC (2 tabs/day)
PC LANCETS SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
PC UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC	TIER 2	
PEN NEEDLES 1/2" 29G X 12MM MISC	TIER 2	
PEN NEEDLES 3/16" 31G X 5 MM MISC	TIER 2	
PEN NEEDLES 5/16" PEN 30G 8 MISC, PEN 31G 8 MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PEN NEEDLES PEN 29G 12MM MISC, PEN 30G 5 MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 5 MM MISC, PEN 32G 6 MM MISC, PEN 33G 4 MM MISC	TIER 2	
PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
PERFECT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PERFECT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PHARMACIST CHOICE AUTOCODE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
PHARMACIST CHOICE LANCETS MISC	TIER 2	QLC (200 lancets/month)
PHARMACIST CHOICE NO CODING (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
PHARMACY COUNTER LANCETS MISC	TIER 2	QLC (200 lancets/month)
PIP LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PIP LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
POCKET CHAMBER DEVICE	TIER 2	
POCKET SPACER DEVICE	TIER 2	
POCKETCHEM EZ TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
POGO AUTOMATIC TEST CARTRIDGES (*glucose blood*)	TIER 3	PA, QLC (200 tests/month)
PRECISION PCX (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION PCX PLUS TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION POINT OF CARE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION QID TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION SOF-TACT TEST (*glucose blood*) - STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION SURE-DOSE SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.5 ML MISC, -30G 3/8" 0.5 ML MISC, -30G 5/16" 0.3 ML MISC	TIER 2	
PRECISION SUREDOSE PLUS SYR 1/2" 0.3 ML MISC, 1/2" 1 ML MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRECISION THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
PRECISION THINS GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
PRECISION ULTRA LANCET MISC	TIER 2	QLC (200 lancets/month)
PRECISION XTRA BLOOD GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
PRECISION XTRA KETONE (*ketone blood test*) STRIP	TIER 2	
PREFERRED PLUS INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
PREFERRED PLUS LANCETS COLORED MISC	TIER 2	QLC (200 lancets/month)
PREFERRED PLUS LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
PREFERRED PLUS UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
PREMIUM BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
PRESSURE ACTIVAT SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
PREVENT DROPSAFE PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
PREVENT SAFETY PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
PRIMEAIRE HOLDING CHAMBER DEVICE	TIER 2	
PRO COMFORT INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
PRO COMFORT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PRO COMFORT LANCETS 31G MISC	TIER 2	QLC (200 lancets/month)
PRO COMFORT PEN NEEDLES PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC	TIER 2	
PRO COMFORT SPACER ADULT MISC	TIER 2	
PRO COMFORT SPACER CHILD MISC	TIER 2	
PRO COMFORT SPACER INFANT DEVICE	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PRO VOICE V8/V9 GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
PROCARE SPACER/ADULT MASK DEVICE	TIER 2	
PROCARE SPACER/CHILD MASK DEVICE	TIER 2	
PRODIGY INSULIN SYRINGE 28G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC	TIER 2	
PRODIGY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PRODIGY NO CODING BLOOD GLUC (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
PRODIGY SAFETY LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
PRODIGY TWIST TOP LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PSS SELECT GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
PSS SELECT SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
PTS PANELS GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
PTS PANELS KETONE TEST (*ketone blood test*) STRIP	TIER 2	
PURE COMFORT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
PURE COMFORT PEN NEEDLE PEN 4 MISC, PEN 5 MISC, PEN 6 MISC, PEN 8 MISC	TIER 2	
PUSH BUTTON SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
PUSH BUTTON SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
PX EXTRA SHORT PEN NEEDLES 31G 6 MM MISC	TIER 2	
PX INSULIN SYRINGE 30G 1/2" 0.5 ML MISC	TIER 2	
PX LANCETS MICROTHIN 33G MISC	TIER 2	QLC (200 lancets/month)
PX LANCETS ULTRA THIN 28G MISC	TIER 2	QLC (200 lancets/month)
PX LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
PX MINI PEN NEEDLES 31G 5 MM MISC	TIER 2	
PX PEN NEEDLE PEN 29G 12MM MISC, PEN 31G 8 MM MISC	TIER 2	
PX SHORTLENGTH PEN NEEDLES 31G 8 MM MISC	TIER 2	
QC LANCETS SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
QC LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
QC PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
QC UNIFINE PENTIPS 32G X 4 MM MISC	TIER 2	
QC UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
QC UNILET LANCETS MICRO THIN MISC	TIER 2	QLC (200 lancets/month)
QUICKTEK TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
QUINTET AC BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
QUINTET BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
RA E-ZJECT COLOR LANCETS 33G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS 28G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS THIN 26G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS THIN 28G -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA E-ZJECT LANCETS ULTRA THIN -LANCTS MISC	TIER 2	QLC (200 lancets/month)
RA INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
RA PEN NEEDLES PEN 5 MISC, PEN 8 MISC	TIER 2	
RA TRUETEST TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
READYLANCE SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
REALITY INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC	TIER 2	
REALITY LANCETS MISC	TIER 2	QLC (200 lancets/month)
REALITY TRIGGER LANCETS MISC	TIER 2	QLC (200 lancets/month)
REFUAH PLUS BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
RELI-ON INSULIN SYRINGE -29G 0.3 ML MISC, -29G 0.5 ML MISC, -29G X 1/2" 1 ML MISC, -30G 0.3 ML MISC, -30G 0.5 ML MISC, -30G 1 ML MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RELION BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
RELION CONFIRM/MICRO TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 test strips/month)
RELION INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
RELION KETONE (*acetone (urine) test*) STRIP	TIER 2	
RELION KETONE TEST (*acetone (urine) test*) STRIP	TIER 2	
RELION LANCETS MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS STANDARD 21G MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
RELION LANCETS ULTRA-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)
RELION MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
RELION PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
RELION PREMIER TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
RELION PRIME TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
RELION SHORT PEN NEEDLES 31G X 8 MM MISC	TIER 2	
RELION TRUE METRIX TEST STRIPS (*glucose blood*) S	TIER 3	PA, QLC (200 strips/month)
RELION ULTIMA TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 test strips/month)
RELION ULTRA THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
RELION ULTRA THIN PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
REVEAL BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
REXALL BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REXALL LANCETS ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
RIGHTEST GL300 LANCETS MISC	TIER 2	QLC (200 lancets/month)
RIGHTEST GS100 BLOOD GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
RIGHTEST GS300 BLOOD GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
RIGHTEST GS550 BLOOD GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
RIGHTEST GT333 BLOOD GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
RITEFLO DEVICE	TIER 2	
RUZURGI (*amifampridine*) 10 MG TAB	TIER 4	PA, SP, QLC (10 tabs/day)
SAFE-T-LANCE -- MISC	TIER 2	QLC (200 lancets/month)
SAFE-T-LANCE PLUS -- MISC	TIER 2	QLC (200 lancets/month)
SAFESNAP INSULIN SYRINGE 28G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC	TIER 2	
SAFETY INSULIN SYRINGES 27G 1/2" 1 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC	TIER 2	
SAFETY LANCET 21G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCET 23G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCET 28G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCET 30G/PRESSURE ACT MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAFETY LET LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAFETY SEAL LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPS HEALTH TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPS TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAPSCARE TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
SAXENDA (*liraglutide (weight management)*) 18 MG/3ML SOLN PEN	TIER 4	PA, QLC (5 pens/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SB INSULIN SYRINGE 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
SB LANCETS THIN MISC	TIER 2	QLC (200 lancets/month)
SB LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
SECURESAFE INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
SECURESAFE SAFETY PEN NEEDLES 30G X 8 MM MISC	TIER 2	
SHOPKO ON-THE-GO LANCETS 30G -- MISC	TIER 2	QLC (200 lancets/month)
SHOPKO UNIFINE PENTIPS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
SHOPKO UNIFINE PENTIPS PLUS 29G 12MM MISC, 31G 5 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
SHOPKO UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SHOPKO UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
SIDE BUTTON SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
SINGLE-LET - MISC	TIER 2	QLC (200 lancets/month)
SM INSULIN SYRINGE 31G X 5/16" 1 ML MISC	TIER 2	
SM LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE COLOR LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE PREMIUM TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
SMART SENSE STANDARD LANCETS MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE THIN LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
SMART SENSE VALUE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
SMARTEST BLOOD GLUCOSE TEST (*glucose blood*) SMAR STRIP	TIER 3	PA, QLC (200 strips/month)
SMARTEST LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SOLUS V2 LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SOLUS V2 TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
SOLUS V2 TWIST LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
STERILANCE TL MISC	TIER 2	QLC (200 lancets/month)
SUPER THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
SUPREME TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
SURE COMFORT INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
SURE COMFORT LANCETS 18G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 21G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
SURE COMFORT PEN NEEDLES PEN 29G 12.7MM MISC, PEN 30G 8 MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC	TIER 2	
SURE EDGE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
SURE-FINE PEN NEEDLES -PEN 29G 12.7MM MISC, -PEN 31G 5 MM MISC, -PEN 31G 8 MM MISC	TIER 2	
SURE-JECT INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.3 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 1/2" 1 ML MISC, -30G 5/16" 0.3 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
SURE-LANCE FLAT LANCETS - MISC	TIER 2	QLC (200 lancets/month)
SURE-LANCE LANCETS 26G - MISC	TIER 2	QLC (200 lancets/month)
SURE-LANCE THIN LANCETS 28G - MISC	TIER 2	QLC (200 lancets/month)
SURE-LANCE ULTRA THIN LANCETS - MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SURE-TEST EASYPLUS MINI TEST (*glucose blood*) - STRIP	TIER 3	PA, QLC (200 strips/month)
SURE-TOUCH LANCETS UNIVERSAL - MISC	TIER 2	QLC (200 lancets/month)
SURECHEK BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
