

Basic Plan Open Enrollment Formulary HMO



To ensure that you are able to make an informed decision during Open Enrollment for the 2025 plan year, you will find the July 2024 formulary along with potential coverage changes for the 2025 plan year.

Please follow these steps:

- Start by reviewing the formulary addendum on pages 2-6. This is a list of medications that are being considered for coverage changes in 2025. Medications may be added, removed, or change tier (e.g., move from Tier 2 to Tier 3).
- After reviewing the formulary addendum, consider reviewing the full formulary for any medications that may not have changed in 2025.

Final formulary decisions will be published in November. If you have additional questions about the formulary or coverage changes, please call Optum member services at **1-855-505-8110**, TTY **711**.

For the most current list of covered medications or if you have questions:

- Call Member Services at **1-855-505-8110**, TTY **711**.
- Visit **welcome.optumrx.com/calpers** to:
 - Find a participating retail, mail order, and specialty pharmacy by ZIP code.
 - Look up possible lower-cost medication alternatives.
 - Compare medication pricing and options.
 - Find an electronic copy of the formulary.
 - Get plan coverage information.

**Anthem Blue Cross
(HMO Select & HMO Traditional)
Health Net HMO
Sharp Health Plan HMO
UnitedHealthcare HMO
Western Health Advantage HMO**

Formulary addendum

Potential tier changes
Effective Jan. 1, 2025



This is a list of biannual tier changes made to your formulary. Each medication is placed in a tier that shows the cost level you may pay for that prescription. Your employer or health plan makes the decision on tier placements. Medications are grouped by the conditions they treat.



Medication tiers

Tier 1

Lower cost medications

Tier 2

Mid-range cost medications

Tier 3

Higher cost medications

EXC

Medications may not be covered

In this formulary update, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Medications moving to a higher tier*

These medications are moving to a higher tier and will cost more because there are other lower-cost options. If your medication is listed below, you may still take it, but you may pay a higher cost. Please talk to your doctor about lower-cost option(s) to see if they will work for you.

Medication name	Tier placement	Lower cost medications
NUTROPIN AQ INJ 10MG/2ML	Tier 2 to Tier 3	NORDITROPIN INJ, OMNITROPE INJ
NUTROPIN AQ INJ NUSPIN 5	Tier 2 to Tier 3	NORDITROPIN INJ, OMNITROPE INJ
NUTROPIN AQ INJ 20MG/2ML	Tier 2 to Tier 3	NORDITROPIN INJ, OMNITROPE INJ
MULPLETA TAB 3MG	Tier 2 to Tier 3	DOPTELET TAB
CIMERLI INJ 0.3MG	Tier 2 to Tier 3	BEVACIZUMAB INJ (Compounded)
CIMERLI INJ 0.5MG	Tier 2 to Tier 3	BEVACIZUMAB INJ (Compounded)

Medications moving to a lower tier*

These medications are moving to a lower tier, making them more affordable.

Medication name	Tier placement	Lower cost medications
TALTZ INJ 80MG/ML	Tier 3 to Tier 2	N/A
TALTZ INJ 80MG/ML	Tier 3 to Tier 2	N/A
TALTZ INJ 80MG/ML	Tier 3 to Tier 2	N/A
TALTZ INJ 80MG/ML	Tier 3 to Tier 2	N/A
TALTZ INJ 80MG/ML	Tier 3 to Tier 2	N/A
TALTZ INJ 80MG/ML	Tier 3 to Tier 2	N/A
SOTYKTU TAB 6MG	Tier 3 to Tier 2	N/A
OMVOH INJ 100MG/ML	Tier 3 to Tier 2	N/A
OMVOH INJ 100MG/ML	Tier 3 to Tier 2	N/A
OMVOH INJ 300/15ML	Tier 3 to Tier 2	N/A
OMVOH INJ 100MG/ML	Tier 3 to Tier 2	N/A
OMVOH INJ 100MG/ML	Tier 3 to Tier 2	N/A

*Final formulary decisions will be published in November.

Medications moving to exclusion*

The following excluded medications may not be covered by your plan.

Medication name	Tier placement	Lower cost medications
HUMIRA PEDIA INJ CROHNS	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA PEN INJ 80/0.8ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA PEN KIT CD/UC/HS	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA PEN KIT PED UC	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA PEN KIT CD/UC/HS	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA INJ 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA PEN INJ 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA PEN INJ 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA INJ 20/0.2ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA INJ 10/0.1ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA PEN KIT PS/UV	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA PEDIA INJ CROHNS	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA KIT 40MG/0.8	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA PEN INJ 40MG/0.8	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA PEN INJ CD/UC/HS	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HUMIRA PEN INJ PS/UV	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
CYLTEZO INJ 40/0.8ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
CYLTEZO INJ CROHNS	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
CYLTEZO INJ PSORIASI	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
CYLTEZO INJ 40/0.8ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
CYLTEZO INJ 10/0.2ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
CYLTEZO INJ 20/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
CYLTEZO KIT 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
CYLTEZO PSOR KIT 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
CYLTEZO KIT 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
CYLTEZO KIT CROHNS	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
ADALIMU-ADBIM KIT 40/0.8ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
ADALIMU-ADBIM KIT 40/0.8ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
ADALIMU-ADBIM KIT 40/0.8ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
ADALIMU-ADBIM KIT 20/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
ADALIMU-ADBIM KIT 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
ADALIMU-ADBIM KIT 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
ADALIMU-ADBIM KIT 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
ADALIMU-ADBIM KIT 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
ADALIMU-ADBIM KIT 10/0.2ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
ADALIMU-ADBIM KIT 40/0.8ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
AMJEVITA INJ 20/0.2ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila

*Final formulary decisions will be published in November.

Medication name	Tier placement	Lower cost medications
AMJEVITA INJ 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
AMJEVITA INJ 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
AMJEVITA INJ 80/0.8ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
AMJEVITA INJ 80/0.8ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
AMJEVITA INJ 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
AMJEVITA INJ 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
ADALIMU-ADAZ INJ 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
ADALIMU-ADAZ INJ 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HYRIMOZ INJ 80/0.8ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HYRIMOZ-CROH INJ UC SP	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HYRIMOZ-PED INJ CROHNS	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HYRIMOZ INJ 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HYRIMOZ INJ 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HYRIMOZ INJ 40/0.4ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HYRIMOZ INJ 20/0.2ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HYRIMOZ INJ 10/0.1ML	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HYRIMOZ-PLAQ INJ PSORIASI	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
HYRIMOZ-PED INJ CROHNS	Tier 2 to EXC	AMJEVITA INJ for Amgen, AMJEVITA INJ for Nuvaila
CARDIZEM LA TAB 120MG	Tier 3 to EXC	diltiazem 120mg tab extended release
CARDIZEM LA TAB 120MG	Tier 3 to EXC	diltiazem 120mg tab extended release
SYPRINE CAP 250MG	Tier 3 to EXC	penicillamine tab, trientine cap, DEPEN TITRATAB
EMFLAZA TAB 6MG	Tier 3 to EXC	prednisone tab
EMFLAZA TAB 18MG	Tier 3 to EXC	prednisone tab
EMFLAZA TAB 30MG	Tier 3 to EXC	prednisone tab
EMFLAZA TAB 36MG	Tier 3 to EXC	prednisone tab
EMFLAZA SUS 22.75/ML	Tier 3 to EXC	prednisone sol/tab
VICTOZA INJ 18MG/3ML	Tier 2 to EXC	BYDUREON BCISE INJ, BYETTA INJ, MOUNJARO INJ, OZEMPIC INJ, RYBELSUS TAB, TRULICITY INJ
VICTOZA INJ 18MG/3ML	Tier 2 to EXC	BYDUREON BCISE INJ, BYETTA INJ, MOUNJARO INJ, OZEMPIC INJ, RYBELSUS TAB, TRULICITY INJ
VELPHORO CHW 500MG	Tier 3 to EXC	calcium carbonate tab, calcium acetate tab, sevelamer carbonate tab, sevelamer HCl tab, AURYXIA TAB
VYVANSE CAP 10MG	Tier 3 to EXC	lisdexamfetamine cap
VYVANSE CAP 20MG	Tier 3 to EXC	lisdexamfetamine cap
VYVANSE CAP 30MG	Tier 3 to EXC	lisdexamfetamine cap
VYVANSE CAP 40MG	Tier 3 to EXC	lisdexamfetamine cap
VYVANSE CAP 50MG	Tier 3 to EXC	lisdexamfetamine cap
VYVANSE CAP 60MG	Tier 3 to EXC	lisdexamfetamine cap
VYVANSE CAP 70MG	Tier 3 to EXC	lisdexamfetamine cap
VYVANSE CHW 10MG	Tier 3 to EXC	lisdexamfetamine chew tab

Medication name	Tier placement	Lower cost medications
VYVANSE CHW 20MG	Tier 3 to EXC	lisdexamfetamine chew tab
VYVANSE CHW 30MG	Tier 3 to EXC	lisdexamfetamine chew tab
VYVANSE CHW 40MG	Tier 3 to EXC	lisdexamfetamine chew tab
VYVANSE CHW 50MG	Tier 3 to EXC	lisdexamfetamine chew tab
VYVANSE CHW 60MG	Tier 3 to EXC	lisdexamfetamine chew tab
ADDERALL XR CAP 5MG	Tier 3 to EXC	amphetamine-dextroamphetamine cap ER 24HR
ADDERALL XR CAP 10MG	Tier 3 to EXC	amphetamine-dextroamphetamine cap ER 24HR
ADDERALL XR CAP 15MG	Tier 3 to EXC	amphetamine-dextroamphetamine cap ER 24HR
ADDERALL XR CAP 20MG	Tier 3 to EXC	amphetamine-dextroamphetamine cap ER 24HR
ADDERALL XR CAP 25MG	Tier 3 to EXC	amphetamine-dextroamphetamine cap ER 24HR
ADDERALL XR CAP 30MG	Tier 3 to EXC	amphetamine-dextroamphetamine cap ER 24HR
ADDERALL TAB 5MG	Tier 3 to EXC	amphetamine-dextroamphetamine tab
ADDERALL TAB 10MG	Tier 3 to EXC	amphetamine-dextroamphetamine tab
ADDERALL TAB 12.5MG	Tier 3 to EXC	amphetamine-dextroamphetamine tab
ADDERALL TAB 15MG	Tier 3 to EXC	amphetamine-dextroamphetamine tab
ADDERALL TAB 7.5MG	Tier 3 to EXC	amphetamine-dextroamphetamine tab
ADDERALL TAB 20MG	Tier 3 to EXC	amphetamine-dextroamphetamine tab
ADDERALL TAB 30MG	Tier 3 to EXC	amphetamine-dextroamphetamine tab
CONCERTA TAB 18MG	Tier 3 to EXC	methylphenidate ER tab
CONCERTA TAB 36MG	Tier 3 to EXC	methylphenidate ER tab
CONCERTA TAB 54MG	Tier 3 to EXC	methylphenidate ER tab
CONCERTA TAB 27MG	Tier 3 to EXC	methylphenidate ER tab

*Final formulary decisions will be published in November.

Where differences exist between this list and your benefit plan, the benefit plan documents rule. This is not a complete list of your covered medications. Please review your benefit plan documents for full details. Not all formulary alternatives listed in this document may be appropriate for your specific condition. Please talk to your doctor.



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2024 Basic Formulary – HMO

Effective July 1, 2024



For the most current list of covered medications or if you have questions:



Call Member Services at **1-855-505-8110**, TTY 711.

Visit **welcome.optumrx.com/calpers** to:

- Find a participating retail, mail order, and specialty pharmacy by ZIP code.
- Look up possible lower-cost medication alternatives.
- Compare medication pricing and options.
- Find an electronic copy of the formulary.
- Get plan coverage information.

**Anthem Blue Cross
(HMO Select & HMO Traditional)
Health Net HMO
Sharp Health Plan HMO
UnitedHealthcare HMO
Western Health Advantage HMO**

The formulary is subject to change and all previous versions of the formulary are no longer in effect.

Last Updated July 1, 2024

CalPERS Comprehensive

Understanding your formulary

What is a formulary?

A formulary is a list of prescribed medications or other pharmacy care products, services or supplies chosen by your plan for their safety, cost, and effectiveness. Medications are listed by categories or classes and are placed into cost levels known as tiers. This includes both brand and generic prescription medications approved by the U.S. Food and Drug Administration (FDA). The drug list in this formulary is organized by the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification system.

To create the list, Optum Rx® is guided by the Pharmacy and Therapeutics Committee. This group of doctors, nurses, and pharmacists reviews which medications will be covered, how well the drugs work, and overall value. They also make sure there are safe and covered options.

How do I use my formulary?

You and your doctor can use the formulary to help you choose the most cost-effective prescription medications. This guide tells you if a medication is generic or brand, and if special rules apply. Bring this list with you when you see your doctor. A non-formulary drug must be covered when your doctor feels it is medically necessary. If your medication is not listed here, please visit welcome.optumrx.com/calpers or call Member Services at **1-855-505-8110**, TTY **711**.

Some medications on your formulary have extra requirements before they can be covered. A few of the most common coverage programs are prior authorization (PA), step therapy (ST), Non-formulary (NF) or quantity limits (QL). You may request exception to certain step therapy or nonformulary programs when your doctor feels it is necessary. If Optum Rx doesn't respond to your non-urgent PA, ST or NF exception request within 72 hours or your urgent PA, ST or NF exception request within 24 hours, then your request will be automatically granted.

You may appeal the denial of an exception request. Please review your coverage documents for more information on appeal rights and procedures. We use programs like these to help make sure the medication you take is safe and effective. When you request coverage of a non-formulary drug, we will notify you or your designee and your provider of the coverage determination within these time frames. If the decision is to provide coverage for a non-urgent request, coverage will be for the duration of the prescription, including refills. If the coverage decision is based on exigent circumstances, coverage will be for the duration of the exigency. Check your plan documents for more information. Some Affordable Care Act (ACA) or Health Care Reform (HCR) preventive medications may have coverage restrictions. If you want to learn more about these programs or to see if you take a medication in one of these programs, please visit welcome.optumrx.com/calpers or call Member Services at **1-855-505-8110**, TTY **711**.

What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, set by your employer or plan sponsor. This is how much you will pay when you fill a prescription.

If you want to fill your medication through Optum Home Delivery and receive a 90-day supply delivered right to your door, please visit optumrx.com and sign up for Optum Home Delivery.

What if I am taking a preventative medication covered under Health Care Reform?

Under the Health Care Reform law (Patient Protection and Affordable Care Act), pharmacy benefit plans must cover certain Preventive Care medications at \$0 without charging a copay, coinsurance, or deductible if certain criteria is met. These products are available at no cost to you on both standard and high-deductible or consumer-driven health plans. For more information contact welcome.optumrx.com/calpers or call Member Services at **1-855-505-8110**, TTY **711**.

When does the formulary change?

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic equal becomes available.
- Medications may move to a higher tier or be excluded from coverage on January 1 or July 1 of each year.

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



About this formulary

Where differences between this formulary and your benefit plan exist, the benefit plan documents rule.

This may not be a complete list of medications that are covered by your plan, and it doesn't mean that you are guaranteed to receive a medication on this list. Please review your benefit plan for full details.

Why are some medications excluded from coverage?

A medication may be excluded from coverage under your pharmacy benefit when it works the same as or similar to another prescription or over-the-counter (OTC) medication. Optum Rx may not limit or exclude coverage for a drug if the health plan previously approved coverage of the drug for the medical condition and the prescribing provider continues to prescribe the drug for the medical condition. This is provided the drug is appropriately prescribed and safe and effective for treating the condition.

What if I don't agree with a decision about an excluded medication?

You or your authorized representative or your doctor can ask for a coverage request by calling Member Services at **1-855-505-8110**, TTY **711**.

What is the copay amount for oral anti-cancer drugs?

There is no limit or cost sharing for orally administered anti-cancer drugs.

Medication tips

What is the difference between brand-name and generic medications?

Generic medications contain the same active ingredients (what makes the medication work) as brand-name medications, but they cost less. Once the patent for a brand-name medication ends, the FDA can approve a generic version with the same active ingredients.

What if my doctor writes a brand-name prescription?

If your doctor gives you a prescription for a brand-name medication, ask if a generic or lower-cost option could be right for you. Generic medications are usually your lowest-cost option.

What if I am taking a specialty medication?

Specialty medications are for rare or complex conditions and are usually higher-cost medications. Please note, not all specialty medications are listed in the formulary. Our specialty pharmacy can provide most of your specialty medications along with helpful programs and services. Call **1-855-821-7217** and have your prescriptions delivered right to your home or doctor's office.



Over-the-counter medications (OTC)

An over-the-counter (OTC) medication may be the right treatment for some conditions. Talk to your doctor about available OTC options. Even though OTC medications may not be covered by your pharmacy benefit, they may cost less than a prescription medication.

Definitions

Brand name drug	A drug that is marketed under a proprietary, trademark protected name. The brand name drug shall be listed in all CAPITAL letters.
Coinsurance	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	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	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	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	Person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.
Exception request	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	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	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 lowercase letters.
Non-formulary drug	A prescription drug that is not listed on the health plan's formulary.
Out-of-pocket cost	Copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.
Prescribing provider	A health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.
Prescription	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	A drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.
Prior authorization	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	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.

Reading your formulary

The formulary gives you choices so you and your doctor can decide your best course of treatment. In this formulary, brand-name medications are shown in UPPERCASE (for example, CLOBEX). Generic medications are shown in lowercase (for example, clobetasol).

Tier information

Using lower tier or preferred medications can help you pay your lowest out-of-pocket cost.

Drug tier	Includes	Helpful tips
Tier 1	\$ Lower-cost generics and some brand name	Use tier 1 drugs for the lowest out-of-pocket costs.
Tier 2	\$\$ Mid-range cost preferred brand name	Use tier 2 drugs instead of tier 3 to help reduce your out-of-pocket costs.
Tier 3	\$\$\$ Higher-cost non-preferred	Many tier 3 drugs have lower-cost options in tier 1 or 2. Ask your doctor if they could work for you.

Drug list information

In this drug list, some medications are noted with letters next to them to help you see which ones may have coverage requirements or limits. Your benefit plan decides how these medications may be covered.

PA	Prior authorization - Your doctor is required to give Optum Rx more information to determine coverage.
QL	Quantity limit - Medication may be limited to a certain quantity.
SP	Specialty medication - Medication is designated as specialty.
ST	Step therapy - Must try lower-cost medication(s) before a higher-cost medication can be covered.
HCR	Health Care Reform - Medication may be covered at \$0 if certain conditions are met without charging you a copay, coinsurance or deductible. Contact Member Services for additional information.

Please refer to your EOC (evidence of coverage) for more information about:

- Your medical coverage
- Existing conditions
- Non-formulary drugs
- Filing an appeal related to a denial of a coverage request. Your EOC will provide more information on appeal rights and procedures.
- Outpatient prescription drug benefit

CalPERS

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-HISTAMINE DRUGS - Drugs for Allergy		
ANTI-HISTAMINE DRUGS - Drugs for Allergy		
<i>promethazine hcl oral tablet 25 mg</i>	1	
ETHANOLAMINE DERIVATIVES - Drugs for Allergy		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>ryvent oral tablet 6 mg</i>	1	
FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy		
ANTIVERT ORAL TABLET 50 MG (<i>meclizine hcl</i>)	3	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	3	
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	PA; QL (240 ML per 1 fill)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	3	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA; QL (240 ML per 1 fill)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
<i>ryvent oral tablet 6 mg</i>	1	
VISTARIL ORAL CAPSULE 25 MG (<i>hydroxyzine pamoate</i>)	3	
OTHER ANTIHISTAMINES - Drugs for Allergy		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	1	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	1	
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	QL (1.02 GM per 1 day)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)
VISTARIL ORAL CAPSULE 25 MG (<i>hydroxyzine pamoate</i>)	3	
PHENOTHIAZINE DERIVATIVES - Drugs for Allergy		
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	3	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA; QL (240 ML per 1 fill)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
PROPYLAMINE DERIVATIVES - Drugs for Allergy		
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	PA; QL (240 ML per 1 fill)
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy		
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>Iodoxamide tromethamine</i>)	3	
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	1	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
ANTI-INFECTIVE AGENTS - Drugs for Infections		
1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%, 3-0.9 GM/100ML-%	3	
CEFAZOLIN SODIUM INJECTION SOLUTION PREFILLED SYRINGE 3 GM/30ML	3	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 100 gm, 2 gm, 3 gm, 300 gm, 500 mg</i>	1	
CEFAZOLIN SODIUM INTRAVENOUS SOLUTION PREFILLED SYRINGE 1 GM/10ML, 2 GM/20ML	3	
<i>cefazolin sodium intravenous solution reconstituted 1 gm, 2 gm, 3 gm</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%	1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	3	
cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
cefaclor er oral tablet extended release 12 hour 500 mg	1	
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension reconstituted 250 mg/5ml	1	
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (<i>cefotetan disodium</i>)	3	
cefotetan disodium injection solution reconstituted 1 gm, 2 gm	1	
cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm	1	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	3	
cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cefuroxime sodium injection solution reconstituted 750 mg	1	
cefuroxime sodium intravenous solution reconstituted 1.5 gm	1	
3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED 2.5 (2-0.5) GM (<i>ceftazidime-avibactam</i>)	3	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
cefixime oral capsule 400 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
CEFOTAXIME SODIUM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM	3	
<i>cefpodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefpodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<i>ceftazidime injection solution reconstituted 1 gm, 6 gm</i>	1	
<i>ceftazidime intravenous solution reconstituted 2 gm</i>	1	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	1	
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 100 gm, 2 gm, 250 mg, 500 mg</i>	1	
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)</i>	1	
<i>tazicef injection solution reconstituted 1 gm</i>	1	
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML (<i>ceftazidime sodium in dextrose</i>)	3	
<i>tazicef intravenous solution reconstituted 1 gm, 2 gm, 6 gm</i>	1	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM (<i>ceftolozane-tazobactam</i>)	3	
4TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
<i>cefepime hcl injection solution reconstituted 1 gm</i>	1	
<i>cefepime hcl intravenous solution 1 gm/50ml, 2 gm/100ml</i>	1	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
5TH GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED 400 MG, 600 MG (<i>ceftaroline fosamil</i>)	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED 1.5 (1-0.5) GM (<i>ceftolozane-tazobactam</i>)	3	
ADAMANTANE ANTIVIRALS - Drugs for Viral Infections		
<i>amantadine hcl oral capsule 100 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>rimantadine hcl oral tablet 100 mg</i>	1	
ALLYLAMINE ANTIFUNGALS - Drugs for Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	1	QL (84 day supply per 180 days)
AMEBICIDES - Drugs for the Mouth and Throat		
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	2	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	3	ST
AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics		
<i>amikacin sulfate injection solution 1 gm/4ml, 500 mg/2ml</i>	1	
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (<i>amikacin sulfate liposome</i>)	3	PA; SP
<i>gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%</i>	1	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
HUMATIN ORAL CAPSULE 250 MG (<i>paromomycin sulfate</i>)	2	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION 4-320 %-MCG/ML	3	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	3	SP; QL (224 EA per 40 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1	SP
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	SP
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	1	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	1	
ZEMDRI INTRAVENOUS SOLUTION 500 MG/10ML (<i>plazomicin sulfate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMINOMETHYLCYCLINES - Antibiotics		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>omadacycline tosylate</i>)	3	
NUZYRA ORAL TABLET 150 MG (<i>omadacycline tosylate</i>)	3	
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (<i>sarecycline hcl</i>)	3	ST
AMINOPENICILLIN ANTIBIOTICS - Antibiotics		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	1	
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
<i>ampicillin sodium injection solution reconstituted 1 gm, 125 mg, 2 gm, 250 mg, 500 mg</i>	1	
<i>ampicillin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
<i>ampicillin-sulbactam sodium injection solution reconstituted 1.5 (1-0.5) gm, 3 (2-1) gm</i>	1	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted 1.5 (1-0.5) gm, 15 (10-5) gm, 3 (2-1) gm</i>	1	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED 600-42.9 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (<i>amoxicillin-pot clavulanate</i>)	3	
AUGMENTIN ORAL TABLET 500-125 MG (<i>amoxicillin-pot clavulanate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicillin-clarithro-omeprazole</i>)	2	
UNASYN INJECTION SOLUTION RECONSTITUTED 1.5 (1-0.5) GM, 3 (2-1) GM (<i>ampicillin-sulbactam sodium</i>)	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED 15 (10-5) GM (<i>ampicillin-sulbactam sodium</i>)	3	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	3	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicillin-clarithro-vonoprazan</i>)	3	PA
ANTHELMINTICS - Drugs for Parasites		
<i>albendazole oral tablet 200 mg</i>	1	PA
BILTRICIDE ORAL TABLET 600 MG (<i>praziquantel</i>)	3	
EGATEN ORAL TABLET 250 MG (<i>triclabendazole</i>)	3	
EMVERM ORAL TABLET CHEWABLE 100 MG (<i>mebendazole</i>)	2	
<i>ivermectin oral tablet 3 mg</i>	1	
<i>praziquantel oral tablet 600 mg</i>	1	
STROMEKTOL ORAL TABLET 3 MG (<i>ivermectin</i>)	3	
ANTIBACTERIALS, MISCELLANEOUS - Antibiotics		
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (<i>heparin (porcine)-taurolidine</i>)	3	
ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus		
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidazl/tetracyclin oral capsule 140-125-125 mg</i>	1	
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (<i>heparin (porcine)-taurolidine</i>)	3	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIMALARIALS - Drugs for the Mouth and Throat		
ARAKODA ORAL TABLET 100 MG (<i>tafenoquine succinate</i>)	3	
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED 110 MG	3	
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>avidoxy oral tablet 100 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG (<i>artemether-lumefantrine</i>)	3	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	3	PA; SP
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
KRINTAFEL ORAL TABLET 150 MG (<i>tafenoquine succinate</i>)	3	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG (<i>atovaquone-proguanil hcl</i>)	3	
<i>mefloquine hcl oral tablet 250 mg</i>	1	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>minocycline hcl</i>)	3	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE 12.5-2.5 MG, 25-10 MG, 25-5 MG, 50-10 MG, 50-20 MG, 50-25 MG, 75-25 MG	3	
QUALAQUIN ORAL CAPSULE 324 MG (<i>quinine sulfate</i>)	3	PA
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	PA
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	3	ST
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	3	ST
ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>nitazoxanide</i>)	2	
ALINIA ORAL TABLET 500 MG (<i>nitazoxanide</i>)	3	
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG	3	
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaziltetracyclin oral capsule 140-125-125 mg</i>	1	
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
IMPAVIDO ORAL CAPSULE 50 MG (<i>miltefosine</i>)	3	
LAMPIT ORAL TABLET 120 MG, 30 MG (<i>nifurtimox</i>)	3	
MEPRON ORAL SUSPENSION 750 MG/5ML (<i>atovaquone</i>)	3	
<i>metronidazole intravenous solution 500 mg/100ml</i>	1	
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	3	
<i>nitazoxanide oral tablet 500 mg</i>	1	
PENTAM INJECTION SOLUTION RECONSTITUTED 300 MG (<i>pentamidine isethionate</i>)	3	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	
<i>pentamidine isethionate injection solution reconstituted 300 mg</i>	1	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
SOLOSEC ORAL PACKET 2 GM (<i>secnidazole</i>)	3	ST
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (<i>lenacapavir sodium</i>)	3	PA; QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (<i>lenacapavir sodium</i>)	3	PA; QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	3	PA; QL (9 ML per 365 days)
ANTITUBERCULOSIS AGENTS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid injection solution 100 mg/ml</i>	1	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 5 MG/ML	3	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	3	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
MYAMBUTOL ORAL TABLET 400 MG (<i>ethambutol hcl</i>)	3	
MYCOBUTIN ORAL CAPSULE 150 MG (<i>rifabutin</i>)	3	
PRETOMANID ORAL TABLET 200 MG	3	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	3	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (<i>rifampin</i>)	3	
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
SIRTURO ORAL TABLET 100 MG, 20 MG (<i>bedaquiline fumarate</i>)	3	
<i>streptomycin sulfate intramuscular solution reconstituted 1 gm</i>	1	
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	3	
ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections		
<i>foscarnet sodium intravenous solution 6000 mg/250ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOSCAVIR INTRAVENOUS SOLUTION 6000 MG/250ML (<i>foscarnet sodium</i>)	3	
LIVTENCITY ORAL TABLET 200 MG (<i>maribavir</i>)	3	PA; SP
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	2	QL (4 EA per 1 day)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (<i>nirmatrelvir-ritonavir</i>)	2	QL (6 EA per 1 day)
PREVYMIS INTRAVENOUS SOLUTION 240 MG/12ML, 480 MG/24ML (<i>letermovir</i>)	3	SP
PREVYMIS ORAL TABLET 240 MG, 480 MG (<i>letermovir</i>)	3	SP
TPOXX INTRAVENOUS SOLUTION 200 MG/20ML (<i>tecovirimat</i>)	3	
TPOXX ORAL CAPSULE 200 MG (<i>tecovirimat</i>)	3	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (<i>baloxavir marboxil</i>)	3	QL (2 EA per 365 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (<i>baloxavir marboxil</i>)	3	QL (2 EA per 365 days)
AZOLE ANTIFUNGALS - Drugs for Fungus		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED 372 MG (<i>isavuconazonium sulfate</i>)	3	
CRESEMBA ORAL CAPSULE 186 MG, 74.5 MG (<i>isavuconazonium sulfate</i>)	3	PA
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML, 40 MG/ML (<i>fluconazole</i>)	3	
DIFLUCAN ORAL TABLET 100 MG, 200 MG (<i>fluconazole</i>)	3	
<i>fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
<i>itraconazole oral capsule 100 mg</i>	1	PA
<i>itraconazole oral solution 10 mg/ml</i>	1	PA
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL INTRAVENOUS SOLUTION 300 MG/16.7ML (<i>posaconazole</i>)	3	
NOXAFIL ORAL PACKET 300 MG (<i>posaconazole</i>)	3	PA
NOXAFIL ORAL SUSPENSION 40 MG/ML (<i>posaconazole</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOXAFIL ORAL TABLET DELAYED RELEASE 100 MG (<i>posaconazole</i>)	3	PA
<i>posaconazole intravenous solution 300 mg/16.7ml</i>	1	
<i>posaconazole oral suspension 40 mg/ml</i>	1	PA
<i>posaconazole oral tablet delayed release 100 mg</i>	1	PA
SPORANOX ORAL CAPSULE 100 MG (<i>itraconazole</i>)	3	PA
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	3	PA
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>voriconazole</i>)	3	
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>voriconazole</i>)	3	PA
VFEND ORAL TABLET 200 MG, 50 MG (<i>voriconazole</i>)	3	PA
<i>voriconazole intravenous solution reconstituted 200 mg</i>	1	
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	PA
CARBAPENEM ANTIBIOTICS - Antibiotics		
<i>ertapenem sodium injection solution reconstituted 1 gm</i>	1	
<i>imipenem-cilastatin intravenous solution reconstituted 250 mg, 500 mg</i>	1	
<i>meropenem intravenous solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM/50ML, 500 MG/50ML	3	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED 500-500 MG (<i>imipenem-cilastatin</i>)	3	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM (<i>imipenem-cilastatin-relebactam</i>)	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED 2 (1-1) GM (<i>meropenem-vaborbactam</i>)	3	
CEPHAMYCIN ANTIBIOTICS - Antibiotics		
CEFOTAN INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (<i>cefotetan disodium</i>)	3	
<i>cefotetan disodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>cefoxitin sodium intravenous solution reconstituted 1 gm, 10 gm, 2 gm</i>	1	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED 1-4 GM-%(50ML), 2-2.2 GM-%(50ML)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHLORAMPHENICOL ANTIBIOTICS - Antibiotics		
<i>chloramphenicol sod succinate intravenous solution reconstituted 1 gm</i>	1	
CYCLIC LIPOPEPTIDE ANTIBIOTICS - Antibiotics		
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>daptomycin</i>)	3	
<i>daptomycin intravenous solution reconstituted 350 mg, 500 mg</i>	1	
DAPTOMYCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 1000-0.9 MG/100ML-%, 350-0.9 MG/50ML-%, 500-0.9 MG/50ML-%, 700-0.9 MG/100ML-%	3	
ECHINOCANDIN ANTIFUNGALS - Drugs for Fungus		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG, 70 MG (<i>caspofungin acetate</i>)	3	
<i>caspofungin acetate intravenous solution reconstituted 50 mg, 70 mg</i>	1	
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>anidulafungin</i>)	3	
<i>micafungin sodium intravenous solution reconstituted 100 mg, 50 mg</i>	1	
MICAFUNGIN SODIUM-NACL INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%	3	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>micafungin sodium</i>)	3	
ERYTHROMYCIN ANTIBIOTICS - Antibiotics		
E.E.S. 400 ORAL TABLET 400 MG (<i>erythromycin ethylsuccinate</i>)	3	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML (<i>erythromycin ethylsuccinate</i>)	3	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG (<i>erythromycin base</i>)	3	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>erythromycin lactobionate</i>)	3	
ERYTHROCIN STEARATE ORAL TABLET 250 MG (<i>erythromycin stearate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	
<i>erythromycin lactobionate intravenous solution reconstituted 500 mg</i>	1	
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
EXTENDED-SPECTRUM PENICILLINS - Antibiotics		
<i>piperacillin sod-tazobactam so intravenous solution reconstituted 13.5 (12-1.5) gm, 2.25 (2-0.25) gm, 3-0.375 gm, 3.375 (3-0.375) gm, 4-0.5 gm, 4.5 (4-0.5) gm, 40.5 (36-4.5) gm</i>	1	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML (<i>piperacillin-tazobactam in dex</i>)	3	
FLUOROCYCLINES - Antibiotics		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 50 MG (<i>eravacycline dihydrochloride</i>)	3	
GLYCOPEPTIDE ANTIBIOTICS - Antibiotics		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>dalbavancin hcl</i>)	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML (<i>vancomycin hcl</i>)	3	PA
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED 1200 MG (<i>oritavancin diphosphate</i>)	3	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED 400 MG (<i>oritavancin diphosphate</i>)	3	
VANCOGIN ORAL CAPSULE 125 MG, 250 MG (<i>vancomycin hcl</i>)	3	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	3	
<i>vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%</i>	1	
<i>vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	3	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	1	
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%, 2-0.9 GM/500ML-%	3	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	3	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	1	
vancomycin hcl intravenous solution 1000 mg/200ml, 1250 mg/250ml, 1500 mg/300ml, 1750 mg/350ml, 2000 mg/400ml, 500 mg/100ml, 750 mg/150ml	1	
vancomycin hcl intravenous solution reconstituted 1 gm, 10 gm, 100 gm, 5 gm, 500 mg, 750 mg	1	PA
vancomycin hcl intravenous solution reconstituted 1.25 gm, 1.5 gm	1	
vancomycin hcl oral capsule 125 mg, 250 mg	1	
vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml	1	PA
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED 750 MG (<i>telavancin hcl</i>)	3	
GLYCYLCYCLINE ANTIBIOTICS - Antibiotics		
tigecycline intravenous solution reconstituted 50 mg	1	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>tigecycline</i>)	3	
HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (1 EA per 1 day)
SOVALDI ORAL PACKET 150 MG (<i>sofosbuvir</i>)	3	PA; SP; QL (1 EA per 1 day)
SOVALDI ORAL PACKET 200 MG (<i>sofosbuvir</i>)	3	PA; SP; QL (2 EA per 1 day)
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	3	PA; SP; QL (2 EA per 1 day)
SOVALDI ORAL TABLET 400 MG (<i>sofosbuvir</i>)	3	PA; SP; QL (1 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; SP; QL (1 EA per 1 day)
HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (5 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (3 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; SP; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	3	PA; SP; QL (1 EA per 1 day)
HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections		
EPCLUSA ORAL PACKET 150-37.5 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (1 EA per 1 day)
EPCLUSA ORAL PACKET 200-50 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (2 EA per 1 day)
EPCLUSA ORAL TABLET 200-50 MG, 400-100 MG (<i>sofosbuvir-velpatasvir</i>)	2	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (1 EA per 1 day)
HARVONI ORAL PACKET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (2 EA per 1 day)
HARVONI ORAL TABLET 90-400 MG (<i>ledipasvir-sofosbuvir</i>)	2	PA; SP; QL (1 EA per 1 day)
MAVYRET ORAL PACKET 50-20 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (5 EA per 1 day)
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir-pibrentasvir</i>)	2	PA; SP; QL (3 EA per 1 day)
VOSEVI ORAL TABLET 400-100-100 MG (<i>sofosbuv-velpatasv-voxilaprev</i>)	2	PA; SP; QL (1 EA per 1 day)
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir-grazoprevir</i>)	3	PA; SP; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HIV CAPSID INHIBITORS - Drugs for Viral Infections		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (<i>lenacapavir sodium</i>)	3	PA; QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (<i>lenacapavir sodium</i>)	3	PA; QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (<i>lenacapavir sodium</i>)	3	PA; QL (9 ML per 365 days)
HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (<i>enfuvirtide</i>)	2	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	PA
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (<i>fostemsavir tromethamine</i>)	2	
SELZENTRY ORAL SOLUTION 20 MG/ML (<i>maraviroc</i>)	2	PA
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	3	PA
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML (<i>ibalizumab-uiyk</i>)	3	
HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofovir</i>)	3	
DOVATO ORAL TABLET 50-300 MG (<i>dolutegravir-lamivudine</i>)	2	
GENVOYA ORAL TABLET 150-150-200-10 MG (<i>elviteg-cobic-emtricit-tenofaf</i>)	3	
ISENTRESS HD ORAL TABLET 600 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL PACKET 100 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL TABLET 400 MG (<i>raltegravir potassium</i>)	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (<i>raltegravir potassium</i>)	2	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	2	
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	3	
TIVICAY ORAL TABLET 50 MG (<i>dolutegravir sodium</i>)	3	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (<i>dolutegravir sodium</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (<i>abacavir-dolutegravir-lamivud</i>)	3	
HIV NONNUCLEOSIDE REV.TRANSSCRIP. INHIB. - Drugs for Viral Infections		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (<i>bictegravir-emtricitab-tenofov</i>)	3	
COMPLERA ORAL TABLET 200-25-300 MG (<i>emtricitab-rilpivir-tenofov</i>)	3	
DELSTRIGO ORAL TABLET 100-300-300 MG (<i>doravirin-lamivudin-tenofov df</i>)	3	
EDURANT ORAL TABLET 25 MG (<i>rilpivirine hcl</i>)	2	
<i>efavirenz oral capsule 200 mg, 50 mg</i>	1	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	
<i>efavirenz-lamivudine-tenofov</i> oral tablet 400-300-300 mg, 600-300-300 mg	1	
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
INTELENCE ORAL TABLET 100 MG, 200 MG (<i>etravirine</i>)	3	
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	
JULUCA ORAL TABLET 50-25 MG (<i>dolutegravir-rilpivirine</i>)	2	
<i>methocarbamol oral tablet 500 mg</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	
<i>nevirapine oral suspension 50 mg/5ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG (<i>emtricitab-rilpivir-tenofov af</i>)	3	
PIFELTRO ORAL TABLET 100 MG (<i>doravirine</i>)	3	
SYMFI LO ORAL TABLET 400-300-300 MG (<i>efavirenz-lamivudine-tenofov</i>)	2	
SYMFI ORAL TABLET 600-300-300 MG (<i>efavirenz-lamivudine-tenofov</i>)	2	
HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	
<i>abacavir sulfate oral tablet 300 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
abacavir sulfate-lamivudine oral tablet 600-300 mg	1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (bictegravir-emtricitab-tenofovir)	3	
CIMDUO ORAL TABLET 300-300 MG (lamivudine-tenofovir)	2	
COMPLERA ORAL TABLET 200-25-300 MG (emtricitab-rilpivir-tenofovir)	3	
DELSTRIGO ORAL TABLET 100-300-300 MG (doravirin-lamivudin-tenofov df)	3	
DOVATO ORAL TABLET 50-300 MG (dolutegravir-lamivudine)	2	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	1	
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	1	
emtricitabine oral capsule 200 mg	1	
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	1	HCR
EMTRIVA ORAL CAPSULE 200 MG (emtricitabine)	3	
EMTRIVA ORAL SOLUTION 10 MG/ML (emtricitabine)	2	
EPIVIR ORAL SOLUTION 10 MG/ML (lamivudine)	3	
EPIVIR ORAL TABLET 150 MG, 300 MG (lamivudine)	3	
GENVOYA ORAL TABLET 150-150-200-10 MG (elviteg-cobic-emtricit-tenofaf)	3	
lamivudine oral solution 10 mg/ml	1	
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	
lamivudine-zidovudine oral tablet 150-300 mg	1	
ODEFSEY ORAL TABLET 200-25-25 MG (emtricitab-rilpivir-tenofov af)	3	
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (zidovudine)	2	
RETROVIR ORAL CAPSULE 100 MG (zidovudine)	3	
RETROVIR ORAL SYRUP 50 MG/5ML (zidovudine)	3	
STRIBILD ORAL TABLET 150-150-200-300 MG (elviteg-cobic-emtricit-tenofdf)	3	
SYMFI LO ORAL TABLET 400-300-300 MG (efavirenz-lamivudine-tenofovir)	2	
SYMFI ORAL TABLET 600-300-300 MG (efavirenz-lamivudine-tenofovir)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	3	
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	HCR
TRIUMEQ ORAL TABLET 600-50-300 MG (<i>abacavir-dolutegravir-lamivud</i>)	2	
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG (<i>abacavir-dolutegravir-lamivud</i>)	3	
VIREAD ORAL POWDER 40 MG/GM (<i>tenofovir disoproxil fumarate</i>)	2	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	2	
VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	3	
ZIAGEN ORAL SOLUTION 20 MG/ML (<i>abacavir sulfat</i>)	3	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 50 mg/5ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections		
APTIVUS ORAL CAPSULE 250 MG (<i>tipranavir</i>)	2	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	2	
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML (<i>lopinavir-ritonavir</i>)	3	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (<i>lopinavir-ritonavir</i>)	3	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
NORVIR ORAL PACKET 100 MG (<i>ritonavir</i>)	2	
NORVIR ORAL TABLET 100 MG (<i>ritonavir</i>)	3	
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	2	
PREZISTA ORAL SUSPENSION 100 MG/ML (<i>darunavir</i>)	2	
PREZISTA ORAL TABLET 150 MG, 75 MG (<i>darunavir</i>)	2	
PREZISTA ORAL TABLET 600 MG, 800 MG (<i>darunavir</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REYATAZ ORAL CAPSULE 200 MG, 300 MG (<i>atazanavir sulfate</i>)	3	
REYATAZ ORAL PACKET 50 MG (<i>atazanavir sulfate</i>)	2	
<i>ritonavir oral tablet 100 mg</i>	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic- emtricit-tenofaf</i>)	3	
VIRACEPT ORAL TABLET 250 MG, 625 MG (<i>nelfinavir mesylate</i>)	2	
INTERFERON ANTIVIRALS - Drugs for Viral Infections		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (<i>peginterferon alfa-2a</i>)	2	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (<i>peginterferon alfa-2a</i>)	2	PA; SP
LINCOMYCIN ANTIBIOTICS - Antibiotics		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG, 75 MG (<i>clindamycin hcl</i>)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML (<i>clindamycin palmitate hcl</i>)	3	
CLEOCIN PHOSPHATE INJECTION SOLUTION 300 MG/2ML, 600 MG/4ML, 9 GM/60ML, 900 MG/6ML (<i>clindamycin phosphate</i>)	3	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	
<i>clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml</i>	1	
CLINDAMYCIN PHOSPHATE IN NAACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	3	
<i>clindamycin phosphate injection solution 900 mg/6ml, 9000 mg/60ml</i>	1	
LINCOCIN INJECTION SOLUTION 300 MG/ML (<i>lincomycin hcl</i>)	3	
<i>lincomycin hcl injection solution 300 mg/ml</i>	1	
MONOBACTAM ANTIBIOTICS - Antibiotics		
AZACTAM INJECTION SOLUTION RECONSTITUTED 1 GM, 2 GM (<i>aztreonam</i>)	3	
<i>aztreonam injection solution reconstituted 1 gm, 2 gm</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOCLONAL ANTIBODY ANTIVIRALS - Drugs for Viral Infections		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>nirsevimab-alip</i>)	2	HCR; QL (2 ML per 300 days)
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>nirsevimab-alip</i>)	2	HCR; QL (0.5 ML per 300 days)
GOHIBIC INTRAVENOUS SOLUTION 200 MG/20ML	3	
PEMGARDA INTRAVENOUS SOLUTION 500 MG/4ML (<i>pemivibart</i>)	3	QL (36 ML per 70 days)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5ML (<i>palivizumab</i>)	2	PA; SP
NATURAL PENICILLIN ANTIBIOTICS - Antibiotics		
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION 900000-300000 UNIT/2ML (<i>penicillin g benzathine & proc</i>)	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION 1200000 UNIT/2ML (<i>penicillin g benzathine & proc</i>)	3	
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1200000 UNIT/2ML, 2400000 UNIT/4ML, 600000 UNIT/ML (<i>penicillin g benzathine</i>)	3	
EXTENCILLINE INTRAMUSCULAR SUSPENSION RECONSTITUTED 1200000 UNIT, 2400000 UNIT (<i>penicillin g benzathine</i>)	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 20000 UNIT/ML, 40000 UNIT/ML, 60000 UNIT/ML	3	
<i>penicillin g potassium injection solution reconstituted 20000000 unit, 5000000 unit</i>	1	
<i>penicillin g sodium injection solution reconstituted 5000000 unit</i>	1	
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
PFIZERPEN INJECTION SOLUTION RECONSTITUTED 20000000 UNIT, 5000000 UNIT (<i>penicillin g potassium</i>)	3	
NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1	QL (40 EA per 365 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1	QL (20 EA per 365 days)
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	QL (360 ML per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAPIVAB INTRAVENOUS SOLUTION 200 MG/20ML (<i>peramivir</i>)	3	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (<i>zanamivir</i>)	3	QL (40 EA per 365 days)
NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>acyclovir sodium intravenous solution 50 mg/ml</i>	1	
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	
BARACLUDGE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	3	QL (630 ML per 30 days)
<i>cidofovir intravenous solution 75 mg/ml</i>	1	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	QL (1 EA per 1 day)
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
GANCICLOVIR INTRAVENOUS SOLUTION 500 MG/250ML	3	
<i>ganciclovir sodium intravenous solution 500 mg/10ml</i>	1	
<i>ganciclovir sodium intravenous solution reconstituted 500 mg</i>	1	
LAGEVRIO ORAL CAPSULE 200 MG (<i>molnupiravir</i>)	3	QL (8 EA per 1 day)
<i>ribavirin inhalation solution reconstituted 6 gm</i>	1	
<i>ribavirin oral capsule 200 mg</i>	1	SP
<i>ribavirin oral tablet 200 mg</i>	1	SP
TEMBEXA ORAL SUSPENSION 10 MG/ML (<i>brincidofovir</i>)	3	
TEMBEXA ORAL TABLET 100 MG (<i>brincidofovir</i>)	3	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	QL (4 EA per 1 day)
VALCYTE ORAL SOLUTION RECONSTITUTED 50 MG/ML (<i>valganciclovir hcl</i>)	3	
VALCYTE ORAL TABLET 450 MG (<i>valganciclovir hcl</i>)	3	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
VEKLURY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>remdesivir</i>)	3	QL (2 EA per 1 day)
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM (<i>ribavirin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTHER MACROLIDE ANTIBIOTICS - Antibiotics		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	1	
<i>azithromycin intravenous solution reconstituted 500 mg</i>	1	
<i>azithromycin oral packet 1 gm</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fidaxomicin</i>)	3	
DIFICID ORAL TABLET 200 MG (<i>fidaxomicin</i>)	3	
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicill-clarithro-omeprazole</i>)	2	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>azithromycin</i>)	3	
ZITHROMAX ORAL PACKET 1 GM (<i>azithromycin</i>)	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML (<i>azithromycin</i>)	3	
ZITHROMAX ORAL TABLET 250 MG, 500 MG (<i>azithromycin</i>)	3	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (<i>azithromycin</i>)	3	
ZITHROMAX Z-PAK ORAL TABLET 250 MG (<i>azithromycin</i>)	3	
OXAZOLIDINONE ANTIBIOTICS - Antibiotics		
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	1	
<i>linezolid intravenous solution 600 mg/300ml</i>	1	
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	QL (32.2 ML per 1 day)
<i>linezolid oral tablet 600 mg</i>	1	QL (28 EA per 30 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>tedizolid phosphate</i>)	3	QL (6 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYVOX INTRAVENOUS SOLUTION 200 MG/100ML, 600 MG/300ML (<i>linezolid</i>)	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML (<i>linezolid</i>)	3	QL (32.2 ML per 1 day)
ZYVOX ORAL TABLET 600 MG (<i>linezolid</i>)	3	QL (28 EA per 30 days)
PENICILLINASE-RESISTANT PENICILLINS - Antibiotics		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/100ML	3	
<i>nafcillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>nafcillin sodium intravenous solution reconstituted 10 gm</i>	1	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML	3	
<i>oxacillin sodium injection solution reconstituted 1 gm, 2 gm</i>	1	
<i>oxacillin sodium intravenous solution reconstituted 10 gm</i>	1	
POLYENE ANTIFUNGALS - Drugs for Fungus		
ABELCET INTRAVENOUS SUSPENSION 5 MG/ML (<i>amphotericin b lipid</i>)	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED 50 MG (<i>amphotericin b liposome</i>)	3	
<i>amphotericin b intravenous solution reconstituted 50 mg</i>	1	
<i>amphotericin b liposome intravenous suspension reconstituted 50 mg</i>	1	
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
POLYMYXIN ANTIBIOTICS - Antibiotics		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG (<i>colistimethate sodium</i>)	3	
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	1	
PYRIMIDINE ANTIFUNGALS - Drugs for Fungus		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (<i>flucytosine</i>)	3	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUINOLONE ANTIBIOTICS - Antibiotics		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) (<i>ciprofloxacin</i>)	3	
CIPRO ORAL TABLET 250 MG, 500 MG (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>ciprofloxacin in d5w intravenous solution 200 mg/100ml, 400 mg/200ml</i>	1	
<i>levofloxacin in d5w intravenous solution 250 mg/50ml, 500 mg/100ml, 750 mg/150ml</i>	1	
<i>levofloxacin intravenous solution 25 mg/ml</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl in nacl intravenous solution 400 mg/250ml</i>	1	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 5 MG/ML	3	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION 400 MG/250ML	3	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
RIFAMYCIN ANTIBIOTICS - Antibiotics		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG (<i>rifamycin sodium</i>)	3	PA
MYCOBUTIN ORAL CAPSULE 150 MG (<i>rifabutin</i>)	3	
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	3	
<i>rifabutin oral capsule 150 mg</i>	1	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED 600 MG (<i>rifampin</i>)	3	
<i>rifampin intravenous solution reconstituted 600 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
XIFAXAN ORAL TABLET 550 MG (<i>rifaximin</i>)	3	PA
SIDEROPHORE CEPHALOSPORINS - Antibiotics		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (<i>cefiderocol sulfate tosylate</i>)	3	
SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
TETRACYCLINE ANTIBIOTICS - Antibiotics		
<i>avidoxy oral tablet 100 mg</i>	1	
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	
<i>doxy 100 intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate intravenous solution reconstituted 100 mg</i>	1	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>minocycline hcl</i>)	3	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg</i>	1	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG (<i>doxycycline hyclate</i>)	3	ST
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML (<i>doxycycline monohydrate</i>)	3	ST
URINARY ANTI-INFECTIVES - Drugs for the Urinary System		
BACTRIM DS ORAL TABLET 800-160 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
BACTRIM ORAL TABLET 400-80 MG (<i>sulfamethoxazole-trimethoprim</i>)	3	
<i>fosfomycin tromethamine oral packet 3 gm</i>	1	
HIPREX ORAL TABLET 1 GM (<i>methenamine hippurate</i>)	3	
MACROBID ORAL CAPSULE 100 MG (<i>nitrofurantoin monohyd macro</i>)	3	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (<i>nitrofurantoin macrocrystal</i>)	3	
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystals oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim intravenous solution 400-80 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
ANTINEOPLASTIC AGENTS - Drugs for Cancer		
<i>abiraterone acetate oral tablet 250 mg, 500 mg</i>	1	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (<i>paclitaxel protein-bound part</i>)	2	SP
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>brentuximab vedotin</i>)	2	PA; SP
<i>adriamycin intravenous solution reconstituted 50 mg</i>	1	SP
ALECENSA ORAL CAPSULE 150 MG (<i>allectinib hcl</i>)	2	PA; SP
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG (<i>pemetrexed disodium</i>)	3	ST; SP
ALIQOPA INTRAVENOUS SOLUTION RECONSTITUTED 60 MG (<i>copanlisib hcl</i>)	3	PA; SP
ALUNBRIG ORAL TABLET 180 MG, 90 MG (<i>brigatinib</i>)	2	PA; SP; QL (1 EA per 1 day)
ALUNBRIG ORAL TABLET 30 MG (<i>brigatinib</i>)	2	PA; SP; QL (4 EA per 1 day)
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG (<i>brigatinib</i>)	2	PA; SP; QL (30 EA per 365 days)
<i>anastrozole oral tablet 1 mg</i>	1	HCR
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	3	
ARRANON INTRAVENOUS SOLUTION 5 MG/ML (<i>nelarabine</i>)	3	SP
<i>arsenic trioxide intravenous solution 10 mg/10ml, 12 mg/6ml</i>	1	SP
ARZERRA INTRAVENOUS CONCENTRATE 100 MG/5ML, 1000 MG/50ML (<i>ofatumumab</i>)	2	PA; SP
ASPARLAS INTRAVENOUS SOLUTION 3750 UNIT/5ML (<i>calaspargase pegol-mknl</i>)	3	SP
AUGTYRO ORAL CAPSULE 40 MG (<i>repotrectinib</i>)	3	PA; SP
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab</i>)	3	PA; SP
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG (<i>avapritinib</i>)	3	PA; SP; QL (1 EA per 1 day)
<i>azacitidine injection suspension reconstituted 100 mg</i>	1	SP
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (<i>erdafitinib</i>)	3	PA; SP
BAVENCIO INTRAVENOUS SOLUTION 200 MG/10ML (<i>avelumab</i>)	3	PA; SP
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>belinostat</i>)	3	PA; SP
<i>bendamustine hcl intravenous solution reconstituted 100 mg, 25 mg</i>	1	PA; SP
BENDEKA INTRAVENOUS SOLUTION 100 MG/4ML (<i>bendamustine hcl</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED 0.9 MG (<i>inotuzumab ozogamicin</i>)	3	PA; SP
BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE 2.75 MG/0.11ML	2	SP
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML	2	SP
<i>bexarotene oral capsule 75 mg</i>	1	PA; SP
<i>bicalutamide oral tablet 50 mg</i>	1	
<i>bleomycin sulfate injection solution reconstituted 15 unit, 30 unit</i>	1	SP
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED 35 MCG (<i>blinatumomab</i>)	3	PA; SP
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg, 3.5 mg</i>	1	PA; SP
<i>bortezomib intravenous solution 3.5 mg/1.4ml</i>	1	PA; SP
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (<i>bosutinib</i>)	3	PA; SP
BRAFTOVI ORAL CAPSULE 75 MG (<i>encorafenib</i>)	3	PA; SP
BRUKINSA ORAL CAPSULE 80 MG (<i>zanubrutinib</i>)	3	PA; SP
<i>busulfan intravenous solution 6 mg/ml</i>	1	SP
BUSULFEX INTRAVENOUS SOLUTION 6 MG/ML (<i>busulfan</i>)	3	SP
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (<i>cabozantinib s-malate</i>)	2	PA; SP
CALQUENCE ORAL TABLET 100 MG (<i>acalabrutinib maleate</i>)	3	PA; SP
CAMPTOSAR INTRAVENOUS SOLUTION 100 MG/5ML, 300 MG/15ML, 40 MG/2ML (<i>irinotecan hcl</i>)	3	SP
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1	SP
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	2	PA; SP; QL (2 EA per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	2	PA; SP
<i>carboplatin intravenous solution 150 mg/15ml, 450 mg/45ml, 50 mg/5ml, 600 mg/60ml</i>	1	SP
<i>carmustine intravenous solution reconstituted 100 mg, 300 mg</i>	1	SP
CASODEX ORAL TABLET 50 MG (<i>bicalutamide</i>)	3	
<i>cisplatin intravenous solution 100 mg/100ml, 200 mg/200ml</i>	1	SP
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG	3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cisplatin solution 50 mg/50ml intravenous</i>	1	SP
CISPLATIN SOLUTION 50 MG/50ML INTRAVENOUS	3	SP
<i>cladribine intravenous solution 10 mg/10ml</i>	1	SP
<i>clofarabine intravenous solution 1 mg/ml</i>	1	SP
CLOLAR INTRAVENOUS SOLUTION 1 MG/ML (<i>clofarabine</i>)	3	SP
COLUMVI INTRAVENOUS SOLUTION 10 MG/10ML, 2.5 MG/2.5ML (<i>glofitamab-gxbm</i>)	3	PA; SP
COMETRIQ ORAL KIT 20 MG, 3 X 20 MG & 80 MG, 80 & 20 MG (<i>cabozantinib s-malate</i>)	3	PA; SP
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (<i>duvelisib</i>)	3	PA; SP
COTELLIC ORAL TABLET 20 MG (<i>cobimetinib fumarate</i>)	3	PA; SP
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 1000 MG/10ML, 2 GM/10ML, 2000 MG/20ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	3	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	
CYRAMZA INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>ramucirumab</i>)	3	PA; SP
<i>cytarabine (pf) injection solution 100 mg/ml, 20 mg/ml</i>	1	SP
<i>cytarabine injection solution 20 mg/ml</i>	1	SP
<i>dacarbazine intravenous solution reconstituted 100 mg, 200 mg</i>	1	SP
<i>dactinomycin intravenous solution reconstituted 0.5 mg</i>	1	SP
DANYELZA INTRAVENOUS SOLUTION 40 MG/10ML (<i>naxitamab-gqqk</i>)	3	PA; SP
DARZALEX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (<i>daratumumab</i>)	3	PA; SP
<i>daunorubicin hcl intravenous solution 20 mg/4ml, 50 mg/10ml</i>	1	SP
DAURISMO ORAL TABLET 100 MG, 25 MG (<i>glasdegib maleate</i>)	3	PA; SP
<i>decitabine intravenous solution reconstituted 50 mg</i>	1	SP
<i>docetaxel intravenous concentrate 160 mg/8ml, 20 mg/ml, 80 mg/4ml</i>	1	SP
<i>docetaxel intravenous solution 160 mg/16ml, 20 mg/2ml, 80 mg/8ml</i>	1	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOCIVYX INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML, 80 MG/8ML (<i>docetaxel</i>)	3	SP
DOXIL INTRAVENOUS INJECTABLE 2 MG/ML (<i>doxorubicin hcl liposomal</i>)	3	SP
<i>doxorubicin hcl intravenous solution 2 mg/ml</i>	1	SP
<i>doxorubicin hcl intravenous solution reconstituted 10 mg, 50 mg</i>	1	SP
<i>doxorubicin hcl liposomal intravenous injectable 2 mg/ml</i>	1	SP
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	3	
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	3	PA; SP; QL (0.012 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	3	PA; SP; QL (0.009 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	3	PA; SP; QL (0.006 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; SP; QL (0.036 EA per 1 day)
ELLECE INTRAVENOUS SOLUTION 200 MG/100ML, 50 MG/25ML (<i>epirubicin hcl</i>)	3	SP
ELREXFIO SUBCUTANEOUS SOLUTION 44 MG/1.1ML, 76 MG/1.9ML (<i>elranatamab-bcmm</i>)	3	PA; SP
EMCYT ORAL CAPSULE 140 MG (<i>estramustine phosphate sodium</i>)	2	
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED 300 MG, 400 MG (<i>elotuzumab</i>)	3	PA; SP
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>fam-trastuzumab deruxtec-nxki</i>)	3	PA; SP
EPKINLY SUBCUTANEOUS SOLUTION 4 MG/0.8ML, 48 MG/0.8ML (<i>epcoritamab-bysp</i>)	3	PA; SP
ERBITUX INTRAVENOUS SOLUTION 100 MG/50ML, 200 MG/100ML (<i>cetuximab</i>)	2	PA; SP
<i>eribulin mesylate intravenous solution 1 mg/2ml</i>	1	PA; SP
ERIVEDGE ORAL CAPSULE 150 MG (<i>vismodegib</i>)	3	PA; SP
ERLEADA ORAL TABLET 240 MG, 60 MG (<i>apalutamide</i>)	3	PA; SP
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1	PA; SP
<i>erlotinib hcl oral tablet 25 mg</i>	1	PA; SP; QL (3 EA per 1 day)