SURELITE LANCETS MISC	TIER 2	QLC (200 lancets/month)
TECHLITE AST LANCETS MISC	TIER 2	QLC (200 lancets/month)
TECHLITE INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 15/64" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
TECHLITE LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TECHLITE LANCETS MISC	TIER 2	QLC (200 lancets/month)
TECHLITE PEN NEEDLES PEN 29G 10MM MISC, PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC, PEN 32G 8 MM MISC	TIER 2	
TELCARE BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
TGT BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
TGT LANCET MICRO THIN 33G MISC	TIER 2	QLC (200 lancets/month)
TGT LANCET THIN 26G MISC	TIER 2	QLC (200 lancets/month)
TGT LANCET ULTRA THIN 30G MISC	TIER 2	QLC (200 lancets/month)
THINLETS GP LANCETS MISC	TIER 2	QLC (200 lancets/month)
THINLETS LANCET MISC	TIER 2	QLC (200 lancets/month)
TODAYS HEALTH MINI PEN NEEDLES 31G X 6 MM MISC	TIER 2	
TODAYS HEALTH PEN NEEDLES 29G X 12MM MISC	TIER 2	
TODAYS HEALTH SHORT PEN NEEDLE 31G X 8 MM MISC	TIER 2	
TODAYS HEALTH THIN LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TODAYS HEALTH THIN LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TOPCARE CLICKFINE PEN NEEDLES PEN 6 MISC, PEN 8 MISC	TIER 2	
TOPCARE LANCETS MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
TOPCARE ULTRA COMFORT INS SYR 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
TRAVEL LANCETS ADVANCED 28G MISC	TIER 2	QLC (200 lancets/month)
TRAVEL LANCETS MISC	TIER 2	QLC (200 lancets/month)
TRUE COMFORT INSULIN SYRINGE 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
TRUE COMFORT PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC, PEN 33G 5 MISC, PEN 33G 6 MISC	TIER 2	
TRUE COMFORT PRO INSULIN SYR 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC, 32G 5/16" 0.5 ML MISC, 32G 5/16" 1 ML MISC	TIER 2	
TRUE COMFORT PRO PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 32G 4 MISC	TIER 2	
TRUE COMFORT TWIST TOP LANCETS MISC	TIER 2	QLC (200 lancets/month)
TRUE FOCUS BLOOD GLUCOSE STRIP (*glucose blood*)	TIER 3	PA, QLC (200 strips/month)
TRUE METRIX BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
TRUE METRIX PRO BLOOD GLUCOSE (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
TRUEPLUS 5-BEVEL PEN NEEDLES 5-PEN 29G 12.7MM MISC, 5-PEN 31G 5 MM MISC, 5-PEN 31G 6 MM MISC, 5-PEN 31G 8 MM MISC, 5-PEN 32G 4 MM MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TRUEPLUS INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
TRUEPLUS LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS LANCETS 33G MISC	TIER 2	QLC (200 lancets/month)
TRUEPLUS PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
TRUEPLUS SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
TRUETEST TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
TRUETRACK TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ULTICARE INSULIN SAFETY SYR 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
ULTICARE INSULIN SYRINGE 28G 1/2" 0.5 ML MISC, 28G 1/2" 1 ML MISC, 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 0.5 ML MISC, 31G 1/4" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTICARE MICRO PEN NEEDLES PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
ULTICARE MINI PEN NEEDLES PEN 30G 5 MISC, PEN 31G 6 MISC, PEN 32G 6 MISC	TIER 2	
ULTICARE PEN NEEDLES PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC	TIER 2	
ULTICARE SHORT PEN NEEDLES PEN 30G 8 MISC, PEN 31G 8 MISC	TIER 2	
ULTIGUARD SAFEPACK PEN NEEDLE PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 32G 6 MM MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ULTIGUARD SAFEPACK SYR/NEEDLE 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTILET CLASSIC LANCETS MISC	TIER 2	QLC (200 lancets/month)
ULTILET INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 1/4" 0.3 ML MISC, 31G 1/4" 1 ML MISC, 31G 15/64" 0.3 ML MISC, 31G 15/64" 0.5 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTILET INSULIN SYRINGE SHORT 30G 1/2" 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTILET LANCETS MISC	TIER 2	QLC (200 lancets/month)
ULTILET PEN NEEDLE PEN 29G 12.7MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC	TIER 2	
ULTILET SAFETY LANCETS 23G MISC	TIER 2	QLC (200 lancets/month)
ULTILET SAFETY LANCETS MISC	TIER 2	QLC (200 lancets/month)
ULTIMA TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 test strips/month)
ULTRA COMFORT INSULIN SYRINGE 30G X 5/16" 0.3 ML MISC	TIER 2	
ULTRA FLO INSULIN PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 5 MM MISC, PEN 31G 8 MM MISC, PEN 32G 4 MM MISC, PEN 33G 4 MM MISC	TIER 2	
ULTRA FLO INSULIN SYR 1/2 UNIT 30G " 0.3 ML MISC, 30G 5/16" 0.3 ML MISC, 31G 5/16" 0.3 ML MISC	TIER 2	
ULTRA FLO INSULIN SYRINGE 29G 1/2" 0.3 ML MISC, 29G 1/2" 0.5 ML MISC, 29G 1/2" 1 ML MISC, 30G 1/2" 0.3 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTRA THIN LANCETS 31G MISC	TIER 2	QLC (200 lancets/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ULTRA THIN PEN NEEDLES 32G X 4 MM MISC	TIER 2	
ULTRA-CARE LANCETS 30G - MISC	TIER 2	QLC (200 lancets/month)
ULTRA-COMFORT INSULIN SYRINGE -28G 1/2" 0.5 ML MISC, -28G 1/2" 1 ML MISC, -29G 1/2" 0.3 ML MISC, -29G 1/2" 0.5 ML MISC, -29G 1/2" 1 ML MISC, -30G 5/16" 0.3 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
ULTRA-THIN II AUTO LANCET - MISC	TIER 2	QLC (200 lancets/month)
ULTRA-THIN II INS SYR SHORT -30G 5/16" 0.3 ML MISC, -30G 5/16" 0.5 ML MISC, -30G 5/16" 1 ML MISC, -31G 5/16" 0.3 ML MISC, -31G 5/16" 0.5 ML MISC, -31G 5/16" 1 ML MISC	TIER 2	
ULTRA-THIN II INSULIN SYRINGE -1/2" 0.3 ML MISC, -1/2" 0.5 ML MISC, -1/2" 1 ML MISC	TIER 2	
ULTRA-THIN II LANCETS - MISC	TIER 2	QLC (200 lancets/month)
ULTRA-THIN II MINI PEN NEEDLE -31G X 5 MM MISC	TIER 2	
ULTRA-THIN II PEN NEEDLE SHORT -31G X 8 MM MISC	TIER 2	
ULTRA-THIN II PEN NEEDLES -29G X 12.7MM MISC	TIER 2	
ULTRACARE INSULIN SYRINGE 30G 1/2" 0.5 ML MISC, 30G 1/2" 1 ML MISC, 30G 5/16" 0.3 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC, 31G 5/16" 0.3 ML MISC, 31G 5/16" 0.5 ML MISC, 31G 5/16" 1 ML MISC	TIER 2	
ULTRACARE PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC, PEN 32G 5 MISC, PEN 32G 6 MISC, PEN 33G 4 MISC	TIER 2	
ULTRATRAK PRO TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
ULTRATRAK ULTIMATE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
UNIFINE PEN NEEDLES 32G X 4 MM MISC	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UNIFINE PENTIPS 29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 32G 6 MM MISC, 33G 4 MM MISC	TIER 2	
UNIFINE PENTIPS PLUS 29G 12MM MISC, 30G 5 MM MISC, 31G 5 MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC, 33G 4 MM MISC	TIER 2	
UNIFINE SAFECONTROL PEN NEEDLE PEN 5 MISC, PEN 8 MISC	TIER 2	
UNIFINE ULTRA PEN NEEDLE PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
UNILET COMFORTOUCH LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET EXCELITE II MISC	TIER 2	QLC (200 lancets/month)
UNILET EXCELITE MISC	TIER 2	QLC (200 lancets/month)
UNILET G.P. LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET G.P. SUPERLITE LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET GP 28 ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
UNILET LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET MICRO-THIN 33G - MISC	TIER 2	QLC (200 lancets/month)
UNILET SUPER-THIN 30G - MISC	TIER 2	QLC (200 lancets/month)
UNILET SUPERLITE LANCET MISC	TIER 2	QLC (200 lancets/month)
UNILET ULTRA-THIN 28G - MISC	TIER 2	QLC (200 lancets/month)
UNISTIK 3 GENTLE MISC	TIER 2	QLC (200 lancets/month)
UNISTIK PRO SAFETY LANCET MISC	TIER 2	QLC (200 lancets/month)
UNISTIK SAFETY LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK SAFETY LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 21G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 23G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 28G MISC	TIER 2	QLC (200 lancets/month)
UNISTIK TOUCH SAFETY LANC 30G MISC	TIER 2	QLC (200 lancets/month)
UNISTRIP1 GENERIC (*glucose blood*) UNI1	TIER 3	PA, QLC (200 strips/month)
UNIVERSAL 1 LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
UNIVERSAL 1 LANCETS THIN 33G MISC	TIER 2	QLC (200 lancets/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
UNIVERSAL 1 LANCETS ULTRA THIN MISC	TIER 2	QLC (200 lancets/month)
V-GO 20 - KIT	TIER 3	PA, QLC (1 device/day)
V-GO 30 - KIT	TIER 3	PA, QLC (1 device/day)
V-GO 40 - KIT	TIER 3	PA, QLC (1 device/day)
VALUE HEALTH INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC	TIER 2	
VALUE PLUS LANCET STANDARD 21G MISC	TIER 2	QLC (200 lancets/month)
VALUE PLUS LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
VALUE PLUS LANCETS THIN 26G MISC	TIER 2	QLC (200 lancets/month)
VALUMARK LANCET SUPER THIN 30G MISC	TIER 2	QLC (200 lancets/month)
VALUMARK LANCET ULTRA THIN 28G MISC	TIER 2	QLC (200 lancets/month)
VALUMARK PEN NEEDLES PEN 29G 12MM MISC, PEN 31G 6 MM MISC, PEN 31G 8 MM MISC	TIER 2	
VALVED HOLDING CHAMBER DEVICE	TIER 2	
VANISHPOINT INSULIN SYRINGE 29G 1/2" 1 ML MISC, 29G 5/16" 1 ML MISC, 30G 1/2" 0.5 ML MISC, 30G 3/16" 0.5 ML MISC, 30G 3/16" 1 ML MISC, 30G 5/16" 0.5 ML MISC, 30G 5/16" 1 ML MISC	TIER 2	
VERASENS BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
VICTORY AGM-4000 TEST (*glucose blood*) - STRIP	TIER 3	PA, QLC (200 strips/month)
VIDA MIA UNIFINE PENTIPS 29G 12MM MISC, 31G 6 MM MISC, 31G 8 MM MISC, 32G 4 MM MISC	TIER 2	
VIDA MIA UNILET LANCETS 28G MISC	TIER 2	QLC (200 lancets/month)
VIDA MIA UNILET LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)
VISTOGARD (*uridine triacetate (emergency treatment)*) 10 GM PACKET	TIER 4	SP, QLC (20 packets/month)
VITALET PRO LANCETS MISC	TIER 2	QLC (200 lancets/month)
VITALET PRO PLUS LANCETS MISC	TIER 2	QLC (200 lancets/month)
VIVAGUARD INO TEST STRIPS (*glucose blood*) S	TIER 3	PA, QLC (200 strips/month)
VIVAGUARD LANCETS MISC	TIER 2	QLC (200 lancets/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VOCAL POINT BLOOD GLUCOSE TEST (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
VORTEX HOLD CHMBR/MASK/CHILD DEVICE	TIER 2	
VORTEX HOLD CHMBR/MASK/TODDLER DEVICE	TIER 2	
VORTEX HOLDING CHAMBER/MASK DEVICE	TIER 2	
VORTEX VALVED HOLDING CHAMBER DEVICE	TIER 2	
VP INSULIN SYRINGE 29G X 1/2" 0.3 ML MISC	TIER 2	
W&F LANCETS 26G MISC	TIER 2	QLC (200 lancets/month)
W&F LANCETS COLORED 21G MISC	TIER 2	QLC (200 lancets/month)
WALGREENS ADV TRAVEL LANCETS MISC	TIER 2	QLC (200 lancets/month)
WALGREENS LANCETS MICRO THIN MISC	TIER 2	QLC (200 lancets/month)
WALGREENS LANCETS MISC	TIER 2	QLC (200 lancets/month)
WALGREENS LANCETS SUPER THIN MISC	TIER 2	QLC (200 lancets/month)
WALGREENS THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
WALGREENS ULTRA THIN LANCETS MISC	TIER 2	QLC (200 lancets/month)
WATCHHALER DEVICE	TIER 2	
WAVESENSE PRESTO (*glucose blood*) STRIP	TIER 3	PA, QLC (200 strips/month)
WEGMANS UNIFINE PENTIPS PLUS 31G 5 MISC, 31G 6 MISC, 31G 8 MISC, 32G 4 MISC	TIER 2	
WEGOVY (*semaglutide (weight management)*) 0.25 MG/0.5ML SOLN -INJ, 0.5 MG/0.5ML SOLN -INJ, 1.7 MG/0.75ML SOLN -INJ, 2.4 MG/0.75ML SOLN -INJ	TIER 4	PA, QLC (4 pens/month)
WEGOVY (*semaglutide (weight management)*) 1 MG/0.5ML SOLN -INJ	TIER 4	PA, QLC (4 pens/28 days)
WIDE-SEAL DIAPHRAGM 60 (*diaphragm wide seal*)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 65 (*diaphragm wide seal*)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 70 (*diaphragm wide seal*)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
WIDE-SEAL DIAPHRAGM 75 (*diaphragm wide seal*)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 80 (*diaphragm wide seal*)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 85 (*diaphragm wide seal*)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 90 (*diaphragm wide seal*)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
WIDE-SEAL DIAPHRAGM 95 (*diaphragm wide seal*)	TIER 2	PH (Preventive Health), QLC (one diaphragm/300 days)
ZEVRX INSULIN SYRINGE 1/2" 0.5 ML MISC, 1/2" 1 ML MISC, 5/16" 0.5 ML MISC, 5/16" 1 ML MISC	TIER 2	
ZEVRX PEN NEEDLES PEN 31G 5 MISC, PEN 31G 6 MISC, PEN 31G 8 MISC, PEN 32G 4 MISC	TIER 2	
ZEVRX TWIST TOP LANCETS 30G MISC	TIER 2	QLC (200 lancets/month)