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ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>etoposide phosphate</i>)	3	SP
<i>etoposide intravenous solution 1 gm/50ml, 100 mg/5ml, 500 mg/25ml</i>	1	SP
<i>etoposide oral capsule 50 mg</i>	1	SP
EULEXIN ORAL CAPSULE 125 MG (<i>flutamide</i>)	3	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1	PA; SP; QL (1 EA per 1 day)
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	1	PA; SP
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>melphalan hcl</i>)	3	SP
<i>exemestane oral tablet 25 mg</i>	1	HCR
EXKIVITY ORAL CAPSULE 40 MG (<i>mobocertinib succinate</i>)	3	SP
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	3	
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 MG/5ML (<i>fulvestrant</i>)	3	SP
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	3	
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	3	PA; SP; QL (2 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	3	PA; SP; QL (0.036 EA per 1 day)
<i>floxuridine injection solution reconstituted 0.5 gm</i>	1	SP
<i>fludarabine phosphate intravenous solution 50 mg/2ml</i>	1	SP
<i>fludarabine phosphate intravenous solution reconstituted 50 mg</i>	1	SP
<i>fluorouracil intravenous solution 1 gm/20ml, 2.5 gm/50ml, 5 gm/100ml, 500 mg/10ml</i>	1	SP
FOLOTYN INTRAVENOUS SOLUTION 20 MG/ML, 40 MG/2ML (<i>pralatrexate</i>)	3	PA; SP
FRUZAQLA ORAL CAPSULE 1 MG, 5 MG (<i>fruquintinib</i>)	3	PA; SP
<i>fulvestrant intramuscular solution prefilled syringe 250 mg/5ml</i>	1	SP
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG (<i>sirolimus protein-bound part</i>)	3	PA; SP
GAVRETO ORAL CAPSULE 100 MG (<i>pralsetinib</i>)	3	PA; SP
GAZYVA INTRAVENOUS SOLUTION 1000 MG/40ML (<i>obinutuzumab</i>)	3	PA; SP
<i>gefitinib oral tablet 250 mg</i>	1	PA; SP

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gemcitabine hcl intravenous solution 1 gm/10ml, 1 gm/26.3ml, 1.5 gm/15ml, 2 gm/20ml, 2 gm/52.6ml, 200 mg/2ml, 200 mg/5.26ml	1	SP
gemcitabine hcl intravenous solution reconstituted 1 gm, 2 gm, 200 mg	1	SP
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (afatinib dimaleate)	3	PA; SP; QL (1 EA per 1 day)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG (lomustine)	3	SP
GLIADEL WAFER IMPLANT WAFER 7.7 MG (carmustine in polifeprosan)	3	
HALAVEN INTRAVENOUS SOLUTION 1 MG/2ML (eribulin mesylate)	2	PA; SP
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600-10000 MG-UNT/5ML (trastuzumab-hyaluronidase-oysk)	3	PA; SP
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (trastuzumab)	3	PA; SP
HYCANTIN INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (topotecan hcl)	3	SP
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG (topotecan hcl)	3	SP
HYDREA ORAL CAPSULE 500 MG (hydroxyurea)	3	
hydroxyurea oral capsule 500 mg	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (palbociclib)	3	PA; SP
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG (palbociclib)	3	PA; SP
ICLUSIG ORAL TABLET 10 MG, 15 MG (ponatinib hcl)	3	PA; SP; QL (1 EA per 1 day)
ICLUSIG ORAL TABLET 30 MG, 45 MG (ponatinib hcl)	3	PA; SP
IDAMYCIN PFS INTRAVENOUS SOLUTION 10 MG/10ML, 20 MG/20ML, 5 MG/5ML (idarubicin hcl)	3	SP
idarubicin hcl intravenous solution 10 mg/10ml, 20 mg/20ml, 5 mg/5ml	1	SP
IDHIFA ORAL TABLET 100 MG, 50 MG (enasidenib mesylate)	3	PA; SP; QL (1 EA per 1 day)
IFEX INTRAVENOUS SOLUTION RECONSTITUTED 1 GM, 3 GM (ifosfamide)	3	SP
ifosfamide intravenous solution 1 gm/20ml, 3 gm/60ml	1	SP
ifosfamide intravenous solution reconstituted 1 gm, 3 gm	1	SP

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imatinib mesylate oral tablet 100 mg, 400 mg	1	PA; SP
IMBRUVICA ORAL CAPSULE 140 MG (ibrutinib)	3	PA; SP; QL (3 EA per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (ibrutinib)	3	PA; SP; QL (1 EA per 1 day)
IMBRUVICA ORAL SUSPENSION 70 MG/ML (ibrutinib)	3	PA; SP
IMBRUVICA ORAL TABLET 420 MG (ibrutinib)	3	PA; SP; QL (1 EA per 1 day)
IMFINZI INTRAVENOUS SOLUTION 120 MG/2.4ML, 500 MG/10ML (durvalumab)	3	PA; SP
IMJUDO INTRAVENOUS SOLUTION 25 MG/1.25ML, 300 MG/15ML (tremelimumab-actl)	3	PA; SP
INLYTA ORAL TABLET 1 MG, 5 MG (axitinib)	3	PA; SP
INREBIC ORAL CAPSULE 100 MG (fedratinib hcl)	3	PA; SP
IRESSA ORAL TABLET 250 MG (gefitinib)	3	PA; SP
irinotecan hcl intravenous solution 100 mg/5ml, 300 mg/15ml, 40 mg/2ml, 500 mg/25ml	1	SP
ISTODAX INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (romidepsin)	3	PA; SP
IWILFIN ORAL TABLET 192 MG (eflornithine hcl)	3	PA; SP
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED 15 MG, 45 MG (ixabepilone)	2	SP
JAKAFI ORAL TABLET 10 MG, 5 MG (ruxolitinib phosphate)	2	PA; SP; QL (2 EA per 1 day)
JAKAFI ORAL TABLET 15 MG, 20 MG, 25 MG (ruxolitinib phosphate)	2	PA; SP
JAYPIRCA ORAL TABLET 100 MG (pirtobrutinib)	3	PA; SP
JAYPIRCA ORAL TABLET 50 MG (pirtobrutinib)	3	PA; SP; QL (1 EA per 1 day)
JEMPERLI INTRAVENOUS SOLUTION 500 MG/10ML (dostarlimab-gxly)	3	PA; SP
JEVTANA INTRAVENOUS SOLUTION 60 MG/1.5ML (cabazitaxel)	2	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	3	PA
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 160 MG (ado-trastuzumab emtansine)	3	PA; SP
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (trastuzumab-anns)	2	PA; SP
KEMOPLAT INTRAVENOUS SOLUTION 50 MG/50ML	3	SP
KEYTRUDA INTRAVENOUS SOLUTION 100 MG/4ML (pembrolizumab)	3	PA; SP

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KIMMTRAK INTRAVENOUS SOLUTION 100 MCG/0.5ML (<i>tebentafusp-tebn</i>)	3	PA; SP
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	3	PA; SP
KISQALI ORAL TABLET THERAPY PACK 200 MG (<i>ribociclib succinate</i>)	3	PA; SP
KOSELUGO ORAL CAPSULE 10 MG, 25 MG (<i>selumetinib sulfate</i>)	3	PA; SP
KRAZATI ORAL TABLET 200 MG (<i>adagrasib</i>)	3	PA; SP
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 30 MG, 60 MG (<i>carfilzomib</i>)	2	PA; SP
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA; SP
<i>lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg</i>	1	PA; SP
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 10 MG, 10 MG & 2 X 4 MG, 2 X 10 MG, 2 X 10 MG & 4 MG, 2 X 4 MG, 3 X 4 MG, 4 MG (<i>lenvatinib mesylate</i>)	3	PA; SP
<i>letrozole oral tablet 2.5 mg</i>	1	
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	2	
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG	3	PA; SP; QL (0.012 EA per 1 day)
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA; SP
LIBTAYO INTRAVENOUS SOLUTION 350 MG/7ML (<i>cemiplimab-rwlc</i>)	3	PA; SP
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (<i>trifluridine-tipiracil</i>)	3	PA; SP
LOQTORZI INTRAVENOUS SOLUTION 240 MG/6ML (<i>toripalimab-tpzi</i>)	3	PA; SP
LORBRENA ORAL TABLET 100 MG, 25 MG (<i>lorlatinib</i>)	3	PA; SP
LUMAKRAS ORAL TABLET 120 MG, 320 MG (<i>sotorasib</i>)	3	PA; SP
LUNSUMIO INTRAVENOUS SOLUTION 1 MG/ML, 30 MG/30ML (<i>mosunetuzumab-axgb</i>)	3	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	3	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (<i>leuprolide acetate (3 month)</i>)	3	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG (<i>leuprolide acetate (3 month)</i>)	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate (4 month)</i>)	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG (<i>leuprolide acetate (6 month)</i>)	2	PA; SP
LYNPARZA ORAL TABLET 100 MG, 150 MG (<i>olaparib</i>)	2	PA; SP
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	2	
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	3	PA; SP
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	3	PA; SP
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG (<i>futibatinib</i>)	3	PA; SP
MARGENZA INTRAVENOUS SOLUTION 250 MG/10ML (<i>margetuximab-cmkb</i>)	3	PA; SP
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine hcl</i>)	2	SP
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml, 800 mg/20ml</i>	1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML (<i>trametinib dimethyl sulfoxide</i>)	3	PA; SP
MEKINIST ORAL TABLET 0.5 MG, 2 MG (<i>trametinib dimethyl sulfoxide</i>)	3	PA; SP
MEKTOVI ORAL TABLET 15 MG (<i>binimetinib</i>)	3	PA; SP
<i>melphalan hcl intravenous solution reconstituted 50 mg</i>	1	SP
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mitomycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	1	SP
<i>mitoxantrone hcl intravenous concentrate 20 mg/10ml, 25 mg/12.5ml, 30 mg/15ml</i>	1	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>tafasitamab-cxix</i>)	3	PA; SP
<i>mutamycin intravenous solution reconstituted 20 mg, 40 mg, 5 mg</i>	1	SP
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-awwb</i>)	2	PA; SP
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	2	
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED 4.5 MG (<i>gemtuzumab ozogamicin</i>)	3	PA; SP
<i>nelarabine intravenous solution 5 mg/ml</i>	1	SP
NERLYNX ORAL TABLET 40 MG (<i>neratinib maleate</i>)	3	PA; SP; QL (6 EA per 1 day)
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib tosylate</i>)	3	PA; SP
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	3	SP
<i>nilutamide oral tablet 150 mg</i>	1	SP
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (<i>ixazomib citrate</i>)	3	PA; SP
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>pentostatin</i>)	3	SP
NUBEQA ORAL TABLET 300 MG (<i>darolutamide</i>)	3	PA; SP
ODOMZO ORAL CAPSULE 200 MG (<i>sonidegib phosphate</i>)	3	PA; SP
OGSIVEO ORAL TABLET 100 MG, 150 MG, 50 MG (<i>nirogacestat hydrobromide</i>)	3	PA; SP
ONCASPAR INJECTION SOLUTION 750 UNIT/ML (<i>pegaspargase</i>)	2	SP
ONIVYDE INTRAVENOUS INJECTABLE 43 MG/10ML (<i>irinotecan hcl liposome</i>)	3	SP
ONUREG ORAL TABLET 200 MG, 300 MG (<i>azacitidine</i>)	3	PA; SP
OPDIVO INTRAVENOUS SOLUTION 100 MG/10ML, 120 MG/12ML, 240 MG/24ML, 40 MG/4ML (<i>nivolumab</i>)	3	PA; SP
OPDUALAG INTRAVENOUS SOLUTION 240-80 MG/20ML (<i>nivolumab-relatlimab-rmbw</i>)	3	PA; SP
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	3	PA; SP
ORSERDU ORAL TABLET 345 MG, 86 MG (<i>elacestrant hydrochloride</i>)	3	PA; SP
<i>oxaliplatin intravenous solution 100 mg/20ml, 200 mg/40ml, 50 mg/10ml</i>	1	SP
<i>oxaliplatin intravenous solution reconstituted 100 mg, 50 mg</i>	1	SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
paclitaxel intravenous concentrate 100 mg/16.7ml, 150 mg/25ml, 30 mg/5ml, 300 mg/50ml	1	SP
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED 100 MG	3	SP
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED 20 MG, 30 MG (enfortumab vedotin-ejfv)	3	PA; SP
PARAPLATIN INTRAVENOUS SOLUTION 1000 MG/100ML (carboplatin)	3	SP
pazopanib hcl oral tablet 200 mg	1	PA; SP
PEMETREXED DISODIUM INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML, 850 MG/34ML	3	ST; SP
pemetrexed disodium intravenous solution reconstituted 100 mg, 1000 mg, 500 mg, 750 mg	1	SP
PEMETREXED DITROMETHAMINE INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 500 MG	3	ST; SP
PEMETREXED INTRAVENOUS SOLUTION 1 GM/40ML, 100 MG/4ML, 500 MG/20ML	3	ST; SP
PEMFEXY INTRAVENOUS SOLUTION 500 MG/20ML (pemetrexed)	3	ST; SP
PERJETA INTRAVENOUS SOLUTION 420 MG/14ML (pertuzumab)	2	PA; SP
PHESGO SUBCUTANEOUS SOLUTION 60-60-2000 MG-MG-U/ML, 80-40-2000 MG-MG-U/ML (pertuz-trastuz-hyaluron-zzxf)	2	PA; SP
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED 75 MG (porfimer sodium)	3	SP
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG, 200 MG (alpelisib)	3	PA; SP
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED 140 MG, 30 MG (polatuzumab vedotin-piiq)	3	PA; SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (pomalidomide)	3	PA; SP
PORTRAZZA INTRAVENOUS SOLUTION 800 MG/50ML (necitumumab)	3	PA; SP
POTELIGEO INTRAVENOUS SOLUTION 20 MG/5ML (mogamulizumab-kpkc)	3	PA; SP
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (aldesleukin)	2	SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	3	SP
QINLOCK ORAL TABLET 50 MG (<i>ripretinib</i>)	3	PA; SP
RETEVMO ORAL CAPSULE 40 MG, 80 MG (<i>selpercatinib</i>)	3	PA; SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	2	PA; SP
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400-23400 MG -UT/11.7ML, 1600-26800 MG -UT/13.4ML (<i>rituximab- hyaluronidase human</i>)	3	PA; SP
RITUXAN INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab</i>)	3	PA; SP
<i>romidepsin intravenous solution reconstituted 10 mg</i>	1	PA; SP
ROZLYTREK ORAL CAPSULE 100 MG, 200 MG (<i>entrectinib</i>)	3	PA; SP
ROZLYTREK ORAL PACKET 50 MG (<i>entrectinib</i>)	3	PA; SP
RUXIENCE INTRAVENOUS SOLUTION 100 MG/10ML, 500 MG/50ML (<i>rituximab-pvvr</i>)	2	PA; SP
RYBREVANT INTRAVENOUS SOLUTION 350 MG/7ML (<i>amivantamab-vmjw</i>)	3	PA; SP
RYDAPT ORAL CAPSULE 25 MG (<i>midostaurin</i>)	3	PA; SP
SARCLISA INTRAVENOUS SOLUTION 100 MG/5ML, 500 MG/25ML (<i>isatuximab-irfc</i>)	3	PA; SP
SCEMBLIX ORAL TABLET 20 MG (<i>asciminib hcl</i>)	3	PA; SP; QL (2 EA per 1 day)
SCEMBLIX ORAL TABLET 40 MG (<i>asciminib hcl</i>)	3	PA; SP
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	3	HCR
<i>sorafenib tosylate oral tablet 200 mg</i>	1	PA; SP
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	2	PA; SP
STIVARGA ORAL TABLET 40 MG (<i>regorafenib</i>)	2	PA; SP
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; SP
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED 100 MG, 400 MG (<i>siltuximab</i>)	3	PA; SP
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	2	SP
TABRECTA ORAL TABLET 150 MG, 200 MG (<i>capmatinib hcl</i>)	3	PA; SP
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (<i>dabrafenib mesylate</i>)	3	PA; SP
TAFINLAR ORAL TABLET SOLUBLE 10 MG (<i>dabrafenib mesylate</i>)	3	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TAGRISSE ORAL TABLET 40 MG (<i>osimertinib mesylate</i>)	3	PA; SP; QL (1 EA per 1 day)
TAGRISSE ORAL TABLET 80 MG (<i>osimertinib mesylate</i>)	3	PA; SP
TALVEY SUBCUTANEOUS SOLUTION 3 MG/1.5ML, 40 MG/ML (<i>talquetamab-tgvs</i>)	3	PA; SP
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	HCR
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	3	PA; SP
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	3	PA; SP; QL (3 EA per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (<i>nilotinib hcl</i>)	3	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML, 840 MG/14ML (<i>atezolizumab</i>)	3	PA; SP
TECVAYLI SUBCUTANEOUS SOLUTION 153 MG/1.7ML, 30 MG/3ML (<i>teclistamab-cqyv</i>)	3	PA; SP
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>temozolomide</i>)	2	SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	PA; SP
<i>temsirolimus intravenous solution 25 mg/ml</i>	1	SP
TEPADINA INJECTION SOLUTION RECONSTITUTED 100 MG, 15 MG (<i>thiotepa</i>)	3	SP
<i>thiotepa injection solution reconstituted 100 mg, 15 mg</i>	1	SP
TIBSOVO ORAL TABLET 250 MG (<i>ivosidenib</i>)	3	PA; SP
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (<i>bcg live</i>)	2	SP
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>tisotumab vedotin-tftv</i>)	3	PA; SP
<i>topotecan hcl intravenous solution 4 mg/4ml</i>	1	SP
<i>topotecan hcl intravenous solution reconstituted 4 mg</i>	1	SP
<i>toremifene citrate oral tablet 60 mg</i>	1	
TORISEL INTRAVENOUS SOLUTION 25 MG/ML (<i>temsirolimus</i>)	3	SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED 150 MG, 420 MG (<i>trastuzumab-qyyp</i>)	2	PA; SP
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (<i>triptorelin pamoate</i>)	3	PA; SP; QL (0.012 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (<i>triptorelin pamoate</i>)	3	PA; SP; QL (0.006 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (<i>triptorelin pamoate</i>)	3	PA; SP; QL (0.036 EA per 1 day)
<i>tretinoin oral capsule 10 mg</i>	1	SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	3	
TRISENOX INTRAVENOUS SOLUTION 12 MG/6ML (<i>arsenic trioxide</i>)	3	SP
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED 180 MG (<i>sacituzumab govitecan-hziy</i>)	3	PA; SP
TRUQAP ORAL TABLET 160 MG, 200 MG (<i>capivasertib</i>)	3	PA; SP
TUKYSA ORAL TABLET 150 MG, 50 MG (<i>tucatinib</i>)	3	PA; SP
TURALIO ORAL CAPSULE 125 MG (<i>pexidartinib hcl</i>)	3	PA; SP
TYKERB ORAL TABLET 250 MG (<i>lapatinib ditosylate</i>)	3	PA; SP
UNITUXIN INTRAVENOUS SOLUTION 17.5 MG/5ML (<i>dinutuximab</i>)	3	PA; SP
<i>valrubicin intravesical solution 40 mg/ml</i>	1	SP
VALSTAR INTRAVESICAL SOLUTION 40 MG/ML (<i>valrubicin</i>)	3	SP
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG (<i>quizartinib dihydrochloride</i>)	3	PA; SP
VECTIBIX INTRAVENOUS SOLUTION 100 MG/5ML, 400 MG/20ML (<i>panitumumab</i>)	3	SP
VELCADE INJECTION SOLUTION RECONSTITUTED 3.5 MG (<i>bortezomib</i>)	3	PA; SP
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (<i>venetoclax</i>)	3	PA; SP
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG (<i>venetoclax</i>)	3	PA; SP
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>abemaciclib</i>)	3	PA; SP
VIDAZA INJECTION SUSPENSION RECONSTITUTED 100 MG (<i>azacitidine</i>)	3	SP
<i>vinblastine sulfate intravenous solution 1 mg/ml</i>	1	SP
<i>vincristine sulfate intravenous solution 1 mg/ml</i>	1	SP
<i>vinorelbine tartrate intravenous solution 10 mg/ml, 50 mg/5ml</i>	1	SP
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (<i>larotrectinib sulfate</i>)	3	PA; SP
VITRAKVI ORAL SOLUTION 20 MG/ML (<i>larotrectinib sulfate</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (<i>dacomitinib</i>)	3	PA; SP
VONJO ORAL CAPSULE 100 MG (<i>pacritinib citrate</i>)	3	PA; SP
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib hcl</i>)	3	PA; SP
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED 44-100 MG (<i>daunorubicin-cytarabine lipo</i>)	3	PA; SP
WELIREG ORAL TABLET 40 MG (<i>belzutifan</i>)	3	PA; SP
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	PA
XOSPATA ORAL TABLET 40 MG (<i>gilteritinib fumarate</i>)	3	PA; SP
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG (<i>selinexor</i>)	3	PA; SP
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	3	PA; SP
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	3	PA; SP
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG (<i>selinexor</i>)	3	PA; SP
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	3	PA; SP
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG (<i>selinexor</i>)	3	PA; SP
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG (<i>selinexor</i>)	3	PA; SP
XTANDI ORAL CAPSULE 40 MG (<i>enzalutamide</i>)	3	PA; SP
XTANDI ORAL TABLET 40 MG, 80 MG (<i>enzalutamide</i>)	3	PA; SP
YERVOY INTRAVENOUS SOLUTION 200 MG/40ML, 50 MG/10ML (<i>ipilimumab</i>)	2	PA; SP
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED 1 MG (<i>trabectedin</i>)	3	SP
ZALTRAP INTRAVENOUS SOLUTION 100 MG/4ML, 200 MG/8ML (<i>ziv-aflibercept</i>)	2	PA; SP
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (<i>streptozocin</i>)	2	SP
ZEJULA ORAL TABLET 100 MG (<i>niraparib tosylate</i>)	2	PA; SP; QL (1 EA per 1 day)
ZEJULA ORAL TABLET 200 MG, 300 MG (<i>niraparib tosylate</i>)	2	PA; SP
ZELBORAF ORAL TABLET 240 MG (<i>vemurafenib</i>)	3	PA; SP
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED 4 MG (<i>lurbinectedin</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEVALIN Y-90 INTRAVENOUS KIT 3.2 MG/2ML (<i>ibritumomab tiuxetan for y-90</i>)	3	SP
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-bvzr</i>)	2	PA; SP
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (<i>goserelin acetate</i>)	3	SP; QL (0.012 EA per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (<i>goserelin acetate</i>)	2	SP; QL (0.036 EA per 1 day)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	2	PA; SP
ZYDELIG ORAL TABLET 100 MG, 150 MG (<i>idelalisib</i>)	3	PA; SP
ZYKADIA ORAL TABLET 150 MG (<i>ceritinib</i>)	3	PA; SP
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED 10 MG (<i>loncastuximab tesirine-lpyl</i>)	3	PA; SP
ZYNYZ INTRAVENOUS SOLUTION 500 MG/20ML (<i>retifanlimab-dlwr</i>)	3	PA; SP
ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES - DRUGS FOR THE IMMUNE SYSTEM		
ANTITOXINS AND IMMUNE GLOBULINS - Organ Transplant		
BIVIGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	3	PA; SP
CNJ-016 INTRAVENOUS SOLUTION 50000 UNIT/VIAL (<i>vaccinia immune globulin human</i>)	3	
CUVITRU SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML, 8 GM/40ML (<i>immune globulin (human)</i>)	3	PA; SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>digoxin immune fab</i>)	3	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	3	PA; SP
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	2	PA; SP
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin (human)</i>)	3	PA; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED 10 GM, 5 GM (<i>immune globulin (human)</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	3	PA; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	3	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	3	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	3	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 GM/5ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)</i>)	3	PA; SP
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT, 250 UNIT (<i>rho d immune globulin</i>)	2	SP
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	3	PA; SP
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 250 UNIT (<i>rho d immune globulin</i>)	2	SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	3	PA; SP
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 20 GM/200ML, 40 GM/400ML, 5 GM/50ML (<i>immune globulin (human)</i>)	3	PA; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 1500 UNIT (<i>rho d immune globulin</i>)	2	SP
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE 1500 UNIT/2ML (<i>rho d immune globulin</i>)	2	
WINRHO SDF INJECTION SOLUTION 1500 UNIT/1.3ML, 15000 UNIT/13ML, 2500 UNIT/2.2ML, 5000 UNIT/4.4ML (<i>rho d immune globulin</i>)	2	SP
XEMBIFY SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML (<i>immune globulin (human)-klhw</i>)	3	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZINPLAVA INTRAVENOUS SOLUTION 1000 MG/40ML (<i>bezlotoxumab</i>)	3	PA
VACCINES - Vaccines		
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED 50 MG (<i>bcg live</i>)	2	SP
AUTONOMIC DRUGS		
SMOKING CESSATION AGENTS		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	HCR; QL (180 day supply per 365 days)
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	3	HCR; QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	3	HCR; QL (180 day supply per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	HCR; QL (180 day supply per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	HCR; QL (180 day supply per 365 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	HCR; QL (180 day supply per 365 days)
AUTONOMIC DRUGS - Drugs for the Nervous System		
ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (<i>epinephrine</i>)	3	
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (<i>ephedrine sulfate (pressors)</i>)	3	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (<i>ephedrine sulfate (pressors)</i>)	3	
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE 4 %-1:100000 (<i>articaine-epinephrine</i>)	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	3	
<i>bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000</i>	1	
<i>bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000</i>	1	
<i>droxidopa oral capsule 100 mg, 200 mg, 300 mg</i>	1	PA; SP
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (<i>ephedrine sulfate (pressors)</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 50 MG/10ML, 50 MG/5ML	3	
<i>ephedrine sulfate (pressors) intravenous solution 50 mg/ml</i>	1	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	3	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml, 30 mg/30ml</i>	1	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	3	
<i>epinephrine injection solution 10 mg/10ml</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	3	
EPINEPHRINE INTRAVENOUS SOLUTION 1 MG/10ML	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	3	
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	1	
<i>epinephrine pf injection solution 1 mg/ml</i>	1	
<i>epinephrine solution 1 mg/ml injection</i>	1	
EPINEPHRINE SOLUTION 1 MG/ML INJECTION	3	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	3	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 2-0.9 MG/250ML-%	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	3	ST