OPHTHALMIC AGENTS (Drugs for the Eyes)

OPHTHALMIC AGENTS, OTHER (Other Eye Drops)

ALCAINE (*proparacaine hcl*) 0.5 % SOLUTION	TIER 3	
ATROPINE SULFATE (*atropine sulfate (ophthalmic)*) 1 % SOLUTION	TIER 1	
bacitracin-polymyxin b ophth oint (AK-POLY-BAC) *acitracin*	TIER 1	
bacitracin-polymyxin b ophth oint (POLYCIN) *acitracin*	TIER 1	
bacitracin-polymyxin b ophth oint acitracin	TIER 1	
bacitracin-polymyxin-neomycin-hc ophth oint 1% (BACITRA-NEOMYCIN-POLYMYXIN-HC)	TIER 1	
bacitracin-polymyxin-neomycin-hc ophth oint 1% (NEO-POLYCIN HC)	TIER 1	
BLEPHAMIDE (*sulfacetamide sod-prednisolone*) 10-0.2 % SUSPENSION	TIER 2	
BLEPHAMIDE S.O.P. (*sulfacetamide sod-prednisolone*) 10-0.2 % OINTMENT	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CEQUA (*cyclosporine (ophth)*) 0.09 % SOLUTION	TIER 3	PA, QLC (60 vials/month)
COMBIGAN (*brimonidine tartrate-timolol maleate*) 0.2-0.5 % SOLUTION	TIER 2	
CORTISPORIN (*neomycin-polymyxin-hc*) 3.5-10000-0.5 CREAM	TIER 3	
COSOPT (*dorzolamide hcl-timolol maleate*) 22.3-6.8 MG/ML SOLUTION	TIER 3	
COSOPT PF (*dorzolamide hcl-timolol maleate*) 2-0.5 % SOLUTION	TIER 3	QLC (2 droperettes/day)
CYCLOGYL (*cyclopentolate hcl*) 0.5 % SOLUTION, 1 % SOLUTION, 2 % SOLUTION	TIER 3	
CYCLOMYDRIL (*cyclopentolate w/ phenylephrine*) 0.2-1 % SOLUTION	TIER 3	
cyclopentolate hcl ophth soln 0.5%	TIER 1	
cyclopentolate hcl ophth soln 1%	TIER 1	
cyclopentolate hcl ophth soln 2%	TIER 1	
DORZOLAMIDE HCL-TIMOLOL MAL (*dorzolamide hcl-timolol maleate*) -22.3-6.8 MG/ML SOLUTION	TIER 1	
dorzolamide hcl-timolol maleate ophth sol 22.3-6.8 mg/ml pf (DORZOLAMIDE HCL-TIMOLOL MAL PF)	TIER 1	QLC (2 droperettes/day)
dorzolamide hcl-timolol maleate ophth soln 22.3-6.8 mg/ml	TIER 1	
HOMATROPAIRE (*homatropine hbr*) 5 % SOLUTION	TIER 1	
homatropine hbr ophth soln 5%	TIER 1	
ISOPTO ATROPINE (*atropine sulfate (ophthalmic)*) 1 % SOLUTION	TIER 3	
LACRISERT (*artificial tear insert*) 5 MG	TIER 3	
MAXITROL (*neomycin-polymy-dexameth*) 3.5-10000-0.1 OINTMENT, 3.5-10000-0.1 SUSPENSION	TIER 3	
MYDRIACYL (*tropicamide*) 1 % SOLUTION	TIER 3	
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (NEO-POLYCIN)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin (NEOMYCIN-BACITRACIN ZN-POLYMYX)	TIER 1	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	TIER 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	TIER 1	
NEOMYCIN-POLYMYXIN-GRAMICIDIN -- 1.75-10000-.025 SOLUTION	TIER 1	
NEOMYCIN-POLYMYXIN-HC (*neomycin-polymyxin-hc (ophth)*) --3.5-10000-1 SUSPENSION	TIER 1	
OXERVATE (*cenegermin-bkbj*) 0.002 % SOLUTION	TIER 4	PA, SP, QLC (28 ml/28 days)
phenylephrine hcl ophth soln 10%	TIER 1	
phenylephrine hcl ophth soln 10% (ALTAFRIN)	TIER 1	
phenylephrine hcl ophth soln 2.5%	TIER 1	
phenylephrine hcl ophth soln 2.5% (ALTAFRIN)	TIER 1	
PRED-G (*gentamicin-prednisolone acetate*) -0.3-1 % SUSPENSION	TIER 3	
PRED-G S.O.P. (*gentamicin-prednisolone acetate*) -0.3-0.6 % OINTMENT	TIER 3	
proparacaine hcl ophth soln 0.5%	TIER 1	
RESTASIS (*cyclosporine (ophth)*) 0.05 % EMULSION	TIER 2	QLC (60 vials/month)
RESTASIS MULTIDOSE (*cyclosporine (ophth)*) 0.05 % EMULSION	TIER 2	QLC (one 5.5 ml bottle/month)
ROCKLATAN (*netarsudil dimesylate-latanoprost*) 0.02-0.005 % SOLUTION	TIER 3	PA, QLC (2.5 ml/25 days)
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)% (SULFACETAMIDE-PREDNISOLONE)	TIER 1	
SULFACETAMIDE-PREDNISOLONE (*sulfacetamide sod-prednisolone*) -10-0.23 % SOLUTION	TIER 1	
TOBRADEX (*tobramycin-dexamethasone*) 0.3-0.1 % OINTMENT	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
TOBRADEX (*tobramycin-dexamethasone*) 0.3-0.1 % SUSPENSION	TIER 3	
TOBRADEX ST (*tobramycin-dexamethasone*) 0.3-0.05 % SUSPENSION	TIER 3	QLC (1 bottle/fill)
tobramycin-dexamethasone ophth susp 0.3-0.1%	TIER 1	
tropicamide ophth soln 0.5%	TIER 1	
tropicamide ophth soln 1%	TIER 1	
TYRVAYA (*varenicline tartrate (cholinergic agonist)*) 0.03 MG/ACT SOLUTION	TIER 3	PA, QLC (2 sprayers (8.4 ml)/ 30 days)
UPNEEQ (*oxymetazoline hcl (blepharoptosis)*) 0.1 % SOLUTION	TIER 3	PA, QLC (1 dropperette/day)
XIIDRA (*lifitegrast*) 5 % SOLUTION	TIER 2	QLC (60 vials/month)
ZYLET (*loteprednol etabonate-tobramycin*) 0.5-0.3 % SUSPENSION	TIER 2	

OPHTHALMIC ANTI-ALLERGY AGENTS (Drugs for Eye Allergies)

ALOCRIL (*nedocromil sodium (ophth)*) 2 % SOLUTION	TIER 3	
ALOMIDE (*lodoxamide tromethamine*) 0.1 % SOLUTION	TIER 2	
azelastine hcl ophth soln 0.05%	TIER 1	
bepotastine besilate ophth soln 1.5%	TIER 1	QLC (5 ml/month)
BEPREVE (*bepotastine besilate*) 1.5 % SOLUTION	TIER 3	QLC (5 ml/month)
cromolyn sodium ophth soln 4%	TIER 1	
ELESTAT (*epinastine hcl (ophth)*) 0.05 % SOLUTION	TIER 3	
EMADINE (*emedastine difumarate*) 0.05 % SOLUTION	TIER 3	ST
epinastine hcl ophth soln 0.05%	TIER 1	
LASTACAFT (*alcaftadine*) 0.25 % SOLUTION	TIER 2	QLC (1 bottle/month)
PAZEO (*olopatadine hcl*) 0.7 % SOLUTION	TIER 2	QLC (1 bottle/month)

OPHTHALMIC ANTI-INFECTIVES (Drugs for Eye Infections)

AZASITE (*azithromycin (ophth)*) 1 % SOLUTION	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BACITRACIN (*bacitracin (ophthalmic)*) 500 UNIT/GM OINTMENT	TIER 1	
BLEPH-10 (*sulfacetamide sodium (ophth)*) -% SOLUTION	TIER 3	
erythromycin ophth oint 5 mg/gm	TIER 1	
gatifloxacin ophth soln 0.5%	TIER 1	QLC (one 2.5 ml bottle/month)
GENTAK (*gentamicin sulfate (ophth)*) 0.3 % OINTMENT	TIER 1	
gentamicin sulfate ophth soln 0.3%	TIER 1	
levofloxacin ophth soln 0.5%	TIER 1	
MOXEZA (*moxifloxacin hcl (ophth)*) 0.5 % SOLUTION	TIER 3	
moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily) (MOXIFLOXACIN HCL (2X DAY))	TIER 1	
moxifloxacin hcl ophth soln 0.5% (base equiv)	TIER 1	
NATACYN (*natamycin*) 5 % SUSPENSION	TIER 3	
OCUFLOX (*ofloxacin (ophth)*) 0.3 % SOLUTION	TIER 3	
ofloxacin ophth soln 0.3%	TIER 1	
polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%	TIER 1	
POLYTRIM (*polymyxin b-trimethoprim*) 10000-0.1 UNIT/ML-% SOLUTION	TIER 3	
SULFACETAMIDE SODIUM (*sulfacetamide sodium (ophth)*) 10 % OINTMENT	TIER 1	
sulfacetamide sodium ophth soln 10%	TIER 1	
tobramycin ophth soln 0.3%	TIER 1	
TOBREX (*tobramycin (ophth)*) 0.3 % OINTMENT	TIER 2	
TOBREX (*tobramycin (ophth)*) 0.3 % SOLUTION	TIER 3	
VIGAMOX (*moxifloxacin hcl (ophth)*) 0.5 % SOLUTION	TIER 3	
ZYMAXID (*gatifloxacin (ophth)*) 0.5 % SOLUTION	TIER 3	QLC (one 2.5 ml bottle/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPHTHALMIC ANTI-INFLAMMATORIES (Drugs for Eye Inflammation)		
ACULAR (*ketorolac tromethamine (ophth)*) 0.5 % SOLUTION	TIER 3	
ACULAR LS (*ketorolac tromethamine (ophth)*) 0.4 % SOLUTION	TIER 3	
ACUVAIL (*ketorolac tromethamine (ophth)*) 0.45 % SOLUTION	TIER 2	
ALREX (*loteprednol etabonate*) 0.2 % SUSPENSION	TIER 3	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily) (BROMFENAC SODIUM (ONCE-DAILY))	TIER 1	
BROMSITE (*bromfenac sodium (ophth)*) 0.075 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
DEXAMETHASONE SODIUM PHOSPHATE (*dexamethasone sodium phosphate (ophth)*) 0.1 % SOLUTION	TIER 1	
diclofenac sodium ophth soln 0.1%	TIER 1	
difluprednate ophth emulsion 0.05%	TIER 1	
DUREZOL (*difluprednate*) 0.05 % EMULSION	TIER 3	
EYSUVIS (*loteprednol etabonate*) 0.25 % SUSPENSION	TIER 3	PA, QLC (1 bottle (8.3 ml)/30 days)
FLAREX (*fluorometholone acetate*) 0.1 % SUSPENSION	TIER 3	
fluorometholone ophth susp 0.1%	TIER 1	
FLURBIPROFEN SODIUM 0.03 % SOLUTION	TIER 1	
flurbiprofen sodium ophth soln 0.03%	TIER 1	
FML (*fluorometholone (ophth)*) 0.1 % OINTMENT	TIER 2	
FML FORTE (*fluorometholone (ophth)*) 0.25 % SUSPENSION	TIER 2	
FML LIQUIFILM (*fluorometholone (ophth)*) 0.1 % SUSPENSION	TIER 3	
ILEVRO (*nepafenac*) 0.3 % SUSPENSION	TIER 3	QLC (1 bottle/month)
INVELTYS (*loteprednol etabonate*) 1 % SUSPENSION	TIER 3	PA

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ketorolac tromethamine ophth soln 0.4%	TIER 1	
ketorolac tromethamine ophth soln 0.5%	TIER 1	
LOTEMAX (*loteprednol etabonate*) 0.5 % GEL, 0.5 % SUSPENSION	TIER 3	
LOTEMAX (*loteprednol etabonate*) 0.5 % OINTMENT	TIER 3	QLC (1 tube/month)
LOTEMAX SM (*loteprednol etabonate*) 0.38 % GEL	TIER 3	
loteprednol etabonate ophth gel 0.5%	TIER 1	
loteprednol etabonate ophth susp 0.5%	TIER 1	
MAXIDEX (*dexamethasone (ophth)*) 0.1 % SUSPENSION	TIER 3	
NEVANAC (*nepafenac*) 0.1 % SUSPENSION	TIER 3	
OMNIPRED (*prednisolone acetate (ophth)*) 1 % SUSPENSION	TIER 3	
PRED FORTE (*prednisolone acetate (ophth)*) 1 % SUSPENSION	TIER 3	
PRED MILD (*prednisolone acetate (ophth)*) 0.12 % SUSPENSION	TIER 2	
PREDNISOLONE ACETATE (*prednisolone acetate (ophth)*) 1 % SUSPENSION	TIER 1	
PREDNISOLONE ACETATE P-F (*prednisolone acetate (ophth)*) REDNISOLONE -1 % SUSENSION	TIER 1	
PREDNISOLONE SODIUM PHOSPHATE (*prednisolone sodium phosphate (ophth)*) 1 % SOLUTION	TIER 1	
PROLENSA (*bromfenac sodium (ophth)*) 0.07 % SOLUTION	TIER 3	QLC (1 bottle/month)

OPHTHALMIC BETA-ADRENERGIC BLOCKING AGENTS (Drugs for Glaucoma)

BETAGAN (*levobunolol hcl*) 0.5 % SOLUTION	TIER 3	
betaxolol hcl ophth soln 0.5%	TIER 1	
BETIMOL (*timolol*) 0.25 % SOLUTION, 0.5 % SOLUTION	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BETOPTIC-S (*betaxolol hcl (ophth)*) -0.25 % UPENION	TIER 2	
CARTEOLOL HCL (*carteolol hcl (ophth)*) 1 % SOLUTION	TIER 1	
carteolol hcl ophth soln 1%	TIER 1	
ISTALOL (*timolol maleate (ophth)*) 0.5 % SOLUTION	TIER 3	
LEVOBUNOLOL HCL 0.5 % SOLUTION	TIER 1	
levobunolol hcl ophth soln 0.5%	TIER 1	
METIPRANOLOL 0.3 % SOLUTION	TIER 1	
TIMOLOL MALEATE (*timolol maleate (ophth)*) 0.25 % GEL F SOLN, 0.5 % GEL F SOLN	TIER 1	
timolol maleate ophth gel forming soln 0.25%	TIER 1	
timolol maleate ophth gel forming soln 0.5%	TIER 1	
timolol maleate ophth soln 0.25%	TIER 1	
timolol maleate ophth soln 0.5%	TIER 1	
timolol maleate ophth soln 0.5% (once-daily)	TIER 1	
timolol maleate preservative free ophth soln 0.5% (TIMOLOL MALEATE OCUDOSE)	TIER 1	
timolol maleate preservative free ophth soln 0.5% (TIMOLOL MALEATE PF)	TIER 1	
TIMOPTIC (*timolol maleate (ophth)*) 0.25 % SOLUTION, 0.5 % SOLUTION	TIER 3	
TIMOPTIC OCUDOSE (*timolol maleate (ophth)*) 0.25 % SOLUTION, 0.5 % SOLUTION	TIER 3	
TIMOPTIC-XE (*timolol maleate (ophth)*) - 0.25 % GEL F SOLN, -0.5 % GEL F SOLN	TIER 3	

OPHTHALMIC INTRAOCULAR PRESSURE LOWERING AGENTS, OTHER (Drugs for Glaucoma)

acetazolamide cap er 12hr 500 mg (ACETAZOLAMIDE ER)	TIER 1	
ALPHAGAN P (*brimonidine tartrate*) ALHAGAN 0.1 % SOLUTION	TIER 2	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ALPHAGAN P (*brimonidine tartrate*) ALHAGAN 0.15 % SOLUTION	TIER 3	
apraclonidine hcl ophth soln 0.5% (base equivalent)	TIER 1	
AZOPT (*brinzolamide*) 1 % SUSPENSION	TIER 3	ST
brimonidine tartrate ophth soln 0.15%	TIER 1	
brimonidine tartrate ophth soln 0.2%	TIER 1	
brinzolamide ophth susp 1%	TIER 1	ST
DIAMOX SEQUELS (*acetazolamide*) 500 MG CAP ER 12H	TIER 3	
DORZOLAMIDE HCL 2 % SOLUTION	TIER 3	
dorzolamide hcl ophth soln 2%	TIER 1	
IOPIDINE (*apraclonidine hcl*) 0.5 % SOLUTION, 1 % SOLUTION	TIER 3	
ISOPTO CARPINE (*pilocarpine hcl*) 1 % SOLUTION, 2 % SOLUTION, 4 % SOLUTION	TIER 3	
methazolamide tab 25 mg	TIER 1	
methazolamide tab 50 mg	TIER 1	
NEPTAZANE (*methazolamide*) 25 MG TAB, 50 MG TAB	TIER 3	
PHOSPHOLINE IODIDE (*echothiophate iodide*) 0.125 % RECON SOLN	TIER 3	
pilocarpine hcl ophth soln 1%	TIER 1	
pilocarpine hcl ophth soln 2%	TIER 1	
pilocarpine hcl ophth soln 4%	TIER 1	
RHOPRESSA (*netarsudil dimesylate*) 0.02 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
SIMBRINZA (*brinzolamide-brimonidine tartrate*) 1-0.2 % SUSPENSION	TIER 2	
TRUSOPT (*dorzolamide hcl*) 2 % SOLUTION	TIER 3	

OPHTHALMIC PROSTAGLANDIN AND PROSTAMIDE ANALOGS (Drugs for Glaucoma)

bimatoprost ophth soln 0.03%	TIER 1	ST, QLC (5 ml/month)
bimatoprost soln 0.03%	TIER 1	ST, QLC (5 ml/month)
LATANOPROST 0.005 % SOLUTION	TIER 1	QLC (5 ml/ month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
latanoprost ophth soln 0.005%	TIER 1	QLC (5 ml/ month)
LUMIGAN (*bimatoprost*) 0.01 % SOLUTION	TIER 2	ST, QLC (5 ml/month)
TRAVATAN Z (*travoprost*) 0.004 % SOLUTION	TIER 3	ST, QLC (5 ml/month)
travoprost ophth soln 0.004% (benzalkonium free) (bak free) (TRAVOPROST (BAK FREE))	TIER 1	ST, QLC (5 ml/month)
VYZULTA (*latanoprostene bunod*) 0.024 % SOLUTION	TIER 3	PA, QLC (1 bottle/month)
XALATAN (*latanoprost*) 0.005 % SOLUTION	TIER 3	QLC (5 ml/ month)
XELPROS (*latanoprost*) 0.005 % EMULSION	TIER 3	ST, QLC (1 bottle/month)
ZIOPTAN (*tafluprost*) 0.0015 % SOLUTION	TIER 3	PA, QLC (1 dropperette/day)

OTIC AGENTS (Drugs for the Ears)

OTIC AGENTS (Drugs for Ears)

CETRAXAL (*ciprofloxacin hcl (otic)*) 0.2 % SOLUTION	TIER 3	
CIPRO HC (*ciprofloxacin-hydrocortisone*) 0.2-1 % SUSPENSION	TIER 3	
CIPRODEX (*ciprofloxacin-dexamethasone*) 0.3-0.1 % SUSPENSION	TIER 3	
CIPROFLOXACIN HCL (*ciprofloxacin hcl (otic)*) 0.2 % SOLUTION	TIER 1	
ciprofloxacin-dexamethasone otic susp 0.3-0.1%	TIER 1	
CIPROFLOXACIN-FLUOCINOLONE PF (*ciprofloxacin-fluocinolone acetonide*) - 0.3-0.025 % SOLUTION	TIER 1	QLC (14 vials/7 days)
COLY-MYCIN S (*neomycin-colistin-hc-thonzonium*) -3.3-3-10-0.5 MG/ML UPENION	TIER 3	
CORTISPORIN-TC (*neomycin-colistin-hc-thonzonium*) -3.3-3-10-0.5 MG/ML SUSPENSION	TIER 3	
DERMOTIC (*fluocinolone acetonide (otic)*) 0.01 % OIL	TIER 2	
FLOXIN OTIC (*ofloxacin (otic)*) 0.3 % SOLUTION	TIER 3	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
fluocinolone acetonide (otic) oil 0.01%	TIER 1	
fluocinolone acetonide (otic) oil 0.01% (FLAC)	TIER 1	
hydrocortisone w/ acetic acid otic soln 1-2% (ACETASOL HC)	TIER 1	
hydrocortisone w/ acetic acid otic soln 1-2% (HYDROCORTISONE-ACETIC ACID)	TIER 1	
neomycin-polymyxin-hc otic soln 1%	TIER 1	
neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%	TIER 1	
ofloxacin otic soln 0.3%	TIER 1	
OTOVEL (*ciprofloxacin-fluocinolone acetonide*) 0.3-0.025 % SOLUTION	TIER 3	QLC (14 vials/7 days)

RESPIRATORY TRACT/PULMONARY AGENTS (Drugs for the Lungs)

ANTI-INFLAMMATORIES, INHALED CORTICOSTEROIDS (Drugs for Asthma and COPD)

AEROSPAN (*flunisolide hfa*) 80 MCG/ACT SOLN	TIER 3	ST, QLC (2 inhalers/month)
ALVESCO (*ciclesonide*) 160 MCG/ACT AERO SOLN	TIER 3	ST, QLC (2 inhalers/month)
ALVESCO (*ciclesonide*) 80 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 inhaler/month)
ARMONAIR DIGIHALER (*fluticasone propionate (inhalation)*) 55 MCG/ACT AER POW BA, 113 MCG/ACT AER POW BA, 232 MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
ARMONAIR RESPICLICK 113 (*fluticasone propionate (inhalation)*) MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
ARMONAIR RESPICLICK 232 (*fluticasone propionate (inhalation)*) MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
ARMONAIR RESPICLICK 55 (*fluticasone propionate (inhalation)*) MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ARNUITY ELLIPTA (*fluticasone furoate (inhalation)*) 50 MCG/ACT AER POW BA, 100 MCG/ACT AER POW BA, 200 MCG/ACT AER POW BA	TIER 2	QLC (1 inhaler/month)
ASMANEX (120 METERED DOSES) (*mometasone furoate (inhalation)*) 220 MCG/INH AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
ASMANEX (14 METERED DOSES) (*mometasone furoate (inhalation)*) 220 MCG/INH AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
ASMANEX (30 METERED DOSES) (*mometasone furoate (inhalation)*) 110 MCG/INH AER POW BA, 220 MCG/INH AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
ASMANEX (60 METERED DOSES) (*mometasone furoate (inhalation)*) 220 MCG/INH AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
ASMANEX (7 METERED DOSES) (*mometasone furoate (inhalation)*) 110 MCG/INH AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
ASMANEX HFA (*mometasone furoate (inhalation)*) 100 MCG/ACT AEROSOL, 200 MCG/ACT AEROSOL	TIER 3	ST, QLC (1 inhlaer/month)
ASMANEX HFA (*mometasone furoate (inhalation)*) 50 MCG/ACT AEROSOL	TIER 3	ST, QLC (1 inhaler/month)
BECONASE AQ (*beclomethasone diprop monohyd*) 42 MCG/SPRAY SUSPENSION	TIER 3	ST, QLC (1 bottle/month)
budesonide inhalation susp 0.25 mg/2ml	TIER 1	QLC (4 ml/day)
budesonide inhalation susp 0.5 mg/2ml	TIER 1	QLC (4 ml/day)
budesonide inhalation susp 1 mg/2ml	TIER 1	QLC (2 ml/day)
FLOVENT DISKUS (*fluticasone propionate (inhalation)*) 250 MCG/BLIST AER POW BA	TIER 2	QLC (4 inhalers/month)
FLOVENT DISKUS (*fluticasone propionate (inhalation)*) 50 MCG/BLIST AER POW BA, 100 MCG/BLIST AER POW BA	TIER 2	QLC (1 inhaler/month)
FLOVENT HFA (*fluticasone propionate hfa*) 44 MCG/ACT AEROSOL, 110 MCG/ACT AEROSOL, 220 MCG/ACT AEROSOL	TIER 2	QLC (2 inhalers/month)
FLUNISOLIDE (*flunisolide (nasal)*) 25 MCG/ACT (0.025%) SOLUTION	TIER 1	QLC (2 bottles/month)
fluticasone propionate nasal susp 50 mcg/act	TIER 1	QLC (1 bottle/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
mometasone furoate nasal susp 50 mcg/act	TIER 1	ST, QLC (1 bottle/month)
NASONEX (*mometasone furoate (nasal)*) 50 MCG/ACT SUSPENSION	TIER 3	ST, QLC (1 bottle/month)
OMNARIS (*ciclesonide (nasal)*) 50 MCG/ACT SUSPENSION	TIER 3	ST, QLC (1 bottle/month)
PULMICORT (*budesonide (inhalation)*) 0.25 MG/2ML SUSPENSION, 0.5 MG/2ML SUSPENSION	TIER 3	QLC (4 ml/day)
PULMICORT (*budesonide (inhalation)*) 1 MG/2ML SUSPENSION	TIER 3	QLC (2 ml/day)
PULMICORT FLEXHALER (*budesonide (inhalation)*) 90 MCG/ACT AER POW BA, 180 MCG/ACT AER POW BA	TIER 2	QLC (2 inhalers/month)
QNASL (*beclomethasone dipropionate (nasal)*) 80 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 bottle (10.6 ml)/month)
QNASL CHILDRENS (*beclomethasone dipropionate (nasal)*) 40 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 bottle (6.8 ml)/month)
QVAR (*beclomethasone dipropionate*) 40 MCG/ACT AERO SOLN	TIER 2	QLC (4 inhalers/month)
QVAR (*beclomethasone dipropionate*) 80 MCG/ACT AERO SOLN	TIER 2	QLC (2 inhalers/month)
QVAR REDIHALER (*beclomethasone dipropionate hfa*) 40 MCG/ACT AERO BA, 80 MCG/ACT AERO BA	TIER 2	QLC (2 inhalers/month)
XHANCE (*fluticasone propionate (nasal)*) 93 MCG/ACT EXHU	TIER 3	PA, QLC (2 bottles/month)
ZETONNA (*ciclesonide (nasal)*) 37 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 bottle/month)

ANTIHISTAMINES

ASTEPRO (*azelastine hcl*) 0.15 % SOLUTION	TIER 3	QLC (1 bottle/month)
azelastine hcl nasal spray 0.1% (137 mcg/spray) mcg/)	TIER 1	QLC (1 bottle/25 days)
azelastine hcl nasal spray 0.15% (205.5 mcg/spray) mcg/)	TIER 1	QLC (1 bottle/25 days)
azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act (AZELASTINE-FLUTICASONE)	TIER 1	ST, QLC (1 bottle/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CARBINOXAMINE MALEATE 4 MG/5ML SOLUTION	TIER 1	
CARBINOXAMINE MALEATE 6 MG TAB	TIER 1	PA, QLC (4 tabs/day)
carbinoxamine maleate soln 4 mg/5ml	TIER 1	
carbinoxamine maleate tab 4 mg	TIER 1	
CLARINEX (*desloratadine*) 0.5 MG/ML SYRUP, 5 MG TAB	TIER 3	ST
CLEMASTINE FUMARATE 0.67 MG/5ML SYRUP	TIER 1	PA, QLC (60 ml/day)
CLEMASTINE FUMARATE 2.68 MG TAB	TIER 1	
cyproheptadine hcl syrup 2 mg/5ml	TIER 1	
cyproheptadine hcl tab 4 mg	TIER 1	
DESLORATADINE 2.5 MG TAB DISP, 5 MG TAB DISP	TIER 1	ST
desloratadine tab 5 mg	TIER 1	ST
DEXCHLORPHENIRAMINE MALEATE 2 MG/5ML SOLUTION	TIER 1	PA, AL1 (Up to 64 yrs old), QLC (30 ml/day)
DYMISTA (*azelastine hcl-fluticasone propionate*) 137-50 MCG/ACT SUSPENSION	TIER 3	ST, QLC (1 bottle/month)
hydroxyzine hcl syrup 10 mg/5ml	TIER 1	
hydroxyzine hcl tab 10 mg	TIER 1	
hydroxyzine hcl tab 25 mg	TIER 1	
hydroxyzine hcl tab 50 mg	TIER 1	
HYDROXYZINE PAMOATE 100 MG CAP	TIER 1	
hydroxyzine pamoate cap 25 mg	TIER 1	
hydroxyzine pamoate cap 50 mg	TIER 1	
KARBINAL ER (*carbinoxamine maleate*) 4 MG/5ML SUSP	TIER 3	PA, QLC (40 ml/day)
olopatadine hcl nasal soln 0.6%	TIER 1	ST, QLC (1 bottle/month)
PATANASE (*olopatadine hcl (nasal)*) 0.6 % SOLUTION	TIER 3	ST, QLC (1 bottle/month)
promethazine hcl syrup 6.25 mg/5ml	TIER 1	
RYCLORA (*dexchlorpheniramine maleate*) 2 MG/5ML SOLUTION	TIER 1	PA, AL1 (Up to 64 yrs old), QLC (30 ml/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RYVENT (*carbinoxamine maleate*) 6 MG TAB	TIER 3	PA, QLC (4 tabs/day)
VISTARIL (*hydroxyzine pamoate*) 25 MG CAP, 50 MG CAP	TIER 3	
ZERVIATE (*cetirizine hcl (ophth)*) 0.24 % SOLUTION	TIER 3	PA, QLC (2 droperettes/day)