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVOPHED INTRAVENOUS SOLUTION 1 MG/ML (<i>norepinephrine bitartrate</i>)	3	
LIDOCAINE(BUFFERD)-EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.5 %-1:100000, 1 %-1:100000	3	
LIDOCAINE-EPINEPHRINE (3 ML) INJECTION SOLUTION PREFILLED SYRINGE 0.5 %-1:100000	3	
<i>lidocaine-epinephrine injection solution 0.5 %-1:200000, 1.5 %-1:200000, 2 %-1:100000</i>	1	
<i>lidocaine-epinephrine solution 1 %-1:100000 injection</i>	1	
LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	3	
<i>lidocaine-epinephrine solution 2 %-1:200000 injection</i>	1	
LIDOCAINE-EPINEPHRINE SOLUTION 2 %-1:200000 INJECTION	3	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	3	
<i>norepinephrine bitartrate solution 1 mg/ml intravenous</i>	1	
NOREPINEPHRINE BITARTRATE SOLUTION 1 MG/ML INTRAVENOUS	3	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 16-5 MG/250ML-%, 4-5 MG/250ML-%, 8-5 MG/250ML-%, 8-5 MG/500ML-%	3	
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	3	
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (<i>droxidopa</i>)	3	PA; SP
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000, 4 %-1:200000 (<i>articaïne-epinephrine</i>)	3	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML (<i>ephedrine hcl</i>)	3	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000, 0.75-1:200000 % (bupivacaine-epinephrine)	3	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000 (lidocaine-epinephrine)	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000 (lidocaine-epinephrine)	3	
ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
BIORPHEN INTRAVENOUS SOLUTION 0.5 MG/5ML (phenylephrine hcl (pressors))	3	
clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml	1	
clonidine hcl er oral tablet extended release 12 hour 0.1 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	1	
DEXMEDETOMIDINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%, 40-0.9 MCG/10ML-%	3	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	3	
dexmedetomidine hcl intravenous solution 200 mcg/2ml	1	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	3	
DURACLON EPIDURAL SOLUTION 100 MCG/ML (clonidine hcl (analgesia))	3	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (dexmedetomidine hcl)	3	PA
IMMPHENTIV INTRAVENOUS SOLUTION 0.5 MG/5ML, 1 MG/10ML (phenylephrine hcl (pressors))	3	
LUCEMYRA ORAL TABLET 0.18 MG (lofexidine hcl)	3	ST; QL (16 EA per 1 day)
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION 0.4 MG/10ML, 0.8 MG/10ML	3	
phenylephrine hcl (pressors) intravenous solution 10 mg/ml	1	
PHENYLEPHRINE HCL (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.4 MG/10ML, 0.5 MG/5ML, 1 MG/10ML	3	
PHENYLEPHRINE HCL INTRACAVERNOSAL SOLUTION 2 MG/2ML	3	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION 1 MG/10ML	3	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/10ML, 1 MG/10ML	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML (dexmedetomidine hcl in nacl)	3	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (dexmedetomidine hcl)	3	
VAZCULEP INTRAVENOUS SOLUTION 10 MG/ML (phenylephrine hcl (pressors))	3	
ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG (hyoscyamine sulfate)	3	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (umeclidinium-vilanterol)	2	QL (2 EA per 1 day)
atropine sulfate injection solution 8 mg/20ml	1	
atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml	1	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	3	QL (0.86 GM per 1 day)
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML (<i>dicyclomine hcl</i>)	3	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	2	QL (0.36 GM per 1 day)
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	2	QL (0.27 GM per 1 day)
CUVPOSA ORAL SOLUTION 1 MG/5ML (<i>glycopyrrolate</i>)	3	PA
<i>dicyclomine hcl intramuscular solution 10 mg/ml</i>	1	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
<i>glycopyrrolate injection solution 0.2 mg/ml, 0.4 mg/2ml, 1 mg/5ml, 4 mg/20ml</i>	1	
GLYCOPYRROLATE INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML	3	
GLYCOPYRROLATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	PA
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	QL (4 EA per 1 day)
<i>glycopyrrolate pf injection solution prefilled syringe 0.2 mg/ml, 0.4 mg/2ml</i>	1	
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML	3	
GLYRX-PF INJECTION SOLUTION 0.2 MG/ML, 0.4 MG/2ML (<i>glycopyrrolate</i>)	3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE 0.6 MG/3ML, 1 MG/5ML (<i>glycopyrrolate</i>)	3	
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (<i>hydrocodone bit-homatrop mbr</i>)	3	PA; QL (240 ML per 1 fill)
HYCODAN ORAL TABLET 5-1.5 MG (<i>hydrocodone bit-homatrop mbr</i>)	3	PA; QL (6 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	PA; QL (240 ML per 1 fill)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	PA; QL (6 EA per 1 day)
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	PA; QL (240 ML per 1 fill)
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	QL (10.42 ML per 1 day)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	QL (18 ML per 1 day)
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	3	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	1	
OSCIMIN ORAL TABLET 0.125 MG	3	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	3	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML (<i>neostigmine-glycopyrrolate</i>)	3	
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	3	QL (1 EA per 1 day)
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
ROBINUL ORAL TABLET 1 MG (<i>glycopyrrolate</i>)	3	PA; QL (4 EA per 1 day)
ROBINUL-FORTE ORAL TABLET 2 MG (<i>glycopyrrolate</i>)	3	PA; QL (4 EA per 1 day)
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	1	QL (1 EA per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	QL (0.14 GM per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	2	QL (0.14 GM per 1 day)
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	3	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	QL (2 EA per 1 day)
YUPELRI INHALATION SOLUTION 175 MCG/3ML (<i>revefenacin</i>)	3	QL (3 ML per 1 day)
ANTIPARKINSONIAN AGENTS - Drugs for Parkinson		
<i>benztropine mesylate injection solution 1 mg/ml</i>	1	
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System		
NICOTROL INHALATION INHALER 10 MG (<i>nicotine</i>)	3	HCR; QL (180 day supply per 365 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (<i>nicotine</i>)	3	HCR; QL (180 day supply per 365 days)
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 & 1 mg x 42</i>	1	HCR; QL (180 day supply per 365 days)
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	HCR; QL (180 day supply per 365 days)
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	HCR; QL (180 day supply per 365 days)
BOTULINUM TOXINS - Drugs for Relaxing Muscles		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxinA</i>)	3	PA
DYSPOORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxinA</i>)	2	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (<i>rimabotulinumtoxinB</i>)	2	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxinA</i>)	2	PA
CENTRALLY ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>chlorzoxazone oral tablet 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyclobenzaprine hcl er oral capsule extended release 24 hour 15 mg, 30 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg, 7.5 mg</i>	1	
FEXMID ORAL TABLET 7.5 MG (<i>cyclobenzaprine hcl</i>)	3	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol injection solution 1000 mg/10ml</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
ROBAXIN INJECTION SOLUTION 1000 MG/10ML (<i>methocarbamol</i>)	3	
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	1	
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED 20 MG (<i>dantrolene sodium</i>)	3	
DANTRIUM ORAL CAPSULE 25 MG (<i>dantrolene sodium</i>)	3	
<i>dantrolene sodium intravenous solution reconstituted 20 mg</i>	1	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>revonto intravenous solution reconstituted 20 mg</i>	1	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED 250 MG (<i>dantrolene sodium</i>)	3	
GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>baclofen intrathecal solution 10 mg/20ml, 20000 mcg/20ml, 40 mg/20ml, 40000 mcg/20ml</i>	1	
<i>baclofen intrathecal solution prefilled syringe 50 mcg/ml</i>	1	
<i>baclofen oral suspension 25 mg/5ml</i>	1	
<i>baclofen oral tablet 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
GABLOFEN INTRATHECAL SOLUTION 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML (<i>baclofen</i>)	3	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE 10000 MCG/20ML, 20000 MCG/20ML, 40000 MCG/20ML, 50 MCG/ML (<i>baclofen</i>)	3	
LIORESAL INTRATHECAL SOLUTION 0.05 MG/ML, 10 MG/20ML, 10 MG/5ML, 40 MG/20ML (<i>baclofen</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INDIRECT-ACTING SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles		
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	QL (2 EA per 1 day)
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
NEUROMUSCULAR BLOCKING AGENTS - Drugs for Relaxing Muscles		
ANECTINE INJECTION SOLUTION 20 MG/ML (<i>succinylcholine chloride</i>)	3	
<i>atracurium besylate intravenous solution 100 mg/10ml, 50 mg/5ml</i>	1	
<i>cisatracurium besylate (pf) intravenous solution 10 mg/5ml, 200 mg/20ml</i>	1	
<i>cisatracurium besylate intravenous solution 20 mg/10ml</i>	1	
QUELICIN INJECTION SOLUTION 20 MG/ML (<i>succinylcholine chloride</i>)	3	
<i>rocuronium bromide intravenous solution 100 mg/10ml, 50 mg/5ml</i>	1	
ROCURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 50 MG/5ML, 75 MG/7.5ML	3	
SUCCINYLMCHOLINE CHLORIDE INJECTION SOLUTION PREFILLED SYRINGE 100 MG/5ML	3	
SUCCINYLMCHOLINE CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/5ML, 140 MG/7ML, 200 MG/10ML	3	
<i>succinylcholine chloride solution 20 mg/ml injection</i>	1	
SUCCINYLMCHOLINE CHLORIDE SOLUTION 20 MG/ML INJECTION	3	
VECURONIUM BROMIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/10ML	3	
<i>vecuronium bromide intravenous solution reconstituted 10 mg, 20 mg</i>	1	
NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CORGARD ORAL TABLET 20 MG, 40 MG (<i>nadolol</i>)	3	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	PA
LABELALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	1	
LABELALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	3	
LABELALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	3	
LABELALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	3	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
MINIPRESS ORAL CAPSULE 2 MG, 5 MG (<i>prazosin hcl</i>)	3	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart		
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5 MG	3	
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	3	PA
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	PA; QL (0.86 ML per 1 day)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	PA; QL (0.27 ML per 1 day)
<i>ergoloid mesylates oral tablet 1 mg</i>	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	3	PA; QL (0.72 EA per 1 day)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	PA; QL (0.86 EA per 1 day)
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML (<i>papaverine-phentolamine</i>)	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	PA; QL (0.72 EA per 1 day)
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	3	PA; QL (0.27 ML per 1 day)
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	PA
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>	1	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10 MG	3	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
NON-SELECTIVE BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	1	
PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence		
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (<i>donepezil hcl</i>)	3	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML (<i>neostigmine methylsulfate</i>)	3	
<i>cevimeline hcl oral capsule 30 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
donepezil hcl oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	1	
EVOXAC ORAL CAPSULE 30 MG (<i>cevimeline hcl</i>)	3	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 4.6 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	3	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	1	
galantamine hydrobromide oral solution 4 mg/ml	1	
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	1	
MESTINON ORAL SOLUTION 60 MG/5ML (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET 60 MG (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET EXTENDED RELEASE 180 MG (<i>pyridostigmine bromide</i>)	3	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	2	QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	2	QL (1 EA per 1 day)
neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 4 MG/4ML, 5 MG/5ML	3	
neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous	1	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	3	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	1	
PREVDUO INTRAVENOUS SOLUTION PREFILLED SYRINGE 3-0.6 MG/3ML (<i>neostigmine-glycopyrrolate</i>)	3	
pyridostigmine bromide er oral tablet extended release 180 mg	1	
pyridostigmine bromide oral solution 60 mg/5ml	1	
pyridostigmine bromide oral tablet 30 mg, 60 mg	1	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML (<i>pyridostigmine bromide</i>)	3	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG (<i>pilocarpine hcl</i>)	3	
SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	3	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	1	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	3	
LABETALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	3	
LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	3	
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (<i>silodosin</i>)	3	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (<i>alfuzosin hcl</i>)	3	
SELECTIVE BETA-1-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
<i>dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml</i>	1	
<i>dobutamine-dextrose intravenous solution 1-5 mg/ml-%, 2-5 mg/ml-%, 4-5 mg/ml-%</i>	1	
<i>dopamine hcl intravenous solution 40 mg/ml</i>	1	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dopamine-dextrose intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%</i>	1	
SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	2	QL (0.4 GM per 1 day)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	1	QL (1.2 GM per 1 day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	QL (18 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	1	QL (5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL (12.5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	QL (5 EA per 1 day)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT (<i>umeclidinium-vilanterol</i>)	2	QL (2 EA per 1 day)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	1	QL (4 ML per 1 day)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	QL (2 EA per 1 day)
<i>breyna inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	1	QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	2	QL (0.36 GM per 1 day)
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	1	QL (0.35 GM per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	2	QL (0.27 GM per 1 day)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/lact, 250-50 mcg/lact, 500-50 mcg/lact</i>	1	ST; QL (2 EA per 1 day)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	QL (4 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	QL (18 ML per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	1	QL (18 ML per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml</i>	1	QL (3 EA per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml</i>	1	QL (9 ML per 1 day)
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (<i>formoterol fumarate</i>)	3	QL (4 ML per 1 day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (<i>salmeterol xinafoate</i>)	2	QL (2 EA per 1 day)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (<i>tiotropium bromide-olodaterol</i>)	2	QL (0.14 GM per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (<i>olodaterol hcl</i>)	2	QL (4.2 GM per 30 days)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (<i>budesonide-formoterol fumarate</i>)	3	QL (0.35 GM per 1 day)
<i>terbutaline sulfate injection solution 1 mg/ml</i>	1	
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	QL (2 EA per 1 day)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	1	ST; QL (2 EA per 1 day)
SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
BREVIBLOC IN NAACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (<i>esmolol hcl</i>)	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles		
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxina</i>)	3	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxina</i>)	2	PA
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (<i>rimabotulinumtoxinb</i>)	2	PA
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	QL (2 EA per 1 day)
<i>orphenadrine citrate injection solution 30 mg/ml</i>	1	
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	2	PA
BLOOD DERIVATIVES - Drugs for the Blood		
BLOOD DERIVATIVES - Drugs for the Blood		
ALBUKED 25 INTRAVENOUS SOLUTION 25 % (<i>albumin human</i>)	3	
ALBUKED 5 INTRAVENOUS SOLUTION 5 % (<i>albumin human</i>)	3	
ALBUMIN HUMAN INTRAVENOUS SOLUTION 25 %, 5 %	3	
ALBUMINEX INTRAVENOUS SOLUTION 25 %, 5 % (<i>albumin human-kjda</i>)	3	
ALBUMIN-ZLB INTRAVENOUS SOLUTION 25 %, 5 %	3	
ALBURX INTRAVENOUS SOLUTION 5 %	3	
ALBUTEIN INTRAVENOUS SOLUTION 25 %, 5 % (<i>albumin human</i>)	3	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (<i>alpha1-proteinase inhibitor</i>)	3	PA; SP
FLEXBUMIN INTRAVENOUS SOLUTION 25 %, 5 % (<i>albumin human</i>)	3	
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (<i>alpha1-proteinase inhibitor</i>)	3	PA; SP
KEDBUMIN INTRAVENOUS SOLUTION 25 %	3	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (<i>alpha1-proteinase inhibitor</i>)	3	PA; SP
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED 68.8 MG (<i>plasminogen human-tvmh</i>)	3	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (<i>alpha1-proteinase inhibitor</i>)	3	PA; SP
BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood		
ANTIANEMIA DRUGS - Vitamins and Minerals		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	2	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	2	PA; SP
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	2	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
ACD FORMULA A IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML	3	
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML (<i>anticoagulant cit dext soln a</i>)	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	
ARIXTRA SUBCUTANEOUS SOLUTION 10 MG/0.8ML, 2.5 MG/0.5ML, 5 MG/0.4ML, 7.5 MG/0.6ML (<i>fondaparinux sodium</i>)	3	
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>protein c concentrate (human)</i>)	3	SP
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	
SODIUM CITRATE IN VITRO SOLUTION PREFILLED SYRINGE 4 %	3	
SODIUM CITRATE LOCK FLUSH INTRAVENOUS SOLUTION PREFILLED SYRINGE 120 MG/3ML	3	
SODIUM CITRATE-GENTAMICIN SULF INTRAVENOUS SOLUTION 4-320 %-MCG/ML	3	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % (<i>anticoagulant sodium citrate</i>)	3	
ANTIHEMORRHAGIC AGENTS, MISCELLANEOUS - Drugs to Prevent Bleeding		
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED 200 MG (<i>coag fact xa inactivated-zhzo</i>)	3	
ANTIHEPARIN AGENTS - Drugs to Prevent Bleeding		
<i>protamine sulfate intravenous solution 10 mg/ml</i>	1	
ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots		
CABLIVI INJECTION KIT 11 MG (<i>caplacizumab-yhdp</i>)	3	PA; SP; QL (1 EA per 1 day)
BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding		
ADAKVEO INTRAVENOUS SOLUTION 100 MG/10ML (<i>crizanlizumab-tmca</i>)	3	PA; SP
ENJAYMO INTRAVENOUS SOLUTION 1100 MG/22ML (<i>sutimlimab-jome</i>)	3	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG (<i>mitapivat sulfate</i>)	3	PA; SP; QL (2 EA per 1 day)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG, 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG (<i>mitapivat sulfate</i>)	3	PA; SP; QL (1 EA per 1 day)
TAVALISSE ORAL TABLET 100 MG, 150 MG (<i>fostamatinib disodium</i>)	3	PA; SP
COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (<i>apixaban</i>)	2	QL (148 EA per 365 days)
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	2	QL (2 EA per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	QL (3 EA per 1 day)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (<i>edoxaban tosylate</i>)	3	QL (1 EA per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (<i>rivaroxaban</i>)	2	QL (20 ML per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	2	QL (1 EA per 1 day)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	2	QL (2 EA per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (<i>rivaroxaban</i>)	2	QL (102 EA per 365 days)
DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>bivalirudin trifluoroacetate</i>)	3	
<i>bivalirudin trifluoroacetate intravenous solution reconstituted 250 mg</i>	1	
<i>dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg</i>	1	QL (2 EA per 1 day)
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate mesylate</i>)	2	QL (2 EA per 1 day)
PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	3	QL (4 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRADAXA ORAL PACKET 150 MG, 20 MG (<i>dabigatran etexilate mesylate</i>)	3	QL (2 EA per 1 day)
HEMATOPOIETIC AGENTS - Drugs for Anemia		
APHEXDA SUBCUTANEOUS SOLUTION RECONSTITUTED 62 MG (<i>motixafortide acetate</i>)	3	SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	2	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	2	PA; SP
DOPTELET ORAL TABLET 20 MG (<i>avatrombopag maleate</i>)	3	PA; SP
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG (<i>sargramostim</i>)	3	PA; SP
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.3ML, 120 MCG/0.3ML, 150 MCG/0.3ML, 200 MCG/0.3ML, 30 MCG/0.3ML, 50 MCG/0.3ML, 75 MCG/0.3ML (<i>methoxy peg-epoetin beta</i>)	3	PA; SP
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML (<i>plerixafor</i>)	3	SP
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	2	PA; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT 6 MG/0.6ML (<i>pegfilgrastim</i>)	3	PA; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim</i>)	3	PA; SP
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (<i>filgrastim-aafi</i>)	2	PA; SP
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-aafi</i>)	2	PA; SP
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG, 250 MCG, 500 MCG (<i>romiplostim</i>)	3	PA; SP
<i>plerixafor subcutaneous solution 24 mg/1.2ml</i>	1	SP
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa</i>)	2	PA; SP
PROMACTA ORAL PACKET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	3	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag olamine</i>)	3	PA; SP
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED 25 MG, 75 MG (<i>luspatercept-aamt</i>)	3	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	2	PA; SP
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	3	PA; SP
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	3	PA; SP
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (<i>pegfilgrastim-cbqv</i>)	3	PA; SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (<i>filgrastim-sndz</i>)	2	PA; SP
HEMORRHOLOGIC AGENTS - Drugs for Blood Flow		
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (<i>dextran 40 in d5w</i>)	3	
LMD IN NACL INTRAVENOUS SOLUTION 10-0.9 % (<i>dextran 40 in saline</i>)	3	
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
HEMOSTATICS - Drugs to Prevent Bleeding		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	2	SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	3	SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact single chain</i>)	3	SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor-vwf</i>)	2	SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>coagulation factor ix</i>)	2	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>coagulation factor ix (rfixfc)</i>)	3	SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALTUVIII INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact fc-vwf-xten-eh1</i>)	3	SP
<i>aminocaproic acid intravenous solution 250 mg/ml</i>	1	
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	1	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM (<i>ferric subsulfate</i>)	3	
BALFAXAR INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>prothrombin complex human-lans</i>)	3	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	2	SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT (<i>coagulation factor x (human)</i>)	3	SP
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT (<i>factor xiii concentrate human</i>)	2	SP
CYKLOKAPRON INTRAVENOUS SOLUTION 1000 MG/10ML (<i>tranexamic acid</i>)	3	
DDAVP INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	3	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	3	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT (<i>antihem fact (bdd-rfviiifc)</i>)	3	SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>antihemoph fact rcmb gpeg-exei</i>)	3	SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT (<i>antiinhibitor coagulant cmlpx</i>)	2	SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	2	SP
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 12 MG/0.4ML, 150 MG/ML, 30 MG/ML, 300 MG/2ML, 60 MG/0.4ML (<i>emicizumab-kxwh</i>)	3	SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1700 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	3	SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT (<i>antihemophilic factor-vwf</i>)	2	SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT (<i>coagulation factor ix (rix-fp)</i>)	3	SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix (recomb)</i>)	3	SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>ahf (bdd-rfviii peg-aucl)</i>)	3	SP
KCENTRA INTRAVENOUS KIT 1000 UNIT, 500 UNIT (<i>prothrombin complex conc human</i>)	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	2	SP
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	2	SP
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem factor recomb (rfviii)</i>)	2	SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil factor (rahf-pfm)</i>)	2	SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	3	PA
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihemophil fact bd truncated</i>)	2	SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG (<i>coagulation factor viia recomb</i>)	3	SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUWIQ INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	2	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,sim)</i>)	2	SP
OBIZUR INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT	3	SP
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT (<i>factor ix complex</i>)	2	SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT (<i>coagulation factor ix glycopeg</i>)	3	SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT (<i>antihem factor recomb (rfviii)</i>)	2	SP
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT (<i>thrombin (recombinant)</i>)	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT (<i>thrombin (recombinant)</i>)	3	
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	2	SP
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	3	SP
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT, 5000 UNIT (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL KIT 10000 UNIT (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT (<i>thrombin</i>)	3	
<i>tranexamic acid intravenous solution 1000 mg/10ml</i>	1	
<i>tranexamic acid oral tablet 650 mg</i>	1	
<i>tranexamic acid-nacl intravenous solution 1000-0.7 mg/100ml-%</i>	1	
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT (<i>coagulation factor xiii a-sub</i>)	3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT (<i>von willebrand factor (recomb)</i>)	3	SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT (<i>antihemophilic factor-vwf</i>)	2	SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	2	SP
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT (<i>antihem fact (bdd-rfviii,mor)</i>)	2	SP
HEPARINS - Drugs to Prevent Blood Clots		
DEFENCATH IN VITRO SOLUTION 1000-13.5 UNIT-MG/ML (<i>heparin (porcine)-taurolidine</i>)	3	
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	3	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML (<i>dalteparin sodium</i>)	3	
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%</i>	1	
HEPARIN (PORCINE) IN NAACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	3	
<i>heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>	1	
<i>heparin sodium (porcine) pf injection solution 1000 unit/ml, 5000 unit/0.5ml, 5000 unit/ml</i>	1	
LOVENOX INJECTION SOLUTION 300 MG/3ML (<i>enoxaparin sodium</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE 100 MG/ML, 120 MG/0.8ML, 150 MG/ML, 30 MG/0.3ML, 40 MG/0.4ML, 60 MG/0.6ML, 80 MG/0.8ML (<i>enoxaparin sodium</i>)	3	
IRON PREPARATIONS - Vitamins and Minerals		
FERAHEME INTRAVENOUS SOLUTION 510 MG/17ML (<i>ferumoxytol</i>)	3	ST
FERRLECIT INTRAVENOUS SOLUTION 12.5 MG/ML (<i>na ferric gluc cplx in sucrose</i>)	3	
<i>ferumoxytol intravenous solution 510 mg/17ml</i>	1	ST
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	
INFED INJECTION SOLUTION 50 MG/ML (<i>iron dextran</i>)	3	
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML, 750 MG/15ML (<i>ferric carboxymaltose</i>)	3	ST
MONOFERRIC INTRAVENOUS SOLUTION 1000 MG/10ML (<i>ferric derisomaltose</i>)	3	ST
<i>na ferric gluc cplx in sucrose intravenous solution 12.5 mg/ml</i>	1	
VENOFER INTRAVENOUS SOLUTION 20 MG/ML (<i>iron sucrose</i>)	3	
LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
DODEX INJECTION SOLUTION 1000 MCG/ML (<i>cyanocobalamin</i>)	3	
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	1	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED 10000 MCG, 50000 MCG	3	
PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots		
AGGRASTAT INTRAVENOUS CONCENTRATE 3.75 MG/15ML (<i>tirofiban hcl</i>)	3	
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% (<i>tirofiban hcl in nacl</i>)	3	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	2	
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
EFFIENT ORAL TABLET 10 MG, 5 MG (<i>prasugrel hcl</i>)	3	
<i>eptifibatide intravenous solution 20 mg/10ml, 200 mg/100ml, 75 mg/100ml</i>	1	
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>cangrelor tetrasodium</i>)	3	
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
<i>tirofiban hcl in nacl intravenous solution 12.5-0.9 mg/250ml-%, 5-0.9 mg/100ml-%</i>	1	
ZONTIVITY ORAL TABLET 2.08 MG (<i>vorapaxar sulfate</i>)	3	
PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots		
AGRYLIN ORAL CAPSULE 0.5 MG (<i>anagrelide hcl</i>)	3	
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots		
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT (<i>reteplase</i>)	3	
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT (<i>reteplase</i>)	3	
TNKASE INTRAVENOUS KIT 50 MG (<i>tenecteplase</i>)	3	
CARBONIC ANHYDRASE INHIBITORS		
CARBONIC ANHYDRASE INHIBITORS		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	1	
<i>dichlorphenamide oral tablet 50 mg</i>	1	PA; SP; QL (4 EA per 1 day)
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	3	PA; SP; QL (4 EA per 1 day)
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
CARDIOVASCULAR DRUGS		
BRADYKININ RECEPTORS ANTAGONISTS		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; SP; QL (0.6 ML per 1 day)
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; SP; QL (0.6 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALLIKREIN		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	3	PA; SP; QL (0.2 ML per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	3	PA; SP; QL (1 EA per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	3	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	3	PA; SP
CARDIOVASCULAR DRUGS - Drugs for the Heart		
ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
BREVIBLOC IN NA CL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (<i>esmolol hcl</i>)	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	PA
LABELTALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous	1	
LABELTALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	3	
LABELTALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	3	
LABELTALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	3	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	1	
metoprolol tartrate intravenous solution 5 mg/5ml	1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	
metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	
MINIPRESS ORAL CAPSULE 2 MG, 5 MG (prazosin hcl)	3	
nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol hcl intravenous solution 1 mg/ml	1	
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (sotalol hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	3	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	1	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	3	
LABETALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	3	
LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	3	
MINIPRESS ORAL CAPSULE 2 MG, 5 MG (<i>prazosin hcl</i>)	3	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure & Angina		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	3	ST
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	3	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan medoxomil</i>)	3	ST
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	3	ST
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	2	QL (2 EA per 1 day)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure & Angina		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	3	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous injectable 1.25 mg/ml</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	3	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (<i>perindopril arg-amlodipine</i>)	3	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	3	
ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (<i>quinapril hcl</i>)	3	
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (<i>quinapril-hydrochlorothiazide</i>)	3	
<i>amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalaprilat intravenous injectable 1.25 mg/ml</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	3	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (<i>benazepril hcl</i>)	3	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	3	
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>enalapril maleate</i>)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	3	
ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina		
<i>digoxin injection solution 0.25 mg/ml</i>	1	
<i>digoxin oral solution 0.05 mg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
LANOXIN INJECTION SOLUTION 0.25 MG/ML (<i>digoxin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (<i>digoxin</i>)	2	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML (<i>digoxin</i>)	3	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	1	
<i>magnesium sulfate injection solution 50 %</i>	1	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	1	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	3	
ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol		
EVKEEZA INTRAVENOUS SOLUTION 1200 MG/8ML, 345 MG/2.3ML (<i>evinacumab-dgnb</i>)	3	PA; SP
<i>icosapent ethyl oral capsule 0.5 gm, 1 gm</i>	1	PA
JUXTAPID ORAL CAPSULE 10 MG, 5 MG (<i>lomitapide mesylate</i>)	3	PA; SP; QL (1 EA per 1 day)
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (<i>lomitapide mesylate</i>)	3	PA; SP; QL (2 EA per 1 day)
NEXLETOL ORAL TABLET 180 MG (<i>bempedoic acid</i>)	2	PA; QL (1 EA per 1 day)
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	PA; QL (1 EA per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
VASCEPA ORAL CAPSULE 0.5 GM, 1 GM (<i>icosapent ethyl</i>)	2	PA
BETA-ADRENERGIC BLOCKING AGENTS - Drugs for Abnormal Heart Rhythms		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (esmolol hcl-sodium chloride)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (esmolol hcl)	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (esmolol hcl-sodium chloride)	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (esmolol hcl-sodium chloride)	3	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	1	
CORGARD ORAL TABLET 20 MG, 40 MG (nadolol)	3	
esmolol hcl intravenous solution 100 mg/10ml	1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	1	
guanfacine hcl oral tablet 1 mg, 2 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (propranolol hcl)	3	PA
LABELALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	3	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	1	
labetalol hcl solution 5 mg/ml intravenous	1	
LABELALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	3	
LABELALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	3	
LABELALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (metoprolol tartrate)	3	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	3	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (<i>esmolol hcl</i>)	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CORGARD ORAL TABLET 20 MG, 40 MG (<i>nadolol</i>)	3	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	PA
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	3	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
LABELALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	1	
LABELALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	3	
LABELALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	3	
LABELALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	3	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	3	
<i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i>	1	
<i>nitroglycerin intravenous solution 5 mg/ml</i>	1	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	3	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
BILE ACID SEQUESTRANTS - Drugs for Cholesterol		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gm/dose</i>	1	
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gm/dose</i>	1	
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>colestipol hcl oral granules 5 gm</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>prevalite oral packet 4 gm</i>	1	
<i>prevalite oral powder 4 gml/dose</i>	1	
CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	1	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	3	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
CALCIUM-CHANNEL BLOCKING AGENTS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
CIALIS ORAL TABLET 10 MG, 20 MG (<i>tadalafil</i>)	3	QL (8 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (8 EA per 30 days)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (8 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>vardenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (8 EA per 30 days)
<i>vardenafil hcl oral tablet dispersible 10 mg</i>	1	QL (8 EA per 30 days)
CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure & Angina		
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	1	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	3	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadyt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure & Angina		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina		
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	3	PA; QL (15 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	3	PA; QL (2 EA per 1 day)
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	3	PA; SP; QL (1 EA per 1 day)
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	3	PA; SP; QL (4 EA per 1 day)
CARDIOTONIC AGENTS - Drugs for Angina		
<i>digoxin injection solution 0.25 mg/ml</i>	1	
<i>digoxin oral solution 0.05 mg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
<i>dobutamine hcl intravenous solution 12.5 mg/ml, 250 mg/20ml</i>	1	
<i>dobutamine-dextrose intravenous solution 1-5 mg/ml-%, 2-5 mg/ml-%, 4-5 mg/ml-%</i>	1	
<i>dopamine hcl intravenous solution 40 mg/ml</i>	1	
<i>dopamine-dextrose intravenous solution 0.8-5 mg/ml-%, 1.6-5 mg/ml-%, 3.2-5 mg/ml-%</i>	1	
LANOXIN INJECTION SOLUTION 0.25 MG/ML (<i>digoxin</i>)	3	
LANOXIN ORAL TABLET 125 MCG, 250 MCG, 62.5 MCG (<i>digoxin</i>)	2	
LANOXIN PEDIATRIC INJECTION SOLUTION 0.1 MG/ML (<i>digoxin</i>)	3	
<i>milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%</i>	1	
<i>milrinone lactate intravenous solution 10 mg/10ml, 20 mg/20ml, 50 mg/50ml</i>	1	
CENTRAL ALPHA-AGONISTS - Drugs for High Blood Pressure & Angina		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	3	
<i>clonidine hcl (analgesia) epidural solution 100 mcg/ml, 500 mcg/ml</i>	1	
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DURACLON EPIDURAL SOLUTION 100 MCG/ML (<i>clonidine hcl (analgesia)</i>)	3	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>hydralazine hcl injection solution 20 mg/ml</i>	1	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	3	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>nitroprusside sodium intravenous solution 25 mg/ml</i>	1	
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	1	
CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	1	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
NEXLIZET ORAL TABLET 180-10 MG (<i>bempedoic acid-ezetimibe</i>)	2	PA; QL (1 EA per 1 day)
CLASS IA ANTIARRHYTHMICS - Drugs for Angina		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG (<i>disopyramide phosphate</i>)	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG (<i>disopyramide phosphate</i>)	3	
<i>procainamide hcl injection solution 100 mg/ml, 500 mg/ml</i>	1	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
CLASS IB ANTIARRHYTHMICS - Drugs for Angina		
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	3	
LIDOCAINE HCL (CARDIAC) INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MG/10ML, 200 MG/10ML, 60 MG/3ML	3	
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe 50 mg/5ml</i>	1	
<i>lidocaine hcl (cardiac) pf intravenous solution 100 mg/5ml</i>	1	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe 100 mg/5ml, 50 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine hcl (cardiac) solution prefilled syringe 100 mg/5ml intravenous</i>	1	
LIDOCAINE HCL (CARDIAC) SOLUTION PREFILLED SYRINGE 100 MG/5ML INTRAVENOUS	3	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	3	
<i>lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%</i>	1	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium injection solution 50 mg/ml</i>	1	
CLASS IC ANTIARRHYTHMICS - Drugs for Angina		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
CLASS II ANTIARRHYTHMICS - Drugs for Angina		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	3	
BREVIBLOC INTRAVENOUS SOLUTION 100 MG/10ML (<i>esmolol hcl</i>)	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (<i>esmolol hcl-sodium chloride</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (<i>esmolol hcl-sodium chloride</i>)	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	1	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
<i>esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	PA
LABETALOL HCL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10 MG/2ML, 20 MG/4ML	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>labetalol hcl solution 5 mg/ml intravenous</i>	1	
LABETALOL HCL SOLUTION 5 MG/ML INTRAVENOUS	3	
LABETALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	3	
LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	3	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (<i>metoprolol tartrate</i>)	3	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate intravenous solution 5 mg/5ml</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
CLASS III ANTIARRHYTHMICS - Drugs for Angina		
<i>amiodarone hcl intravenous solution 150 mg/3ml, 450 mg/9ml, 900 mg/18ml</i>	1	
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl af</i>)	3	
BETAPACE ORAL TABLET 120 MG, 160 MG, 80 MG (<i>sotalol hcl</i>)	3	
CORVERT INTRAVENOUS SOLUTION 1 MG/10ML (<i>ibutilide fumarate</i>)	3	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
<i>ibutilide fumarate intravenous solution 1 mg/10ml</i>	1	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone hcl</i>)	3	
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (<i>amiodarone hcl in dextrose</i>)	3	
PACERONE ORAL TABLET 100 MG, 200 MG, 400 MG (<i>amiodarone hcl</i>)	3	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (<i>sotalol hcl</i>)	3	
CLASS IV ANTIARRHYTHMICS - Drugs for Angina		
<i>adenosine intravenous solution 12 mg/4ml, 6 mg/2ml</i>	1	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	1	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	3	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadyt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
DIHYDROPYRIDINES - Drugs for High Blood Pressure & Angina		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine besylate-benzazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (amlodipine-atorvastatin)	3	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (nicardipine hcl in nacl)	3	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (clevipidine)	3	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	3	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	3	
nicardipine hcl intravenous solution 2.5 mg/ml	1	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	3	PA
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	3	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (perindopril arg-amlodipine)	3	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	3	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure & Angina		
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (<i>nicardipine hcl in nacl</i>)	3	
CLEVIPREX INTRAVENOUS EMULSION 25 MG/50ML, 50 MG/100ML (<i>clevipidine</i>)	3	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	3	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	3	
<i>nicardipine hcl intravenous solution 2.5 mg/ml</i>	1	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (<i>amlodipine besylate</i>)	3	PA
NYMALIZE ORAL SOLUTION 6 MG/ML (<i>nimodipine</i>)	3	
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	3	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG (<i>nisoldipine</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIRECT VASODILATORS - Drugs for High Blood Pressure & Angina		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	3	
<i>hydralazine hcl injection solution 20 mg/ml</i>	1	
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<i>nitroprusside sodium intravenous solution 25 mg/ml</i>	1	
<i>sodium nitroprusside intravenous solution 25 mg/ml</i>	1	
DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure & Angina		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
FIBRIC ACID DERIVATIVES - Drugs for Cholesterol		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
<i>gemfibrozil oral tablet 600 mg</i>	1	
LOPID ORAL TABLET 600 MG (<i>gemfibrozil</i>)	3	
TRILIPIX ORAL CAPSULE DELAYED RELEASE 135 MG, 45 MG (<i>choline fenofibrate</i>)	3	
HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1	HCR
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	1	
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	3	
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	1	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	HCR
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	HCR
<i>simvastatin oral tablet 80 mg</i>	1	
HYPOTENSIVE AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure & Angina		
DIBENZYLINE ORAL CAPSULE 10 MG (<i>phenoxybenzamine hcl</i>)	3	PA
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	PA
<i>phentolamine mesylate injection solution reconstituted 5 mg</i>	1	
VECAMYL ORAL TABLET 2.5 MG (<i>mecamylamine hcl</i>)	3	
LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
EDECIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	3	
<i>ethacrynate sodium intravenous solution reconstituted 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	3	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>ethacrynate sodium</i>)	3	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
KERENDIA ORAL TABLET 10 MG, 20 MG (<i>finerenone</i>)	3	PA; QL (1 EA per 1 day)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure & Angina		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
NITRATES AND NITRITES - Drugs for the Heart		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorb dinitrate-hydralazine</i>)	3	
ISORDIL TITRADOSE ORAL TABLET 40 MG, 5 MG (<i>isosorbide dinitrate</i>)	3	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (<i>nitroglycerin</i>)	3	
<i>nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%</i>	1	
<i>nitroglycerin intravenous solution 5 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/1hr, 0.2 mg/1hr, 0.4 mg/1hr, 0.6 mg/1hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
NITROLINGUAL TRANSLINGUAL SOLUTION 0.4 MG/SPRAY (<i>nitroglycerin</i>)	3	
OSMOTIC DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>mannitol intravenous solution 20 %, 25 %</i>	1	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	3	
PCSK9 INHIBITORS - Drugs for Cholesterol		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (<i>evolocumab</i>)	2	PA; QL (0.13 ML per 1 day)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (<i>evolocumab</i>)	2	PA; QL (0.11 ML per 1 day)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>evolocumab</i>)	2	PA; QL (0.11 ML per 1 day)
PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart		
<i>alyq oral tablet 20 mg</i>	1	PA; SP; QL (2 EA per 1 day)
CIALIS ORAL TABLET 10 MG, 20 MG (<i>tadalafil</i>)	3	QL (8 EA per 30 days)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	1	PA; SP
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; SP; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (8 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; SP; QL (3 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; SP; QL (2 EA per 1 day)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (8 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
<i>varafenafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	QL (8 EA per 30 days)
<i>varafenafil hcl oral tablet dispersible 10 mg</i>	1	QL (8 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure & Angina		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>amiloride hcl oral tablet 5 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
RENIN INHIBITORS - Drugs for the Heart		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG (<i>aliskiren fumarate</i>)	2	
RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril-valsartan</i>)	2	QL (2 EA per 1 day)
SCLEROSING AGENTS - Drugs for Varicose Veins		
ABLYSINOL INTRA-ARTERIAL SOLUTION (<i>dehydrated alcohol</i>)	3	
ASCLERA INTRAVENOUS SOLUTION 0.5 %, 1 % (<i>polidocanol</i>)	3	
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG (<i>doxazosin mesylate</i>)	3	
CORGARD ORAL TABLET 20 MG, 40 MG (<i>nadolol</i>)	3	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
ETHAMOLIN INTRAVENOUS SOLUTION 5 % (<i>ethanolamine oleate</i>)	3	
MINIPRESS ORAL CAPSULE 2 MG, 5 MG (<i>prazosin hcl</i>)	3	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GM (<i>talc</i>)	3	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED 5 GM (<i>talc</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM (<i>talco</i>)	3	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
VARITHENA INTRAVENOUS FOAM 180 MG/18ML (<i>polidocanol</i>)	3	
STEROIDAL MINERALOCORTICOID RECEPTOR ANT - Drugs for the Heart		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPIRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure & Angina		
<i>chlorothiazide sodium intravenous solution reconstituted 500 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure & Angina		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	3	
VASODILATING AGENTS - Drugs for the Heart		
ABLYSINOL INTRA-ARTERIAL SOLUTION (<i>dehydrated alcohol</i>)	3	
ASCLERA INTRAVENOUS SOLUTION 0.5 %, 1 % (<i>polidocanol</i>)	3	
ETHAMOLIN INTRAVENOUS SOLUTION 5 % (<i>ethanolamine oleate</i>)	3	
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER 4 GM (<i>talco</i>)	3	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED 5 GM (<i>talco</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STERITALC INTRAPLEURAL POWDER 2 GM, 3 GM, 4 GM (<i>talco</i>)	3	
VARITHENA INTRAVENOUS FOAM 180 MG/18ML (<i>polidocanol</i>)	3	
VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; SP; QL (1 EA per 1 day)
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-5 MG	3	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; SP; QL (2 EA per 1 day)
CARDENE IV INTRAVENOUS SOLUTION 20-0.86 MG/200ML-%, 40-0.83 MG/200ML-% (<i>nicardipine hcl in nacl</i>)	3	
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (<i>alprostadil (vasodilator)</i>)	3	QL (8 EA per 30 days)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG (<i>alprostadil (vasodilator)</i>)	3	QL (8 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML (<i>ivabradine hcl</i>)	3	PA; QL (15 ML per 1 day)