ANTILEUKOTRIENES

ACCOLATE (*zafirlukast*) 10 MG TAB, 20 MG TAB	TIER 3	
montelukast sodium chew tab 4 mg (base equiv)	TIER 1	QLC (1 tab/day)
montelukast sodium chew tab 5 mg (base equiv)	TIER 1	QLC (1 tab/day)
montelukast sodium oral granules packet 4 mg (base equiv)	TIER 1	QLC (1 pack/day)
montelukast sodium tab 10 mg (base equiv)	TIER 1	QLC (1 tab/day)
SINGULAIR (*montelukast sodium*) 4 MG CHEW TAB, 5 MG CHEW TAB, 10 MG TAB	TIER 3	QLC (1 tab/day)
SINGULAIR (*montelukast sodium*) 4 MG PACKET	TIER 3	QLC (1 pack/day)
zafirlukast tab 10 mg	TIER 1	
zafirlukast tab 20 mg	TIER 1	
zileuton tab er 12hr 600 mg (ZILEUTON ER)	TIER 1	PA
ZYFLO (*zileuton*) 600 MG TAB	TIER 3	PA
ZYFLO CR (*zileuton*) 600 MG TAB ER 12H	TIER 3	PA

BRONCHODILATORS, ANTICHOLINERGIC (Drugs for Asthma and COPD Symptoms)

ATROVENT HFA (*ipratropium bromide hfa*) 17 MCG/ACT AERO SOLN	TIER 2	QLC (2 inhalers/month)
INCRUSE ELLIPTA (*umeclidinium bromide*) 62.5 MCG/INH AER POW BA	TIER 2	QLC (1 inhaler/month)
ipratropium bromide inhal soln 0.02%	TIER 1	QLC (120 doses/month)
ipratropium bromide nasal soln 0.03% (21 mcg/spray)	TIER 1	QLC (1 bottle/month)
ipratropium bromide nasal soln 0.06% (42 mcg/spray)	TIER 1	QLC (3 bottles/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LONHALA MAGNAIR REFILL KIT (*glycopyrrolate (inhalation)*) 25 MCG/ML SOLUTION	TIER 4	PA, QLC (2 vials/day)
LONHALA MAGNAIR STARTER KIT (*glycopyrrolate (inhalation)*) 25 MCG/ML SOLUTION	TIER 4	PA, QLC (2 vials/day)
SEEBRI NEOHALER (*glycopyrrolate (inhalation)*) 15.6 MCG CAP	TIER 3	ST, QLC (1 inhaler[60 caps]/month)
SPIRIVA HANDIHALER (*tiotropium bromide monohydrate*) 18 MCG CAP	TIER 2	QLC (30 caps/month)
SPIRIVA RESPIMAT (*tiotropium bromide monohydrate*) 1.25 MCG/ACT AERO SOLN, 2.5 MCG/ACT AERO SOLN	TIER 2	QLC (1 inhaler/month)
TUDORZA PRESSAIR (*aclidinium bromide*) 400 MCG/ACT AER POW BA	TIER 3	ST, QLC (1 inhaler/month)
YUPELRI (*revefenacin*) 175 MCG/3ML SOLUTION	TIER 4	PA, QLC (3 ml/day)

BRONCHODILATORS, SYMPATHOMIMETIC (Drugs for Asthma and COPD Symptoms)

albuterol hfa (generic proair hfa)	TIER 1	QLC (2 inhalers/month)
albuterol hfa (generic proventil hfa)	TIER 1	QLC (2 inhalers/month)
albuterol hfa (generic ventolin hfa)	TIER 1	QLC (2 inhalers/month)
ALBUTEROL SULFATE (5 MG/ML) 0.5% NEBU SOLN	TIER 1	QLC (4 bottles/month)
ALBUTEROL SULFATE ER ER 4 MG TAB ER 12H, ER 8 MG TAB ER 12H	TIER 1	
albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv) (ALBUTEROL SULFATE HFA)	TIER 1	QLC (2 inhalers/month)
albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)	TIER 1	QLC (375 ml/month)
albuterol sulfate soln nebu 0.5% (5 mg/ml)	TIER 1	QLC (5 boxes (150 ml)/month)
albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)	TIER 1	QLC (5 boxes (375 ml)/month)
albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)	TIER 1	QLC (5 boxes (375 ml)/month)
albuterol sulfate syrup 2 mg/5ml	TIER 1	
albuterol sulfate tab 2 mg	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
albuterol sulfate tab 4 mg	TIER 1	
ARCAPTA NEOHALER (*indacaterol maleate*) ARTA 75 MCG	TIER 3	ST, QLC (1 cap/day)
arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)	TIER 1	QLC (120 ml/month)
AUVI-Q (*epinephrine (anaphylaxis)*) UVI-0.1 MG/0.1ML SOLN -INJ, UVI-0.15 MG/0.15ML SOLN -INJ, UVI-0.3 MG/0.3ML SOLN -INJ	TIER 4	PA, QLC (4 injections/fill; max 6 fills per year)
BROVANA (*arformoterol tartrate*) 15 MCG/2ML NEBU SOLN	TIER 3	QLC (120 ml/month)
EPINEPHRINE (*epinephrine (anaphylaxis)*) 0.15 MG/0.15ML SOLN -INJ, 0.3 MG/0.3ML SOLN -INJ	TIER 1	QLC (4 injections/fill; max 6 fills per year)
epinephrine solution auto-injector 0.15 mg/0.3ml (1:2000)	TIER 1	QLC (4 injections/fill; max 6 fills per year)
epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)	TIER 1	QLC (4 injections/fill; max 6 fills per year)
EPIPEN 2-PAK (*epinephrine (anaphylaxis)*) -PK 0.3 MG/0.3ML SOLN -INJ	TIER 2	QLC (4 injections/fill; max 6 fills per year)
EPIPEN JR 2-PAK (*epinephrine (anaphylaxis)*) -PK 0.15 MG/0.3ML SOLN -INJ	TIER 2	QLC (4 injections/fill; max 6 fills per year)
formoterol fumarate soln nebu 20 mcg/2ml	TIER 1	QLC (120 ml/month)
levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)	TIER 1	QLC (90 nebs/month)
levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)	TIER 1	QLC (90 nebs/month)
levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)	TIER 1	QLC (90 nebs/month)
levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)	TIER 1	QLC (90 vials/month)
LEVALBUTEROL TARTRATE 45 MCG/ACT AEROSOL	TIER 1	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)
METAPROTERENOL SULFATE 10 MG TAB, 10 MG/5ML SYRUP, 20 MG TAB	TIER 1	
PERFOROMIST (*formoterol fumarate*) 20 MCG/2ML NEBU SOLN	TIER 3	QLC (120 ml/month)
PROAIR DIGIHALER (*albuterol sulfate*) 108 (90 BASE) MCG/ACT AER POW BA	TIER 3	PA, QLC (2 inhalers/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PROAIR HFA (*albuterol sulfate*) 108 (90 BASE) MCG/ACT AERO SOLN	TIER 3	QLC (2 inhalers/month)
PROAIR RESPICLICK (*albuterol sulfate*) 108 (90 BASE) MCG/ACT AER POW BA	TIER 3	ST, QLC (2 inhalers/month)
PROVENTIL HFA (*albuterol sulfate*) 108 (90 BASE) MCG/ACT AERO SOLN	TIER 3	QLC (2 inhalers/month)
SEREVENT DISKUS (*salmeterol xinafoate*) 50 MCG/DOSE AER POW BA	TIER 2	QLC (1 inhaler/month)
STRIVERDI RESPIMAT (*olodaterol hcl*) 2.5 MCG/ACT AERO SOLN	TIER 2	QLC (1 inhaler/month)
SYMJEPI (*epinephrine (anaphylaxis)*) 0.15 MG/0.3ML SOLN PRSYR, 0.3 MG/0.3ML SOLN PRSYR	TIER 3	PA, QLC (4 injections/fill; max 6 fills/year)
terbutaline sulfate tab 2.5 mg	TIER 1	
terbutaline sulfate tab 5 mg	TIER 1	
VENTOLIN HFA (*albuterol sulfate*) 108 (90 BASE) MCG/ACT AERO SOLN	TIER 2	QLC (2 inhalers/month)
XOPENEX (*levalbuterol hcl*) 0.31 MG/3ML NEBU SOLN, 0.63 MG/3ML NEBU SOLN, 1.25 MG/3ML NEBU SOLN	TIER 3	QLC (90 nebs/month)
XOPENEX CONCENTRATE (*levalbuterol hcl*) 1.25 MG/0.5ML NEBU SOLN	TIER 3	QLC (90 vials/month)
XOPENEX HFA (*levalbuterol tartrate*) 45 MCG/ACT AEROSOL	TIER 3	QLC (2 inhalers/month at retail, 5 inhalers/3 months at mail order)

CYSTIC FIBROSIS AGENTS

BETHKIS (*tobramycin*) 300 MG/4ML NEBU SOLN	TIER 4	PA, SP, QLC (1 box (224 ml)/2 months)
BRONCHITOL (*mannitol (cystic fibrosis)*) 40 MG CAP	TIER 4	PA, SP, QLC (20 caps/day)
CAYSTON (*aztreonam lysine*) 75 MG RECON SOLN	TIER 4	PA, SP, QLC (1 box/2 months)
KALYDECO (*ivacaftor*) 150 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
KALYDECO (*ivacaftor*) 25 MG PACKET	TIER 4	PA, SP, QLC (2 packets/day)
KALYDECO (*ivacaftor*) 50 MG PACKET, 75 MG PACKET	TIER 4	PA, SP, QLC (2 packs/day)
KITABIS PAK (*tobramycin*) 300 MG/5ML NEBU SOLN	TIER 4	PA, SP, QLC (1 pack/56 days)
ORKAMBI (*lumacaftor-ivacaftor*) 100-125 MG PACKET, 150-188 MG PACKET	TIER 4	PA, SP, QLC (2 packs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORKAMBI (*lumacaftor-ivacaftor*) 100-125 MG TAB, 200-125 MG TAB	TIER 4	PA, SP, QLC (4 tabs/day)
PULMOZYME (*dornase alfa*) 2.5 MG/2.5ML SOLUTION	TIER 4	SP, QLC (5 ml/day)
SYMDEKO (*tezacaftor-ivacaftor*) 50-75 75 MG TAB THPK, 100-150 150 MG TAB THPK	TIER 4	PA, SP, QLC (2 tabs/day)
TOBI (*tobramycin*) 300 MG/5ML NEBU SOLN	TIER 4	PA, SP, QLC (1 box/2 months)
TOBI PODHALER (*tobramycin*) 28 MG CAP	TIER 4	PA, SP, QLC (224 caps/2 months)
TOBRAMYCIN 300 MG/5ML NEBU SOLN	TIER 4	PA, SP, QLC (1 pack/56 days)
tobramycin nebu soln 300 mg/4ml	TIER 4	PA, SP, QLC (1 box (224 ml)/2 months)
tobramycin nebu soln 300 mg/5ml	TIER 4	PA, SP, QLC (1 box/2 months)
TRIKAFTA (*elexacaftor-tezacaftor-ivacaftor*) 50-25-37.5 75 MG TAB THPK, 100-50-75 150 MG TAB THPK	TIER 4	PA, SP, QLC (3 tabs/day)

MAST CELL STABILIZERS (Drugs to Block Mast Cells)

cromolyn sodium soln nebu 20 mg/2ml	TIER 1	QLC (2 boxes/month)

PHOSPHODIESTERASE INHIBITORS, AIRWAYS DISEASE (Drugs that Block Phosphodiesterase)

caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)	TIER 1	
DALIRESP (*roflumilast*) 250 MCG TAB	TIER 3	PA, QLC (1 tab/day, not to exceed 28 days therapy/6 months)
DALIRESP (*roflumilast*) 500 MCG TAB	TIER 3	PA, QLC (1 tab/day)
ELIXOPHYLLIN (*theophylline*) 80 MG/15ML ELIXIR	TIER 3	
THEO-24 (*theophylline*) -24 100 MG CAP ER 24H, -24 200 MG CAP ER 24H, -24 300 MG CAP ER 24H, -24 400 MG CAP ER 24H	TIER 2	
THEOCHRON (*theophylline*) 100 MG TAB ER 12H, 200 MG TAB ER 12H	TIER 1	
THEOPHYLLINE ER ER 300 MG TAB ER 12H, ER 450 MG TAB ER 12H	TIER 1	
theophylline soln 80 mg/15ml	TIER 1	
theophylline tab er 12hr 100 mg (THEOPHYLLINE ER)	TIER 1	

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
theophylline tab er 12hr 200 mg (THEOPHYLLINE ER)	TIER 1	
theophylline tab er 12hr 300 mg (THEOCHRON)	TIER 1	
theophylline tab er 12hr 300 mg (THEOPHYLLINE ER)	TIER 1	
theophylline tab er 12hr 450 mg (THEOPHYLLINE ER)	TIER 1	
theophylline tab er 24hr 400 mg (THEOPHYLLINE ER)	TIER 1	
theophylline tab er 24hr 600 mg (THEOPHYLLINE ER)	TIER 1	

PULMONARY ANTIHYPERTENSIVES (Drugs for Pulmonary Hypertension)

ADCIRCA (*tadalafil (pulmonary hypertension)*) 20 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
ADEMPAS (*riociguat*) 0.5 MG TAB, 1 MG TAB, 1.5 MG TAB, 2 MG TAB, 2.5 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
ambrisentan tab 10 mg	TIER 4	PA, SP, QLC (1 tab/day)
ambrisentan tab 5 mg	TIER 4	PA, SP, QLC (1 tab/day)
bosentan tab 125 mg	TIER 4	PA, SP, QLC (2 tabs/day)
bosentan tab 62.5 mg	TIER 4	PA, SP, QLC (2 tabs/day)
LETAIRIS (*ambrisentan*) 5 MG TAB, 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
OPSUMIT (*macitentan*) 10 MG TAB	TIER 4	PA, SP, QLC (1 tab/day)
ORENITRAM (*treprostinil diolamine*) 0.125 MG TAB ER, 0.25 MG TAB ER	TIER 4	PA, SP, QLC (9 tabs/day)
ORENITRAM (*treprostinil diolamine*) 1 MG TAB ER	TIER 4	PA, SP, QLC (42 tabs/day)
ORENITRAM (*treprostinil diolamine*) 2.5 MG TAB ER	TIER 4	PA, SP, QLC (16 tabs/day)
ORENITRAM (*treprostinil diolamine*) 5 MG TAB ER	TIER 4	PA, SP, QLC (8 tabs/day)
REVATIO (*sildenafil citrate (pulmonary hypertension)*) 10 MG/ML RECON SUSP	TIER 4	PA, SP, QLC (6 ml/day)
REVATIO (*sildenafil citrate (pulmonary hypertension)*) 20 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sildenafil citrate for suspension 10 mg/ml	TIER 4	PA, SP, QLC (6 ml/day)
sildenafil citrate tab 20 mg	TIER 4	PA, SP, QLC (3 tabs/day)
tadalafil tab 20 mg (pah) (ALYQ)	TIER 4	PA, SP, QLC (2 tabs/day)
tadalafil tab 20 mg (pah) (TADALAFIL (PAH))	TIER 4	PA, SP, QLC (2 tabs/day)
TRACLEER (*bosentan*) 32 MG TAB SOL	TIER 4	PA, SP, QLC (4 tabs/day)
TRACLEER (*bosentan*) 62.5 MG TAB, 125 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
UPTRAVI (*selexipag*) 200 & 800 MCG TAB THPK	TIER 4	PA, SP, QLC (200 tabs/6 months)
UPTRAVI (*selexipag*) 200 MCG TAB	TIER 4	PA, SP, QLC (pckg size #60= 2 tabs/day; pckg size #140= 140 tabs/6 months)
UPTRAVI (*selexipag*) 400 MCG TAB, 600 MCG TAB, 800 MCG TAB, 1000 MCG TAB, 1200 MCG TAB, 1400 MCG TAB, 1600 MCG TAB	TIER 4	PA, SP, QLC (2 tabs/day)

PULMONARY FIBROSIS AGENTS

ESBRIET (*pirfenidone*) 267 MG CAP	TIER 4	PA, SP, QLC (9 caps/day)
ESBRIET (*pirfenidone*) 267 MG TAB	TIER 4	PA, SP, QLC (9 tabs/day)
ESBRIET (*pirfenidone*) 801 MG TAB	TIER 4	PA, SP, QLC (3 tabs/day)
OFEV (*nintedanib esylate*) 100 MG CAP, 150 MG CAP	TIER 4	PA, SP, QLC (2 caps/day)

RESPIRATORY TRACT AGENTS, OTHER (Other Drugs for Breathing Conditions)

acetylcysteine inhal soln 10%	TIER 1	
acetylcysteine inhal soln 20%	TIER 1	
ADVAIR DISKUS (*fluticasone-salmeterol*) 100-50 MCG/DOSE AER POW BA, 250-50 MCG/DOSE AER POW BA, 500-50 MCG/DOSE AER POW BA	TIER 2	QLC (1 inhaler/month)
ADVAIR HFA (*fluticasone-salmeterol*) 45-21 MCG/ACT AEROSOL, 115-21 MCG/ACT AEROSOL, 230-21 MCG/ACT AEROSOL	TIER 2	QLC (1 inhaler/month)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AIRDUO DIGIHALER (*fluticasone-salmeterol*) 55-14 MCG/ACT AER POW BA, 113-14 MCG/ACT AER POW BA, 232-14 MCG/ACT AER POW BA	TIER 3	PA, QLC (1 inhaler/month)
AIRDUO RESPICLICK 113/14 (*fluticasone-salmeterol*) /-MCG/ACT AER POW BA	TIER 3	QLC (1 inhaler/month)
AIRDUO RESPICLICK 232/14 (*fluticasone-salmeterol*) /-MCG/ACT AER POW BA	TIER 3	QLC (1 inhaler/month)
AIRDUO RESPICLICK 55/14 (*fluticasone-salmeterol*) /-MCG/ACT AER POW BA	TIER 3	QLC (1 inhaler/month)
ANORO ELLIPTA (*umeclidinium-vilanterol*) 62.5-25 MCG/INH AER POW BA	TIER 2	QLC (1 inhaler/month)
benzonatate cap 100 mg	TIER 1	
benzonatate cap 150 mg	TIER 1	
benzonatate cap 200 mg	TIER 1	
BEVESPI AEROSPHERE (*glycopyrrolate-formoterol fumarate*) 9-4.8 MCG/ACT AEROSOL	TIER 3	ST, QLC (1 inhaler/month)
BREO ELLIPTA (*fluticasone furoate-vilanterol*) 100-25 MCG/INH AER POW BA, 200-25 MCG/INH AER POW BA	TIER 2	QLC (1 inhaler/month)
BREZTRI AEROSPHERE (*budesonide-glycopyrrolate-formoterol fumarate*) 160-9-4.8 MCG/ACT AEROSOL	TIER 3	PA, QLC (1 inhaler/30 days)
BUDESONIDE-FORMOTEROL FUMARATE (*budesonide-formoterol fumarate dihydrate*) -80-4.5 MCG/ACT AEROSOL, -160-4.5 MCG/ACT AEROSOL	TIER 3	PA, QLC (1 inhaler/month)
CLARINEX-D 12 HOUR (*desloratadine-pseudoephedrine*) -2.5-0 MG TAB ER H	TIER 3	ST
COMBIVENT RESPIMAT (*ipratropium-albuterol*) 20-100 MCG/ACT AERO SOLN	TIER 2	QLC (1 inhaler/month)
DUAKLIR PRESSAIR (*aclidinium bromide-formoterol fumarate*) 400-12 MCG/ACT AER POW BA	TIER 3	ST, QLC (1 inhaler/30 days)
DULERA (*mometasone furoate-formoterol fumarate dihydrate*) 50-5 MCG/ACT AEROSOL, 100-5 MCG/ACT AEROSOL, 200-5 MCG/ACT AEROSOL	TIER 3	PA, QLC (1 inhaler/month)
FASENRA PEN (*benralizumab*) 30 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (1 pen/56 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FLOWTUSS (*hydrocodone-guaifenesin*) 2.5-200 MG/5ML SOLUTION	TIER 3	PA, AL1 (At least 18 yrs old), QLC (60 ml/day, max 7 days therapy/month)
FLUTICASONE-SALMETEROL -55-14 MCG/ACT AER POW BA, -113-14 MCG/ACT AER POW BA, -232-14 MCG/ACT AER POW BA	TIER 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 100-50 mcg/dose	TIER 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 100-50 mcg/dose (WIXELA INHUB)	TIER 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 250-50 mcg/dose (WIXELA INHUB) *-2-*	TIER 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 250-50 mcg/dose -2-	TIER 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 500-50 mcg/dose	TIER 1	QLC (1 inhaler/month)
fluticasone-salmeterol aer powder ba 500-50 mcg/dose (WIXELA INHUB)	TIER 1	QLC (1 inhaler/month)
GRASTEK (*timothy grass pollen allergen extract*) 2800 BAU SL TAB	TIER 3	PA, QLC (1 tab/day)
guaifenesin-codeine soln 100-10 mg/5ml	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
guaifenesin-codeine soln 100-10 mg/5ml (CHERATUSSIN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
guaifenesin-codeine soln 100-10 mg/5ml (G TUSSIN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
guaifenesin-codeine soln 100-10 mg/5ml (GUAIATUSSIN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
guaifenesin-codeine soln 100-10 mg/5ml (GUAIFENESIN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
guaifenesin-codeine soln 100-10 mg/5ml (MAXI-TUSS AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
guaifenesin-codeine soln 100-10 mg/5ml (ROBAFEN AC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
guaifenesin-codeine soln 100-10 mg/5ml (VIRTUSSIN A/C)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
guaifenesin-codeine soln 100-10 mg/5ml (VIRTUSSIN AC W/ALC)	TIER 1	AL1 (At least 18 yrs old), QLC (60 ml/day; max 7 days therapy/month)
HYCODAN (*hydrocodone w/ homatropine*) 5-1.5 MG/5ML SYRUP	TIER 3	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
HYCOFENIX (*pseudoeph w/hydrocodone-gg*) 30-2.5-200 MG/5ML SOLUTION	TIER 3	AL1 (At least 18 yrs old), QLC (40 ml/day; max 7 days therapy/month)
hydrocod polst-chlorphen polst er susp 10-8 mg/5ml (HYDROCOD POLST-CPM POLST ER)	TIER 1	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml (HYDROCODONE-HOMATROPINE) *-1.mg/ml*	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
hydrocodone w/ homatropine syrup 5-1.5 mg/5ml (HYDROMET) *-1.mg/ml*	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
hydrocodone w/ homatropine tab 5-1.5 mg (HYDROCODONE-HOMATROPINE)	TIER 1	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
hydrocodone w/ homatropine tab 5-1.5 mg (TUSSIGON)	TIER 1	AL1 (At least 18 yrs old), QLC (6 tabs/day; max 7 days therapy/month)
HYDROCODONE-GUAIFENESIN -2.5-200 MG/5ML SOLUTION	TIER 1	PA, AL1 (At least 18 yrs old), QLC (60 ml/day, max 7 days therapy/month)
HYPERSAL (*sodium chloride (inhalant)*) 3.5 % NEBU SOLN, 7 % NEBU SOLN	TIER 3	
ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml	TIER 1	QLC (6 boxes [30 doses/box]/month)
NEBUSAL (*sodium chloride (inhalant)*) 6 % SOLN	TIER 3	
NUCALA (*mepolizumab*) 100 MG/ML SOLN PRSYR	TIER 4	PA, SP, QLC (3 syringes/28 days)
NUCALA (*mepolizumab*) NUCL100 MG/ML SOLN -INJ	TIER 4	PA, SP, QLC (3 auto-injectors/28 days)
OBREDON (*hydrocodone-guaifenesin*) 2.5-200 MG/5ML SOLUTION	TIER 3	PA, AL1 (At least 18 yrs old), QLC (60 ml/day, max 7 days therapy/month)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORALAIR (*grass mixed pollens allergen extract*) ORALA300 SL TAB	TIER 3	PA, SP, QLC (1 tab/day)
ORALAIR ADULT SAMPLE KIT (*grass mixed pollens allergen extract*) ORALA300 SL TAB	TIER 3	PA, SP, QLC (1 tab/day)
ORALAIR ADULT STARTER PACK (*grass mixed pollens allergen extract*) ORALA300 SL TAB	TIER 3	PA, SP, QLC (1 tab/day)
promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE VC PLAIN) *-mg/ml*	TIER 1	
promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE VC) *-mg/ml*	TIER 1	
promethazine & phenylephrine syrup 6.25-5 mg/5ml (PROMETHAZINE-PHENYLEPHRINE) *-mg/ml*	TIER 1	
promethazine w/ codeine syrup 6.25-10 mg/5ml (PROMETHAZINE-CODEINE)	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
PROMETHAZINE-DM -6.25-15 MG/5ML SOLUTION	TIER 1	
promethazine-dm syrup 6.25-15 mg/5ml	TIER 1	
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (PROMETHAZINE VC/CODEINE) *----mg/ml*	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (PROMETHAZINE-PHENYLEPH-CODEINE) *----mg/ml*	TIER 1	AL1 (At least 18 yrs old), QLC (30 ml/day; max 7 days therapy/month)
pseudoeph-chlorphen w/ hydrocodone soln 60-4-5 mg/5ml (PSEUDOEPH-CHLORPHEN-HYDROCOD) *---mg/ml*	TIER 1	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)
PSEUDOEPH-CHLORPHEN-HYDROCOD (*pseudoephed-cpm w/ hydrocod*) --60-4-5 MG/5ML SOLUTION	TIER 1	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (BROMFED DM)	TIER 1	
pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (PSEUDOEPH-BROMPHEN-DM)	TIER 1	
RAGWITEK (*short ragweed pollen allergen extract*) RGWITEK 12 MB 1-SL TB	TIER 3	PA, QLC (1 tab/day)
sodium chloride soln nebu 0.9%	TIER 1	
sodium chloride soln nebu 10%	TIER 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sodium chloride soln nebu 3%	TIER 1	
sodium chloride soln nebu 3% (NEBUSAL)	TIER 1	
sodium chloride soln nebu 7%	TIER 1	
sodium chloride soln nebu 7% (PULMOSAL)	TIER 1	
STIOLTO RESPIMAT (*tiotropium bromide-olodaterol hcl*) 2.5-2.5 MCG/ACT AERO SOLN	TIER 3	ST, QLC (1 inhaler/month)
SYMBICORT (*budesonide-formoterol fumarate dihydrate*) 80-4.5 MCG/ACT AEROSOL, 160-4.5 MCG/ACT AEROSOL	TIER 2	QLC (1 inhaler/month)
TESSALON PERLES (*benzonatate*) 100 MG CAP	TIER 3	
TRELEGY ELLIPTA (*fluticasone-umeclidinium-vilanterol*) 100-62.5-25 MCG/INH AER POW BA, 200-62.5-25 MCG/INH AER POW BA	TIER 2	QLC (60 blister packs/30 days)
TUSSICAPS (*hydrocodone polistirex-chlorpheniramine polistirex*) 5-4 MG CAP ER 12H, 10-8 MG CAP ER 12H	TIER 3	PA, AL1 (At least 18 yrs old), QLC (2 caps/day; max 7 days therapy/month)
TUSSIONEX PENNKINETIC ER (*hydrocodone polistirex-chlorpheniramine polistirex*) 10-8 MG/5ML SUSP	TIER 3	AL1 (At least 18 yrs old), QLC (10 ml/day; max 7 days therapy/month)
TUXARIN ER (*chlorpheniramine w/ codeine*) 54.3-8 MG TAB 12H	TIER 3	AL1 (At least 18 yrs old), QLC (2 tabs/day; max 14 tabs/30 days)
TUZISTRA XR (*codeine polistirex-chlorpheniramine polistirex*) 14.7-2.8 MG/5ML SUSP	TIER 3	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)
UTIBRON NEOHALER (*indacaterol maleate-glycopyrrolate*) 27.5-15.6 MCG CAP	TIER 3	ST, QLC (1 inhaler[60 caps]/month)
ZUTRIPRO (*pseudoephed-cpm w/ hydrocod*) 60-4-5 MG/5ML SOLUTION	TIER 3	AL1 (At least 18 yrs old), QLC (20 ml/day; max 7 days therapy/month)