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine hcl</i>)	3	PA; QL (2 EA per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl intravenous solution 125 mg/25ml, 25 mg/5ml, 50 mg/10ml</i>	1	
<i>diltiazem hcl intravenous solution reconstituted 100 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	3	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (alprostadil (vasodilator))	3	QL (8 EA per 30 days)
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	1	PA; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (epoprostenol sodium)	3	PA; SP
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30-1 MG/ML (papaverine-phentolamine)	3	
matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG (alprostadil (vasodilator))	3	QL (8 EA per 30 days)
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION 20-0.9 MG/200ML-%, 40-0.9 MG/200ML-%	3	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	3	
nicardipine hcl intravenous solution 2.5 mg/ml	1	
nicardipine hcl oral capsule 20 mg, 30 mg	1	
nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	
nimodipine oral capsule 30 mg	1	
NORLIQVA ORAL SOLUTION 1 MG/ML (amlodipine besylate)	3	PA
NYMALIZE ORAL SOLUTION 6 MG/ML (nimodipine)	3	
OPSUMIT ORAL TABLET 10 MG (macitentan)	2	PA; SP; QL (1 EA per 1 day)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	3	PA; SP; QL (336 EA per 365 days)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	3	PA; SP; QL (672 EA per 365 days)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	3	PA; SP; QL (504 EA per 365 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	3	PA; SP
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG, 60 MG, 90 MG (<i>nifedipine</i>)	3	
PROSTIN VR INJECTION SOLUTION 500 MCG/ML (<i>alprostadil</i>)	3	
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
SUPER BI-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10 MG	3	
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadyt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (<i>diltiazem hcl er beads</i>)	3	
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	3	PA; SP; QL (4 EA per 1 day)
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	1	PA; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	3	PA; SP; QL (2 EA per 365 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	3	PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	3	PA; SP; QL (9 ML per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl intravenous solution 2.5 mg/ml</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (<i>verapamil hcl</i>)	3	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (<i>verapamil hcl</i>)	3	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>vericiguat</i>)	3	PA; QL (1 EA per 1 day)
CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System		
ADAMANTANES (CNS) - Drugs for Parkinson		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
AMPHETAMINE DERIVATIVES - Drugs for the Nervous System		
LOMAIRA ORAL TABLET 8 MG (<i>phentermine hcl</i>)	3	
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	
<i>phentermine hcl oral tablet 37.5 mg</i>	1	
AMPHETAMINES - Drugs for the Nervous System		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 20 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	3	QL (3 EA per 1 day)
ADDERALL ORAL TABLET 30 MG (<i>amphetamine-dextroamphetamine</i>)	3	QL (2 EA per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; QL (2 EA per 1 day)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	QL (6 EA per 1 day)
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (3 EA per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1	QL (2 EA per 1 day)
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	QL (1 EA per 1 day)
DESOXYN ORAL TABLET 5 MG (<i>methamphetamine hcl</i>)	3	ST; QL (5 EA per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG (<i>dextroamphetamine sulfate</i>)	3	ST; QL (6 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	QL (6 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	QL (4 EA per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	QL (60 ML per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1	QL (6 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (3 EA per 1 day)
<i>dextroamphetamine sulfate oral tablet 30 mg</i>	1	QL (2 EA per 1 day)
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg</i>	1	QL (1 EA per 1 day)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	QL (1 EA per 1 day)
<i>methamphetamine hcl oral tablet 5 mg</i>	1	QL (5 EA per 1 day)
PROCENTRA ORAL SOLUTION 5 MG/5ML (<i>dextroamphetamine sulfate</i>)	3	ST; QL (60 ML per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	3	ST; QL (1 EA per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	3	ST; QL (1 EA per 1 day)
ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain		
<i>acetaminophen intravenous solution 10 mg/ml</i>	1	
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	QL (136 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	QL (10 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (5 EA per 1 day)
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	QL (12 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bac oral tablet 50-325-40 mg</i>	1	
BUPAP ORAL TABLET 50-300 MG (<i>butalbital-acetaminophen</i>)	3	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
<i>endocet oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>endocet oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
ESGIC ORAL CAPSULE 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	
<i>gabapentin (once-daily) oral tablet 300 mg</i>	1	ST; QL (6 EA per 1 day)
<i>gabapentin (once-daily) oral tablet 600 mg</i>	1	ST; QL (3 EA per 1 day)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml, 300 mg/6ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
GRALISE ORAL 300 (9) & 600(24) MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (66 EA per 365 days)
GRALISE ORAL TABLET 300 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (<i>gabapentin (once-daily)</i>)	3	ST; QL (2 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (98 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	QL (9 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg	1	QL (6 EA per 1 day)
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (canakinumab)	2	PA; SP; QL (0.08 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	QL (32.6 ML per 1 day)
oxycodone-acetaminophen oral tablet 10-325 mg	1	QL (3 EA per 1 day)
oxycodone-acetaminophen oral tablet 2.5-325 mg	1	QL (12 EA per 1 day)
oxycodone-acetaminophen oral tablet 5-325 mg	1	QL (6 EA per 1 day)
oxycodone-acetaminophen oral tablet 7.5-325 mg	1	QL (4 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg	1	ST; QL (3 EA per 1 day)
pregabalin er oral tablet extended release 24 hour 330 mg	1	ST; QL (2 EA per 1 day)
PRIALT INTRATHECAL SOLUTION 100 MCG/ML, 500 MCG/20ML, 500 MCG/5ML (ziconotide acetate)	2	SP
TENCON ORAL TABLET 50-325 MG (butalbital-acetaminophen)	3	
tramadol-acetaminophen oral tablet 37.5-325 mg	1	QL (6 EA per 1 day)
TREZIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	3	QL (12 EA per 1 day)
ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (phentermine-topiramate)	2	PA
ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (naltrexone-bupropion hcl)	3	PA
ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson		
benztropine mesylate injection solution 1 mg/ml	1	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	1	
diphenhydramine hcl injection solution 50 mg/ml	1	
diphenhydramine hcl oral elixir 12.5 mg/5ml	1	
orphenadrine citrate er oral tablet extended release 12 hour 100 mg	1	QL (2 EA per 1 day)
orphenadrine citrate injection solution 30 mg/ml	1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	1	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3	
BANZEL ORAL SUSPENSION 40 MG/ML (<i>rufinamide</i>)	3	PA
BANZEL ORAL TABLET 200 MG, 400 MG (<i>rufinamide</i>)	3	PA
BRIVIACT INTRAVENOUS SOLUTION 50 MG/5ML (<i>brivaracetam</i>)	3	
BRIVIACT ORAL SOLUTION 10 MG/ML (<i>brivaracetam</i>)	3	ST
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (<i>brivaracetam</i>)	3	ST
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (<i>stiripentol</i>)	3	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG (<i>stiripentol</i>)	3	PA; SP
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	3	PA; SP
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	3	
<i>felbamate oral suspension 600 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
felbamate oral tablet 400 mg, 600 mg	1	
FELBATOL ORAL TABLET 400 MG, 600 MG (felbamate)	3	
FINTEPLA ORAL SOLUTION 2.2 MG/ML (fenfluramine hcl)	3	PA; SP
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (perampanel)	3	
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (perampanel)	3	
gabapentin (once-daily) oral tablet 300 mg	1	ST; QL (6 EA per 1 day)
gabapentin (once-daily) oral tablet 600 mg	1	ST; QL (3 EA per 1 day)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5ml, 300 mg/6ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GRALISE ORAL 300 (9) & 600(24) MG (gabapentin (once-daily))	3	ST; QL (66 EA per 365 days)
GRALISE ORAL TABLET 300 MG (gabapentin (once-daily))	3	ST; QL (6 EA per 1 day)
GRALISE ORAL TABLET 450 MG, 600 MG (gabapentin (once-daily))	3	ST; QL (3 EA per 1 day)
GRALISE ORAL TABLET 750 MG, 900 MG (gabapentin (once-daily))	3	ST; QL (2 EA per 1 day)
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (gabapentin enacarbil)	3	PA; QL (2 EA per 1 day)
KEPPRA INTRAVENOUS SOLUTION 500 MG/5ML (levetiracetam)	3	
lacosamide intravenous solution 200 mg/20ml	1	
lacosamide oral solution 10 mg/ml, 100 mg/10ml, 50 mg/5ml	1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	1	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (lamotrigine)	3	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1	
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet chewable 25 mg, 5 mg	1	
lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml</i>	1	
<i>levetiracetam intravenous solution 500 mg/5ml</i>	1	
<i>levetiracetam oral solution 100 mg/ml, 500 mg/5ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>magnesium sulfate injection solution 50 %</i>	1	
<i>magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml</i>	1	
MOTPOLY XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (<i>lacosamide</i>)	3	ST
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	1	QL (2 EA per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (30 ML per 1 day)
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	PA
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	ST
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valproate sodium intravenous solution 100 mg/ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>vigabatrin oral packet 500 mg</i>	1	PA; SP
<i>vigabatrin oral tablet 500 mg</i>	1	PA; SP
<i>vigadrone oral packet 500 mg</i>	1	PA; SP
<i>vigadrone oral tablet 500 mg</i>	1	PA; SP
<i>vigpoder oral packet 500 mg</i>	1	PA; SP
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (<i>cenobamate</i>)	3	ST
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG (<i>cenobamate</i>)	3	ST
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML (<i>ganaxolone</i>)	3	PA; SP
ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression & Psychosis		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	HCR; QL (180 day supply per 365 days)
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	QL (2 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	1	QL (3 EA per 1 day)
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	1	QL (1 EA per 1 day)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
REMERON ORAL TABLET 15 MG, 30 MG (<i>mirtazapine</i>)	3	
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG, 30 MG, 45 MG (<i>mirtazapine</i>)	3	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	3	PA; SP
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (<i>esketamine hcl</i>)	3	PA; SP
ZULRESSO INTRAVENOUS SOLUTION 100 MG/20ML (<i>brexanolone</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZURZUVAE ORAL CAPSULE 20 MG, 25 MG, 30 MG (<i>zuranolone</i>)	3	PA; QL (14 day supply per 30 fills)
ANTIMANIC AGENTS - Drugs for Personality Disorder		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	3	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	3	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	3	
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	3	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	3	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	QL (2 EA per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG (<i>carbamazepine (antipsychotic)</i>)	3	
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	3	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	3	QL (2 EA per 1 day)
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG (<i>lamotrigine</i>)	3	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg, 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (<i>lithium carbonate</i>)	3	
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (1 EA per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (1 EA per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	3	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 EA per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	3	ST
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	
<i>risperidone oral solution 1 mg/ml</i>	1	QL (8 ML per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (2 EA per 1 day)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (<i>risperidone</i>)	3	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>subvenite starter kit-green oral kit 84 x 25 mg & 14x100 mg</i>	1	
<i>subvenite starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg</i>	1	
<i>valproate sodium intravenous solution 100 mg/ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (2 EA per 1 day)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	3	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	3	QL (1 EA per 1 day)
ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment		
<i>acetaminophen intravenous solution 10 mg/ml</i>	1	
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	3	
<i>butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml</i>	1	
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	QL (2.5 ML per 1 fill)
<i>caffeine citrate intravenous solution 60 mg/3ml</i>	1	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	
CAFFEINE-SODIUM BENZOATE INJECTION SOLUTION 125-125 MG/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	ST
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	PA; QL (0.86 ML per 1 day)
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	PA; QL (0.27 ML per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	3	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (<i>ergotamine tartrate</i>)	3	PA; QL (0.72 EA per 1 day)
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	PA; QL (0.86 EA per 1 day)
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (<i>propranolol hcl</i>)	3	PA
<i>ibuprofen lysine intravenous solution 10 mg/ml</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	1	
<i>ketoprofen oral capsule 50 mg</i>	1	
KIPROFEN ORAL CAPSULE 25 MG (<i>ketoprofen</i>)	3	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	PA; QL (0.72 EA per 1 day)
MIGRANAL NASAL SOLUTION 4 MG/ML (<i>dihydroergotamine mesylate</i>)	3	PA; QL (0.27 ML per 1 day)
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML (<i>ibuprofen lysine</i>)	3	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl intravenous solution 1 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>topiramate er oral capsule extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	ST
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproate sodium intravenous solution 100 mg/ml</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression & Psychosis		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG (<i>loxapine</i>)	3	PA
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	
ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	3	ST; QL (1 EA per 1 day)
<i>bupirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	3	ST; QL (1 EA per 1 day)
<i>dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml</i>	1	
DEXMEDETOMIDINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%, 40-0.9 MCG/10ML-%	3	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	3	
<i>dexmedetomidine hcl intravenous solution 200 mcg/2ml</i>	1	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	3	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>droperidol injection solution 2.5 mg/ml</i>	1	
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	QL (1 EA per 1 day)
<i>hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
IGALMI SUBLINGUAL FILM 120 MCG, 180 MCG (<i>dexmedetomidine hcl</i>)	3	PA
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	3	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML (<i>dexmedetomidine hcl in nacl</i>)	3	
PRECEDEX INTRAVENOUS SOLUTION 200 MCG/2ML (<i>dexmedetomidine hcl</i>)	3	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>ramelteon oral tablet 8 mg</i>	1	QL (1 EA per 1 day)
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	3	QL (1 EA per 1 day)
<i>tasimelteon oral capsule 20 mg</i>	1	PA; SP; QL (1 EA per 1 day)
VISTARIL ORAL CAPSULE 25 MG (<i>hydroxyzine pamoate</i>)	3	
<i>zaleplon oral capsule 10 mg</i>	1	QL (2 EA per 1 day)
<i>zaleplon oral capsule 5 mg</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	1	QL (1 EA per 1 day)
ATYPICAL ANTIPSYCHOTICS - Drugs for Depression & Psychosis		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML, 960 MG/3.2ML (<i>aripiprazole</i>)	3	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (<i>aripiprazole</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (<i>aripiprazole</i>)	3	
<i>aripiprazole oral solution 1 mg/ml</i>	1	QL (25 ML per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	QL (2 EA per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE 675 MG/2.4ML (<i>aripiprazole lauroxil</i>)	3	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML, 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (<i>aripiprazole lauroxil</i>)	3	
<i>asenapine maleate sublingual tablet sublingual 10 mg, 2.5 mg, 5 mg</i>	1	QL (2 EA per 1 day)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG (<i>lumateperone tosylate</i>)	3	ST; QL (1 EA per 1 day)
<i>clozapine oral tablet 100 mg, 25 mg</i>	1	QL (9 EA per 1 day)
<i>clozapine oral tablet 200 mg</i>	1	QL (4 EA per 1 day)
<i>clozapine oral tablet 50 mg</i>	1	QL (6 EA per 1 day)
<i>clozapine oral tablet dispersible 100 mg, 25 mg</i>	1	QL (9 EA per 1 day)
<i>clozapine oral tablet dispersible 12.5 mg</i>	1	QL (3 EA per 1 day)
<i>clozapine oral tablet dispersible 150 mg</i>	1	QL (6 EA per 1 day)
<i>clozapine oral tablet dispersible 200 mg</i>	1	QL (4 EA per 1 day)
CLOZARIL ORAL TABLET 100 MG, 25 MG (<i>clozapine</i>)	3	QL (9 EA per 1 day)
CLOZARIL ORAL TABLET 200 MG (<i>clozapine</i>)	3	QL (4 EA per 1 day)
CLOZARIL ORAL TABLET 50 MG (<i>clozapine</i>)	3	QL (6 EA per 1 day)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (<i>iloperidone</i>)	3	ST; QL (2 EA per 1 day)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG (<i>iloperidone</i>)	3	ST; QL (16 EA per 365 days)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED 20 MG (<i>ziprasidone mesylate</i>)	3	
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (<i>ziprasidone hcl</i>)	3	QL (2 EA per 1 day)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML, 1560 MG/5ML (<i>paliperidone palmitate</i>)	3	ST
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 9 MG (<i>paliperidone</i>)	3	QL (1 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>paliperidone</i>)	3	QL (2 EA per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML, 156 MG/ML, 234 MG/1.5ML, 39 MG/0.25ML, 78 MG/0.5ML (<i>paliperidone palmitate</i>)	3	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML, 410 MG/1.32ML, 546 MG/1.75ML, 819 MG/2.63ML (<i>paliperidone palmitate</i>)	3	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	1	QL (1 EA per 1 day)
<i>lurasidone hcl oral tablet 80 mg</i>	1	QL (2 EA per 1 day)
NUPLAZID ORAL CAPSULE 34 MG (<i>pimavanserin tartrate</i>)	3	PA
NUPLAZID ORAL TABLET 10 MG (<i>pimavanserin tartrate</i>)	3	PA
<i>olanzapine intramuscular solution reconstituted 10 mg</i>	1	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	QL (1 EA per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	QL (3 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	QL (1 EA per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	QL (2 EA per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE 120 MG, 90 MG (<i>risperidone</i>)	3	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	QL (2 EA per 1 day)
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 50 mg</i>	1	QL (3 EA per 1 day)
<i>quetiapine fumarate oral tablet 300 mg, 400 mg</i>	1	QL (2 EA per 1 day)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (<i>brexpiprazole</i>)	3	QL (1 EA per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	3	ST
<i>risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	
<i>risperidone oral solution 1 mg/ml</i>	1	QL (8 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (2 EA per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	QL (2 EA per 1 day)
RYKINDO INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (<i>risperidone</i>)	3	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	3	QL (3 EA per 1 day)
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML, 125 MG/0.35ML, 150 MG/0.42ML, 200 MG/0.56ML, 250 MG/0.7ML, 50 MG/0.14ML, 75 MG/0.21ML (<i>risperidone</i>)	3	
VERSACLOZ ORAL SUSPENSION 50 MG/ML (<i>clozapine</i>)	3	QL (18 ML per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	3	QL (1 EA per 1 day)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (2 EA per 1 day)
<i>ziprasidone mesylate intramuscular solution reconstituted 20 mg</i>	1	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG, 405 MG (<i>olanzapine pamoate</i>)	3	
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG (<i>olanzapine</i>)	3	QL (1 EA per 1 day)
BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures		
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	3	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	1	
<i>primidone oral tablet 125 mg, 250 mg, 50 mg</i>	1	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>phenobarbital sodium</i>)	3	
BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety & Sleep Disorder		
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>bac oral tablet 50-325-40 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BUPAP ORAL TABLET 50-300 MG (<i>butalbital-acetaminophen</i>)	3	
<i>butalbital-acetaminophen oral capsule 50-300 mg</i>	1	
<i>butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
ESGIC ORAL CAPSULE 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	
ESGIC ORAL TABLET 50-325-40 MG (<i>butalbital-apap-caffeine</i>)	3	
<i>pentobarbital sodium injection solution 50 mg/ml</i>	1	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>phenobarbital sodium injection solution 130 mg/ml, 65 mg/ml</i>	1	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>phenobarbital sodium</i>)	3	
TENCON ORAL TABLET 50-325 MG (<i>butalbital-acetaminophen</i>)	3	
BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures		
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (<i>lorazepam</i>)	3	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>clonazepam oral tablet 2 mg</i>	1	QL (10 EA per 1 day)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>clonazepam oral tablet dispersible 2 mg</i>	1	QL (10 EA per 1 day)
<i>clorazepate dipotassium oral tablet 15 mg</i>	1	QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clorazepate dipotassium oral tablet 3.75 mg</i>	1	QL (24 EA per 1 day)
<i>clorazepate dipotassium oral tablet 7.5 mg</i>	1	QL (12 EA per 1 day)
<i>diazepam injection solution 10 mg/2ml</i>	1	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	QL (2 EA per 1 fill)
<i>diazepam solution 5 mg/ml injection</i>	1	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	3	
<i>lorazepam injection solution 2 mg/ml, 4 mg/ml</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	QL (5 ML per 1 day)
<i>lorazepam oral concentrate 2 mg/ml</i>	1	QL (5 ML per 1 day)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	1	QL (3 EA per 1 day)
<i>lorazepam oral tablet 2 mg</i>	1	QL (5 EA per 1 day)
NAYZILAM NASAL SOLUTION 5 MG/0.1ML (<i>midazolam (anticonvulsant)</i>)	3	QL (0.34 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	3	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML (<i>diazepam</i>)	3	QL (0.34 EA per 1 day)
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML (<i>diazepam</i>)	3	QL (0.67 EA per 1 day)
BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP) - Drugs for Anxiety & Sleep Disorder		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	1	QL (1 EA per 1 day)
<i>alprazolam er oral tablet extended release 24 hour 2 mg</i>	1	QL (5 EA per 1 day)
<i>alprazolam er oral tablet extended release 24 hour 3 mg</i>	1	QL (3 EA per 1 day)
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	QL (10 ML per 1 day)
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (4 EA per 1 day)
<i>alprazolam oral tablet 2 mg</i>	1	QL (5 EA per 1 day)
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg</i>	1	QL (4 EA per 1 day)
<i>alprazolam oral tablet dispersible 2 mg</i>	1	QL (5 EA per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg</i>	1	QL (1 EA per 1 day)
<i>alprazolam xr oral tablet extended release 24 hour 2 mg</i>	1	QL (5 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
alprazolam xr oral tablet extended release 24 hour 3 mg	1	QL (3 EA per 1 day)
ATIVAN INJECTION SOLUTION 2 MG/ML, 4 MG/ML (lorazepam)	3	
chlordiazepoxide hcl oral capsule 10 mg	1	QL (30 EA per 1 day)
chlordiazepoxide hcl oral capsule 25 mg	1	QL (12 EA per 1 day)
chlordiazepoxide hcl oral capsule 5 mg	1	QL (4 EA per 1 day)
chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg	1	
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
clobazam oral suspension 2.5 mg/ml	1	PA
clobazam oral tablet 10 mg, 20 mg	1	PA
clonazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
clonazepam oral tablet 2 mg	1	QL (10 EA per 1 day)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg	1	QL (3 EA per 1 day)
clonazepam oral tablet dispersible 2 mg	1	QL (10 EA per 1 day)
clorazepate dipotassium oral tablet 15 mg	1	QL (6 EA per 1 day)
clorazepate dipotassium oral tablet 3.75 mg	1	QL (24 EA per 1 day)
clorazepate dipotassium oral tablet 7.5 mg	1	QL (12 EA per 1 day)
diazepam injection solution 10 mg/2ml	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5ml	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	1	QL (2 EA per 1 fill)
diazepam solution 5 mg/ml injection	1	
DIAZEPAM SOLUTION 5 MG/ML INJECTION	3	
DORAL ORAL TABLET 15 MG (quazepam)	3	QL (1 EA per 1 day)
estazolam oral tablet 1 mg, 2 mg	1	QL (1 EA per 1 day)
flurazepam hcl oral capsule 15 mg, 30 mg	1	PA; QL (1 EA per 1 day)
HALCION ORAL TABLET 0.25 MG (triazolam)	3	QL (2 EA per 1 day)
lorazepam injection solution 2 mg/ml, 4 mg/ml	1	
lorazepam intensol oral concentrate 2 mg/ml	1	QL (5 ML per 1 day)
lorazepam oral concentrate 2 mg/ml	1	QL (5 ML per 1 day)
lorazepam oral tablet 0.5 mg, 1 mg	1	QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lorazepam oral tablet 2 mg</i>	1	QL (5 EA per 1 day)
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	QL (4 EA per 1 day)
<i>quazepam oral tablet 15 mg</i>	1	QL (1 EA per 1 day)
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (<i>clobazam</i>)	3	PA
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	QL (1 EA per 1 day)
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	QL (2 EA per 1 day)
BUTYROPHENONES - Drugs for Depression & Psychosis		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (<i>haloperidol decanoate</i>)	3	
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	1	
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (<i>erenumab-aooe</i>)	2	PA; QL (0.04 ML per 1 day)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	2	PA; QL (0.07 ML per 1 day)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	2	PA; QL (0.06 ML per 1 day)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (<i>fremanezumab-vfrm</i>)	2	PA; QL (0.06 ML per 1 day)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>galcanezumab-gnlm</i>)	2	PA; QL (0.1 ML per 1 day)
NURTEC ORAL TABLET DISPERSIBLE 75 MG (<i>rimegepant sulfate</i>)	2	PA; QL (0.27 EA per 1 day)
QULIPTA ORAL TABLET 10 MG, 30 MG, 60 MG (<i>atogepant</i>)	2	PA; QL (1 EA per 1 day)
UBRELVY ORAL TABLET 100 MG, 50 MG (<i>ubrogepant</i>)	2	PA; QL (0.34 EA per 1 day)
VYEPTI INTRAVENOUS SOLUTION 100 MG/ML (<i>eptinezumab-jjmr</i>)	3	PA; QL (3 ML per 81 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (<i>zavegepant hcl</i>)	3	PA; QL (0.2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
<i>entacapone oral tablet 200 mg</i>	1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (<i>opicapone</i>)	3	ST
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
TASMAR ORAL TABLET 100 MG (<i>tolcapone</i>)	3	
<i>tolcapone oral tablet 100 mg</i>	1	
CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
ADDYI ORAL TABLET 100 MG (<i>flibanserin</i>)	3	PA; QL (1 EA per 1 day)
<i>atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	1	QL (1 EA per 1 day)
<i>flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml</i>	1	
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	QL (1 EA per 1 day)
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg</i>	1	
NAMENDA TITRATION PAK ORAL TABLET 28 X 5 MG & 21 X 10 MG (<i>memantine hcl</i>)	3	
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 21 MG, 28 MG (<i>memantine hcl</i>)	3	QL (1 EA per 1 day)
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG (<i>memantine hcl-donepezil hcl</i>)	2	QL (56 EA per 365 days)
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (<i>memantine hcl-donepezil hcl</i>)	2	QL (1 EA per 1 day)
NOURIANZ ORAL TABLET 20 MG, 40 MG (<i>istradefylline</i>)	3	PA
NUDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan-quinidine</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (<i>tofersen</i>)	3	PA; SP
RADICAVA INTRAVENOUS SOLUTION 30 MG/100ML (<i>edaravone</i>)	3	PA; SP
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	2	PA; SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML (<i>edaravone</i>)	2	PA; SP
RELYVRIO ORAL PACKET 3-1 GM (<i>phenylbutyrate- taurursodiol</i>)	3	PA; SP; QL (2 EA per 1 day)
RILUTEK ORAL TABLET 50 MG (<i>riluzole</i>)	3	PA; QL (2 EA per 1 day)
<i>riluzole oral tablet 50 mg</i>	1	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	3	PA; SP; QL (18 ML per 1 day)
TEGLUTIK ORAL SUSPENSION 50 MG/10ML (<i>riluzole</i>)	2	PA; QL (20 ML per 1 day)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	3	PA; QL (8 ML per 30 days)
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	3	PA; SP; QL (1 EA per 1 day)
XYWAV ORAL SOLUTION 500 MG/ML (<i>ca, mg, k, and na oxybates</i>)	3	PA; SP; QL (18 ML per 1 day)
CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain		
<i>celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg</i>	1	QL (2 EA per 1 day)
DOPAMINE PRECURSORS - Drugs for Parkinson		
<i>carbidopa oral tablet 25 mg</i>	1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML (<i>carbidopa-levodopa</i>)	3	PA
INBRIJA INHALATION CAPSULE 42 MG (<i>levodopa</i>)	3	PA; SP
LODOSYN ORAL TABLET 25 MG (<i>carbidopa</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (<i>carbidopa-levodopa</i>)	3	ST
SINEMET ORAL TABLET 10-100 MG, 25-100 MG (<i>carbidopa-levodopa</i>)	3	
STALEVO 150 ORAL TABLET 37.5-150-200 MG (<i>carbidopa-levodopa-entacapone</i>)	3	
ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson		
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
PARLODEL ORAL CAPSULE 5 MG (<i>bromocriptine mesylate</i>)	3	
PARLODEL ORAL TABLET 2.5 MG (<i>bromocriptine mesylate</i>)	3	
FIBROMYALGIA AGENTS - Drugs for Nerve Pain		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i>	1	QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 50 mg, 75 mg</i>	1	QL (3 EA per 1 day)
<i>pregabalin oral capsule 300 mg</i>	1	QL (2 EA per 1 day)
<i>pregabalin oral solution 20 mg/ml</i>	1	QL (30 ML per 1 day)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	3	ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	3	ST; QL (110 EA per 365 days)
HYDANTOINS - Drugs for Seizures		
CEREBYX INJECTION SOLUTION 100 MG PE/2ML, 500 MG PE/10ML (<i>fosphenytoin sodium</i>)	3	
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	3	
<i>fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml</i>	1	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<i>phenytoin sodium injection solution 50 mg/ml</i>	1	
MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson		
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	QL (1 EA per 1 day)
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
MONOAMINE OXIDASE INHIBITORS - Drugs for Depression & Psychosis		
AZILECT ORAL TABLET 0.5 MG, 1 MG (<i>rasagiline mesylate</i>)	3	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR (<i>selegiline</i>)	3	QL (1 EA per 1 day)
MARPLAN ORAL TABLET 10 MG (<i>isocarboxazid</i>)	3	
NARDIL ORAL TABLET 15 MG (<i>phenelzine sulfate</i>)	3	
PARNATE ORAL TABLET 10 MG (<i>tranylcypromine sulfate</i>)	3	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML (<i>apomorphine hcl</i>)	3	PA; SP; QL (3 ML per 1 day)
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	1	PA; SP; QL (3 ML per 1 day)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 0.375 MG, 0.75 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (<i>pramipexole dihydrochloride</i>)	3	
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (<i>rotigotine</i>)	3	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg</i>	1	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
OPIATE AGONISTS - Drugs for Pain		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	QL (136 ML per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1	QL (13 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	1	QL (10 EA per 1 day)
<i>acetaminophen-codeine oral tablet 300-60 mg</i>	1	QL (5 EA per 1 day)
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	QL (12 EA per 1 day)
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg</i>	1	QL (21 EA per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	1	QL (10 EA per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	1	QL (5 EA per 1 day)
DEMEROL INJECTION SOLUTION 100 MG/ML, 25 MG/ML, 50 MG/ML, 75 MG/ML (<i>meperidine hcl</i>)	3	
DILAUDID INJECTION SOLUTION 0.2 MG/ML, 1 MG/ML, 2 MG/ML (<i>hydromorphone hcl</i>)	3	
DURAMORPH INJECTION SOLUTION 0.5 MG/ML, 1 MG/ML	3	
<i>endocet oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>endocet oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>endocet oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>endocet oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; QL (4 EA per 1 day)
FENTANYL CITRATE INJECTION SOLUTION PREFILLED SYRINGE 250 MCG/5ML	3	
<i>fentanyl citrate solution prefilled syringe 100 mcg/2ml injection</i>	1	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FENTANYL CITRATE SOLUTION PREFILLED SYRINGE 100 MCG/2ML INJECTION	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	3	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2-0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%	3	
<i>fentanyl transdermal patch 72 hour 100 mcg/1hr, 12 mcg/1hr, 25 mcg/1hr, 37.5 mcg/1hr, 50 mcg/1hr, 62.5 mcg/1hr, 75 mcg/1hr, 87.5 mcg/1hr</i>	1	PA; QL (10 EA per 30 days)
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	3	
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg</i>	1	PA; QL (2 EA per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 50 mg</i>	1	PA; QL (4 EA per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; QL (1 EA per 1 day)
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	1	QL (98 ML per 1 day)
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 5-300 mg, 5-325 mg</i>	1	QL (9 EA per 1 day)
<i>hydrocodone-acetaminophen oral tablet 7.5-300 mg, 7.5-325 mg</i>	1	QL (6 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	1	QL (9 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (6 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydromorphone hcl er oral tablet extended release 24 hour 12 mg, 16 mg, 32 mg, 8 mg	1	PA; QL (2 EA per 1 day)
HYDROMORPHONE HCL INJECTION SOLUTION 0.2 MG/ML, 0.5 MG/ML	3	
hydromorphone hcl injection solution 0.25 mg/0.5ml, 2 mg/ml, 4 mg/ml	1	
HYDROMORPHONE HCL INTRAVENOUS SOLUTION 0.2 MG/ML, 1 MG/ML	3	
hydromorphone hcl oral liquid 1 mg/ml	1	QL (10 ML per 1 day)
hydromorphone hcl oral tablet 2 mg	1	QL (5 EA per 1 day)
hydromorphone hcl oral tablet 4 mg	1	QL (2 EA per 1 day)
hydromorphone hcl oral tablet 8 mg	1	QL (1 EA per 1 day)
hydromorphone hcl pf injection solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 50 mg/5ml, 500 mg/50ml	1	
HYDROMORPHONE HCL SOLUTION 1 MG/ML INJECTION	3	
hydromorphone hcl solution 1 mg/ml injection	1	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/50ML-%, 100-0.9 MG/50ML-%, 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.2-0.9 MG/0.2ML-%, 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 5-0.9 MG/25ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	3	
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (hydrocodone bitartrate)	2	PA; QL (1 EA per 1 day)
INFUMORPH 200 INJECTION SOLUTION 200 MG/20ML (10 MG/ML) (morphine sulfate microinfusion)	3	
INFUMORPH 500 INJECTION SOLUTION 500 MG/20ML (25 MG/ML) (morphine sulfate microinfusion)	3	
levorphanol tartrate oral tablet 2 mg	1	QL (2 EA per 1 day)
levorphanol tartrate oral tablet 3 mg	1	QL (1 EA per 1 day)
meperidine hcl injection solution 100 mg/ml, 25 mg/ml, 50 mg/ml	1	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>meperidine hcl oral solution 50 mg/5ml</i>	1	QL (49 ML per 1 day)
<i>meperidine hcl oral tablet 50 mg</i>	1	QL (9 EA per 1 day)
<i>methadone hcl injection solution 10 mg/ml</i>	1	
<i>methadone hcl intensol oral concentrate 10 mg/ml</i>	1	
<i>methadone hcl oral concentrate 10 mg/ml</i>	1	
<i>methadone hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methadone hcl oral tablet 10 mg, 5 mg</i>	1	PA
<i>methadone hcl oral tablet soluble 40 mg</i>	1	
METHADONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	3	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	3	
METHADOSE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	3	
<i>methadose oral tablet soluble 40 mg</i>	1	
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML (<i>methadone hcl</i>)	3	
<i>mitigo injection solution 200 mg/20ml (10 mg/ml), 500 mg/20ml (25 mg/ml)</i>	1	
<i>morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml</i>	1	QL (2.4 ML per 1 day)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 5 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate (pf) intravenous solution 1 mg/ml, 10 mg/ml, 2 mg/ml, 4 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	1	PA; QL (2 EA per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; QL (1 EA per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 100 mg, 20 mg, 30 mg, 50 mg, 60 mg, 80 mg</i>	1	PA; QL (2 EA per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	1	PA; QL (3 EA per 1 day)
MORPHINE SULFATE INJECTION SOLUTION 1 MG/ML	3	
<i>morphine sulfate injection solution 2 mg/ml, 4 mg/ml</i>	1	
MORPHINE SULFATE INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>morphine sulfate intravenous solution 10 mg/ml, 4 mg/ml, 50 mg/ml, 8 mg/ml</i>	1	
<i>morphine sulfate oral solution 10 mg/5ml</i>	1	QL (24.5 ML per 1 day)
<i>morphine sulfate oral solution 20 mg/5ml</i>	1	QL (12.25 ML per 1 day)
<i>morphine sulfate oral tablet 15 mg</i>	1	QL (3 EA per 1 day)
<i>morphine sulfate oral tablet 30 mg</i>	1	QL (1 EA per 1 day)
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	3	
MORPHINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%, 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 4-0.9 MG/ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	3	
<i>oxycodone hcl oral capsule 5 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	QL (1.6 ML per 1 day)
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	QL (32.6 ML per 1 day)
<i>oxycodone hcl oral tablet 10 mg</i>	1	QL (3 EA per 1 day)
<i>oxycodone hcl oral tablet 15 mg</i>	1	QL (2 EA per 1 day)
<i>oxycodone hcl oral tablet 20 mg, 30 mg</i>	1	QL (1 EA per 1 day)
<i>oxycodone hcl oral tablet 5 mg</i>	1	QL (6 EA per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	3	QL (32.6 ML per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	1	QL (3 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 2.5-325 mg</i>	1	QL (12 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1	QL (6 EA per 1 day)
<i>oxycodone-acetaminophen oral tablet 7.5-325 mg</i>	1	QL (4 EA per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (<i>oxycodone hcl</i>)	2	PA; QL (4 EA per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg</i>	1	PA; QL (4 EA per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	1	QL (1 EA per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	1	QL (3 EA per 1 day)
<i>remifentanil hcl intravenous solution reconstituted 1 mg, 2 mg, 5 mg</i>	1	
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	PA; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg	1	PA; QL (1 EA per 1 day)
tramadol hcl oral tablet 100 mg	1	QL (2 EA per 1 day)
tramadol hcl oral tablet 25 mg	1	QL (8 EA per 1 day)
tramadol hcl oral tablet 50 mg	1	QL (5 EA per 1 day)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	QL (6 EA per 1 day)
TREXIX ORAL CAPSULE 320.5-30-16 MG (apap-caff-dihydrocodeine)	3	QL (12 EA per 1 day)
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG (remifentanil hcl)	3	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (oxycodone)	2	PA; QL (4 EA per 1 day)
OPIATE PARTIAL AGONISTS - Drugs for Pain		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (buprenorphine hcl)	2	PA; QL (2 EA per 1 day)
BRIXADI (WEEKLY) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 16 MG/0.32ML, 24 MG/0.48ML, 32 MG/0.64ML, 8 MG/0.16ML (buprenorphine)	3	SP
BRIXADI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 128 MG/0.36ML, 64 MG/0.18ML, 96 MG/0.27ML (buprenorphine)	3	SP
buprenorphine hcl injection solution 0.3 mg/ml	1	
buprenorphine hcl sublingual tablet sublingual 2 mg	1	QL (12 EA per 1 day)
buprenorphine hcl sublingual tablet sublingual 8 mg	1	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	QL (2 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (3 EA per 1 day)
buprenorphine transdermal patch weekly 10 mcg/hr, 15 mcg/hr, 20 mcg/hr, 5 mcg/hr, 7.5 mcg/hr	1	PA; QL (0.15 EA per 1 day)
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	1	
butorphanol tartrate nasal solution 10 mg/ml	1	QL (2.5 ML per 1 fill)
nalbuphine hcl injection solution 10 mg/ml, 20 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	QL (5 EA per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (buprenorphine)	3	SP
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG (buprenorphine hcl-naloxone hcl)	2	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG (buprenorphine hcl-naloxone hcl)	2	QL (12 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (buprenorphine hcl-naloxone hcl)	2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (buprenorphine hcl-naloxone hcl)	2	QL (6 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (buprenorphine hcl-naloxone hcl)	2	QL (2 EA per 1 day)
OPIOID ANTAGONISTS - Drugs for Overdose or Poisoning		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg	1	QL (2 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg	1	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 4-1 mg	1	QL (6 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual film 8-2 mg	1	QL (3 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	1	QL (12 EA per 1 day)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	1	QL (3 EA per 1 day)
KLOXXADO NASAL LIQUID 8 MG/0.1ML (naloxone hcl)	2	
NALMEFENE HCL INJECTION SOLUTION 1 MG/ML	3	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naloxone hcl nasal liquid 4 mg/0.1ml	1	
naltrexone hcl oral tablet 50 mg	1	
NARCAN NASAL LIQUID 4 MG/0.1ML (naloxone hcl)	2	
OPVEE NASAL SOLUTION 2.7 MG/0.1ML (nalmefene hcl)	2	
pentazocine-naloxone hcl oral tablet 50-0.5 mg	1	QL (5 EA per 1 day)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (naltrexone)	3	SP
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (naloxone hcl)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (3 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (12 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (1 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (6 EA per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	2	QL (2 EA per 1 day)
OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety & Sleep Disorder		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (<i>suvorexant</i>)	3	ST; QL (1 EA per 1 day)
DAYVIGO ORAL TABLET 10 MG, 5 MG (<i>lemborexant</i>)	3	ST; QL (1 EA per 1 day)
OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Pain		
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	3	
CALDOLOR INTRAVENOUS SOLUTION 800 MG/200ML, 800 MG/8ML (<i>ibuprofen</i>)	3	
DAYPRO ORAL TABLET 600 MG (<i>oxaprozin</i>)	3	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	ST
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	3	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-ibuprofen oral tablet 10-200 mg</i>	1	QL (4 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 5-200 mg</i>	1	QL (9 EA per 1 day)
<i>hydrocodone-ibuprofen oral tablet 7.5-200 mg</i>	1	QL (6 EA per 1 day)
<i>ibuprofen lysine intravenous solution 10 mg/ml</i>	1	
<i>ibuprofen oral suspension 100 mg/5ml</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin sodium intravenous solution reconstituted 1 mg</i>	1	
<i>ketoprofen er oral capsule extended release 24 hour 200 mg</i>	1	
<i>ketoprofen oral capsule 50 mg</i>	1	
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	1	
<i>ketorolac tromethamine intramuscular solution 60 mg/2ml</i>	1	
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	QL (20 EA per 1 fill)
<i>ketorolac tromethamine solution 30 mg/ml injection</i>	1	
KETOROLAC TROMETHAMINE SOLUTION 30 MG/ML INJECTION	3	
KIPROFEN ORAL CAPSULE 25 MG (<i>ketoprofen</i>)	3	
LODINE ORAL TABLET 400 MG (<i>etodolac</i>)	3	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
NEOPROFEN INTRAVENOUS SOLUTION 10 MG/ML (<i>ibuprofen lysine</i>)	3	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	1	ST; QL (0.3 EA per 1 day)
<i>tolmetin sodium oral capsule 400 mg</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHENOTHIAZINES - Drugs for Depression & Psychosis		
<i>chlorpromazine hcl injection solution 25 mg/ml, 50 mg/2ml</i>	1	
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>compro rectal suppository 25 mg</i>	1	
<i>fluphenazine decanoate injection solution 25 mg/ml</i>	1	
<i>fluphenazine hcl injection solution 2.5 mg/ml</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System		
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	QL (12 EA per 1 day)
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 EA per 1 day)
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG (<i>serdexmethylphen-dexmethylphen</i>)	2	ST; QL (1 EA per 1 day)
<i>bac oral tablet 50-325-40 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg, 50-325-40 mg</i>	1	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
caffeine citrate intravenous solution 60 mg/3ml	1	
caffeine citrate oral solution 20 mg/ml, 60 mg/3ml	1	
CAFFEINE-SODIUM BENZOATE INJECTION SOLUTION 125-125 MG/ML	3	
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG, 54 MG (methylphenidate hcl)	3	ST; QL (1 EA per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (methylphenidate hcl)	3	ST; QL (2 EA per 1 day)
dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	QL (1 EA per 1 day)
dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg	1	QL (2 EA per 1 day)
DOPRAM INTRAVENOUS SOLUTION 20 MG/ML (doxapram hcl)	3	
elixophyllin oral elixir 80 mg/15ml	1	
ergotamine-caffeine oral tablet 1-100 mg	1	PA; QL (0.86 EA per 1 day)
ESGIC ORAL CAPSULE 50-325-40 MG (butalbital-apap-caffeine)	3	
ESGIC ORAL TABLET 50-325-40 MG (butalbital-apap-caffeine)	3	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (methylphenidate hcl)	3	ST; QL (1 EA per 1 day)
METHYLIN ORAL SOLUTION 10 MG/5ML (methylphenidate hcl)	3	ST; QL (30 ML per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5ML (methylphenidate hcl)	3	ST; QL (60 ML per 1 day)
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	ST; QL (1 EA per 1 day)
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg	1	QL (1 EA per 1 day)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	1	QL (2 EA per 1 day)
methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	QL (1 EA per 1 day)
methylphenidate hcl er oral tablet extended release 10 mg	1	QL (2 EA per 1 day)
methylphenidate hcl er oral tablet extended release 20 mg	1	QL (3 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg, 54 mg</i>	1	QL (1 EA per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour 36 mg</i>	1	QL (2 EA per 1 day)
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1	QL (30 ML per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1	QL (60 ML per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	QL (3 EA per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1	QL (6 EA per 1 day)
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	1	QL (3 EA per 1 day)
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr, 30 mg/9hr</i>	1	QL (1 EA per 1 day)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine-caffeine</i>)	3	PA; QL (0.72 EA per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (<i>apap-caff-dihydrocodeine</i>)	3	QL (12 EA per 1 day)
SALICYLATES - Drugs for Pain		
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression & Psychosis		
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	3	ST; QL (1 EA per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1	QL (1 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 40 mg, 60 mg</i>	1	QL (2 EA per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1	QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG (<i>levomilnacipran hcl</i>)	3	ST; QL (1 EA per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG (<i>levomilnacipran hcl</i>)	3	ST; QL (56 EA per 365 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran hcl</i>)	3	ST; QL (2 EA per 1 day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (<i>milnacipran hcl</i>)	3	ST; QL (110 EA per 365 days)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1	QL (2 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1	QL (1 EA per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1	QL (3 EA per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
SELECTIVE SEROTONIN AGONISTS - Migraine Treatment		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	QL (0.4 EA per 1 day)
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	1	QL (12 EA per 30 days)
FROVA ORAL TABLET 2.5 MG (<i>frovatriptan succinate</i>)	3	QL (0.4 EA per 1 day)
<i>frovatriptan succinate oral tablet 2.5 mg</i>	1	QL (0.4 EA per 1 day)
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	QL (0.3 EA per 1 day)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	QL (0.6 EA per 1 day)
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	QL (0.6 EA per 1 day)
<i>sumatriptan nasal solution 20 mg/lact, 5 mg/lact</i>	1	QL (0.4 EA per 1 day)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (0.3 EA per 1 day)
<i>sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (0.17 ML per 1 day)
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	QL (0.17 ML per 1 day)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	QL (0.17 ML per 1 day)
<i>sumatriptan-naproxen sodium oral tablet 85-500 mg</i>	1	ST; QL (0.3 EA per 1 day)
<i>zolmitriptan nasal solution 5 mg</i>	1	QL (0.4 EA per 1 day)
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	QL (0.4 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	1	QL (0.4 EA per 1 day)
ZOMIG NASAL SOLUTION 5 MG (<i>zolmitriptan</i>)	3	ST; QL (0.4 EA per 1 day)
SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression & Psychosis		
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>fluoxetine hcl (pddd) oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1	QL (0.15 EA per 1 day)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg, 60 mg</i>	1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	1	QL (2 EA per 1 day)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1	QL (1 EA per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1	QL (3 EA per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg, 25 mg, 37.5 mg</i>	1	
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	1	QL (1 EA per 1 day)
PAXIL ORAL SUSPENSION 10 MG/5ML (<i>paroxetine hcl</i>)	3	ST
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG (<i>olanzapine-fluoxetine hcl</i>)	3	QL (3 EA per 1 day)
SEROTONIN MODULATORS - Drugs for Depression & Psychosis		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (<i>vortioxetine hbr</i>)	3	ST; QL (1 EA per 1 day)

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Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (<i>vilazodone hcl</i>)	3	ST; QL (1 EA per 1 day)
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	QL (1 EA per 1 day)
SUCCINIMIDES - Drugs for Seizures		
CELONTIN ORAL CAPSULE 300 MG (<i>methsuximide</i>)	3	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>methsuximide oral capsule 300 mg</i>	1	
ZARONTIN ORAL CAPSULE 250 MG (<i>ethosuximide</i>)	3	
ZARONTIN ORAL SOLUTION 250 MG/5ML (<i>ethosuximide</i>)	3	
THIOXANTHENES - Drugs for Depression & Psychosis		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression & Psychosis		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (<i>clomipramine hcl</i>)	3	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	QL (1 EA per 1 day)
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG (<i>desipramine hcl</i>)	3	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (<i>nortriptyline hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	
SILENOR ORAL TABLET 3 MG, 6 MG (<i>doxepin hcl</i>)	3	QL (1 EA per 1 day)
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System		
AUSTEDO ORAL TABLET 12 MG, 6 MG, 9 MG (<i>deutetrabenazine</i>)	3	PA; SP; QL (4 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG (<i>deutetrabenazine</i>)	3	PA; SP; QL (3 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 24 MG (<i>deutetrabenazine</i>)	3	PA; SP; QL (2 EA per 1 day)
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>deutetrabenazine</i>)	3	PA; SP; QL (7 EA per 1 day)
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG (<i>deutetrabenazine</i>)	3	PA; SP; QL (84 EA per 365 days)
INGREZZA ORAL CAPSULE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	3	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE SPRINKLE 40 MG, 60 MG, 80 MG (<i>valbenazine tosylate</i>)	3	PA; SP; QL (1 EA per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK 40 & 80 MG (<i>valbenazine tosylate</i>)	3	PA; SP; QL (56 EA per 365 days)
<i>tetrabenazine oral tablet 12.5 mg, 25 mg</i>	1	PA; SP
WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1	PA; QL (1 EA per 1 day)
<i>armodafinil oral tablet 50 mg</i>	1	PA; QL (2 EA per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	PA; QL (1 EA per 1 day)
SUNOSI ORAL TABLET 150 MG, 75 MG (<i>solriamfetol hcl</i>)	2	PA; QL (1 EA per 1 day)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG (<i>pitolisant hcl</i>)	3	PA; SP; QL (2 EA per 1 day)
DENTAL AGENTS - Oral Care		
DENTAL AGENTS - Oral Care		
MI PASTE DENTAL PASTE (<i>dentifrices</i>)	3	
MI PASTE PLUS DENTAL PASTE (<i>dentifrices</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REMESENSE DENTAL 3 % (<i>dental desensitizing product</i>)	3	
DEVICES - Medical Supplies and Durable Medical Equipment		
DEVICES - Medical Supplies and Durable Medical Equipment		
ACCU-CHEK FASTCLIX LANCET KIT KIT (<i>lancets misc.</i>)	2	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT (<i>lancets misc.</i>)	2	
ADVOCATE INSULIN PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	
AEROCHAMBER HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
AEROCHAMBER MINI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
AEROCHAMBER MV (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU INTERM DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
AEROCHAMBER PLUS FLOW VU (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
AEROCHAMBER W/FLOWSIGNAL (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
ALCOHOL PREP PADS PAD , 70 %	3	
ALCOHOL PREP PADS SHEET 70 %	3	
AMD FOAM DRESSING PAD 3-1/2"X3" , 4"X4" , 6"X6" (<i>gauze pads & dressings</i>)	3	
AMD FOAM DRESSING TOPSHEET PAD 4"X4" (<i>gauze pads & dressings</i>)	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE ID DUO PRO PEN NEEDLES 31G X 5 MM (<i>insulin pen needle</i>)	2	
ASSURE ID PRO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	
AUM ALCOHOL PREP PADS PAD 70 %	3	
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	2	
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	2	
AUTOLET II CLINISAFE KIT (<i>lancets misc.</i>)	3	
AUTOLET LANCING DEVICE (<i>lancet devices</i>)	3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM (<i>insulin pen needle</i>)	2	
BD ULTRA-FINE INSULIN SYRINGES 27G X 1/2" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML (<i>insulin syringeneedle u-500</i>)	2	
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	QL (1 EA per 365 days)
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	QL (1 EA per 365 days)
BREATHE EASE LARGE DEVICE	2	QL (1 EA per 365 days)
BREATHE EASE MEDIUM DEVICE	2	QL (1 EA per 365 days)
BREATHE EASE SMALL DEVICE	2	QL (1 EA per 365 days)
BREATHERITE VALVED MDI CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
CARESENS LANCETS 30G (<i>lancets</i>)	2	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARETOUCH LANCING/EJECTOR (<i>lancet devices</i>)	3	
CEQUR SIMPLICITY 2U DEVICE (<i>injection device for insulin</i>)	2	
CHEMSTRIP BG LOG BOOK (<i>blood glucose monitoring suppl</i>)	3	
CHOSEN LANCETS 30G (<i>lancets</i>)	2	
CHOSEN LANCING DEVICE (<i>lancet devices</i>)	3	
CHOSEN SAFETY LANCETS 28G (<i>lancets</i>)	2	
CLEVER CHOICE COMFORT EZ (<i>lancets</i>)	2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (<i>insulin pen needle</i>)	2	
COMFORT TOUCH TWIST LANCET 30G (<i>lancets</i>)	2	
COMPACT SPACE CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER/LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
COMPACT SPACE CHAMBER/SM MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
CONTOUR CONTROL IN VITRO LIQUID HIGH , LOW , NORMAL (<i>blood glucose calibration</i>)	2	
CONTOUR MONITOR DEVICE DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR MONITOR KIT W/DEVICE KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (<i>blood glucose calibration</i>)	2	
CONTOUR NEXT EZ KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT GEN MONITOR DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT GEN MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT LINK KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR NEXT MONITOR KIT W/DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT ONE DEVICE (<i>blood glucose monitoring suppl</i>)	2	
CONTOUR NEXT ONE KIT (<i>blood glucose monitoring suppl</i>)	2	
CURITY AMD ANTIMICROBIAL SPNGE PAD 4"X4" (<i>gauze pads & dressings</i>)	3	
CURITY AMD ANTIMICROBIAL STRIP (<i>gauze pads & dressings</i>)	3	
CURITY IODOFORM PACKING STRIP (<i>gauze pads & dressings</i>)	3	
DIASCREEN 10 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1B (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1G STRIP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1K (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 1K STRIP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 2GK STRIP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 2GP (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 3 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 4NL (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 4OBL (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 4PH (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 5 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 6 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 7 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 8 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN 9 (<i>urine glucose monitoring suppl</i>)	3	
DIASCREEN LIQUID URINE CONTROL	3	
DIATHRIVE LANCING DEVICE (<i>lancet devices</i>)	3	
DROPLET GENTEEL LANCING DEVICE (<i>lancet devices</i>)	3	
DROPLET MICRON 34G X 3.5 MM (<i>insulin pen needle</i>)	2	
DROPSAFE ALCOHOL PREP PAD 70 % (<i>alcohol swabs</i>)	3	
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASIVENT (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
EASY TOUCH LANCING DEVICE (<i>lancet devices</i>)	3	
EMBRACE LANCING DEVICE/EJECTOR	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
EXCILON AMD DRAIN SPONGES PAD 4"X4" (<i>gauze pads & dressings</i>)	3	
FLEXICHAMBER ADULT MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	QL (1 EA per 365 days)
FLEXICHAMBER CHILD MASK/LARGE (<i>spacer/aero-hold chamber mask</i>)	2	QL (1 EA per 365 days)
FLEXICHAMBER CHILD MASK/SMALL (<i>spacer/aero-hold chamber mask</i>)	2	QL (1 EA per 365 days)
FLEXICHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
FORA D40G GLUCOSE/PRESSURE DEVICE (<i>blood glucose-bp monitor</i>)	3	
GENTEEL LANCING KIT (BLUE) KIT (<i>lancets misc.</i>)	3	
GOJJI LANCING DEVICE/CLEAR CAP (<i>lancet devices</i>)	3	
INCONTROL ULTICARE PEN NEEDLES 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
INSPIREASE RESERVOIR BAGS (<i>spacer/aero-hold chamber bags</i>)	2	QL (1 EA per 365 days)
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 5MM , 29G X 8MM , 30G X 6 MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM (<i>insulin pen needle</i>)	2	
INSULIN PEN NEEDLES 29G X 12MM , 30G X 5 MM , 30G X 8 MM , 32G X 4 MM , 32G X 5 MM , 33G X 5 MM , 33G X 6 MM	2	
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 1/2" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML, 32G X 5/16" 0.5 ML, 32G X 5/16" 1 ML	2	
INSULIN SYRINGES 27G X 5/8" 1 ML, 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.3 ML (<i>insulin syringe-needle u-100</i>)	2	
J-TIP KIT W/VIAL ADAPTERS KIT (<i>injection device</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KERLIX AMD ANTIMICROBIAL (<i>gauze pads & dressings</i>)	3	
KERLIX AMD SUPER SPONGES PAD 6"X6-3/4" (<i>gauze pads & dressings</i>)	3	
LANCETS	2	
MICROCHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	3	
NOVOFINE PEN NEEDLE 32G X 6 MM (<i>insulin pen needle</i>)	2	
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM (<i>insulin pen needle</i>)	2	
NOVOPEN ECHO DEVICE (<i>injection device for insulin</i>)	3	
OMNIPOD 5 G6 INTRO (GEN 5) KIT (<i>insulin disposable pump</i>)	2	
OMNIPOD 5 G6 PODS (GEN 5) (<i>insulin disposable pump</i>)	2	
OMNIPOD 5 G7 INTRO (GEN 5) KIT (<i>insulin disposable pump</i>)	2	
OMNIPOD 5 G7 PODS (GEN 5) (<i>insulin disposable pump</i>)	2	
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	2	
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	2	
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	3	
ONETOUCH DELICA SAFETY LANCING (<i>lancets</i>)	2	
OPTICHAMBER DIAMOND (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-MD MASK (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
OPTICHAMBER DIAMOND-SM MASK (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
PANDA MASK LARGE (<i>spacer/aero-hold chamber mask</i>)	2	QL (1 EA per 365 days)
PANDA MASK MEDIUM (<i>spacer/aero-hold chamber mask</i>)	2	QL (1 EA per 365 days)
PANDA MASK SMALL (<i>spacer/aero-hold chamber mask</i>)	2	QL (1 EA per 365 days)
PARI VORTEX ADULT MASK (<i>spacer/aero-hold chamber mask</i>)	2	QL (1 EA per 365 days)
PEDIATRIC PANDA MASK (<i>spacer/aero-hold chamber mask</i>)	2	QL (1 EA per 365 days)
PIP PEN NEEDLES 31G X 5MM 31G X 5 MM	2	
PIP PEN NEEDLES 32G X 4MM 32G X 4 MM	2	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POCKET SPACER DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
PRO COMFORT SPACER ADULT	2	QL (1 EA per 365 days)
PRO COMFORT SPACER CHILD	2	QL (1 EA per 365 days)
PRO COMFORT SPACER INFANT DEVICE	2	QL (1 EA per 365 days)
PROCARE SPACER/ADULT MASK DEVICE	2	QL (1 EA per 365 days)
PROCARE SPACER/CHILD MASK DEVICE	2	QL (1 EA per 365 days)
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	
PURE COMFORT SPACER CHAMBER DEVICE	2	QL (1 EA per 365 days)
RAPPORT RLS KIT (<i>impotence aid device</i>)	3	
RAPPORT VTD KIT (<i>impotence aid device</i>)	3	
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	
TECHLITE LANCETS 26G (<i>lancets</i>)	2	
TELFA AMD ISLAND DRESSING PAD 4"X5" , 4"X8" (<i>gauze pads & dressings</i>)	3	
TELFA AMD NON-ADHERENT PAD 3"X8" (<i>gauze pads & dressings</i>)	3	
ULTIGUARD SAFEPACK SYR/NEEDLE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
UNIFINE PROTECT PEN NEEDLE 30G X 5 MM , 30G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	2	
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	2	
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	2	
VERIFINE SAFE LANCET MINI 21G (<i>lancets</i>)	2	
VERIFINE SAFE LANCET MINI 23G (<i>lancets</i>)	2	
VERIFINE SAFE LANCET MINI 28G (<i>lancets</i>)	2	
VERIFINE SAFE LANCET MINI 30G (<i>lancets</i>)	2	
VIVAGUARD LANCETS 30G (<i>lancets</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVAGUARD LANCING DEVICE (<i>lancet devices</i>)	3	
VIVAGUARD SAFETY LANCETS 28G (<i>lancets</i>)	2	
VORTEX VALVED HOLDING CHAMBER DEVICE (<i>spacer/aero-holding chambers</i>)	2	QL (1 EA per 365 days)
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD 3 % (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM OIL EMULSION 2"X2" EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM OIL EMULSION GAUZE EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM OIL EMULSION STRIP EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM OIL ROLL 4"X9' EXTERNAL 3 % (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLAT PATCH 4"X4" EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLATUM DRES 4"X4" EXTERNAL PAD 3 %	3	
XEROFORM PETROLATUM DRES 5"X9" EXTERNAL PAD 3 %	3	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	3	
DIAGNOSTIC AGENTS		
ADRENOCORTICAL INSUFFICIENCY		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	2	PA; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	2	PA; SP
CARDIAC FUNCTION		
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
DIABETES MELLITUS		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK SMARTVIEW TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
BLOOD GLUCOSE TEST IN VITRO STRIP	3	PA; QL (300 EA per 30 days)
BLOOD GLUCOSE TEST STRIPS 333 IN VITRO STRIP	3	PA; QL (300 EA per 30 days)
BLULINK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
CARETOUCH TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
CONTOUR NEXT TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (300 EA per 30 days)
CONTOUR TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (300 EA per 30 days)
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP	3	PA; QL (300 EA per 30 days)
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	3	PA; QL (300 EA per 30 days)
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
EMBRACE WAVE BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
FORA 6 CONNECT IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
FORA 6 CONNECT/GTEL TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
FORA TN'G ADVANCE PRO IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
FREESTYLE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
GLUCOCARD EXPRESSION TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
GLUCOCARD SHINE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
LANCETS IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
MICRODOT TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
MM BLULINK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
ONE DROP TEST IN VITRO STRIP	3	PA; QL (300 EA per 30 days)
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	2	QL (300 EA per 30 days)
ONETOUCH ULTRA TEST IN VITRO STRIP (<i>glucose blood</i>)	2	QL (300 EA per 30 days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	2	QL (300 EA per 30 days)
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
PTS PANELS EGLU TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
RELION PREMIER TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
TRUE METRIX PRO BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	PA; QL (300 EA per 30 days)
DIAGNOSTIC AGENTS		
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (<i>lidocaine hcl-blood collection</i>)	3	
KETONES		
CHEMSTRIP K IN VITRO STRIP (<i>acetone (urine) test</i>)	3	
KETONE TEST IN VITRO STRIP	3	
KETOSTIX IN VITRO STRIP (<i>acetone (urine) test</i>)	3	
MYASTHENIA GRAVIS		
BLOXIVERZ INTRAVENOUS SOLUTION 10 MG/10ML, 5 MG/10ML (<i>neostigmine methylsulfate</i>)	3	
<i>neostigmine methylsulfate intravenous solution 10 mg/10ml, 5 mg/10ml</i>	1	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION 3 MG/3ML, 5 MG/5ML	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 2 MG/2ML, 4 MG/4ML, 5 MG/5ML	3	
<i>neostigmine methylsulfate solution prefilled syringe 3 mg/3ml intravenous</i>	1	
NEOSTIGMINE METHYLSULFATE SOLUTION PREFILLED SYRINGE 3 MG/3ML INTRAVENOUS	3	
OCULAR DISORDERS		
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.06 % (<i>trypan blue</i>)	3	
PHEOCHROMOCYTOMA		
DEMSEER ORAL CAPSULE 250 MG (<i>metirosine</i>)	3	PA; QL (16 EA per 1 day)
<i>metirosine oral capsule 250 mg</i>	1	PA; QL (16 EA per 1 day)
SUGAR		
DIASTIX REAGENT IN VITRO STRIP (<i>glucose urine test-glucose ox</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URINE AND FECES CONTENTS		
CHEMSTRIP UGK IN VITRO STRIP (<i>urine glucose-ketones test</i>)	3	
CVS KETONE CARE IN VITRO STRIP (<i>urine glucose-ketones test</i>)	3	
KETO-DIASTIX IN VITRO STRIP (<i>urine glucose-ketones test</i>)	3	
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants		
<i>formaldehyde external solution 37 %</i>	1	
<i>glutaraldehyde external solution 25 %</i>	1	
ELECTROLYTIC, CALORIC, AND WATER BALANCE		
ALKALINIZING AGENTS		
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 %	3	
ORAL CITRATE ORAL SOLUTION 490-640 MG/5ML	3	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>sod citrate-citric acid oral solution 1.5-1 gm/15ml, 3-2 gm/30ml, 500-334 mg/5ml</i>	1	
<i>sodium acetate intravenous solution 2 meq/ml, 4 meq/ml</i>	1	
<i>sodium bicarbonate intravenous solution 4.2 %, 7.5 %</i>	1	
<i>sodium bicarbonate solution 8.4 % intravenous</i>	1	
SODIUM BICARBONATE SOLUTION 8.4 % INTRAVENOUS	3	
THAM INTRAVENOUS SOLUTION 30 MEQ/100ML (<i>tromethamine</i>)	3	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) (<i>potassium citrate</i>)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) (<i>potassium citrate</i>)	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (<i>potassium citrate</i>)	3	
AMMONIA DETOXICANTS		
AMMONUL INTRAVENOUS SOLUTION 10-10 % (<i>sod benz-sod phenylacet</i>)	3	
CARBAGLU ORAL TABLET SOLUBLE 200 MG (<i>carglumic acid</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carglumic acid oral tablet soluble 200 mg</i>	1	PA; SP
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<i>lactulose oral solution 10 gm/15ml, 20 gm/30ml</i>	1	
LITHOSTAT ORAL TABLET 250 MG (<i>acetohydroxamic acid</i>)	3	
PHEBURANE ORAL PELLETT 483 MG/GM (<i>sodium phenylbutyrate</i>)	3	PA; SP
<i>sod benz-sod phenylacet intravenous solution 10-10 %</i>	1	
<i>sodium phenylbutyrate oral powder 3 gm/tp</i>	1	PA; SP
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA; SP
CALORIC AGENTS - Drugs for Nutrition		
AMINO ACID INTRAVENOUS SOLUTION 5 %	3	
AMINO ACID-CALCIUM-HEP IN D10W INTRAVENOUS SOLUTION 3 %	3	
AMINOPROTECT INTRAVENOUS SOLUTION 5 % (<i>amino acid infusion</i>)	3	
AMINOSYN II INTRAVENOUS SOLUTION 10 %, 15 % (<i>amino acid infusion</i>)	3	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION 7 % (<i>amino acid infusion</i>)	3	
AMINOSYN-PF INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	3	
ARGININE HCL INJECTION SOLUTION 6 GM/30ML	3	
<i>bupivacaine in dextrose intrathecal solution 0.75-8.25 %</i>	1	
<i>bupivacaine spinal intrathecal solution 0.75-8.25 %</i>	1	
<i>cefazolin sodium-dextrose intravenous solution 1-4 gm/50ml-%, 2-4 gm/100ml-%</i>	1	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION 2-5 GM/100ML-%	3	
<i>cefazolin sodium-dextrose intravenous solution reconstituted 1-4 gm-%(50ml), 2-3 gm-%(50ml)</i>	1	
<i>cefepime-dextrose intravenous solution reconstituted 1-5 gm-%(50ml), 2-5 gm-%(50ml)</i>	1	
<i>ceftriaxone sodium in dextrose intravenous solution 20 mg/ml, 40 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ceftriaxone sodium-dextrose intravenous solution reconstituted 1-3.74 gm-%(50ml), 2-2.22 gm-%(50ml)	1	
clindamycin phosphate in d5w intravenous solution 300 mg/50ml, 600 mg/50ml, 900 mg/50ml	1	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION 2.75 % (amino ac elect-calc in d5w)	3	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % (amino ac elect-calc in d10w)	3	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % (amino ac elect-calc in d5w)	3	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % (amino ac elect-calc in d15w)	3	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % (amino ac elect-calc in d20w)	3	
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	3	
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	3	
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION 4.25 % (amino acid infusion in d10w)	3	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION 4.25 % (amino acid infusion in d5w)	3	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION 5 % (amino acid infusion in d15w)	3	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION 5 % (amino acid infusion in d20w)	3	
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION 6 %	3	
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION 8 %	3	
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION 8 %	3	
CLINISOL SF INTRAVENOUS SOLUTION 15 % (amino acid infusion)	3	
CLINOLIPID INTRAVENOUS EMULSION 20 % (fat emuls plant base(soy/oliv))	3	
dextrose intravenous solution 10 %, 20 %, 30 %, 40 %, 5 %, 70 %	1	
DEXTROSE SOLUTION 250 MG/ML INTRAVENOUS	3	
dextrose solution 250 mg/ml intravenous	1	
DEXTROSE SOLUTION 50 % INTRAVENOUS	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dextrose solution 50 % intravenous	1	
DILTIAZEM HCL-DEXTROSE INTRAVENOUS SOLUTION 125-5 MG/125ML-%	3	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	3	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	3	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	3	
GLUTATHIONE INJECTION SOLUTION 200 MG/ML	3	
GLUTATHIONE INTRAVENOUS SOLUTION 6 GM/30ML	3	
GLYCINE INJECTION SOLUTION 50 MG/ML	3	
heparin sod (porcine) in d5w intravenous solution 100 unit/ml, 25000-5 ut/500ml-%, 40-5 unit/ml-%	1	
INTRALIPID INTRAVENOUS EMULSION 20 %, 30 % (fat emulsion plant based (soy))	3	
KABIVEN INTRAVENOUS EMULSION 3.3-10.8-3.9 % (amino ac-dext-lipid-electrolyt)	3	
LABETALOL HCL-DEXTROSE INTRAVENOUS SOLUTION 200-5 MG/200ML-%	3	
LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.72 MG/100ML-%, 200-0.72 MG/200ML-%, 300-0.72 MG/300ML-%	3	
LIDOCAINE IN D5W INTRAVENOUS SOLUTION 2-5 MG/ML-%	3	
lidocaine in d5w intravenous solution 4-5 mg/ml-%, 8-5 mg/ml-%	1	
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (dextran 40 in d5w)	3	
LYSINE HCL INJECTION SOLUTION 100 MG/ML	3	
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	1	
MARCAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 % (bupivacaine in dextrose)	3	
milrinone lactate in dextrose intravenous solution 20-5 mg/100ml-%, 40-5 mg/200ml-%	1	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/100ML	3	
NEOKE ALCAR ORAL POWDER (acetylcarnitine)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXTERONE INTRAVENOUS SOLUTION 150-4.21 MG/100ML-%, 360-4.14 MG/200ML-% (amiodarone hcl in dextrose)	3	
nitroglycerin in d5w intravenous solution 100-5 mcg/ml-%, 200-5 mcg/ml-%, 400-5 mcg/ml-%	1	
NOREPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 16-5 MG/250ML-%, 4-5 MG/250ML-%, 8-5 MG/250ML-%, 8-5 MG/500ML-%	3	
NUTRILIPID INTRAVENOUS EMULSION 20 % (fat emulsion plant based (soy))	3	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION 1 GM/50ML, 2 GM/50ML	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION 20000 UNIT/ML, 40000 UNIT/ML, 60000 UNIT/ML	3	
PERIKABIVEN INTRAVENOUS EMULSION 2.4-6.8-3.5-0.5 % (amino ac-dext-lipid-electrolyt)	3	
PLENAMINE INTRAVENOUS SOLUTION 15 % (amino acid infusion)	3	
PREMASOL INTRAVENOUS SOLUTION 10 % (amino acid infusion)	3	
PROSOL INTRAVENOUS SOLUTION 20 % (amino acid infusion)	3	
SMOFLIPID INTRAVENOUS EMULSION 20 % (fat emul fish oilplant based)	3	
TAURINE INJECTION SOLUTION 50 MG/ML	3	
TAZICEF INTRAVENOUS SOLUTION 1 GM/50ML (ceftazidime sodium in dextrose)	3	
TRAVASOL INTRAVENOUS SOLUTION 10 % (amino acid infusion)	3	
TRI-AMINO INJECTION SOLUTION 100-100-100 MG/ML	3	
TROPHAMINE INTRAVENOUS SOLUTION 10 % (amino acid infusion)	3	
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1.5-5 GM/250ML-%	3	
vancomycin hcl in dextrose intravenous solution 1-5 gm/200ml-%, 1.5-5 gm/300ml-%, 500-5 mg/100ml-%, 750-5 mg/150ml-%	1	
vancomycin hcl in dextrose solution 1.25-5 gm/250ml-% intravenous	1	