SKELETAL MUSCLE RELAXANTS (Drugs for Muscle Tightness)

AMRIX (*cyclobenzaprine hcl*) 15 MG CAP ER 24H, 30 MG CAP ER 24H	TIER 3	ST, AL1 (Up to 64 yrs old), QLC (1 cap/day)
carisoprodol tab 250 mg	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
carisoprodol tab 350 mg	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
carisoprodol tab 350 mg (VANADOM)	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
carisoprodol w/ aspirin tab 200-325 mg (CARISOPRODOL-ASPIRIN)	TIER 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)
CARISOPRODOL-ASPIRIN (*carisoprodol w/ aspirin*) -200-325 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (8 tabs/day)
chlorzoxazone tab 250 mg	TIER 1	PA, QLC (4 tabs/day)
chlorzoxazone tab 375 mg	TIER 1	PA, QLC (4 tabs/day)
chlorzoxazone tab 375 mg (LORZONE)	TIER 3	PA, QLC (4 tabs/day)
chlorzoxazone tab 500 mg	TIER 1	PA, QLC (4 tabs/day)
chlorzoxazone tab 750 mg	TIER 1	PA, QLC (4 tabs/day)
chlorzoxazone tab 750 mg (LORZONE)	TIER 3	PA, QLC (4 tabs/day)
cyclobenzaprine hcl cap er 24hr 15 mg (CYCLOBENZAPRINE HCL ER)	TIER 1	ST, AL1 (Up to 65 yrs old), QLC (1 cap/day)
cyclobenzaprine hcl cap er 24hr 30 mg (CYCLOBENZAPRINE HCL ER)	TIER 1	ST, AL1 (Up to 64 yrs old), QLC (1 CAP/DAY)
cyclobenzaprine hcl tab 10 mg	TIER 1	AL1 (Up to 64 yrs old)
cyclobenzaprine hcl tab 5 mg	TIER 1	AL1 (Up to 64 yrs old)
cyclobenzaprine hcl tab 7.5 mg	TIER 1	ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day)
FEXMID (*cyclobenzaprine hcl*) 7.5 MG TAB	TIER 3	ST, AL1 (Up to 64 yrs old), QLC (3 tabs/day)
METAXALONE 400 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
metaxalone tab 400 mg	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
metaxalone tab 800 mg	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
metaxalone tab 800 mg (METAXALL)	TIER 1	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
methocarbamol tab 500 mg	TIER 1	AL1 (Up to 64 yrs old)
methocarbamol tab 750 mg	TIER 1	AL1 (Up to 64 yrs old)
NORGESIC FORTE (*orphenadrine w/ aspirin & caff*) 50-770-60 MG TAB	TIER 3	QLC (4 tabs/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
orphenadrine citrate tab er 12hr 100 mg (ORPHENADRINE CITRATE ER)	TIER 1	AL1 (Up to 64 yrs old)
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (ORPHENADRINE-ASA-CAFFEINE)	TIER 1	QLC (4 tabs/day)
orphenadrine w/ aspirin & caffeine tab 50-770-60 mg (ORPHENGESIC FORTE)	TIER 1	QLC (4 tabs/day)
ORPHENADRINE-ASPIRIN-CAFFEINE (*orphenadrine w/ aspirin & caff*) --50-770-60 MG TAB	TIER 1	QLC (4 tabs/day)
ORPHENGESIC FORTE (*orphenadrine w/ aspirin & caff*) 770-60-50 MG TAB	TIER 1	QLC (4 tabs/day)
ROBAXIN (*methocarbamol*) 500 MG TAB	TIER 3	AL1 (Up to 64 yrs old)
ROBAXIN-750 (*methocarbamol*) -MG TAB	TIER 3	AL1 (Up to 64 yrs old)
SKELAXIN (*metaxalone*) 800 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (4 tabs/day)
SOMA (*carisoprodol*) 250 MG TAB, 350 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (4 tabs/day)

SLEEP DISORDER AGENTS (Drugs for Sleep Problems)

SLEEP PROMOTING AGENTS (Drugs for Insomnia)

AMBIEN (*zolpidem tartrate*) 10 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
AMBIEN (*zolpidem tartrate*) 5 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
AMBIEN CR (*zolpidem tartrate*) 12.5 MG TAB ER	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
AMBIEN CR (*zolpidem tartrate*) 6.25 MG TAB ER	TIER 3	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
BELSOMRA (*suvorexant*) 5 MG TAB, 10 MG TAB, 15 MG TAB, 20 MG TAB	TIER 3	ST, QLC (1 tab/day)
BUTISOL SODIUM (*butabarbital sodium*) 30 MG	TIER 3	
DAYVIGO (*lemborexant*) 5 MG TAB, 10 MG TAB	TIER 3	ST, QLC (1 tab/day)
DORAL (*quazepam*) 15 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
doxepin hcl (sleep) tab 3 mg (base equiv)	TIER 3	QLC (1 tab/day)

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
doxepin hcl (sleep) tab 6 mg (base equiv)	TIER 3	QLC (1 tab/day)
EDLUAR (*zolpidem tartrate*) 5 MG SL TAB, 10 MG SL TAB	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
estazolam tab 1 mg	TIER 1	QLC (2 tabs/day)
estazolam tab 2 mg	TIER 1	QLC (1 tab/day)
eszopiclone tab 1 mg	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
eszopiclone tab 2 mg	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
eszopiclone tab 3 mg	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
FLURAZEPAM HCL 15 MG CAP	TIER 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
FLURAZEPAM HCL 30 MG CAP	TIER 1	AL1 (Up to 64 yrs old), QLC (1 cap/day)
HALCION (*triazolam*) 0.25 MG TAB	TIER 3	QLC (2 tabs/day)
HETLIOZ (*tasimelteon*) 20 MG CAP	TIER 4	PA, SP, QLC (1 cap/day)
HETLIOZ LQ (*tasimelteon*) 4 MG/ML SUSPENSION	TIER 4	PA, SP, QLC (5.27 ml/day)
INTERMEZZO (*zolpidem tartrate*) 1.75 MG SL TAB, 3.5 MG SL TAB	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
LUNESTA (*eszopiclone*) 1 MG TAB, 2 MG TAB, 3 MG TAB	TIER 3	AL1 (Up to 64 yrs old), QLC (1 tab/day)
QUAZEPAM 15 MG TAB	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
ramelteon tab 8 mg	TIER 1	ST, QLC (1 tab/day)
RESTORIL (*temazepam*) 15 MG CAP	TIER 3	QLC (2 caps/day)
RESTORIL (*temazepam*) 22.5 MG CAP, 30 MG CAP	TIER 3	QLC (1 cap/day)
RESTORIL (*temazepam*) 7.5 MG CAP	TIER 3	QLC (4 caps/day)
ROZEREM (*ramelteon*) 8 MG TAB	TIER 3	ST, QLC (1 tab/day)
SECONAL (*secobarbital sodium*) 100 MG CAP	TIER 3	QLC (1 cap/day, not to exceed 14 caps/30 days)
SILENOR (*doxepin hcl (sleep)*) 3 MG TAB, 6 MG TAB	TIER 3	QLC (1 tab/day)
SONATA (*zaleplon*) 10 MG CAP	TIER 3	AL1 (Up to 64 yrs old), QLC (2 caps/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SONATA (*zaleplon*) 5 MG CAP	TIER 3	AL1 (Up to 64 yrs old), QLC (4 caps/day)
temazepam cap 15 mg	TIER 1	QLC (2 caps/day)
temazepam cap 22.5 mg	TIER 1	QLC (1 cap/day)
temazepam cap 30 mg	TIER 1	QLC (1 cap/day)
temazepam cap 7.5 mg	TIER 1	QLC (4 caps/day)
triazolam tab 0.125 mg	TIER 1	QLC (4 tabs/day)
triazolam tab 0.25 mg	TIER 1	QLC (2 tabs/day)
zaleplon cap 10 mg	TIER 1	AL1 (Up to 64 yrs old), QLC (2 caps/day)
zaleplon cap 5 mg	TIER 1	AL1 (Up to 64 yrs old), QLC (4 caps/day)
zolpidem tartrate sl tab 1.75 mg	TIER 1	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
zolpidem tartrate sl tab 3.5 mg	TIER 1	PA, AL1 (Up to 64 yrs old), QLC (1 tab/day)
zolpidem tartrate tab 10 mg	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
zolpidem tartrate tab 5 mg	TIER 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
zolpidem tartrate tab er 12.5 mg (ZOLPIDEM TARTRATE ER)	TIER 1	AL1 (Up to 64 yrs old), QLC (1 tab/day)
zolpidem tartrate tab er 6.25 mg (ZOLPIDEM TARTRATE ER)	TIER 1	AL1 (Up to 64 yrs old), QLC (2 tabs/day)
ZOLPIMIST (*zolpidem tartrate*) 5 MG/ACT SOLUTION	TIER 3	PA, AL1 (Up to 64 yrs old), QLC (1 bottle/month)

WAKEFULNESS PROMOTING AGENTS (Drugs for Excessive Daytime Sleepiness)

armodafinil tab 150 mg	TIER 1	PA, QLC (1 tab/day)
armodafinil tab 200 mg	TIER 1	PA, QLC (1 tab/day)
armodafinil tab 250 mg	TIER 1	PA, QLC (1 tab/day)
armodafinil tab 50 mg	TIER 1	PA, QLC (2 tabs/day)
modafinil tab 100 mg	TIER 1	QLC (3 tabs/day)
modafinil tab 200 mg	TIER 1	QLC (2 tabs/day)
NUVIGIL (*armodafinil*) 150 MG TAB, 200 MG TAB, 250 MG TAB	TIER 3	PA, QLC (1 tab/day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NUVIGIL (*armodafinil*) 50 MG TAB	TIER 3	PA, QLC (2 tabs/day)
PROVIGIL (*modafinil*) 100 MG TAB	TIER 3	QLC (3 tabs/day)
PROVIGIL (*modafinil*) 200 MG TAB	TIER 3	QLC (2 tabs/day)
SUNOSI (*solriamfetol hcl*) 75 MG TAB, 150 MG TAB	TIER 3	PA, QLC (1 tab/day)
WAKIX (*pitolisant hcl*) 4.45 MG TAB, 17.8 MG TAB	TIER 4	PA, SP, QLC (2 tabs/day)
XYREM (*sodium oxybate*) 500 MG/ML SOLUTION	TIER 4	PA, SP, QLC (3 bottles/month)
XYWAV (*calcium, magnesium, potassium, & sodium oxybates*) 500 MG/ML SOLUTION	TIER 4	PA, SP, QLC (18 ml/day)

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  - Information written in other languages

If you need these services, contact the Blue Shield of California Civil Rights Coordinator.

If you believe that Blue Shield of California has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

Blue Shield of California
Civil Rights Coordinator
P.O. Box 629007
El Dorado Hills, CA 95762-9007

Phone: (844) 831-4133 (TTY: 711)
Fax: (844) 696-6070
Email: BlueShieldCivilRightsCoordinator@blueshieldca.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, our Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at **https://ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at **www.hhs.gov/ocr/office/file/index.html**.

Blue Shield of California is an independent member of the Blue Shield Association A20275 (12/19)

Notice of the Availability of Language Assistance Services
Blue Shield of California

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For help at no cost, please call right away at the Member/Customer Service telephone number on the back of your Blue Shield ID card, or (866) 346-7198.