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VANCOMYCIN HCL IN DEXTROSE SOLUTION 1.25-5 GM/250ML-% INTRAVENOUS	3	
ZOSYN INTRAVENOUS SOLUTION 2-0.25 GM/50ML, 3-0.375 GM/50ML, 4-0.5 GM/100ML (<i>piperacillin-tazobactam in dex</i>)	3	
CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	1	
DIURETICS, MISCELLANEOUS - Drugs for Water Balance		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
ELECTROLYTIC,CALORIC,WATER BALANCE MISC,		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (<i>burosumab-twza</i>)	3	PA; SP
IRRIGATING SOLUTIONS		
<i>acetic acid irrigation solution 0.25 %</i>	1	
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride (gu irrigant)</i>)	3	
<i>argyle sterile water irrigation solution</i>	1	
CURITY STERILE SALINE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride (gu irrigant)</i>)	3	
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 394 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 483 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 347 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 398 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION 344 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION 395 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 346 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 396 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION 485 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
EXTRANEAL INTRAPERITONEAL SOLUTION 7.5 % (<i>icodextrin-electrolytes</i>)	3	
<i>glycine irrigation solution 1.5 %</i>	1	
<i>glycine urologic irrigation solution 1.5 %</i>	1	
<i>lactated ringers irrigation solution</i>	1	
PHYSIOLYTE IRRIGATION SOLUTION (<i>irrigation solns physiological</i>)	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION (<i>irrigation solns physiological</i>)	3	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	3	
<i>ringers irrigation irrigation solution</i>	1	
<i>sodium chloride irrigation solution 0.9 %</i>	1	
SORBITOL IRRIGATION SOLUTION 3 %	3	
<i>sorbitol-mannitol irrigation solution 2.7-0.54 gm/100ml</i>	1	
<i>sterile water for irrigation irrigation solution</i>	1	
TIS-U-SOL IRRIGATION SOLUTION (<i>ringers irrigation</i>)	3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION 346 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION 396 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRABAG/DIANEAL PD-2/4.25%DEX INTRAPERITONEAL SOLUTION 485 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION 344 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION 395 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION 483 MOSM/L (<i>peritoneal dialysis solutions</i>)	3	
<i>water for irrigation, sterile irrigation solution</i>	1	
LOOP DIURETICS - Drugs for Water Balance		
<i>bumetanide injection solution 0.25 mg/ml</i>	1	
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
EDECIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	3	
<i>ethacrynate sodium intravenous solution reconstituted 50 mg</i>	1	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	3	
<i>furosemide injection solution 10 mg/ml</i>	1	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
SODIUM EDECIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>ethacrynate sodium</i>)	3	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
UDSX MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
UDSXMP MEDICATED SYSTEM COMBINATION KIT 20 MG	3	
OSMOTIC DIURETICS - Drugs for Water Balance		
<i>mannitol intravenous solution 20 %, 25 %</i>	1	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	3	
OTHER ION-REMOVING AGENTS		
RADIOGARDASE ORAL CAPSULE 0.5 GM (<i>prussian blue insoluble</i>)	3	
PHOSPHATE-REMOVING AGENTS		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcium acetate oral tablet 667 mg</i>	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	ST
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	3	ST
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
REVELA ORAL PACKET 0.8 GM, 2.4 GM (<i>sevelamer carbonate</i>)	3	
REVELA ORAL TABLET 800 MG (<i>sevelamer carbonate</i>)	3	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
VELPHORO ORAL TABLET CHEWABLE 500 MG (<i>sucroferric oxyhydroxide</i>)	3	
POTASSIUM-REMOVING AGENTS		
KIONEX COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	2	
LOKELMA ORAL PACKET 10 GM, 5 GM (<i>sodium zirconium cyclosilicate</i>)	3	
<i>sodium polystyrene sulfonate oral powder</i>	1	
SPS ORAL SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	3	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (<i>patiromer sorbitex calcium</i>)	3	
POTASSIUM-SPARING DIURETICS - Drugs for Water Balance		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>amiloride hcl oral tablet 5 mg</i>	1	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	3	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
INSPRA ORAL TABLET 25 MG, 50 MG (<i>eplerenone</i>)	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	1	
REPLACEMENT PREPARATIONS		
AGGRASTAT INTRAVENOUS SOLUTION 12.5-0.9 MG/250ML-%, 5-0.9 MG/100ML-% (tirofiban hcl in nacl)	3	
BREVIBLOC IN NACL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML (esmolol hcl-sodium chloride)	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION 2000 MG/100ML (esmolol hcl-sodium chloride)	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION 2500 MG/250ML (esmolol hcl-sodium chloride)	3	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 %	3	
CALCIFOL ORAL WAFER 1342-1.6 MG (ca carb-fa-d-b6-b12-boron-mg)	3	
calcium acetate (phos binder) oral capsule 667 mg	1	
calcium acetate (phos binder) oral tablet 667 mg	1	
calcium acetate oral tablet 667 mg	1	
CALCIUM CHLORIDE SOLUTION 10 % INTRAVENOUS	3	
calcium chloride solution 10 % intravenous	1	
calcium gluconate intravenous solution 10 %	1	
CALCIUM GLUCONATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1000 MG/10ML	3	
calcium gluconate-nacl intravenous solution 1-0.675 gm/50ml-%, 2-0.675 gm/100ml-%	1	
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION 1-0.8 GM/100ML-%, 1-0.9 GM/100ML-%, 2-0.9 GM/100ML-%	3	
CARDIOPLEGIA INDUCTION HIGH K PERFUSION SOLUTION	3	
cardioplegic perfusion solution	1	
CARDIOPLEGIC SOLN W/ LIDOCAINE PERFUSION SOLUTION	3	
CEFAZOLIN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 2-0.9 GM/100ML-%, 3-0.9 GM/100ML-%	3	
chromic chloride intravenous solution 40 mcg/10ml	1	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION 300-0.9 MG/50ML-%, 600-0.9 MG/50ML-%, 900-0.9 MG/50ML-%	3	
cupric chloride intravenous solution 0.4 mg/ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXAMETHASONE SOD PHOS-NACL INTRAVENOUS SOLUTION 6-0.9 MG/25ML-%	3	
dexmedetomidine hcl in nacl intravenous solution 200 mcg/50ml, 200-0.9 mcg/50ml-%, 400 mcg/100ml, 80 mcg/20ml	1	
DEXMEDETOMIDINE HCL IN NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 20-0.9 MCG/5ML-%, 40-0.9 MCG/10ML-%	3	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION 200MCG/50ML -5%, 400MCG/100ML -5%	3	
DILTIAZEM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION 125-0.7 MG/125ML-%, 125-0.9 MG/125ML-%	3	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ (<i>potassium bicarb-citric acid</i>)	3	
effe-k oral tablet effervescent 25 meq	1	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 2-0.9 MG/250ML-%	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	3	
esmolol hcl-sodium chloride intravenous solution 2000 mg/100ml, 2500 mg/250ml	1	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION 1-0.9 MG/100ML-%, 1.25-0.9 MG/250ML-%, 2-0.9 MG/100ML-%, 2.5-0.9 MG/250ML-%	3	
FENTANYL CITRATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MCG/2ML-%, 10-0.9 MCG/ML-%, 1000-0.9 MCG/50ML-%, 5-0.9 MCG/ML-%, 500-0.9 MCG/50ML-%, 550-0.9 MCG/55ML-%	3	
FENTANYL CIT-ROPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2-0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%	3	
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FENTANYL-BUPIVACAINE-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	3	
fluconazole in sodium chloride intravenous solution 100-0.9 mg/50ml-%, 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%	1	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	3	
GALZIN ORAL CAPSULE 25 MG, 50 MG (zinc acetate (oral))	3	
gentamicin in saline intravenous solution 0.8-0.9 mg/ml-%, 1-0.9 mg/ml-%, 1.2-0.9 mg/ml-%, 1.6-0.9 mg/ml-%, 2-0.9 mg/ml-%	1	
GLYCOPHOS INTRAVENOUS SOLUTION 1 MMOLE/ML (sodium glycerophosphate)	3	
heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 12500-0.45 ut/250ml-%, 2000-0.9 unit/l-%, 25000-0.45 ut/250ml-%, 25000-0.45 ut/500ml-%	1	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 2500-0.9 UT/500ML-%, 30000-0.9 UNIT/L-%, 500-0.9 UT/500ML-%, 5000-0.9 UNIT/L-%, 5000-0.9 UT/500ML-%	3	
HESPAN INTRAVENOUS SOLUTION 6-0.9 % (hetastarch-nacl)	3	
hetastarch-nacl intravenous solution 6-0.9 %	1	
HEXTEND INTRAVENOUS SOLUTION 6 % (hetastarch-electrolytes)	3	
HYDROMORPHONE HCL-NACL INJECTION SOLUTION 20-0.9 MG/100ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/50ML-%, 100-0.9 MG/50ML-%, 20-0.9 MG/100ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 50-0.9 MG/50ML-%, 6-0.9 MG/30ML-%	3	
HYDROMORPHONE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.2-0.9 MG/0.2ML-%, 0.5-0.9 MG/0.5ML-%, 1-0.9 MG/5ML-%, 1-0.9 MG/ML-%, 10-0.9 MG/50ML-%, 15-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 25-0.9 MG/50ML-%, 30-0.9 MG/30ML-%, 5-0.9 MG/25ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%, 6-0.9 MG/30ML-%	3	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (calfactant in nacl)	3	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con m10 oral tablet extended release 10 meq	1	
klor-con m15 oral tablet extended release 15 meq	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con oral tablet extended release 8 meq</i>	1	
K-PHOS ORAL TABLET 500 MG (<i>potassium phosphate monobasic</i>)	3	
<i>k-prime oral tablet effervescent 25 meq</i>	1	
<i>levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 250 mg/50ml, 500 mg/100ml</i>	1	
<i>linezolid in sodium chloride intravenous solution 600-0.9 mg/300ml-%</i>	1	
LMD IN D5W INTRAVENOUS SOLUTION 10-5 % (<i>dextran 40 in d5w</i>)	3	
LMD IN NAACL INTRAVENOUS SOLUTION 10-0.9 % (<i>dextran 40 in saline</i>)	3	
<i>magnesium chloride injection solution 200 mg/ml</i>	1	
<i>magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%</i>	1	
MAGNESIUM SULFATE-NAACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	3	
MANGANESE CHLORIDE INTRAVENOUS SOLUTION 0.1 MG/ML	3	
METHADONE HCL-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	3	
METHADONE HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%	3	
MORPHINE SULFATE-NAACL INTRAVENOUS SOLUTION 1-0.9 MG/ML-%, 100-0.9 MG/100ML-%, 50-0.9 MG/50ML-%, 500-0.9 MG/100ML-%	3	
MORPHINE SULFATE-NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/ML-%, 150-0.9 MG/30ML-%, 2-0.9 MG/ML-%, 30-0.9 MG/30ML-%, 4-0.9 MG/ML-%, 50-0.9 MG/50ML-%, 55-0.9 MG/55ML-%	3	
MULTRYS INTRAVENOUS SOLUTION 60-3-6-1000 MCG/ML (<i>trace minerals cu-mn-se-zn</i>)	3	
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	3	
NICARDIPINE HCL IN NAACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOREPINEPHRINE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 16-0.9 MG/250ML-%, 4-0.9 MG/250ML-%, 8-0.9 MG/250ML-%	3	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML, 20 UNIT/L, 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%, 30-0.9 UT/500ML-%	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION 10-0.9 MG/250ML-%, 20-0.9 MG/250ML-%, 25-0.9 MG/250ML-%, 40-0.9 MG/250ML-%, 50-0.9 MG/250ML-%, 80-0.9 MG/250ML-%	3	
PHENYLEPHRINE HCL-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.5-0.9 MG/5ML-%, 0.8-0.9 MG/10ML-%, 1-0.9 MG/10ML-%, 100-0.9 MCG/10ML-%, 20-0.9 MG/50ML-%, 5-0.9 MG/50ML-%	3	
phosphorous oral tablet 155-852-130 mg	1	
phospho-trin 250 neutral oral tablet 155-852-130 mg	1	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG (potassium phosphate monobasic)	3	
PLEGISOL PERFUSION SOLUTION (cardioplegic soln)	3	
potassium acetate solution 2 meq/ml intravenous	1	
POTASSIUM ACETATE SOLUTION 2 MEQ/ML INTRAVENOUS	3	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	1	
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	1	
potassium chloride intravenous solution 10 meq/100ml, 10 meq/50ml, 2 meq/ml, 20 meq/100ml, 20 meq/50ml, 40 meq/100ml	1	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100 MEQ/50ML	3	
potassium chloride oral packet 20 meq	1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	1	
potassium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium phosphates(66 meq k) intravenous solution 45 mmole/15ml	1	
potassium phosphates(71 meq k) intravenous solution 45 mmole/15ml	1	
PRECEDEX INTRAVENOUS SOLUTION 1000 MCG/250ML (dexmedetomidine hcl in nacl)	3	
PREPIV SUPPLY COMBINATION KIT 2.5-2.5 & 0.9 %	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L (bicarb-dextrose-k (crrt))	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L (bicarb-dextrose-ca (crrt))	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L (bicarb-dextrose-k (crrt))	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L (bicarb-dextrose-k-ca (crrt))	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L (bicarb-dextrose-k-ca (crrt))	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L (bicarb-mg (crrt))	3	
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %	3	
ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 %	3	
saline bacteriostatic injection solution 0.9 %	1	
SALINE-PHENOL INJECTION SOLUTION 0.4-0.9 %	3	
sodium chloride (pf) injection solution 0.9 %	1	
sodium chloride bacteriostatic injection solution 0.9 %	1	
sodium chloride injection solution 2.5 meq/ml	1	
sodium chloride intravenous solution 0.45 %, 0.9 %, 3 %, 5 %	1	
SODIUM CHLORIDE SOLUTION 4 MEQ/ML INTRAVENOUS	3	
sodium chloride solution 4 meq/ml intravenous	1	
sodium phosphates intravenous solution 15 mmole/5ml, 150 mmole/50ml, 45 mmole/15ml	1	
THE LIQUILIFT TRACE INTRAVENOUS KIT 10-1000-500-60 MCG/ML (trace minerals cr-cu-mn-se-zn)	3	
tirofiban hcl in nacl intravenous solution 12.5-0.9 mg/250ml-%, 5-0.9 mg/100ml-%	1	
TRALEMENT INTRAVENOUS SOLUTION 300-55-60-3000 MCG/ML (trace minerals cu-mn-se-zn)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRISODIUM CITRATE/CRRT EXTRACORPOREAL SOLUTION	3	
vancomycin hcl in nacl intravenous solution 1-0.9 gm/200ml-%, 500-0.9 mg/100ml-%	1	
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/250ML-%, 1.25-0.9 GM/250ML-%, 1.5-0.9 GM/250ML-%, 1.5-0.9 GM/500ML-%, 1.75-0.9 GM/250ML-%, 2-0.9 GM/500ML-%	3	
VANCOMYCIN HCL IN NAACL SOLUTION 750-0.9 MG/150ML-% INTRAVENOUS	3	
vancomycin hcl in nacl solution 750-0.9 mg/150ml-% intravenous	1	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UT/100ML-%, 40-0.9 UT/100ML-%	3	
wes-phos 250 neutral oral tablet 155-852-130 mg	1	
zinc chloride intravenous solution 1 mg/ml	1	
zinc sulfate intravenous solution 1 mg/ml, 3 mg/ml, 5 mg/ml	1	
SALT AND SUGAR SUBSTITUTES		
sodium saccharin powder	1	
THIAZIDE DIURETICS - Drugs for Water Balance		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG (<i>quinapril-hydrochlorothiazide</i>)	3	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
ATACAND HCT ORAL TABLET 16-12.5 MG, 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	3	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	3	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
chlorothiazide sodium intravenous solution reconstituted 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	3	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan-chlorthalidone</i>)	3	ST
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	3	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
VASERETIC ORAL TABLET 10-25 MG (<i>enalapril-hydrochlorothiazide</i>)	3	
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	3	
THIAZIDE-LIKE DIURETICS - Drugs for Water Balance		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
TENORETIC 100 ORAL TABLET 100-25 MG (<i>atenolol-chlorthalidone</i>)	3	
TENORETIC 50 ORAL TABLET 50-25 MG (<i>atenolol-chlorthalidone</i>)	3	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	3	
URICOSURIC AGENTS		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
VASOPRESSIN ANTAGONISTS - Drugs for Water Balance		
SAMSCA ORAL TABLET 15 MG, 30 MG (<i>tolvaptan</i>)	3	PA; SP; QL (2 EA per 1 day)
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	1	PA; SP; QL (2 EA per 1 day)
ENZYMES		
ENZYMES		
ADZYNMA INTRAVENOUS KIT 1500 UNIT, 500 UNIT	3	PA; SP
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (<i>laronidase</i>)	2	PA; SP
AMPHADASE INJECTION SOLUTION 150 UNIT/ML (<i>hyaluronidase bovine</i>)	3	
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>imiglucerase</i>)	3	PA; SP
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
ELAPRASE INTRAVENOUS SOLUTION 6 MG/3ML (<i>idursulfase</i>)	2	PA; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED 200 UNIT (<i>taliglucerase alfa</i>)	3	PA; SP
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED 1.5 MG, 7.5 MG (<i>rasburicase</i>)	3	SP
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED 35 MG, 5 MG (<i>agalsidase beta</i>)	2	PA; SP
HYLENEX INJECTION SOLUTION 150 UNIT/ML (<i>hyaluronidase human</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYQVIA SUBCUTANEOUS KIT 10 GM/100ML, 2.5 GM/25ML, 20 GM/200ML, 30 GM/300ML, 5 GM/50ML (<i>immune globulin-hyaluronidase</i>)	3	PA; SP
KANUMA INTRAVENOUS SOLUTION 20 MG/10ML (<i>sebelipase alfa</i>)	3	PA; SP
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>alglucosidase alfa</i>)	3	PA; SP
MEPSEVII INTRAVENOUS SOLUTION 10 MG/5ML (<i>vestronidase alfa-vjbk</i>)	3	PA; SP
NAGLAZYME INTRAVENOUS SOLUTION 1 MG/ML (<i>galsulfase</i>)	2	PA; SP
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>avalglucosidase alfa-ngpt</i>)	3	PA; SP
POMBILITI INTRAVENOUS SOLUTION RECONSTITUTED 105 MG (<i>cipaglucosidase alfa-atga</i>)	3	PA; SP
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	2	PA; SP
RETAVASE HALF-KIT INTRAVENOUS KIT 1 X 10 UNIT (<i>reteplase</i>)	3	
RETAVASE INTRAVENOUS KIT 2 X 10 UNIT (<i>reteplase</i>)	3	
REVCIVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5ML (<i>elapegamase-lvir</i>)	3	PA; SP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	QL (3 GM per 1 day)
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML, 28 MG/0.7ML, 40 MG/ML, 80 MG/0.8ML (<i>asfotase alfa</i>)	2	PA; SP
SUCRAID ORAL SOLUTION 8500 UNIT/ML (<i>sacrosidase</i>)	3	PA; SP
TNKASE INTRAVENOUS KIT 50 MG (<i>tenecteplase</i>)	3	
VIMIZIM INTRAVENOUS SOLUTION 5 MG/5ML (<i>elosulfase alfa</i>)	3	PA; SP
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>glucarpidase</i>)	3	
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT (<i>velaglucerase alfa</i>)	3	PA; SP
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (<i>collagenase clostrid histolyt</i>)	2	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (<i>pancrelipase (lip-prot-amyl)</i>)	2	
EYE, EAR, NOSE AND THROAT (EENT) PREPS.		
ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye		
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.15 %, 0.2 %</i>	1	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	2	
ANTIALLERGIC AGENTS - Drugs for Allergy		
ALOMIDE OPHTHALMIC SOLUTION 0.1 % (<i>Iodoxamide tromethamine</i>)	3	
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	1	QL (2 ML per 1 day)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	QL (0.77 GM per 1 day)
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	1	ST
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	2	QL (0.77 GM per 1 day)
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	QL (1.02 GM per 1 day)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)
ANTIBACTERIALS (EENT) - Drugs for Infections		
AZASITE OPHTHALMIC SOLUTION 1 % (<i>azithromycin</i>)	3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % (<i>besifloxacin hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CETRAXAL OTIC SOLUTION 0.2 % (<i>ciprofloxacin hcl</i>)	3	ST
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	3	
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>levofloxacin ophthalmic solution 1.5 %</i>	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (<i>neomycin-polymyxin-dexameth</i>)	3	
MITOSOL OPHTHALMIC KIT 0.2 MG (<i>mitomycin</i>)	3	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	1	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION 5 MG/ML	3	
MOXIFLOXACIN HCL INTRAOCULAR SOLUTION PREFILLED SYRINGE 0.16 %	3	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % (<i>ofloxacin</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	3	SP; QL (224 EA per 40 days)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1	SP
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1	SP
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>tobramycin sulfate injection solution 1.2 gm/30ml, 10 mg/ml, 2 gm/50ml, 80 mg/2ml</i>	1	
<i>tobramycin sulfate injection solution reconstituted 1.2 gm</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
TOBEX OPHTHALMIC OINTMENT 0.3 % (<i>tobramycin</i>)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	3	
ANTIFUNGALS (EENT) - Drugs for Infections		
NATACYN OPHTHALMIC SUSPENSION 5 % (<i>natamycin</i>)	2	
ANTIVIRALS (EENT) - Drugs for Infections		
<i>trifluridine ophthalmic solution 1 %</i>	1	
ZIRGAN OPHTHALMIC GEL 0.15 % (<i>ganciclovir</i>)	3	
BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % (<i>timolol hemihydrate</i>)	3	
<i>brimonidine tartrate-timolol ophthalmic solution 0.2-0.5 %</i>	1	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	3	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ocudose ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	1	
CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>acetazolamide sodium injection solution reconstituted 500 mg</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	3	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % (<i>brinzolamide-brimonidine</i>)	2	
CORTICOSTEROIDS (EENT) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	QL (0.77 GM per 1 day)
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML (<i>neomycin-colist-hc-thonzonium</i>)	3	
DERMOTIC OTIC OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXYCU INTRAOCULAR SUSPENSION 9 % (<i>dexamethasone</i>)	3	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	2	QL (0.77 GM per 1 day)
EYSUVIS OPHTHALMIC SUSPENSION 0.25 % (<i>loteprednol etabonate</i>)	3	PA
<i>flac otic oil 0.01 %</i>	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone acetate</i>)	3	
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	1	QL (0.84 ML per 1 day)
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>fluticasone propionate nasal suspension 50 mcglact</i>	1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % (<i>fluorometholone</i>)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (<i>fluorometholone</i>)	3	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
INVELTYS OPHTHALMIC SUSPENSION 1 % (<i>loteprednol etabonate</i>)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (<i>loteprednol etabonate</i>)	3	
<i>loteprednol etabonate ophthalmic gel 0.5 %</i>	1	QL (20 GM per 365 days)
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (<i>dexamethasone</i>)	3	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (<i>neomycin-polymyxin-dexameth</i>)	3	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (<i>neomycin-polymyxin-dexameth</i>)	3	
<i>mometasone furoate nasal suspension 50 mcglact</i>	1	QL (1.14 GM per 1 day)
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (<i>ciclesonide</i>)	3	QL (0.42 GM per 1 day)
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (<i>prednisolone acetate</i>)	3	
<i>prednisolone acetate ophthalmic suspension 1 %</i>	1	
<i>prednisolone sodium phosphate ophthalmic solution 1 %</i>	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	QL (0.23 GM per 1 day)
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	QL (0.36 GM per 1 day)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (<i>tobramycin-dexamethasone</i>)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (<i>tobramycin-dexamethasone</i>)	3	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
TRIESENCE INTRAOCULAR SUSPENSION 40 MG/ML (<i>triamcinolone acetonide</i>)	3	
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (<i>ciclesonide</i>)	3	QL (0.21 GM per 1 day)
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (<i>loteprednol-tobramycin</i>)	3	
EENT ANTI-INFECTIVES, MISCELLANEOUS - Drugs for Infections		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (<i>povidone-iodine</i>)	3	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>perio gard mouth/throat solution 0.12 %</i>	1	
POVIDONE-IODINE OPHTHALMIC SOLUTION 5 %	3	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylonol</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	2	PA
RESTASIS OPHTHALMIC EMULSION 0.05 % (<i>cyclosporine</i>)	1	PA
XIIDRA OPHTHALMIC SOLUTION 5 % (<i>lifitegrast</i>)	2	PA
EENT DRUGS, MISCELLANEOUS		
<i>acetic acid otic solution 2 %</i>	1	
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE 9.6 MG/0.8ML (<i>sodium hyaluronate</i>)	3	
<i>apraclonidine hcl ophthalmic solution 0.5 %</i>	1	
AQUORAL MOUTH/THROAT SOLUTION (<i>artificial saliva</i>)	3	
BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE 2.75 MG/0.11ML	2	SP
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML	2	SP
BSS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	3	
BSS PLUS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	3	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % (<i>cysteamine hcl</i>)	3	SP; QL (0.72 ML per 1 day)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % (<i>cysteamine hcl</i>)	3	SP; QL (2.15 ML per 1 day)
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	3	PA; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	3	PA; SP
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	3	
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 5.5 MG/0.55ML, 8.5 MG/0.85ML (<i>sodium hyaluronate</i>)	3	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE 13.8 MG/0.6ML (<i>sodium hyaluronate</i>)	3	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % (<i>apraclonidine hcl</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IZERVAY INTRAVITREAL SOLUTION 2 MG/0.1ML (<i>avacincaptad pegol</i>)	3	PA; SP
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	3	
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (<i>perfluorohexyloctane</i>)	2	PA; QL (0.4 ML per 1 day)
OXERVATE OPHTHALMIC SOLUTION 0.002 % (<i>cenegermin-bkbj</i>)	3	PA; SP; QL (2 ML per 1 day)
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE 0.146 & 0.146-20 % (<i>riboflav5 & riboflav5-dextran</i>)	3	
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	3	PA; SP
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	3	PA; SP
SYFOVRE INTRAVITREAL SOLUTION 15 MG/0.1ML (<i>pegcetacoplan (ophthalmic)</i>)	3	PA; SP
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>teprotumumab-trbw</i>)	3	PA; SP
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (<i>varenicline tartrate</i>)	3	PA; QL (0.3 ML per 1 day)
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED 15 MG (<i>verteporfin</i>)	3	SP
EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % (<i>ketorolac tromethamine</i>)	3	
ACULAR OPHTHALMIC SOLUTION 0.5 % (<i>ketorolac tromethamine</i>)	3	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	QL (6.8 ML per 365 days)
<i>bromfenac sodium ophthalmic solution 0.07 %</i>	1	QL (12 ML per 365 days)
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 % (<i>phenylephrine-ketorolac</i>)	3	
TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION PREFILLED SYRINGE 1-1-2.5-0.5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOCAL ANESTHETICS (EENT) - Drugs for Numbing		
AKTEN OPHTHALMIC GEL 3.5 % (<i>lidocaine hcl</i>)	3	
ALCAINE OPHTHALMIC SOLUTION 0.5 % (<i>proparacaine hcl</i>)	3	
ALTACAIN OPHTHALMIC SOLUTION 0.5 % (<i>tetracaine hcl</i>)	3	
COCAINE HCL NASAL SOLUTION 40 MG/ML	3	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	3	
PRAMOTIC OTIC LIQUID 1-0.1 % (<i>pramoxine-chloroxylonol</i>)	3	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	1	
MIOTICS - Drugs for the Eye		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED 20 MG (<i>acetylcholine chloride</i>)	3	
MIOSTAT INTRAOCULAR SOLUTION 0.01 % (<i>carbachol</i>)	3	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
MYDRIATICS - Drugs for the Eye		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
<i>atropine sulfate injection solution 8 mg/20ml</i>	1	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1	
<i>atropine sulfate ophthalmic ointment 1 %</i>	1	
ATROPINE SULFATE OPHTHALMIC SOLUTION 0.025 %, 0.05 %	3	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % (<i>cyclopentolate hcl</i>)	3	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	
HOMATROPAIRE OPHTHALMIC SOLUTION 5 % (<i>homatropine hbr</i>)	3	
OMIDRIA INTRAOCULAR SOLUTION 1-0.3 % (<i>phenylephrine-ketorolac</i>)	3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION 1-2.5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION PREFILLED SYRINGE 1-1-2.5-0.5 %	3	
OSMOTIC AGENTS - Drugs for the Eye		
<i>mannitol intravenous solution 20 %, 25 %</i>	1	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	3	
PROSTAGLANDIN ANALOGS - Drugs for the Eye		
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	QL (0.1 ML per 1 day)
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % (<i>bimatoprost</i>)	2	QL (0.1 ML per 1 day)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	QL (0.1 ML per 1 day)
<i>tafluprost (pf) ophthalmic solution 0.0015 %</i>	1	QL (1 EA per 1 day)
<i>travoprost (bak free) ophthalmic solution 0.004 %</i>	1	QL (0.12 ML per 1 day)
XELPROS OPHTHALMIC EMULSION 0.005 % (<i>latanoprost</i>)	3	ST; QL (0.1 ML per 1 day)
RHO KINASE INHIBITORS - Drugs for the Eye		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (<i>netarsudil dimesylate</i>)	3	QL (0.1 ML per 1 day)
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (<i>netarsudil-latanoprost</i>)	3	QL (0.1 ML per 1 day)
VASCULAR ENDOTHELIAL GROWTH FACTOR ANTAG		
AVASTIN INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab</i>)	3	PA; SP
BEVACIZUMAB INTRAOCULAR SOLUTION PREFILLED SYRINGE 2.75 MG/0.11ML	2	SP
BEVACIZUMAB INTRAVITREAL SOLUTION PREFILLED SYRINGE 1.25 MG/0.05ML, 2 MG/0.08ML, 2.5 MG/0.1ML, 3 MG/0.12ML, 3.25 MG/0.13ML	2	SP
CIMERLI INTRAVITREAL SOLUTION 0.3 MG/0.05ML, 0.5 MG/0.05ML (<i>ranibizumab-eqrn</i>)	2	PA; SP
EYLEA HD INTRAVITREAL SOLUTION 8 MG/0.07ML (<i>aflibercept</i>)	3	PA; SP
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05ML (<i>aflibercept</i>)	3	PA; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE 2 MG/0.05ML (<i>aflibercept</i>)	3	PA; SP
MVASI INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-awwb</i>)	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	3	PA; SP
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION 10 MG/0.1ML (<i>ranibizumab</i>)	3	PA; SP
VABYSMO INTRAVITREAL SOLUTION 6 MG/0.05ML (<i>faricimab-svoa</i>)	3	PA; SP
ZIRABEV INTRAVENOUS SOLUTION 100 MG/4ML, 400 MG/16ML (<i>bevacizumab-bvzr</i>)	2	PA; SP
VASOCONSTRICTORS		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (<i>cyclopentolate-phenylephrine</i>)	3	
L.E.T. EXTERNAL GEL 4-0.05-0.5 % (<i>lido-epinephrine-tetracaine</i>)	3	
L.E.T. EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LIDOCAINE-PHENYLEPHRINE-BSS INTRAOCULAR SOLUTION PREFILLED SYRINGE 1-1.5 % (1ML)	3	
LIDO-EPINEPHRINE-TETRACAINE EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LIDO-RACEPINEPHRINE-TETRACAINE EXTERNAL GEL 4-0.05-0.5 %	3	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 % (<i>lido-epinephrine-tetracaine</i>)	3	
TOPICAL L.E.T. EXTERNAL GEL 4-0.09-0.5 %	3	
TROPICAMIDE-PHENYLEPHRINE OPHTHALMIC SOLUTION 1-2.5 %	3	
TROPIC-CYCLOPENT-PE-KETOROLAC OPHTHALMIC SOLUTION PREFILLED SYRINGE 1-1-2.5-0.5 %	3	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (<i>oxymetazoline hcl</i>)	3	PA
GASTROINTESTINAL DRUGS		
IMMUNOMODULATORY AGENT		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	3	PA; SP
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	3	PA; SP; QL (0.05 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (<i>mirikizumab-mrkz</i>)	3	PA; SP; QL (45 ML per 365 days)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	3	PA; SP; QL (0.08 ML per 1 day)
OMVOH SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mirikizumab-mrkz</i>)	3	PA; SP; QL (0.08 ML per 1 day)
GASTROINTESTINAL DRUGS - Drugs for the Stomach		
5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	3	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	3	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (<i>fosnetupitant-palonosetron</i>)	3	
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	3	QL (0.07 EA per 1 day)
ANZEMET ORAL TABLET 50 MG (<i>dolasetron mesylate</i>)	3	QL (0.07 EA per 1 day)
<i>granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml</i>	1	
<i>granisetron hcl oral tablet 1 mg</i>	1	QL (0.14 EA per 1 day)
<i>ondansetron hcl injection solution 4 mg/2ml, 40 mg/20ml</i>	1	
<i>ondansetron hcl injection solution prefilled syringe 4 mg/2ml</i>	1	
<i>ondansetron hcl oral solution 4 mg/5ml</i>	1	QL (4 ML per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	1	QL (0.07 EA per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	1	
<i>ondansetron odt oral tablet dispersible 4 mg, 8 mg</i>	1	
<i>palonosetron hcl intravenous solution 0.25 mg/2ml, 0.25 mg/5ml</i>	1	
<i>palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml</i>	1	
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE 10 MG/0.4ML (<i>granisetron</i>)	3	QL (0.03 ML per 1 day)
ANTIDIARRHEA AGENTS - Drugs for Diarrhea		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	
<i>bismuth/metronidazl/tetracyclin oral capsule 140-125-125 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
LOMOTIL ORAL TABLET 2.5-0.025 MG (<i>diphenoxylate-atropine</i>)	3	
<i>loperamide hcl oral capsule 2 mg</i>	1	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG (<i>crofelemer</i>)	3	QL (2 EA per 1 day)
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
RESTORA RX ORAL CAPSULE 60-1.25 MG (<i>lactobacillus casei-folic acid</i>)	3	
XERMELO ORAL TABLET 250 MG (<i>telotristat etiprate</i>)	3	PA; SP; QL (3 EA per 1 day)
ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea		
BARHEMSYS INTRAVENOUS SOLUTION 10 MG/4ML, 5 MG/2ML (<i>amisulpride (antiemetic)</i>)	3	
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA; QL (2 EA per 1 day)
MARINOL ORAL CAPSULE 2.5 MG (<i>dronabinol</i>)	3	PA; QL (2 EA per 1 day)
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	3	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
SYNDROS ORAL SOLUTION 5 MG/ML (<i>dronabinol</i>)	3	PA; QL (4 ML per 1 day)
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR 1 MG/3DAYS (<i>scopolamine base</i>)	3	
ANTIHISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea		
ANTIVERT ORAL TABLET 50 MG (<i>meclizine hcl</i>)	3	
ANTIVERT ORAL TABLET CHEWABLE 25 MG (<i>meclizine hcl</i>)	3	
BONJESTA ORAL TABLET EXTENDED RELEASE 20-20 MG (<i>doxylamine-pyridoxine</i>)	3	PA; QL (2 EA per 1 day)
<i>compro rectal suppository 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DICLEGIS ORAL TABLET DELAYED RELEASE 10-10 MG (<i>doxylamine-pyridoxine</i>)	3	PA; QL (4 EA per 1 day)
<i>dimenhydrinate injection solution 50 mg/ml</i>	1	
<i>doxylamine-pyridoxine oral tablet delayed release 10-10 mg</i>	1	PA; QL (4 EA per 1 day)
<i>meclizine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>prochlorperazine edisylate injection solution 10 mg/2ml</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (<i>trimethobenzamide hcl</i>)	3	
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	PA
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM (<i>mesalamine</i>)	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
<i>balsalazide disodium oral capsule 750 mg</i>	1	
COLAZAL ORAL CAPSULE 750 MG (<i>balsalazide disodium</i>)	3	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (<i>alosetron hcl</i>)	3	PA
<i>mesalamine er oral capsule extended release 500 mg</i>	1	
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm, 800 mg</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	
<i>mesalamine-cleanser rectal kit 4 gm</i>	1	
ROWASA RECTAL KIT 4 GM (<i>mesalamine-cleanser</i>)	3	
SFROWASA RECTAL ENEMA 4 GM/60ML (<i>mesalamine</i>)	2	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bismuth/metronidazole/tetracycline oral capsule 140-125-125 mg	1	
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	
PYLERA ORAL CAPSULE 140-125-125 MG (<i>bis subcit-metronid-tetracyc</i>)	3	
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (<i>amoxicill-rifabutin-omeprazole</i>)	3	
ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet chewable 125 mg, 250 mg	1	
clarithromycin er oral tablet extended release 24 hour 500 mg	1	
clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
FLAGYL ORAL CAPSULE 375 MG (<i>metronidazole</i>)	3	
metronidazole intravenous solution 500 mg/100ml	1	
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
tetracycline hcl oral capsule 250 mg, 500 mg	1	
CATHARTICS AND LAXATIVES - Drugs for Constipation		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acid</i>)	3	
gavilyte-c oral solution reconstituted 240 gm	1	HCR
gavilyte-g oral solution reconstituted 236 gm	1	HCR
mineral oil heavy oral oil	1	
na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml	1	HCR
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	1	HCR
peg-3350/electrolytes oral solution reconstituted 236 gm	1	HCR
peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm	1	
PEG-PREP ORAL KIT 5-210 MG-GM (bisacodyl-peg-kcl-nabicar-nacl)	3	
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM (peg 3350-kcl-nacl-nasulf-mgsul)	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML (na sulfate-k sulfate-mg sulf)	3	
SUTAB ORAL TABLET 1479-225-188 MG (sodium sulfate-mag sulfate-kcl)	3	
CHOLELITHOLYTIC AGENTS - Drugs for the Stomach		
CHENODAL ORAL TABLET 250 MG (chenodiol)	3	PA; SP
URSO 250 ORAL TABLET 250 MG (ursodiol)	3	
URSO FORTE ORAL TABLET 500 MG (ursodiol)	3	
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
DIGESTANTS - Drugs for the Stomach		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (pancrelipase (lip-prot-amyl))	2	
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (pancrelipase (lip-prot-amyl))	2	
GI DRUGS, MISCELLANEOUS - Drugs for the Stomach		
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	PA; SP; QL (0.15 EA per 1 day)
alvimopan oral capsule 12 mg	1	
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (adalimumab-atto)	2	PA; SP; QL (0.12 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (adalimumab-atto)	2	PA; SP; QL (0.12 EA per 1 day)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (adalimumab-atto)	2	PA; SP; QL (0.02 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 EA per 1 day)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	2	PA; SP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG, 600 MCG (<i>odevixibat</i>)	3	PA; SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG (<i>odevixibat</i>)	3	PA; SP
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (<i>cholic acid</i>)	3	PA; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SP; QL (3 EA per 365 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML (<i>adalimumab-adbm</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	2	PA; SP; QL (0.15 EA per 1 day)
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (<i>vedolizumab</i>)	3	PA; SP
ENTYVIO SUBCUTANEOUS SOLUTION PEN-INJECTOR 108 MG/0.68ML (<i>vedolizumab</i>)	3	PA; SP; QL (0.05 ML per 1 day)
GATTEX SUBCUTANEOUS KIT 5 MG (<i>teduglutide (rdna)</i>)	3	PA; SP
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SP; QL (2 EA per 365 days)
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (3 EA per 365 days)
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PSORIASIS/UEVIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SP; QL (3 EA per 365 days)
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	2	PA; SP; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML (<i>adalimumab-adaz</i>)	2	PA; SP; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	2	PA; SP; QL (1.2 ML per 365 days)
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	2	PA; SP; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	2	PA; SP; QL (1.6 ML per 365 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	2	PA; SP
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	2	ST; QL (1 EA per 1 day)
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride succinate</i>)	3	ST; QL (1 EA per 1 day)
OCALIVA ORAL TABLET 10 MG, 5 MG (<i>obeticholic acid</i>)	3	PA; SP; QL (1 EA per 1 day)
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA; SP
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA; SP
OMVOH INTRAVENOUS SOLUTION 300 MG/15ML (<i>mirikizumab-mrkz</i>)	3	PA; SP; QL (45 ML per 365 days)
OMVOH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mirikizumab-mrkz</i>)	3	PA; SP; QL (0.08 ML per 1 day)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SKYRIZI INTRAVENOUS SOLUTION 600 MG/10ML (<i>risankizumab-rzaa</i>)	2	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML (<i>risankizumab-rzaa</i>)	2	PA; SP; QL (0.03 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML (<i>risankizumab-rzaa</i>)	2	PA; SP; QL (0.05 ML per 1 day)
STELARA INTRAVENOUS SOLUTION 130 MG/26ML (<i>ustekinumab</i>)	2	PA; SP
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine tosylate</i>)	2	ST; QL (1 EA per 1 day)
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	3	PA; QL (2 EA per 1 day)
HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid		
<i>cimetidine hcl oral solution 300 mg/5ml</i>	1	
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine (pf) intravenous solution 20 mg/2ml</i>	1	
<i>famotidine intravenous solution 200 mg/20ml, 40 mg/4ml</i>	1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>famotidine oral tablet 20 mg, 40 mg</i>	1	
<i>famotidine premixed intravenous solution 20-0.9 mg/50ml-%</i>	1	
<i>nizatidine oral capsule 150 mg, 300 mg</i>	1	
LIPOTROPIC AGENTS - Drugs for the Stomach		
LIPO INTRAMUSCULAR SOLUTION 50-50-25 MG/ML	3	
LIPO-C INTRAMUSCULAR SOLUTION	3	
NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea		
AKYNZEO (READY-TO-USE) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	3	
AKYNZEO (TO-BE-DILUTED) INTRAVENOUS SOLUTION 235-0.25 MG/20ML (<i>fosnetupitant-palonosetron</i>)	3	
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED 235-0.25 MG (<i>fosnetupitant-palonosetron</i>)	3	
AKYNZEO ORAL CAPSULE 300-0.5 MG (<i>netupitant-palonosetron</i>)	3	QL (0.07 EA per 1 day)
APONVIE INTRAVENOUS EMULSION 32 MG/4.4ML (<i>aprepitant</i>)	3	
<i>aprepitant oral 80 & 125 mg</i>	1	QL (6 EA per 30 days)
<i>aprepitant oral capsule 125 mg</i>	1	QL (2 EA per 30 days)
<i>aprepitant oral capsule 40 mg</i>	1	QL (1 EA per 30 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	1	QL (6 EA per 30 days)
<i>aprepitant oral capsule 80 mg</i>	1	QL (4 EA per 30 days)
CINVANTI INTRAVENOUS EMULSION 130 MG/18ML (<i>aprepitant</i>)	3	
EMEND INTRAVENOUS SOLUTION RECONSTITUTED 150 MG (<i>fosaprepitant dimeglumine</i>)	3	
EMEND ORAL CAPSULE 80 MG (<i>aprepitant</i>)	3	QL (4 EA per 30 days)
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML (<i>aprepitant</i>)	3	QL (0.1 EA per 1 day)
EMEND TRI-PACK ORAL CAPSULE 80 & 125 MG (<i>aprepitant</i>)	3	QL (6 EA per 30 days)
<i>fosaprepitant dimeglumine intravenous solution reconstituted 150 mg</i>	1	
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK 2 X 90 MG (<i>rolapitant hcl</i>)	3	QL (0.15 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POTASSIUM-COMPETITIVE ACID BLOCKERS - Drugs for Ulcers and Stomach Acid		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (<i>amoxicillin-vonoprazan</i>)	3	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA
PROKINETIC AGENTS - Drugs for the Stomach		
<i>metoclopramide hcl injection solution 5 mg/ml</i>	1	
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	1	
REGLAN ORAL TABLET 10 MG, 5 MG (<i>metoclopramide hcl</i>)	3	
PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (<i>misoprostol</i>)	3	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
PROTECTANTS - Drugs for Ulcers and Stomach Acid		
CARAFATE ORAL SUSPENSION 1 GM/10ML (<i>sucralfate</i>)	3	
<i>sucralfate oral suspension 1 gm/10ml</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	
PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 & 500 & 30 mg</i>	1	
<i>dexlansoprazole oral capsule delayed release 30 mg, 60 mg</i>	1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral capsule delayed release 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
<i>esomeprazole sodium intravenous solution reconstituted 40 mg</i>	1	QL (2 EA per 1 day)
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML (<i>lansoprazole</i>)	3	ST
FIRST-OMEPRAZOLE ORAL SUSPENSION 2 MG/ML (<i>omeprazole</i>)	3	ST
<i>lansoprazole oral capsule delayed release 15 mg, 30 mg</i>	1	QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	1	QL (2 EA per 1 day)
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>esomeprazole sodium</i>)	3	
NEXIUM ORAL PACKET 10 MG, 2.5 MG, 20 MG, 40 MG, 5 MG (<i>esomeprazole magnesium</i>)	3	QL (1 EA per 1 day)
OMECLAMOX-PAK ORAL 500-500-20 MG (<i>amoxicillin-clarithro-omeprazole</i>)	2	
<i>omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (<i>omeprazole</i>)	3	ST
<i>pantoprazole sodium intravenous solution reconstituted 40 mg</i>	1	QL (2 EA per 1 day)
<i>pantoprazole sodium oral packet 40 mg</i>	1	QL (2 EA per 1 day)
<i>pantoprazole sodium oral tablet delayed release 20 mg, 40 mg</i>	1	QL (2 EA per 1 day)
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>pantoprazole sodium</i>)	3	
PROTONIX ORAL PACKET 40 MG (<i>pantoprazole sodium</i>)	3	ST; QL (1 EA per 1 day)
<i>rabeprazole sodium oral tablet delayed release 20 mg</i>	1	QL (2 EA per 1 day)
GOLD COMPOUNDS		
GOLD COMPOUNDS		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	3	SP
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	3	
<i>deferasirox granules oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral packet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	1	PA
<i>deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg</i>	1	PA
<i>deferiprone oral tablet 1000 mg, 500 mg</i>	1	PA
<i>deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg</i>	1	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	2	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 1 GM/5ML	3	
EDETATE DISODIUM INTRAVENOUS SOLUTION 150 MG/ML	3	
EXJADE ORAL TABLET SOLUBLE 125 MG, 250 MG, 500 MG (<i>deferasirox</i>)	3	PA
FERRIPROX ORAL SOLUTION 100 MG/ML (<i>deferiprone</i>)	3	PA
FERRIPROX ORAL TABLET 1000 MG, 500 MG (<i>deferiprone</i>)	3	PA
JADENU SPRINKLE ORAL PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	3	PA
NITHIODOLE INTRAVENOUS KIT 300MG/10ML&12.5 GM/50ML (<i>sodium nitrite-sod thiosulfate</i>)	3	
<i>penicillamine oral tablet 250 mg</i>	1	SP
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION 200 MG/ML	3	
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION 200 MG/ML	3	
<i>sodium nitrite intravenous solution 30 mg/ml</i>	1	
<i>sodium thiosulfate intravenous solution 250 mg/ml</i>	1	
<i>trientine hcl oral capsule 250 mg, 500 mg</i>	1	PA; SP
HORMONES AND SYNTHETIC SUBSTITUTES		
MELANOCORTIN RECEPTOR ANTAGONISTS		
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	3	PA; SP
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML (<i>bremelanotide acetate</i>)	3	PA; QL (8 ML per 30 days)
HORMONES AND SYNTHETIC SUBSTITUTES - Hormones		
ADRENALS - Hormones		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT (<i>fluticasone-salmeterol</i>)	2	QL (0.4 GM per 1 day)
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)
<i>betamethasone sod phos & acet injection suspension 6 (3-3) mg/ml</i>	1	
BETAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 12 MG/2ML, 6 MG/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT, 50-25 MCG/INH (<i>fluticasone furoate-vilanterol</i>)	2	QL (2 EA per 1 day)
<i>breyna inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	1	QL (0.35 GM per 1 day)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (<i>budeson-glycopyrrol-formoterol</i>)	2	QL (0.36 GM per 1 day)
<i>budesonide er oral tablet extended release 24 hour 9 mg</i>	1	
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	QL (4 ML per 1 day)
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
<i>budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/lact, 80-4.5 mcg/lact</i>	1	QL (0.35 GM per 1 day)
CELESTONE SOLUSPAN INJECTION SUSPENSION 6 (3-3) MG/ML (<i>betamethasone sod phos & acet</i>)	3	
DEPO-MEDROL INJECTION SUSPENSION 20 MG/ML, 40 MG/ML, 80 MG/ML (<i>methylprednisolone acetate</i>)	3	
DEXAMETHASONE (LA) INJECTION SUSPENSION 16 MG/ML, 8 MG/ML	3	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	1	
DEXAMETHASONE SOD PHOS-NACL INTRAVENOUS SOLUTION 6-0.9 MG/25ML-%	3	
<i>dexamethasone sod phosphate pf injection solution 10 mg/ml</i>	1	
<i>dexamethasone sod phosphate pf injection solution prefilled syringe 10 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml, 4 mg/ml</i>	1	
<i>dexamethasone sodium phosphate injection solution prefilled syringe 4 mg/ml</i>	1	
DEXAMETHASONE SODIUM PHOSPHATE SOLUTION 10 MG/ML INJECTION	3	
<i>dexamethasone sodium phosphate solution 10 mg/ml injection</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEXONTO 0.4% IONTOPHORESIS SOLUTION 20 MG/5ML (<i>dexamethasone sodium phosphate</i>)	3	
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>flunisolide nasal solution 25 mcglact (0.025%)</i>	1	QL (0.84 ML per 1 day)
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>fluticasone propionate nasal suspension 50 mcglact</i>	1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	1	ST; QL (2 EA per 1 day)
HEXATRIONE INTRA-ARTICULAR SUSPENSION 20 MG/ML (<i>triamcinolone hexacetonide</i>)	3	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
INTRAROSA VAGINAL INSERT 6.5 MG (<i>prasterone</i>)	3	ST
KENALOG INJECTION SUSPENSION 10 MG/ML (<i>triamcinolone acetonide</i>)	3	
KENALOG-80 INJECTION SUSPENSION 80 MG/ML (<i>triamcinolone acetonide</i>)	3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (<i>methylprednisolone</i>)	3	
MEDROL ORAL TABLET 2 MG (<i>methylprednisolone</i>)	2	
MEDROL ORAL TABLET THERAPY PACK 4 MG (<i>methylprednisolone</i>)	3	
METHYLPREDNISOLONE ACETATE INJECTION SUSPENSION 50 MG/ML	3	
<i>methylprednisolone acetate suspension 40 mg/ml injection</i>	1	
METHYLPREDNISOLONE ACETATE SUSPENSION 40 MG/ML INJECTION	3	
<i>methylprednisolone acetate suspension 80 mg/ml injection</i>	1	
METHYLPREDNISOLONE ACETATE SUSPENSION 80 MG/ML INJECTION	3	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>methylprednisolone sodium succ injection solution reconstituted 1000 mg, 125 mg, 40 mg, 500 mg</i>	1	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML, 80-5 MG/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mometasone furoate nasal suspension 50 mcg/lact	1	QL (1.14 GM per 1 day)
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG (prednisolone sodium phosphate)	3	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML (prednisolone sodium phosphate)	3	
prednisolone oral solution 15 mg/5ml	1	
prednisolone sodium phosphate oral solution 10 mg/5ml, 15 mg/5ml, 20 mg/5ml, 25 mg/5ml, 6.7 (5 base) mg/5ml	1	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	1	
prednisone oral solution 5 mg/5ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	1	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (beclomethasone diprop hfa)	2	QL (0.71 GM per 1 day)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	3	QL (1 GM per 1 day)
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED 100 MG, 1000 MG, 250 MG, 500 MG (hydrocortisone sod succinate)	3	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED 1000 MG, 125 MG, 40 MG, 500 MG (methylprednisolone sodium succ)	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED 1000 MG, 2 GM, 500 MG (methylprednisolone sodium succ)	3	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT, 80-4.5 MCG/ACT (budesonide-formoterol fumarate)	3	QL (0.35 GM per 1 day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (fluticasone-umeclidin-vilant)	2	QL (2 EA per 1 day)
triamcinolone acetonide suspension 40 mg/ml injection	1	
TRIAMCINOLONE ACETONIDE SUSPENSION 40 MG/ML INJECTION	3	
TRIAMCINOLONE DIACETATE INJECTION SUSPENSION 80 MG/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIAMCINOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML	3	
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcglact, 250-50 mcglact, 500-50 mcglact</i>	1	ST; QL (2 EA per 1 day)
ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
AMYLINOMIMETICS - Drugs for Diabetes		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (<i>pramlintide acetate</i>)	3	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (<i>pramlintide acetate</i>)	3	PA
ANDROGENS - Hormones		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR (<i>testosterone</i>)	2	PA
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
METHITEST ORAL TABLET 10 MG	3	PA
<i>methyltestosterone oral capsule 10 mg</i>	1	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	PA
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	PA
TESTOSTERONE IMPLANT PELLETT 37.5 MG, 87.5 MG	3	PA
<i>testosterone transdermal gel 1.62 %, 10 mg/lact (2%), 12.5 mg/lact (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/lact (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	1	PA
<i>testosterone transdermal solution 30 mg/lact</i>	1	PA
ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes		
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
CYCLOSET ORAL TABLET 0.8 MG (<i>bromocriptine mesylate</i>)	3	ST
KORLYM ORAL TABLET 300 MG (<i>mifepristone</i>)	3	PA; SP; QL (4 EA per 1 day)
<i>mifepristone oral tablet 300 mg</i>	1	PA; SP; QL (4 EA per 1 day)
ANTIESTROGENS - Drugs for Women		
<i>anastrozole oral tablet 1 mg</i>	1	HCR
AROMASIN ORAL TABLET 25 MG (<i>exemestane</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>exemestane oral tablet 25 mg</i>	1	HCR
FEMARA ORAL TABLET 2.5 MG (<i>letrozole</i>)	3	
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG (<i>ribociclib-letrozole</i>)	3	PA; SP
<i>letrozole oral tablet 2.5 mg</i>	1	
ANTIGONADTROPINS - Hormones		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL (<i>degarelix acetate</i>)	3	PA; SP; QL (2 EA per 365 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG (<i>degarelix acetate</i>)	3	PA; SP; QL (0.036 EA per 1 day)
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	2	PA; QL (1 EA per 1 day)
ORGOVYX ORAL TABLET 120 MG (<i>relugolix</i>)	3	PA; SP
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 EA per 1 day)
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	2	QL (1 EA per 1 day)
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	2	QL (2 EA per 1 day)
ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones		
<i>diazoxide oral suspension 50 mg/ml</i>	1	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (<i>diazoxide</i>)	3	
ANTIPARATHYROID AGENTS - Drugs for Bones		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	1	QL (0.13 ML per 1 day)
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (<i>calcitonin (salmon)</i>)	3	
PARSABIV INTRAVENOUS SOLUTION 10 MG/2ML, 2.5 MG/0.5ML, 5 MG/ML (<i>etelcalcetide hcl</i>)	3	SP
ANTITHYROID AGENTS - Drugs for the Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
SODIUM IODIDE I-131 ORAL SOLUTION 1000 MCI/ML	3	
BIGUANIDES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (sitagliptin-metformin hcl)	2	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (sitagliptin-metformin hcl)	2	ST
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin-metformin hcl)	2	ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (linagliptin-metformin hcl)	2	ST
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	1	
metformin hcl oral solution 500 mg/5ml	1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	1	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	1	
RIOMET ORAL SOLUTION 500 MG/5ML (metformin hcl)	3	ST
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	1	ST
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (empagliflozin-metformin hcl)	2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (empagliflozin-metformin hcl)	2	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (empagliflozin-linaglip-metform)	2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (dapagliflozin prop-metformin)	2	
CONTRACEPTIVES - Drugs for Women		
afirmelle oral tablet 0.1-20 mg-mcg	1	HCR
altavera oral tablet 0.15-30 mg-mcg	1	HCR
alyacen 1/35 oral tablet 1-35 mg-mcg	1	HCR
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	HCR
amethyst oral tablet 90-20 mcg	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	HCR
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	HCR
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	3	HCR
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	HCR
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	HCR
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	HCR
<i>camila oral tablet 0.35 mg</i>	1	HCR
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	HCR
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>cryelle-28 oral tablet 0.3-30 mg-mcg</i>	1	HCR
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	1	HCR
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	HCR
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>deblitane oral tablet 0.35 mg</i>	1	HCR
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>dolishale oral tablet 90-20 mcg</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	HCR
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	HCR
<i>elimest oral tablet 0.3-30 mg-mcg</i>	1	HCR
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	3	HCR
<i>emzahh oral tablet 0.35 mg</i>	1	HCR
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	HCR
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>errin oral tablet 0.35 mg</i>	1	HCR
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	HCR
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	HCR
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	HCR
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	HCR
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>heather oral tablet 0.35 mg</i>	1	HCR
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>incassia oral tablet 0.35 mg</i>	1	HCR
<i>introvale oral tablet 0.15-0.03 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>jasmiel oral tablet 3-0.02 mg</i>	1	HCR
<i>jencycla oral tablet 0.35 mg</i>	1	HCR
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	HCR
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>june fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	HCR
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	HCR
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	HCR
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	HCR
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	HCR
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	HCR
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	HCR
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	HCR
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	HCR
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	HCR
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	HCR
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	HCR
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	3	HCR
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>loryna oral tablet 3-0.02 mg</i>	1	HCR
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	HCR
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	HCR
<i>lutra oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>lyleq oral tablet 0.35 mg</i>	1	HCR
<i>lyza oral tablet 0.35 mg</i>	1	HCR
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	HCR
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	HCR
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	HCR
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	HCR
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	2	HCR
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	HCR
<i>nikki oral tablet 3-0.02 mg</i>	1	HCR
<i>nora-be oral tablet 0.35 mg</i>	1	HCR
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	HCR
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	HCR
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	HCR
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	HCR
<i>norethindrone oral tablet 0.35 mg</i>	1	HCR
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	HCR
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	HCR
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>norlyroc oral tablet 0.35 mg</i>	1	HCR
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	HCR
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	HCR
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	HCR
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	HCR
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	HCR
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>ocella oral tablet 3-0.03 mg</i>	1	HCR
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	HCR
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	HCR; QL (1 EA per 1 day)
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>sharobel oral tablet 0.35 mg</i>	1	HCR
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>simpesse oral tablet 0.15-0.03 &0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>syeda oral tablet 3-0.03 mg</i>	1	HCR
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	HCR
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	HCR
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	HCR
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	3	ST; HCR
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	HCR
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	HCR
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	HCR
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	3	HCR
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	HCR
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	HCR
<i>vestura oral tablet 3-0.02 mg</i>	1	HCR
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	HCR
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	HCR
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	HCR
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	HCR
<i>zumandimine oral tablet 3-0.03 mg</i>	1	HCR
DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (<i>sitagliptin-metformin hcl</i>)	2	ST
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG, 50-1000 MG, 50-500 MG (<i>sitagliptin- metformin hcl</i>)	2	ST
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (<i>sitagliptin phosphate</i>)	2	ST
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5- 850 MG (<i>linagliptin-metformin hcl</i>)	2	ST
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (<i>linagliptin-metformin hcl</i>)	2	ST
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	1	ST
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg</i>	1	ST
TRADJENTA ORAL TABLET 5 MG (<i>linagliptin</i>)	2	ST
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5- 2.5-1000 MG (<i>empagliflozin-linaglip-metform</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women		
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	2	
EVISTA ORAL TABLET 60 MG (<i>raloxifene hcl</i>)	3	
FARESTON ORAL TABLET 60 MG (<i>toremifene citrate</i>)	3	
OSPHENA ORAL TABLET 60 MG (<i>ospemifene</i>)	3	
<i>raloxifene hcl oral tablet 60 mg</i>	1	HCR
SOLTAMOX ORAL SOLUTION 10 MG/5ML (<i>tamoxifen citrate</i>)	3	HCR
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	HCR
<i>toremifene citrate oral tablet 60 mg</i>	1	
ESTROGENS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	3	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	HCR
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	ST
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	HCR
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	HCR
<i>amabelz oral tablet 0.5-0.1 mg</i>	1	
<i>amethyst oral tablet 90-20 mcg</i>	1	HCR
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	3	
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	HCR
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>abra eq oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	HCR
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
azurette oral tablet 0.15-0.02/0.01 mg (21/5)	1	HCR
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (levonorgest-eth estrad-fe bisg)	3	HCR
balziva oral tablet 0.4-35 mg-mcg	1	HCR
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (estradiol-progesterone)	3	
blisovi 24 fe oral tablet 1-20 mg-mcg(24)	1	HCR
blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg	1	HCR
blisovi fe 1/20 oral tablet 1-20 mg-mcg	1	HCR
briellyn oral tablet 0.4-35 mg-mcg	1	HCR
camrese lo oral tablet 0.1-0.02 & 0.01 mg	1	HCR; QL (1 EA per 1 day)
camrese oral tablet 0.15-0.03 & 0.01 mg	1	HCR; QL (1 EA per 1 day)
charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)	1	HCR
chateal eq oral tablet 0.15-30 mg-mcg	1	HCR
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (estradiol-levonorgestrel)	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (estradiol-norethindrone acet)	3	
cryselle-28 oral tablet 0.3-30 mg-mcg	1	HCR
cyred eq oral tablet 0.15-30 mg-mcg	1	HCR
dasetta 1/35 oral tablet 1-35 mg-mcg	1	HCR
dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	1	HCR
daysee oral tablet 0.15-0.03 & 0.01 mg	1	HCR; QL (1 EA per 1 day)
delyla oral tablet 0.1-20 mg-mcg	1	HCR
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (estradiol cypionate)	3	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	1	HCR
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (estradiol)	3	
dolishale oral tablet 90-20 mcg	1	HCR
dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	HCR
DUAVEE ORAL TABLET 0.45-20 MG (<i>conj estrogens-bazedoxifene</i>)	2	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	3	
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	HCR
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	HCR
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 0.75 mg/1.25 gm (0.06%), 1 mg/gm, 1.25 mg/1.25gm</i>	1	
<i>estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (<i>estradiol</i>)	3	QL (0.012 EA per 1 day)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (<i>estradiol</i>)	3	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	HCR
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (<i>estradiol</i>)	3	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	HCR
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (<i>estradiol acetate</i>)	3	ST; QL (0.012 EA per 1 day)
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	HCR
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	HCR
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	HCR
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	HCR; QL (1 EA per 1 day)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	2	
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG (<i>estradiol</i>)	2	
<i>introvale oral tablet 0.15-0.03 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>jasmiel oral tablet 3-0.02 mg</i>	1	HCR
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	HCR
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	HCR
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	HCR
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	HCR
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	HCR
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	HCR
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	HCR
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	HCR
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	HCR
<i>levonorgest-eth est & eth est oral tablet 42-21-21-7 days</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 & 0.01 mg, 0.15-0.03 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	HCR
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	HCR
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	HCR
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	HCR
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (<i>norethin-eth estrad-fe biphas</i>)	3	HCR
<i>lojaimiess oral tablet 0.1-0.02 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>loryna oral tablet 3-0.02 mg</i>	1	HCR
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	HCR
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	HCR
<i>lutera oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	HCR
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (<i>esterified estrogens</i>)	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (<i>estradiol</i>)	3	ST
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	HCR
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	HCR
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	HCR
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>mimvey oral tablet 1-0.5 mg</i>	1	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	ST
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	2	PA; QL (1 EA per 1 day)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	2	HCR
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	HCR
<i>nikki oral tablet 3-0.02 mg</i>	1	HCR
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	HCR
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	HCR
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	HCR
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	HCR
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	HCR
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	HCR
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	HCR
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	HCR
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	HCR
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	HCR
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	HCR
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	HCR
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>ocella oral tablet 3-0.03 mg</i>	1	HCR
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 EA per 1 day)
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	HCR
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	HCR
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG (<i>estrogens conjugated</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens conjugated</i>)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (<i>estrogens, conjugated</i>)	2	
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrogen-medroxyprogesterone</i>)	2	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	HCR; QL (1 EA per 1 day)
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>syeda oral tablet 3-0.03 mg</i>	1	HCR
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	HCR
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	HCR
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	HCR
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	3	ST; HCR
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	HCR
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	HCR
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	HCR
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	3	HCR
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	HCR
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	HCR
<i>vestura oral tablet 3-0.02 mg</i>	1	HCR
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	HCR
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	HCR
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	HCR
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	HCR
<i>zumandimine oral tablet 3-0.03 mg</i>	1	HCR
GLYCOGENOLYTIC AGENTS - Hormones		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
<i>glucagon emergency kit injection kit 1 mg</i>	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO- INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	
GONADOTROPINS - Hormones		
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate</i> (3 month))	3	PA; SP; QL (0.012 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate</i> (4 month))	3	PA; SP; QL (0.009 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate</i> (6 month))	3	PA; SP; QL (0.006 EA per 1 day)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; SP; QL (0.036 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT 45 MG <i>(leuprolide acetate (6 month))</i>	3	PA; SP; QL (0.006 EA per 1 day)
LEUPROLIDE ACETATE (3 MONTH) INTRAMUSCULAR INJECTABLE 22.5 MG <i>leuprolide acetate injection kit 1 mg/0.2ml</i>	3	PA; SP; QL (0.012 EA per 1 day)
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION 25-5 MG/ML	1	PA; SP
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION 25-5 MG/ML	3	
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG <i>(leuprolide acetate)</i>	3	PA; SP
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG <i>(leuprolide acetate)</i>	2	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG <i>(leuprolide acetate (3 month))</i>	3	PA; SP
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 22.5 MG <i>(leuprolide acetate (3 month))</i>	2	PA; SP
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30MG INTRAMUSCULAR KIT 30 MG <i>(leuprolide acetate (4 month))</i>	2	PA; SP
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45MG INTRAMUSCULAR KIT 45 MG <i>(leuprolide acetate (6 month))</i>	2	PA; SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG <i>(leuprolide acetate)</i>	3	PA; SP
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 15 MG, 7.5 MG <i>(leuprolide acetate)</i>	2	PA; SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG <i>(leuprolide acetate (3 month))</i>	3	PA; SP
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG <i>(leuprolide acetate (3 month))</i>	2	PA; SP
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT 45 MG <i>(leuprolide acetate (6 month))</i>	3	PA; SP
SUPPRELIN LA SUBCUTANEOUS KIT 50 MG <i>(histrelin acetate)</i>	2	PA; SP; QL (1 EA per 250 days)
SYNAREL NASAL SOLUTION 2 MG/ML <i>(nafarelin acetate)</i>	2	
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG <i>(triptorelin pamoate)</i>	3	PA; SP; QL (0.012 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG <i>(triptorelin pamoate)</i>	3	PA; SP; QL (0.006 EA per 1 day)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG <i>(triptorelin pamoate)</i>	3	PA; SP; QL (0.036 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 22.5 MG (<i>triptorelin pamoate</i>)	3	PA; SP; QL (0.006 EA per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (<i>goserelin acetate</i>)	3	SP; QL (0.012 EA per 1 day)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (<i>goserelin acetate</i>)	2	SP; QL (0.036 EA per 1 day)
INCRETIN MIMETICS - Drugs for Diabetes		
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML (<i>exenatide</i>)	2	PA; QL (0.15 ML per 1 day)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML (<i>exenatide</i>)	2	PA; QL (0.08 ML per 1 day)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML (<i>exenatide</i>)	2	PA; QL (0.04 ML per 1 day)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (<i>tirzepatide</i>)	2	PA; QL (0.08 ML per 1 day)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML, 4 MG/3ML, 8 MG/3ML (<i>semaglutide</i>)	2	PA; QL (0.11 ML per 1 day)
RYBELSUS ORAL TABLET 14 MG, 7 MG (<i>semaglutide</i>)	2	PA; QL (1 EA per 1 day)
RYBELSUS ORAL TABLET 3 MG (<i>semaglutide</i>)	2	PA; QL (60 EA per 365 days)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	ST; QL (0.6 ML per 1 day)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	2	PA; QL (0.08 ML per 1 day)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (<i>liraglutide</i>)	2	PA; QL (0.3 ML per 1 day)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	3	ST; QL (0.5 ML per 1 day)
INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	PA
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	PA
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	3	PA
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	2	
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	2	
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	2	
NOVOLIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin nph human (isophane)</i>)	2	
LEPTINS - Hormones		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG (<i>metreleptin</i>)	3	PA; SP
LONG-ACTING INSULINS - Drugs for Diabetes		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glargine</i>)	2	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin glargine</i>)	2	
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin detemir</i>)	2	
LEVEMIR U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin detemir</i>)	2	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML (<i>insulin glargine-lixisenatide</i>)	2	ST; QL (0.6 ML per 1 day)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (<i>insulin glargine</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-3.6 UNIT-MG/ML (<i>insulin degludec-liraglutide</i>)	3	ST; QL (0.5 ML per 1 day)
MEGLITINIDES - Drugs for Diabetes		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	
<i>repaglinide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
PARATHYROID AGENTS - Drugs for Bones		
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	1	PA; SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	2	PA; SP
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	1	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	2	PA; SP
PITUITARY - Hormones		
ACTHAR INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	2	PA; SP
CORTROPHIN INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	2	PA; SP
DDAVP INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	3	
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (<i>desmopressin acetate</i>)	3	
DDAVP PF INJECTION SOLUTION 4 MCG/ML (<i>desmopressin acetate</i>)	3	
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
NGENLA SUBCUTANEOUS SOLUTION PEN-INJECTOR 24 MG/1.2ML, 60 MG/1.2ML (<i>somatrogon-ghla</i>)	3	PA; SP
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG (<i>desmopressin acetate</i>)	3	PA
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	2	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	2	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	2	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	2	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	2	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	3	PA; SP
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	3	PA; SP
<i>vasopressin +rfid intravenous solution 20 unit/ml</i>	1	
<i>vasopressin intravenous solution 20 unit/ml</i>	1	
VASOPRESSIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 20-0.9 UT/100ML-%, 40-0.9 UT/100ML-%	3	
VASOSTRICT INTRAVENOUS SOLUTION 20 UNIT/ML (<i>vasopressin</i>)	3	
PROGESTINS - Drugs for Women		
ACTIVELLA ORAL TABLET 1-0.5 MG (<i>estradiol-norethindrone acet</i>)	3	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	HCR
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	HCR
<i>amabelz oral tablet 0.5-0.1 mg</i>	1	
<i>amethyst oral tablet 90-20 mcg</i>	1	HCR
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (<i>drospirenone-estradiol</i>)	3	
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	HCR
<i>ashlyna oral tablet 0.15-0.03 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) (<i>levonorgest-eth estrad-fe bisg</i>)	3	HCR
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	HCR
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (<i>estradiol-progesterone</i>)	3	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	HCR
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	HCR
<i>camila oral tablet 0.35 mg</i>	1	HCR
<i>camrese lo oral tablet 0.1-0.02 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>camrese oral tablet 0.15-0.03 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	HCR
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	HCR
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY (<i>estradiol-levonorgestrel</i>)	2	
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY (<i>estradiol-norethindrone acet</i>)	3	
CRINONE VAGINAL GEL 4 %, 8 % (<i>progesterone</i>)	3	PA; QL (0.6 GM per 1 day)
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	HCR
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	1	HCR
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	HCR
<i>daysee oral tablet 0.15-0.03 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>deblitane oral tablet 0.35 mg</i>	1	HCR
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>dolishale oral tablet 90-20 mcg</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	HCR
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	HCR
<i>elimest oral tablet 0.3-30 mg-mcg</i>	1	HCR
ELLA ORAL TABLET 30 MG (<i>ulipristal acetate</i>)	3	HCR
<i>emzahh oral tablet 0.35 mg</i>	1	HCR
ENDOMETRIN VAGINAL INSERT 100 MG (<i>progesterone</i>)	2	
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	HCR
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>errin oral tablet 0.35 mg</i>	1	HCR
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	HCR
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	HCR
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	HCR
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	HCR
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>heather oral tablet 0.35 mg</i>	1	HCR
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>incassia oral tablet 0.35 mg</i>	1	HCR
<i>introvale oral tablet 0.15-0.03 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>jaimiess oral tablet 0.15-0.03 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>jasmiel oral tablet 3-0.02 mg</i>	1	HCR
<i>jencycla oral tablet 0.35 mg</i>	1	HCR
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	HCR
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lutera oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>lyleq oral tablet 0.35 mg</i>	1	HCR
<i>lyza oral tablet 0.35 mg</i>	1	HCR
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml, 800 mg/20ml</i>	1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	HCR
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	HCR
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	HCR
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	HCR
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	HCR
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	HCR
MYFEMBREE ORAL TABLET 40-1-0.5 MG (<i>relugolix-estradiol-norethind</i>)	2	PA; QL (1 EA per 1 day)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (<i>estradiol valerate-dienogest</i>)	2	HCR
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	HCR
<i>nikki oral tablet 3-0.02 mg</i>	1	HCR
<i>nora-be oral tablet 0.35 mg</i>	1	HCR
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	HCR
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	HCR
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	HCR
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	HCR
<i>norethindrone oral tablet 0.35 mg</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	HCR
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	HCR
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>norlyroc oral tablet 0.35 mg</i>	1	HCR
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	HCR
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	HCR
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	HCR
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	HCR
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	HCR
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	HCR
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>ocella oral tablet 3-0.03 mg</i>	1	HCR
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (<i>elagolix-estradiol-norethind</i>)	2	PA; QL (2 EA per 1 day)
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	HCR
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	HCR
PREMPHASE ORAL TABLET 0.625-5 MG (<i>conj estrogen-medroxyprogesterone acetate</i>)	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>conj estrogen-medroxyprogesterone acetate</i>)	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	1	PA
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>medroxyprogesterone acetate</i>)	3	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	HCR
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	HCR; QL (1 EA per 1 day)
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>sharobel oral tablet 0.35 mg</i>	1	HCR
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>simpesse oral tablet 0.15-0.03 & 0.01 mg</i>	1	HCR; QL (1 EA per 1 day)
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>syeda oral tablet 3-0.03 mg</i>	1	HCR
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	HCR
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	HCR
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	HCR
TAYTULLA ORAL CAPSULE 1-20 MG-MCG(24) (<i>norethin ace-eth estrad-fe</i>)	3	ST; HCR
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	HCR
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	HCR
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	HCR
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	HCR
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	HCR
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	HCR
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (<i>levonorgestrel-ethinyl estrad</i>)	3	HCR
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	HCR
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	HCR
<i>vestura oral tablet 3-0.02 mg</i>	1	HCR
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	HCR
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	HCR
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	HCR
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	HCR
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	HCR

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	HCR
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	HCR
<i>zumandimine oral tablet 3-0.03 mg</i>	1	HCR
RAPID-ACTING INSULINS - Drugs for Diabetes		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	3	PA
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin glulisine</i>)	1	
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart (wlniacinamide)</i>)	2	
FIASP INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart (wlniacinamide)</i>)	2	
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (wlniacinamide)</i>)	2	
FIASP PUMPCART SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart (wlniacinamide)</i>)	2	
HUMALOG INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	3	PA
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro</i>)	3	PA
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	3	PA
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	3	PA
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	3	PA
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (<i>insulin lispro prot & lispro</i>)	3	PA
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin lispro</i>)	3	PA
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin lispro</i>)	3	PA
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML (<i>insulin lispro-aabc</i>)	3	PA
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin lispro-aabc</i>)	3	PA

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin aspart</i>)	2	
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	2	
NOVOLOG MIX 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin aspart prot & aspart</i>)	2	
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML (<i>insulin aspart</i>)	2	
NOVOLOG U-100 VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin aspart</i>)	2	
SHORT-ACTING INSULINS - Drugs for Diabetes		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	PA
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	3	PA
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (<i>insulin regular human</i>)	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular human</i>)	2	
HUMULIN R VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	3	PA
MYXREDLIN INTRAVENOUS SOLUTION 100-0.9 UT/100ML-% (<i>insulin regular(human) in nacl</i>)	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
NOVOLIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (<i>insulin nph isophane & regular</i>)	2	
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	2	
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin regular human</i>)	2	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN R RELION INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	2	
NOVOLIN R VIAL INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular human</i>)	2	
SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes		
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin propanediol</i>)	2	
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (<i>empagliflozin-linagliptin</i>)	2	
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	2	
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG (<i>empagliflozin-metformin hcl</i>)	2	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 25-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 12.5-2.5-1000 MG, 25-5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linaglip-metform</i>)	2	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 2.5-1000 MG, 5-1000 MG, 5-500 MG (<i>dapagliflozin prop-metformin</i>)	2	
SOMATOSTATIN AGONISTS - Hormones		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA; SP
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA; SP
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 10 MG, 20 MG, 30 MG, 40 MG, 60 MG (<i>pasireotide pamoate</i>)	3	PA; SP; QL (0.04 EA per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	3	PA; SP
SOMATOTROPIN AGONISTS - Hormones		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG (<i>tesamorelin acetate</i>)	3	PA; SP; QL (1 EA per 1 day)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML (<i>mecasermin</i>)	2	PA; SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML, 15 MG/1.5ML, 30 MG/3ML, 5 MG/1.5ML (<i>somatropin</i>)	2	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML (<i>somatropin</i>)	2	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML (<i>somatropin</i>)	2	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML (<i>somatropin</i>)	2	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (<i>somatropin</i>)	2	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (<i>somatropin</i>)	2	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	3	PA; SP
SOMATOTROPIN ANTAGONISTS - Hormones		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (<i>pegvisomant</i>)	3	PA; SP
SULFONYLUREAS - Drugs for Diabetes		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	3	
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 5 MG (<i>glipizide</i>)	3	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	
THIAZOLIDINEDIONES - Drugs for Diabetes		
ACTOPLUS MET ORAL TABLET 15-850 MG (<i>pioglitazone hcl-metformin hcl</i>)	3	
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (<i>pioglitazone hcl-glimepiride</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	
THYROID AGENTS - Drugs for the Thyroid		
ADTHYZA ORAL TABLET 120 MG, 130 MG, 15 MG, 16.25 MG, 30 MG, 32.5 MG, 60 MG, 65 MG, 90 MG, 97.5 MG (<i>thyroid</i>)	3	
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (<i>thyroid</i>)	3	
ERMEZA ORAL SOLUTION 150 MCG/5ML (<i>levothyroxine sodium</i>)	3	
<i>euthyrox oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levo-t oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levothyroxine sodium intravenous solution 100 mcg/5ml, 100 mcg/ml, 200 mcg/5ml, 500 mcg/5ml</i>	1	
<i>levothyroxine sodium intravenous solution reconstituted 100 mcg, 200 mcg, 500 mcg</i>	1	
LEVOTHYROXINE SODIUM ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG	3	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>liothyronine sodium intravenous solution 10 mcg/ml</i>	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THYQUIDITY ORAL SOLUTION 100 MCG/5ML (<i>levothyroxine sodium</i>)	3	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG (<i>levothyroxine sodium</i>)	3	
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML (<i>levothyroxine sodium</i>)	3	
<i>unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
IMMUNOMODULATORY AGNT		
JANUS KINASE INHIBITORS, MISCELLANEOUS		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; SP; QL (1 EA per 1 day)
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing		
ARTICADENT DENTAL INJECTION SOLUTION CARTRIDGE 4 %-1:100000 (<i>articaine-epinephrine</i>)	3	
<i>bupivacaine fisiopharma injection solution 2.5 mg/ml, 5 mg/ml</i>	1	
<i>bupivacaine hcl (pf) injection solution 0.25 %, 0.5 %, 0.75 %</i>	1	
BUPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.25 % (10 ML)	3	
<i>bupivacaine hcl solution 0.25 % injection</i>	1	
BUPIVACAINE HCL SOLUTION 0.25 % INJECTION	3	
<i>bupivacaine hcl solution 0.5 % injection</i>	1	
BUPIVACAINE HCL SOLUTION 0.5 % INJECTION	3	
BUPIVACAINE HCL-NACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.25-0.9 %	3	
<i>bupivacaine in dextrose intrathecal solution 0.75-8.25 %</i>	1	
<i>bupivacaine spinal intrathecal solution 0.75-8.25 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bupivacaine-epinephrine (pf) injection solution 0.25% - 1:200000, 0.5% -1:200000	1	
bupivacaine-epinephrine injection solution 0.25% - 1:200000, 0.5% -1:200000	1	
chloroprocaine hcl (pf) injection solution 2 %, 3 %	1	
CLOROTEKAL INTRATHECAL SOLUTION 50 MG/5ML (chloroprocaine hcl)	3	
EXPAREL INJECTION SUSPENSION 1.3 % (bupivacaine liposome)	3	
FENTANYL CIT-ROPIVACAINE-NAACL EPIDURAL SOLUTION 0.2-0.2-0.9 MG/100ML-%, 0.3-0.2-0.9 MG/150ML-%, 0.4-0.1-0.9 MG/200ML-%	3	
FENTANYL-BUPIVACAINE-NAACL EPIDURAL SOLUTION 0.2-0.1-0.9 MG/100ML-%, 0.2-0.125-0.9 MG/100ML-%, 0.5-0.0625-0.9 MG/250ML-%, 0.5-0.1-0.9 MG/250ML-%, 0.5-0.125-0.9 MG/250ML-%	3	
FENTANYL-BUPIVACAINE-NAACL EPIDURAL SOLUTION PREFILLED SYRINGE 0.1-0.125-0.9 MG/50ML-%	3	
LEUPROLIDE ACETATE-BUPIVACAINE INTRAMUSCULAR SOLUTION 25-5 MG/ML	3	
LIDOCAINE HCL (BUFFERED) INJECTION SOLUTION PREFILLED SYRINGE 100 MG/10ML	3	
lidocaine hcl (pf) injection solution 0.5 %, 1 %, 1.5 %, 2 %, 4 %	1	
lidocaine hcl injection solution 0.5 %	1	
LIDOCAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 10 MG/ML, 100 MG/10ML, 100 MG/5ML, 200 MG/10ML, 9 MG/ML	3	
LIDOCAINE HCL SOLUTION 1 % INJECTION	3	
lidocaine hcl solution 1 % injection	1	
LIDOCAINE HCL SOLUTION 2 % INJECTION	3	
lidocaine hcl solution 2 % injection	1	
LIDOCAINE(BUFFERD)-EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 0.5 %-1:100000, 1 %-1:100000	3	
LIDOCAINE-EPINEPHRINE (3 ML) INJECTION SOLUTION PREFILLED SYRINGE 0.5 %-1:100000	3	
lidocaine-epinephrine injection solution 0.5 %-1:200000, 1.5 %-1:200000, 2 %-1:100000	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lidocaine-epinephrine solution 1 %-1:100000 injection	1	
LIDOCAINE-EPINEPHRINE SOLUTION 1 %-1:100000 INJECTION	3	
lidocaine-epinephrine solution 2 %-1:200000 injection	1	
LIDOCAINE-EPINEPHRINE SOLUTION 2 %-1:200000 INJECTION	3	
LIDOCAINE-SODIUM BICARBONATE INJECTION SOLUTION PREFILLED SYRINGE 1-8.4 %	3	
MARCAINE INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % (bupivacaine hcl)	3	
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION 0.25 %, 0.5 % (bupivacaine hcl)	3	
MARCAINE SPINAL INTRATHECAL SOLUTION 0.75-8.25 % (bupivacaine in dextrose)	3	
MARCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% - 1:200000, 0.25-1:200000 %, 0.5% -1:200000 (bupivacaine-epinephrine)	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION 0.25% -1:200000, 0.25-1:200000 %, 0.5% -1:200000 (bupivacaine-epinephrine)	3	
METHYLPREDNISOLONE-BUPIVACAINE INJECTION SUSPENSION 40-5 MG/ML, 80-5 MG/ML	3	
NAROPIN INJECTION SOLUTION 10 MG/ML, 5 MG/ML, 7.5 MG/ML (ropivacaine hcl)	3	
NESACAINE INJECTION SOLUTION 1 %, 2 % (chloroprocaine hcl)	3	
NESACAINE-MPF INJECTION SOLUTION 2 %, 3 % (chloroprocaine hcl)	3	
ORABLOC INJECTION SOLUTION CARTRIDGE 4 %-1:100000, 4 %-1:200000 (articaine-epinephrine)	3	
POLOCAINE INJECTION SOLUTION 1 %, 2 % (mepivacaine hcl)	3	
POLOCAINE-MPF INJECTION SOLUTION 1 %, 1.5 %, 2 % (mepivacaine hcl)	3	
ROPIVACAINE HCL EPIDURAL SOLUTION 0.2 %	3	
ropivacaine hcl injection solution 10 mg/ml, 2 mg/ml, 5 mg/ml, 7.5 mg/ml	1	
ROPIVACAINE HCL INJECTION SOLUTION PREFILLED SYRINGE 0.5 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROPIVACAINE HCL-NACL EPIDURAL SOLUTION 0.15-0.9 %	3	
ROPIVACAINE HCL-NACL INJECTION SOLUTION 0.2-0.9 %	3	
SENSORCAINE INJECTION SOLUTION 0.25 %, 0.5 % (<i>bupivacaine hcl</i>)	3	
SENSORCAINE/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000 (<i>bupivacaine-epinephrine</i>)	3	
SENSORCAINE-MPF INJECTION SOLUTION 0.25 %, 0.5 %, 0.75 % (<i>bupivacaine hcl</i>)	3	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.25% -1:200000, 0.5% -1:200000, 0.75-1:200000 % (<i>bupivacaine-epinephrine</i>)	3	
tetracaine hcl injection solution 1 %	1	
TRIAMCINOLONE-BUIVACAINE INJECTION SUSPENSION 40-5 MG/ML	3	
XYLOCAINE INJECTION SOLUTION 0.5 %, 1 %, 2 % (<i>lidocaine hcl</i>)	3	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION 0.5 %-1:200000, 1 %-1:100000, 2 %-1:100000 (<i>lidocaine-epinephrine</i>)	3	
XYLOCAINE-MPF INJECTION SOLUTION 0.5 %, 1 %, 1.5 %, 2 % (<i>lidocaine hcl</i>)	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 1 %-1:200000, 1.5 %-1:200000, 2 %-1:200000 (<i>lidocaine-epinephrine</i>)	3	
LOOP DIURETICS		
LOOP DIURETICS		
bumetanide injection solution 0.25 mg/ml	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	
BUMEX ORAL TABLET 0.5 MG (<i>bumetanide</i>)	3	
EDECRIN ORAL TABLET 25 MG (<i>ethacrynic acid</i>)	3	
ethacrynate sodium intravenous solution reconstituted 50 mg	1	
ethacrynic acid oral tablet 25 mg	1	
FUROSEMIDE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/100ML-%	3	
furosemide injection solution 10 mg/ml	1	
furosemide oral solution 10 mg/ml, 8 mg/ml	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED 50 MG (<i>ethacrynate sodium</i>)	3	
<i>torseimide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
MISCELLANEOUS THERAPEUTIC AGENTS		
5-ALPHA-REDUCTASE INHIBITORS		
<i>dutasteride oral capsule 0.5 mg</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
<i>finasteride oral tablet 5 mg</i>	1	
JALYN ORAL CAPSULE 0.5-0.4 MG (<i>dutasteride-tamsulosin hcl</i>)	3	
PROSCAR ORAL TABLET 5 MG (<i>finasteride</i>)	3	
ALCOHOL DETERRENTS - Drugs for Alcohol Dependence		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (<i>naltrexone</i>)	3	SP
ANTIDOTES - Drugs for Overdose or Poisoning		
ACETADOTE INTRAVENOUS SOLUTION 200 MG/ML (<i>acetylcysteine</i>)	3	
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
<i>acetylcysteine intravenous solution 200 mg/ml</i>	1	
<i>atropine sulfate injection solution 8 mg/20ml</i>	1	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	1	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (<i>glucagon</i>)	2	
BRIDION INTRAVENOUS SOLUTION 200 MG/2ML (<i>sugammadex sodium</i>)	3	
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED 5 GM (<i>hydroxocobalamin</i>)	3	
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	1	
DESFERAL INJECTION SOLUTION RECONSTITUTED 500 MG (<i>deferoxamine mesylate</i>)	3	
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED 40 MG (<i>digoxin immune fab</i>)	3	
EDETATE CALCIUM DISODIUM INJECTION SOLUTION 1 GM/5ML	3	
EDETATE DISODIUM INTRAVENOUS SOLUTION 150 MG/ML	3	
flumazenil intravenous solution 0.5 mg/5ml, 1 mg/10ml	1	
fomepizole intravenous solution 1.5 gm/1.5ml	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG (<i>lanthanum carbonate</i>)	3	ST
FOSRENOL ORAL TABLET CHEWABLE 1000 MG, 500 MG, 750 MG (<i>lanthanum carbonate</i>)	3	ST
glucagon emergency kit injection kit 1 mg	1	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (<i>levoleucovorin</i>)	3	ST; SP
KIONEX COMBINATION SUSPENSION 15 GM/60ML (<i>sodium polystyrene sulfonate</i>)	2	
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	1	
leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml	1	
leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg	1	
leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg	1	
levoleucovorin calcium intravenous solution reconstituted 50 mg	1	SP
levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml	1	SP
magnesium sulfate in d5w intravenous solution 1-5 gm/100ml-%	1	
magnesium sulfate injection solution 50 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
magnesium sulfate intravenous solution 2 gm/50ml, 20 gm/500ml, 4 gm/100ml, 4 gm/50ml, 40 gm/1000ml	1	
MAGNESIUM SULFATE-NACL INTRAVENOUS SOLUTION 2-0.9 GM/50ML-%	3	
methylene blue intravenous solution 50 mg/10ml	1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	1	
naloxone hcl injection solution cartridge 0.4 mg/ml	1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	1	
naltrexone hcl oral tablet 50 mg	1	
PEDMARK INTRAVENOUS SOLUTION 12.5 % (sodium thiosulfate)	3	PA
phytonadione injection solution 1 mg/0.5ml, 10 mg/ml	1	
phytonadione oral tablet 5 mg	1	
protamine sulfate intravenous solution 10 mg/ml	1	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED 1 GM (pralidoxime chloride)	3	
PROVAYBLUE INTRAVENOUS SOLUTION 50 MG/10ML (methylene blue (antidote))	3	
PYRIMETHAMINE-LEUCOVORIN ORAL CAPSULE 12.5-2.5 MG, 25-10 MG, 25-5 MG, 50-10 MG, 50-20 MG, 50-25 MG, 75-25 MG	3	
RADIOGARDASE ORAL CAPSULE 0.5 GM (prussian blue insoluble)	3	
RENVELA ORAL PACKET 0.8 GM, 2.4 GM (sevelamer carbonate)	3	
RENVELA ORAL TABLET 800 MG (sevelamer carbonate)	3	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	1	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
sodium polystyrene sulfonate oral powder	1	
sodium thiosulfate intravenous solution 250 mg/ml	1	
SPS ORAL SUSPENSION 15 GM/60ML (sodium polystyrene sulfonate)	3	
VISTOGARD ORAL PACKET 10 GM (uridine triacetate)	3	
vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml	1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (naltrexone)	3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT (<i>glucarpidase</i>)	3	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML (<i>dasiglucagon hcl</i>)	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (<i>naloxone hcl</i>)	3	
ANTIGOUT AGENTS - Drugs for Gout		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
<i>allopurinol sodium intravenous solution reconstituted 500 mg</i>	1	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>allopurinol sodium</i>)	3	
ANAPROX DS ORAL TABLET 550 MG (<i>naproxen sodium</i>)	3	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG, 500 MG (<i>naproxen</i>)	3	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	ST
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin sodium intravenous solution reconstituted 1 mg</i>	1	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	3	ST
ANTISENSE OLIGONUCLEOTIDES		
QALSODY INTRATHECAL SOLUTION 100 MG/15ML (<i>tofersen</i>)	3	PA; SP
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML (<i>inotersen sodium</i>)	3	PA; SP; QL (0.22 ML per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAINUA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 45 MG/0.8ML (<i>eplontersen sodium</i>)	3	PA; SP; QL (0.03 ML per 1 day)
BONE ANABOLIC AGENTS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 105 MG/1.17ML (<i>romosozumab-aqqg</i>)	3	PA; SP; QL (0.09 ML per 1 day)
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	1	PA; SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	2	PA; SP
<i>teriparatide subcutaneous solution pen-injector 600 mcg/2.4ml</i>	1	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (<i>abaloparatide</i>)	2	PA; SP
BONE RESORPTION INHIBITORS - Drugs for Bone Loss		
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	3	QL (0.04 EA per 1 day)
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	3	QL (0.15 EA per 1 day)
<i>alendronate sodium oral solution 70 mg/75ml</i>	1	
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1	
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1	QL (0.15 EA per 1 day)
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (<i>estradiol</i>)	3	ST
AELVIA ORAL TABLET DELAYED RELEASE 35 MG (<i>risedronate sodium</i>)	3	QL (0.15 EA per 1 day)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal solution 200 unit/lact</i>	1	QL (0.13 ML per 1 day)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (<i>estradiol cypionate</i>)	3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM, 1.25 MG/1.25GM (<i>estradiol</i>)	3	
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (<i>estradiol</i>)	3	
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 0.75 mg/1.25 gm (0.06%), 1 mg/gm, 1.25 mg/1.25gm</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	
estradiol vaginal cream 0.1 mg/gm	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml	1	
ESTRING VAGINAL RING 7.5 MCG/24HR (estradiol)	3	QL (0.012 EA per 1 day)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) (estradiol)	3	
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY (estradiol)	3	
EVISTA ORAL TABLET 60 MG (raloxifene hcl)	3	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR (estradiol acetate)	3	ST; QL (0.012 EA per 1 day)
FOSAMAX ORAL TABLET 70 MG (alendronate sodium)	3	QL (0.15 EA per 1 day)
ibandronate sodium intravenous solution 3 mg/3ml	1	QL (0.04 ML per 1 day)
ibandronate sodium oral tablet 150 mg	1	QL (0.04 EA per 1 day)
lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (esterified estrogens)	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (estradiol)	3	ST
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (calcitonin salmon)	3	
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.0375 MG/24HR, 0.05 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR (estradiol)	3	ST
pamidronate disodium intravenous solution 30 mg/10ml, 6 mg/ml, 90 mg/10ml	1	SP
PREMARIN INJECTION SOLUTION RECONSTITUTED 25 MG (estrogens conjugated)	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens conjugated)	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (<i>denosumab</i>)	2	PA; SP; QL (180 day supply per 30 fills)
<i>raloxifene hcl oral tablet 60 mg</i>	1	HCR
RECLAST INTRAVENOUS SOLUTION 5 MG/100ML (<i>zoledronic acid</i>)	3	SP
<i>risedronate sodium oral tablet 150 mg</i>	1	QL (0.04 EA per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	
<i>risedronate sodium oral tablet 35 mg</i>	1	QL (0.15 EA per 1 day)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	1	QL (0.15 EA per 1 day)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (<i>denosumab</i>)	2	PA; SP
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
<i>zoledronic acid intravenous concentrate 4 mg/5ml</i>	1	SP
<i>zoledronic acid intravenous solution 4 mg/100ml, 5 mg/100ml</i>	1	SP
BRADYKININ RECEPTOR ANTAGONISTS		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; SP; QL (0.6 ML per 1 day)
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; SP; QL (0.6 ML per 1 day)
CARBONIC ANHYDRASE INHIBITORS (MISC.)		
<i>dichlorphenamide oral tablet 50 mg</i>	1	PA; SP; QL (4 EA per 1 day)
KEVEYIS ORAL TABLET 50 MG (<i>dichlorphenamide</i>)	3	PA; SP; QL (4 EA per 1 day)
COMPLEMENT INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; SP; QL (0.34 EA per 1 day)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	3	PA; SP
FABHALTA ORAL CAPSULE 200 MG (<i>iptacopan hcl</i>)	3	PA; SP; QL (2 EA per 1 day)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	3	PA; SP; QL (0.27 EA per 1 day)
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (<i>eculizumab</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (<i>ravulizumab-cwvz</i>)	3	PA; SP
VEOPOZ INJECTION SOLUTION 400 MG/2ML (<i>pozelimab-bbfg</i>)	3	PA; SP
DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	3	PA; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; SP; QL (0.13 ML per 1 day)
ADALIMUMAB-ADB (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	3	PA; SP; QL (0.15 EA per 1 day)
ADALIMUMAB-ADB (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	PA; SP; QL (0.15 EA per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.12 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.12 EA per 1 day)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.02 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 EA per 1 day)
ARAVAL ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	2	PA; SP
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; SP; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SP; QL (3 EA per 365 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
<i>cyclosporine intravenous solution 50 mg/ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYLTEZO (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	2	PA; SP; QL (0.15 EA per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML (<i>adalimumab-adbm</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	2	PA; SP; QL (0.15 EA per 1 day)
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	2	PA; SP; QL (0.15 EA per 1 day)
CYLTEZO-PSORIASIS/UV STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	2	PA; SP; QL (0.15 EA per 1 day)
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	2	SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.08 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SP; QL (2 EA per 365 days)
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (3 EA per 365 days)
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PSORIASIS/UVEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SP; QL (3 EA per 365 days)
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	2	PA; SP; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab-adaz</i>)	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML (<i>adalimumab-adaz</i>)	2	PA; SP; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (<i>adalimumab-adaz</i>)	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	2	PA; SP; QL (1.2 ML per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (<i>adalimumab-adaz</i>)	2	PA; SP; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab-adaz</i>)	2	PA; SP; QL (1.6 ML per 365 days)
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-dyyb</i>)	2	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	3	PA; SP; QL (0.09 ML per 1 day)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (<i>sarilumab</i>)	3	PA; SP; QL (0.09 ML per 1 day)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>anakinra</i>)	3	PA; SP
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	3	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (<i>baricitinib</i>)	3	PA; SP; QL (1 EA per 1 day)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	3	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	3	PA; SP; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	3	PA; SP; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	2	PA; SP; QL (2 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	2	PA; SP; QL (55 EA per 365 days)
<i>penicillamine oral tablet 250 mg</i>	1	SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (0.84 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (1.12 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML, 17.5 MG/0.35ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (1.4 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (1.68 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (1.96 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (2.24 ML per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML (<i>methotrexate (anti-rheumatic)</i>)	2	PA; QL (2.52 ML per 28 days)
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	3	SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG, 45 MG (<i>upadacitinib</i>)	2	PA; SP; QL (1 EA per 1 day)
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	PA
XELJANZ ORAL SOLUTION 1 MG/ML (<i>tofacitinib citrate</i>)	2	PA; SP; QL (10 ML per 1 day)
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib citrate</i>)	2	PA; SP; QL (2 EA per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (<i>tofacitinib citrate</i>)	2	PA; SP; QL (1 EA per 1 day)
IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; SP; QL (0.13 ML per 1 day)
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (<i>tocilizumab</i>)	3	PA; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (<i>tocilizumab</i>)	3	PA; SP; QL (0.13 ML per 1 day)
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (<i>interferon gamma-1b</i>)	2	PA; SP
ADALIMUMAB-ADBM (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	3	PA; SP; QL (0.15 EA per 1 day)
AMJEVITA SOLUTION AUTO-INJECTOR 40 MG/0.8ML SUBCUTANEOUS (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.12 ML per 1 day)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.12 EA per 1 day)
AMJEVITA-PED 10KG TO <15KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.02 ML per 1 day)
AMJEVITA-PED 15KG TO <30KG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML (<i>adalimumab-atto</i>)	2	PA; SP; QL (0.06 EA per 1 day)
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	3	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	2	PA; SP; QL (0.04 EA per 1 day)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (<i>interferon beta-1a</i>)	2	PA; SP; QL (0.04 EA per 1 day)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	2	PA; SP
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG (<i>sulfasalazine</i>)	3	
AZULFIDINE ORAL TABLET 500 MG (<i>sulfasalazine</i>)	3	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (<i>monomethyl fumarate</i>)	2	PA; SP; QL (4 EA per 1 day)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	2	PA; SP; QL (0.5 EA per 1 day)
BRIUMVI INTRAVENOUS SOLUTION 150 MG/6ML (<i>ublituximab-xiyy</i>)	3	PA; SP
CIMZIA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML (<i>certolizumab pegol</i>)	2	PA; SP; QL (3 EA per 365 days)
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG (<i>certolizumab pegol</i>)	2	PA; SP; QL (0.08 EA per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	2	PA; SP; QL (0.43 ML per 1 day)
<i>cyclosporine intravenous solution 50 mg/ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML (<i>adalimumab-adbm</i>)	2	PA; SP; QL (0.08 EA per 1 day)
CYLTEZO (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.4ML, 40 MG/0.4ML, 40 MG/0.8ML (<i>adalimumab-adbm</i>)	2	PA; SP; QL (0.15 EA per 1 day)
<i>dimethyl fumarate oral capsule delayed release 120 mg, 240 mg</i>	1	PA; SP; QL (2 EA per 1 day)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg</i>	1	PA; SP; QL (120 EA per 365 days)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (<i>etanercept</i>)	2	PA; SP; QL (0.15 ML per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (<i>satralizumab-mwge</i>)	3	PA; SP
<i> fingolimod hcl oral capsule 0.5 mg</i>	1	PA; SP; QL (1 EA per 1 day)
<i> gengraf oral capsule 100 mg, 25 mg</i>	1	
<i> gengraf oral solution 100 mg/ml</i>	1	
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	3	PA; SP; QL (1 EA per 1 day)
<i> glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SP; QL (1 ML per 1 day)
<i> glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SP; QL (0.43 ML per 1 day)
<i> glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SP; QL (1 ML per 1 day)
<i> glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SP; QL (0.43 ML per 1 day)
HUMIRA (2 PEN) PEN-INJECTOR KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 PEN) PEN-INJECTOR KIT 80 MG/0.8ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 PEN) SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 10 MG/0.1ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 20 MG/0.2ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) PREFILLED SYRINGE KIT 40 MG/0.4ML SUBCUTANEOUS (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (0.15 EA per 1 day)
HUMIRA-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PED<40KG CROHNS STARTER SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SP; QL (2 EA per 365 days)
HUMIRA-PED>=40KG CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (3 EA per 365 days)
HUMIRA-PED>=40KG UC STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (<i>adalimumab</i>)	2	PA; SP; QL (0.08 EA per 1 day)
HUMIRA-PSORIASIS/VEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML (<i>adalimumab</i>)	2	PA; SP; QL (3 EA per 365 days)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Effective 07/01/2024