IMPORTANTE: ¿Puede leer esta carta? Si no, podemos hacer que alguien le ayude a leerla. También puede recibir esta carta en su idioma. Para ayuda sin cargo, por favor llame inmediatamente al teléfono de Servicios al miembro/cliente que se encuentra al reverso de su tarjeta de identificación de Blue Shield o al (866) 346-7198. (Spanish)

重要通知：您能讀懂這封信嗎？如果不能，我們可以請人幫您閱讀。這封信也可以 用您所講的語言書寫。如需免费幫助，請立即撥打登列在您的Blue Shield ID卡背面上的 會員/客戶服務部的電話，或者撥打電話 (866) 346-7198。(Chinese)

QUAN TRỌNG: Quý vị có thể đọc lá thư này không? Nếu không, chúng tôi có thể nhờ người giúp quý vị đọc thư. Quý vị cũng có thể nhận lá thư này được viết bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi ngay đến Ban Dịch vụ Hội viên/Khách hàng theo số ở mặt sau thẻ ID Blue Shield của quý vị hoặc theo số (866) 346-7198. (Vietnamese)

MAHALAGA: Nababasa mo ba ang sulat na ito? Kung hindi, maari kaming kumuha ng isang tao upang matulungan ka upang mabasa ito. Maari ka ring makakuha ng sulat na ito na nakasulat sa iyong wika. Para sa libreng tulong, mangyaring tumawag kaagad sa numerong telepono ng Miyembro/Customer Service sa likod ng iyong Blue Shield ID kard, o (866) 346-7198. (Tagalog)

Baa' ákohwiindzindooígí: Díí naaltsoosísh yíiníłta'go bííníghah? Doo bííníghahgóó éí, naaltsoos nich'į' yiidóołtahígíí ła' nihee hólǫ́. Díí naaltsoos ałdó' t'áá Diné k'ehjí ádoolníił nínízingo bíighah. Doo bąąh ílínígó shíká' adoowoł nínízingó nihich'į' béésh bee hodíilnih dóó námboo éí díí Blue Shield bee néího'dílzinígí bine'déé' bikáá' éí doodagó éí (866) 346-7198 jį' hodíílnih. (Navajo)

중요: 이 서신을 읽을 수 있으세요? 읽으실 수 경우, 도움을 드릴 수 있는 사람이 있습니다. 또한 다른 언어로 작성된 이 서신을 받으실 수도 있습니다. 무료로 도움을 받으시려면 Blue Shield ID 카드 뒷면의 회원/고객 서비스 전화번호 또는 (866) 346-7198로 지금 전화하세요. (Korean)

ԿԱՐԵՎՈՐ Է. Կարողանում ե՞ք կարդալ այս նամակը: Եթե ոչ, ապա մենք կօգնենք ձեզ: Դուք պետք է նաև կարողանաք ստանալ այս նամակը ձեր լեզվով: Ծառայությունն անվճար է: Խնդրում ենք անմիջապես զանգահարել Հաճախորդների սպասարկման բաժնի հեռախոսահամարով, որը նշված է ձեր Blue Shield ID քարտի ետևի մասում, կամ (866) 346-7198 համարով: (Armenian)

ВАЖНО: Не можете прочесть данное письмо? Мы поможем вам, если необходимо. Вы также можете получить это письмо написанное на вашем родном языке. Позвоните в Службу клиентской/членской поддержки прямо сейчас по телефону, указанному сзади идентификационной карты Blue Shield, или по телефону (866) 346-7198, и вам помогут совершенно бесплатно. (Russian)

重要：お客様は、この手紙を読むことができますか？ もし読むことができない場合、弊社が、お客様をサポートする人物を手配いたします。 また、お客様の母国語で書かれた手紙をお送りすることも可能です。 無料のサポートを希望される場合は、Blue Shield IDカードの裏面に記載されている会員/お客様サービスの電話番号、または、(866) 346-7198にお電話をおかけください。 (Japanese)

مهم: آیا می‌توانید این نامه را بخوانید؟ اگر پاسختان منفی است، می‌توانیم کسی را برای کمک به شما در اختیارتان قرار دهیم. حتی می‌توانید نسخه مکتوب این نامه را به زبان خودتان دریافت کنید. برای دریافت کمک رایگان، لطفاً بدون فوت وقت از طریق شماره تلفنی که در پشت کارت شناسی Blue Shield تان درج شده است و یا از طریق شماره تلفن 346-7198 (866) با خدمات اعضا/مشتری تماس بگیرید. (Persian)

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਸ ਪੱਤਰ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ ਤਾਂ ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿਚ ਮਦਦ ਲਈ ਅਸੀਂ ਕਿਸੇ ਵਿਅਕਤੀ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ। ਤੁਸੀਂ ਇਹ ਪੱਤਰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿਚ ਲਿਖਿਆ ਹੋਇਆ ਵੀ ਪ੍ਰਾਪਤ ਕਰ ਸਕਦੇ ਹੋ। ਮੁਫ਼ਤ ਵਿਚ ਮਦਦ ਪ੍ਰਾਪਤ ਕਰਨ ਲਈ ਤੁਹਾਡੇ Blue Shield ID ਕਾਰਡ ਦੇ ਪਿੱਛੇ ਦਿੱਤੇ ਮੈਂਬਰ/ਕਸਟਮਰ ਸਰਵਿਸ ਟੈਲੀਫ਼ੋਨ ਨੰਬਰ ਤੇ, ਜਾਂ (866) 346-7198 ਤੇ ਕਾੱਲ ਕਰੋ। (Punjabi)

ប្រការសំខាន់៖ តើអ្នកអាចលិខិតនេះ បានដែរឬទេ? បើមិនអាចទេ យើងអាចឲ្យគេជួយអ្នកក្នុងការអានលិខិតនេះ។ អ្នកក៏អាចទទួលបានលិខិតនេះជាភាសារបស់អ្នកផងដែរ។ សម្រាប់ជំនួយដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទភ្លាមៗទៅកាន់លេខទូរស័ព្ទសេវាសមាជិក/អតិថិជនដែលមាននៅលើខ្នងប័ណ្ណសម្គាល់ Blue Shield របស់អ្នក ឬតាមរយៈលេខ (866) 346-7198។ (Khmer)

المهم :هل تستطيع قراءة هذا الخطاب؟ أن لم تستطع قراءته، يمكننا إحضار شخص ما ليساعدك في قراءته. قد تحتاج أيضاً إلى الحصول على هذا الخطاب مكتوباً بلغتك. للحصول على المساعدة بدون تكلفة، يرجى الاتصال الآن على رقم هاتف خدمة العملاء/أحد الأعضاء المدون على الجانب الخلفي من بطاقة الهوية Blue Shield أو على الرقم 346-7198 (866).(Arabic)

TSEEM CEEB: Koj pos tuaj yeem nyeem tau tsab ntawv no? Yog hais tias nyeem tsis tau, peb tuaj yeem nrhiav ib tug neeg los pab nyeem nws rau koj. Tej zaum koj kuj yuav tau txais muab tsab ntawv no sau ua koj hom lus. Rau kev pab txhais dawb, thov hu kiag rau tus xov tooj Kev Pab Cuam Tub Koom Xeeb/Tub Lag Luam uas nyob rau sab nraum nrob qaum ntawm koj daim npav Blue Shield ID, los yog hu rau tus xov tooj (866) 346-7198. (Hmong)

สำคัญ: คุณอ่านจดหมายฉบับนี้ได้หรือไม่ หากไม่ได้ โปรดขอความช่วยจากผู้อ่านได้ คุณอาจได้รับจดหมายฉบับนี้เป็นภาษาของคุณ หากต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย โปรดติดต่อฝ่ายบริการลูกค้า/สมาชิกทางเบอร์โทรศัพท์ในบัตรประจำตัว Blue Shield ของคุณ หรือโทร (866) 346-7198 (Thai)

महत्वपूर्ण: क्या आप इस पत्र को पढ़ सकते हैं? यदि नहीं, तो हम इसे पढ़ने में आपकी मदद के लिए किसी व्यक्ति का प्रबंध कर सकते हैं। आप इस पत्र को अपनी भाषा में भी प्राप्त कर सकते हैं। नि:शुल्क मदद प्राप्त करने के लिए अपने Blue Shield ID कार्ड के पीछे दिए गये मेंबर/कस्टमर सर्विस टेलीफोन नंबर, या (866) 346-7198 पर कॉल करें। (Hindi)

ສິ່ງສຳຄັນ: ທ່ານສາມາດອ່ານຈົດໝາຍນີ້ໄດ້ບໍ? ຖ້າອ່ານບໍ່ໄດ້, ພວກເຮົາສາມາດໃຫ້ບາງຄົນຊ່ວຍອ່ານໃຫ້ທ່ານຟັງໄດ້. ທ່ານຍັງສາມາດຂໍໃຫ້ແປຈົດໝາຍນີ້ເປັນພາສາຂອງທ່ານໄດ້.ສຳລັບຄວາມຊ່ວຍເຫຼືອແບບບໍ່ເສຍຄ່າ, ກະລຸນາໂທຫາເບີໂທຂອງຝ່ายບໍລິການສະມາຊິກ/ລູກຄ້າໃນທັນທີເບີໂທລະສັບຢູ່ດ້ານຫຼັງບັດສະມາຊິກ Blue Shield ຂອງທ່ານ, ຫຼືໂທໄປຫາເບີ(866) 346-7198. (Laotian)

Notice of the Availability of Language Assistance Services

Blue Shield of California Life & Health Insurance Company

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-866-346-7198. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

Servicios de idiomas sin costo. Puede obtener un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-866-346-7198. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

免費語言服務。您可獲得口譯員服務。可以用中文把文件唸給您聽，有些文件有中文的版本，也可以把這些文件寄給您。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-866-346-7198 與我們聯絡。欲取得其他協助，請致電 1-800-927-4357 與加州保險部聯絡。Chinese

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch. Quý vị có thể được người khác đọc giúp các tài liệu và nhận một số tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-866-346-7198. Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-866-346-7198번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-866-346-7198. Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

Անվճար Լեզվական Ծառայություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-866-346-7198 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-866-346-7198. Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance), по телефону 1-800-927-4357. Russian

無料の言語サービス　日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、ＩＤカード記載の番号または1-866-346-7198までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

خدمات مجانی مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند.برای دریافت کمک،با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و یا این شماره 1-866-346-7198 تماس بگیرید.برای دریافت کمک بیشتر، به CA Dept. of Insurance(اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید.Persian

blueshieldca.com

blue california

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-866-346-7198 'ਤੇ ' ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੋਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

សេវាកម្មភាសាឥតគិតថ្លៃ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-866-346-7198 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

خدمات ترجمة بدون تكلفة. يمكنك الحصول علي مترجم و قراءة الوثائق لك باللغة العربية. للحصول علي المساعدة، اتصل بنا علي الرقم المبين علي بطاقة عضويتك أو علي الرقم 1-866-346-7198. للحصول علي المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا علي الرقم 1-800-927-4357. Arabic

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-866-346-7198. Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

บริการทางภาษาอย่างไม่เสียค่าใช้จ่าย คุณสามารถรับบริการจากล่าม รวมถึงให้เจ้าหน้าที่อ่านเอกสารให้คุณฟัง หรือส่งเอกสารบางส่วนในภาษาของคุณไปหาคุณได้ หากต้องการความช่วยเหลือ กรุณาโทรศัพท์ตามหมายเลขที่ระบุอยู่ด้านหลังบัตรประจำตัวของคุณ หรือ ที่หมายเลข 1-866-346-7198 หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรมาที่ กรมการประกันภัยแห่งมลรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 Thai

निःशुल्क भाषा सेवाएँ। आप एक दुभाषिया की सेवा प्राप्त कर सकते हैं। आप दस्तावेजों को पढ़वा के सुन सकते हैं और कुछ को अपनी भाषा में स्वयं को भिजवा सकते हैं। सहायता के लिए, अपने ID कार्ड पर दिए गए नंबर पर, या 1-866-346-7198 पर हमें फ़ोन करें। अधिक सहायता के लिए कैलीफोर्निया बीमा विभाग (CA Dept. of Insurance) को 1-800-927-4357 पर फ़ोन करें। Hindi

Doo bááh ílínígó saad bee yát'i' bee aná'áwo'. Díí shá ata'halne'dooígí hólǫǫdoo nínízingo éí bíighah. Naaltsoos naaninájeehígí shich'į' yíidooltah éí doodagó ła' shich'į' ádoolníił nínízingo bíighah. Shíká a'doowoł nínízingo nihich'į' béésh bee hodíilnih dóó námboo éí díí ninaaltsoos dootł'ízhígí bee néího'dílzinígí bine'déé' bikáá' éí doodagó éí (866)346-7198jį' hodíílnih. Hózhǫ́ shíká anáá'doowoł nínízingo éí díí béeso ách'ąąh naa'nil bił haz'ą́ąjį' 1-800-927-4357jį' hodíílnih. Navajo

ບໍລິການແປພາສາໂດຍບໍ່ເສຍຄ່າ. ທ່ານສາມາດຂໍເອົາຜູ້ແປພາສາໄດ້. ທ່ານສາມາດຂໍໃຫ້ອ່ານເອກະສານໃຫ້ທ່ານຟັງ ແລະ ສົ່ງເອກະສານບາງຢ່າງທີ່ເປັນພາສາຂອງທ່ານ. ສໍາລັບຄວາມຊ່ວຍເຫຼືອ, ໃຫ້ໂທຫາພວກເຮົາຕາມເບີໂທລະສັບທີ່ມີໃນບັດປະຈໍາຕົວຂອງທ່ານ ຫຼື ໂທຫາເບີ1-866-346-7198. ສໍາລັບຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມໂທຫາ ພະແນກ ປະກັນໄພຂອງ ລັດຄາລິຟໍເນຍໄດ້ທີ່ເບີ1-800-927-4357. Laotian

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