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg	1	
HYRIMOZ SOLUTION AUTO-INJECTOR 40 MG/0.4ML SUBCUTANEOUS (adalimumab-adaz)	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION AUTO-INJECTOR 80 MG/0.8ML SUBCUTANEOUS (adalimumab-adaz)	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 20 MG/0.2ML SUBCUTANEOUS (adalimumab-adaz)	2	PA; SP; QL (0.03 ML per 1 day)
HYRIMOZ SOLUTION PREFILLED SYRINGE 40 MG/0.4ML SUBCUTANEOUS (adalimumab-adaz)	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.1 ML (adalimumab-adaz)	2	PA; SP; QL (0.01 ML per 1 day)
HYRIMOZ-CROHNS/UC STARTER SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML (adalimumab-adaz)	2	PA; SP; QL (0.06 ML per 1 day)
HYRIMOZ-PED<40KG CROHN STARTER SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML & 40MG/0.4ML (adalimumab-adaz)	2	PA; SP; QL (1.2 ML per 365 days)
HYRIMOZ-PED>=40KG CROHN START SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/0.8ML (adalimumab-adaz)	2	PA; SP; QL (2.4 ML per 365 days)
HYRIMOZ-PLAQUE PSORIASIS START SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/0.8ML & 40MG/0.4ML (adalimumab-adaz)	2	PA; SP; QL (1.6 ML per 365 days)
IMURAN ORAL TABLET 50 MG (azathioprine)	3	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab-dyyb)	2	PA; SP
JYLAMVO ORAL SOLUTION 2 MG/ML (methotrexate)	3	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (ofatumumab)	2	PA; SP; QL (0.02 ML per 1 day)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (anakinra)	3	PA; SP
leflunomide oral tablet 10 mg, 20 mg	1	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2ML (alemtuzumab)	3	PA; SP
lenalidomide oral capsule 10 mg, 15 mg, 2.5 mg, 20 mg, 25 mg, 5 mg	1	PA; SP
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (cladribine)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SP; QL (4 EA per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG (<i>siponimod fumarate</i>)	3	PA; SP; QL (1 EA per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SP; QL (24 EA per 365 days)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; SP; QL (14 EA per 365 days)
methotrexate sodium (pf) injection solution 1 gml/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml	1	
methotrexate sodium injection solution reconstituted 1 gm	1	
methotrexate sodium oral tablet 2.5 mg	1	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	3	
OCREVUS INTRAVENOUS SOLUTION 300 MG/10ML (<i>ocrelizumab</i>)	3	PA; SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>abatacept</i>)	3	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (<i>abatacept</i>)	3	PA; SP; QL (0.15 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (<i>abatacept</i>)	3	PA; SP; QL (0.06 ML per 1 day)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (<i>abatacept</i>)	3	PA; SP; QL (0.1 ML per 1 day)
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	2	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	2	PA; SP; QL (55 EA per 365 days)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (<i>pomalidomide</i>)	3	PA; SP
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED 22000000 UNIT (<i>aldesleukin</i>)	2	SP
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	2	PA; SP
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RYSTIGGO SUBCUTANEOUS SOLUTION 280 MG/2ML (<i>rozanolixizumab-noli</i>)	3	PA; SP
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	2	
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (<i>golimumab</i>)	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>golimumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>golimumab</i>)	2	PA; SP; QL (0.04 ML per 1 day)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (<i>golimumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>teriflunomide oral tablet 14 mg</i>	1	PA; SP; QL (1 EA per 1 day)
<i>teriflunomide oral tablet 7 mg</i>	1	PA; SP; QL (2 EA per 1 day)
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	2	PA; SP
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	3	
TYSABRI INTRAVENOUS CONCENTRATE 300 MG/15ML (<i>natalizumab</i>)	3	PA; SP; QL (0.54 ML per 1 day)
UPLIZNA INTRAVENOUS SOLUTION 100 MG/10ML (<i>inebilizumab-cdon</i>)	3	PA; SP
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (<i>diroximel fumarate</i>)	2	PA; SP; QL (4 EA per 1 day)
VYVGART HYTRULO SUBCUTANEOUS SOLUTION 180-2000 MG-UNIT/ML (<i>efgartigimod alfa-hyalur-qvfc</i>)	3	PA; SP
VYVGART INTRAVENOUS SOLUTION 400 MG/20ML (<i>efgartigimod alfa-fcab</i>)	3	PA; SP
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	PA
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG (<i>ozanimod hcl</i>)	3	PA; SP; QL (14 EA per 365 days)
ZEPOSIA ORAL CAPSULE 0.92 MG (<i>ozanimod hcl</i>)	3	PA; SP; QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) (<i>ozanimod hcl</i>)	3	PA; SP; QL (56 EA per 365 days)
IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant		
ARAVA ORAL TABLET 10 MG, 20 MG (<i>leflunomide</i>)	3	
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3	
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	3	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>azathioprine sodium injection solution reconstituted 100 mg</i>	1	
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED 120 MG, 400 MG (<i>belimumab</i>)	3	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML (<i>belimumab</i>)	3	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML (<i>belimumab</i>)	3	PA; SP
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>mycophenolate mofetil hcl</i>)	3	
CELLCEPT ORAL CAPSULE 250 MG (<i>mycophenolate mofetil</i>)	3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED 200 MG/ML (<i>mycophenolate mofetil</i>)	3	
CELLCEPT ORAL TABLET 500 MG (<i>mycophenolate mofetil</i>)	3	
<i>cyclophosphamide injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION 1 GM/5ML, 1000 MG/10ML, 2 GM/10ML, 2000 MG/20ML, 500 MG/2.5ML, 500 MG/5ML, 500 MG/ML	3	SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	
<i>cyclosporine intravenous solution 50 mg/ml</i>	1	
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
ENVARUSUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.75 MG, 1 MG, 4 MG (<i>tacrolimus</i>)	3	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GAMIFANT INTRAVENOUS SOLUTION 10 MG/2ML, 100 MG/20ML, 50 MG/10ML (<i>emapalumab-lzsg</i>)	3	PA; SP
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
IMURAN ORAL TABLET 50 MG (<i>azathioprine</i>)	3	
JYLAMVO ORAL SOLUTION 2 MG/ML (<i>methotrexate</i>)	3	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG (<i>cladribine</i>)	3	PA; SP
<i>mercaptopurine oral tablet 50 mg</i>	1	
<i>methotrexate sodium (pf) injection solution 1 gml/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	
<i>mycophenolate mofetil hcl intravenous solution reconstituted 500 mg</i>	1	
<i>mycophenolate mofetil intravenous solution reconstituted 500 mg</i>	1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	
<i>mycophenolic acid oral tablet delayed release 180 mg, 360 mg</i>	1	
MYFORTIC ORAL TABLET DELAYED RELEASE 180 MG, 360 MG (<i>mycophenolate sodium</i>)	3	
NEORAL ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION 100 MG/ML (<i>cyclosporine modified</i>)	3	
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (<i>belatacept</i>)	3	
<i>pimecrolimus external cream 1 %</i>	1	ST; QL (2 GM per 1 day)
PROGRAF INTRAVENOUS SOLUTION 5 MG/ML (<i>tacrolimus</i>)	3	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (<i>tacrolimus</i>)	3	
PROGRAF ORAL PACKET 0.2 MG, 1 MG (<i>tacrolimus</i>)	3	
PURIXAN ORAL SUSPENSION 2000 MG/100ML (<i>mercaptopurine</i>)	3	SP
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	3	
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>sirolimus</i>)	3	
SANDIMMUNE INTRAVENOUS SOLUTION 50 MG/ML (<i>cyclosporine</i>)	2	
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (<i>cyclosporine</i>)	3	
SANDIMMUNE ORAL SOLUTION 100 MG/ML (<i>cyclosporine</i>)	2	
SAPHNELO INTRAVENOUS SOLUTION 300 MG/2ML (<i>anifrolumab-fnia</i>)	3	PA; SP
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED 10 MG, 20 MG (<i>basiliximab</i>)	3	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	QL (2 GM per 1 day)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED 25 MG (<i>anti-thymocyte glob (rabbit)</i>)	3	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (<i>methotrexate sodium</i>)	3	
XATMEP ORAL SOLUTION 2.5 MG/ML (<i>methotrexate</i>)	3	PA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (<i>everolimus</i>)	3	
KALLIKREIN INHIBITORS		
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	3	PA; SP; QL (0.2 ML per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	3	PA; SP; QL (1 EA per 1 day)
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	3	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML (<i>lanadelumab-flyo</i>)	3	PA; SP

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALLIKREIN-KININ SYSTEM INHIBITORS		
BERINERT INTRAVENOUS KIT 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; SP; QL (0.34 EA per 1 day)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED 500 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML (<i>pegcetacoplan</i>)	3	PA; SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT (<i>c1 esterase inhibitor (human)</i>)	3	PA; SP
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; SP; QL (0.6 ML per 1 day)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (<i>ecallantide</i>)	3	PA; SP; QL (0.2 ML per 1 day)
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (<i>berotralstat hcl</i>)	3	PA; SP; QL (1 EA per 1 day)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT (<i>c1 esterase inhibitor (recomb)</i>)	3	PA; SP; QL (0.27 EA per 1 day)
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; SP; QL (0.6 ML per 1 day)
SOLIRIS INTRAVENOUS SOLUTION 300 MG/30ML (<i>eculizumab</i>)	3	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML (<i>lanadelumab-flyo</i>)	3	PA; SP
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML, 300 MG/3ML (<i>ravulizumab-cwvz</i>)	3	PA; SP
OTHER MISCELLANEOUS THERAPEUTIC AGENTS		
ALPHA-LIPOIC ACID INJECTION SOLUTION 25 MG/ML	3	
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>vutrisiran sodium</i>)	3	PA; SP; QL (0.5 ML per 81 days)
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG (<i>rilonacept</i>)	3	PA; SP
<i>betaine oral powder</i>	1	SP
BOTOX INJECTION SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT (<i>onabotulinumtoxina</i>)	3	PA
CARNITOR INTRAVENOUS SOLUTION 200 MG/ML (<i>levocarnitine</i>)	3	
CERDELGA ORAL CAPSULE 84 MG (<i>eliglustat tartrate</i>)	3	PA; SP
CYSTADANE ORAL POWDER (<i>betaine</i>)	3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (<i>cysteamine bitartrate</i>)	3	SP
CYTOTINE ORAL POWDER (<i>creatine monohydrate</i>)	3	
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; SP; QL (2 EA per 1 day)
DEMSEER ORAL CAPSULE 250 MG (<i>metyrosine</i>)	3	PA; QL (16 EA per 1 day)
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE 60 MG/3ML (<i>sodium hyaluronate (viscosup)</i>)	2	PA
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED 300 UNIT, 500 UNIT (<i>abobotulinumtoxinA</i>)	2	PA
ENDARI ORAL PACKET 5 GM (<i>glutamine (sickle cell)</i>)	3	PA
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	2	PA
EVOTAZ ORAL TABLET 300-150 MG (<i>atazanavir-cobicistat</i>)	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML (<i>risdiplam</i>)	3	PA; SP; QL (8 ML per 1 day)
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	3	PA; SP; QL (1 EA per 1 day)
GALAFOLD ORAL CAPSULE 123 MG (<i>migalastat hcl</i>)	3	PA; SP; QL (0.5 EA per 1 day)
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 16.8 MG/2ML (<i>sodium hyaluronate (viscosup)</i>)	2	PA
ILARIS SUBCUTANEOUS SOLUTION 150 MG/ML (<i>canakinumab</i>)	2	PA; SP; QL (0.08 ML per 1 day)
LEVOCARNITINE INJECTION SOLUTION 500 MG/ML	3	
<i>levocarnitine intravenous solution 200 mg/ml</i>	1	
<i>levocarnitine oral solution 1 gml/10ml</i>	1	
<i>levocarnitine oral tablet 330 mg</i>	1	
<i>levocarnitine sf oral solution 1 gml/10ml</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	PA; QL (16 EA per 1 day)
<i>miglustat oral capsule 100 mg</i>	1	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION 10000 UNIT/2ML, 2500 UNIT/0.5ML, 5000 UNIT/ML (<i>rimabotulinumtoxinB</i>)	2	PA
NEOKE RA LIPOIC ORAL POWDER 800 MG/GM (<i>alpha-lipoic acid</i>)	3	
NEXAVIR INJECTION SOLUTION 25.5 MG/ML (<i>liver derivative complex</i>)	3	
<i>nitisinone oral capsule 10 mg, 2 mg, 20 mg, 5 mg</i>	1	PA; SP
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (<i>nitisinone</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED 9.5 MG (<i>fosdenopterin hydrobromide</i>)	3	PA; SP
ONPATTRO INTRAVENOUS SOLUTION 10 MG/5ML (<i>patisiran sodium</i>)	3	PA; SP
OPFOLDA ORAL CAPSULE 65 MG (<i>miglustat (gaa deficiency)</i>)	3	PA; SP; QL (0.3 EA per 1 day)
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (<i>nitisinone</i>)	3	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML (<i>nitisinone</i>)	3	PA; SP
OXLUMO SUBCUTANEOUS SOLUTION 94.5 MG/0.5ML (<i>lumasiran sodium</i>)	3	PA; SP
PREZCOBIX ORAL TABLET 800-150 MG (<i>darunavir-cobicistat</i>)	2	
REBYOTA RECTAL SUSPENSION 150 ML (<i>fecal microbiota, live-jslm</i>)	3	PA; SP
RIMSO-50 INTRAVESICAL SOLUTION 50 % (<i>dimethyl sulfoxide</i>)	3	
<i>sapropterin dihydrochloride oral packet 100 mg, 500 mg</i>	1	PA; SP
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA; SP
SKYCLARYS ORAL CAPSULE 50 MG (<i>omaveloxolone</i>)	3	PA; SP; QL (3 EA per 1 day)
SOHONOS ORAL CAPSULE 1 MG (<i>palovarotene</i>)	3	PA; SP; QL (20 EA per 1 day)
SOHONOS ORAL CAPSULE 1.5 MG (<i>palovarotene</i>)	3	PA; SP; QL (13 EA per 1 day)
SOHONOS ORAL CAPSULE 10 MG (<i>palovarotene</i>)	3	PA; SP; QL (2 EA per 1 day)
SOHONOS ORAL CAPSULE 2.5 MG (<i>palovarotene</i>)	3	PA; SP; QL (8 EA per 1 day)
SOHONOS ORAL CAPSULE 5 MG (<i>palovarotene</i>)	3	PA; SP; QL (4 EA per 1 day)
STRIBILD ORAL TABLET 150-150-200-300 MG (<i>elviteg-cobic-emtricit-tenofdf</i>)	3	
SYMTUZA ORAL TABLET 800-150-200-10 MG (<i>darun-cobic-emtricit-tenofaf</i>)	3	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG (<i>tiopronin</i>)	3	SP
THIOLA ORAL TABLET 100 MG (<i>tiopronin</i>)	3	SP
<i>tiopronin oral tablet 100 mg</i>	1	SP
<i>tiopronin oral tablet delayed release 100 mg, 300 mg</i>	1	SP
TYBOST ORAL TABLET 150 MG (<i>cobicistat</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG (<i>vosoritide</i>)	3	PA; SP; QL (1 EA per 1 day)
VYNDAMAX ORAL CAPSULE 61 MG (<i>tafamidis</i>)	3	PA; SP; QL (1 EA per 1 day)
VYNDAQEL ORAL CAPSULE 20 MG (<i>tafamidis meglumine (cardiac)</i>)	3	PA; SP; QL (4 EA per 1 day)
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (<i>incobotulinumtoxina</i>)	2	PA
XURIDEN ORAL PACKET 2 GM (<i>uridine triacetate</i>)	3	PA; SP; QL (4 EA per 1 day)
<i>yargesa oral capsule 100 mg</i>	1	PA; SP
ZAVESCA ORAL CAPSULE 100 MG (<i>miglustat</i>)	3	PA; SP
ZOKINVY ORAL CAPSULE 50 MG, 75 MG (<i>lonafarnib</i>)	3	PA; SP; QL (4 EA per 1 day)
PROTECTIVE AGENTS		
<i>adapalene external cream 0.1 %</i>	1	
<i>adapalene external gel 0.1 %, 0.3 %</i>	1	
<i>dexrazoxane hcl intravenous solution reconstituted 250 mg, 500 mg</i>	1	SP
<i>dexrazoxane intravenous solution reconstituted 250 mg</i>	1	SP
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED 500 MG (<i>amifostine</i>)	3	
<i>mesna intravenous solution 100 mg/ml</i>	1	SP
MESNEX INTRAVENOUS SOLUTION 100 MG/ML (<i>mesna</i>)	3	SP
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	3	SP
PEDMARK INTRAVENOUS SOLUTION 12.5 % (<i>sodium thiosulfate</i>)	3	PA
NONTHERAPEUTIC		
NONTHERAPEUTIC		
EUA PATIENT ASSESSMENT	3	
OSMOTIC DIURETICS		
OSMOTIC DIURETICS		
<i>mannitol intravenous solution 20 %, 25 %</i>	1	
OSMITROL INTRAVENOUS SOLUTION 10 %, 20 % (<i>mannitol</i>)	3	
OXYTOCICS - Drugs for Women		
OXYTOCICS - Drugs for Women		
<i>methergine oral tablet 0.2 mg</i>	1	QL (28 EA per 1 fill)
<i>methylergonovine maleate injection solution 0.2 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylergonovine maleate oral tablet 0.2 mg</i>	1	QL (28 EA per 1 fill)
MIFEPREX ORAL TABLET 200 MG (<i>mifepristone</i>)	3	
<i>mifepristone oral tablet 200 mg</i>	1	
<i>oxytocin injection solution 10 unit/ml</i>	1	
OXYTOCIN-LACTATED RINGERS INTRAVENOUS SOLUTION 15 UNIT/250ML, 20 UNIT/L, 30 UNIT/500ML	3	
OXYTOCIN-SODIUM CHLORIDE INTRAVENOUS SOLUTION 15-0.9 UT/250ML-%, 20-0.9 UNIT/L-%, 30-0.9 UT/500ML-%	3	
PITOCIN INJECTION SOLUTION 10 UNIT/ML (<i>oxytocin</i>)	3	
PHARMACEUTICAL AIDS		
PHARMACEUTICAL AIDS		
BACTERIOSTATIC WATER(BENZ ALC) INJECTION SOLUTION	3	
<i>diluent for treprostinil intravenous solution</i>	1	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
STERILE DILUENT FLOLAN PH 12 INTRAVENOUS SOLUTION (<i>glycine diluent</i>)	3	
STERILE DILUENT FOR REMODULIN INTRAVENOUS SOLUTION (<i>glycine diluent</i>)	3	
<i>sterile water for injection injection solution</i>	1	
POTASSIUM-SPARING DIURETICS		
POTASSIUM-SPARING DIURETICS		
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (<i>spironolactone</i>)	3	
<i>amiloride hcl oral tablet 5 mg</i>	1	
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (<i>triamterene</i>)	3	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
RADIOACTIVE AGENTS		
RADIOACTIVE AGENTS		
XOFIGO INTRAVENOUS SOLUTION 30 MCCI/ML (<i>radium ra 223 dichloride</i>)	2	
RESPIRATORY TRACT AGENTS - Drugs for the Lungs		
ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD		
ADRENALIN INJECTION SOLUTION 1 MG/ML, 30 MG/30ML (<i>epinephrine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AKOVAZ INTRAVENOUS SOLUTION 50 MG/ML (<i>ephedrine sulfate (pressors)</i>)	3	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (<i>ephedrine sulfate (pressors)</i>)	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML (<i>epinephrine</i>)	3	
EMERPHED INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML (<i>ephedrine sulfate (pressors)</i>)	3	
EPHEDRINE SULFATE (PRESSORS) INJECTION SOLUTION PREFILLED SYRINGE 50 MG/10ML, 50 MG/5ML	3	
<i>ephedrine sulfate (pressors) intravenous solution 50 mg/ml</i>	1	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION PREFILLED SYRINGE 25 MG/5ML	3	
EPHEDRINE SULFATE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 10-0.9 MG/ML-%, 100-0.9 MG/10ML-%, 25-0.9 MG/5ML-%, 50-0.9 MG/10ML-%, 50-0.9 MG/5ML-%	3	
<i>epinephrine (anaphylaxis) injection solution 1 mg/ml, 30 mg/30ml</i>	1	
EPINEPHRINE HCL-DEXTROSE INTRAVENOUS SOLUTION 4-5 MG/250ML-%	3	
EPINEPHRINE HCL-NACL INTRAVENOUS SOLUTION 8-0.9 MG/250ML-%	3	
<i>epinephrine injection solution 10 mg/10ml</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
EPINEPHRINE INJECTION SOLUTION PREFILLED SYRINGE 1 MG/ML	3	
EPINEPHRINE INTRAVENOUS SOLUTION 1 MG/10ML	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.1 MG/10ML	3	
<i>epinephrine intravenous solution prefilled syringe 1 mg/10ml</i>	1	
<i>epinephrine pf injection solution 1 mg/ml</i>	1	
<i>epinephrine solution 1 mg/ml injection</i>	1	
EPINEPHRINE SOLUTION 1 MG/ML INJECTION	3	
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION 2-5 MG/250ML-%	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EPINEPHRINE-DEXTROSE INTRAVENOUS SOLUTION PREFILLED SYRINGE 100-5 MCG/10ML-%	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION 2-0.9 MG/250ML-%	3	
EPINEPHRINE-NACL INTRAVENOUS SOLUTION PREFILLED SYRINGE 1-0.9 MG/10ML-%	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR 0.3 MG/0.3ML (<i>epinephrine</i>)	3	ST
REZIPRES INTRAVENOUS SOLUTION 47 MG/10ML (<i>ephedrine hcl</i>)	3	
ANTICHOLINERGIC AGENTS (RESPIR. TRACT) - Drugs for Asthma/COPD		
<i>atropine sulfate injection solution 8 mg/20ml</i>	1	
<i>atropine sulfate injection solution prefilled syringe 0.25 mg/5ml, 0.5 mg/5ml, 1 mg/10ml</i>	1	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML	3	
<i>atropine sulfate intravenous solution 0.4 mg/ml, 1 mg/ml</i>	1	
ATROPINE SULFATE INTRAVENOUS SOLUTION PREFILLED SYRINGE 0.8 MG/2ML, 1 MG/2.5ML, 1.2 MG/3ML	3	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (<i>ipratropium bromide hfa</i>)	3	QL (0.86 GM per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (<i>ipratropium-albuterol</i>)	2	QL (0.27 GM per 1 day)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	QL (10.42 ML per 1 day)
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	QL (18 ML per 1 day)
QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-10-0.1-1 MG	3	
SPIRIVA HANDHALER INHALATION CAPSULE 18 MCG (<i>tiotropium bromide monohydrate</i>)	1	QL (1 EA per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (<i>tiotropium bromide monohydrate</i>)	2	QL (0.14 GM per 1 day)
SUPER QUAD-MIX INTRACAVERNOSAL SOLUTION RECONSTITUTED 150-20-0.2-2 MG	3	
ANTIFIBROTIC AGENTS - Drugs for the Lungs		
OFEV ORAL CAPSULE 100 MG, 150 MG (<i>nintedanib esylate</i>)	3	PA; SP
<i>pirfenidone oral capsule 267 mg</i>	1	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pirfenidone oral tablet 267 mg, 534 mg, 801 mg</i>	1	PA; SP
ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (<i>mepolizumab</i>)	2	PA; SP; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	2	PA; SP; QL (0.11 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (<i>mepolizumab</i>)	2	PA; SP; QL (0.11 EA per 1 day)
ANTITUSSIVES - Drugs for Cough and Cold		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
<i>codeine sulfate oral tablet 15 mg</i>	1	QL (21 EA per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	1	QL (10 EA per 1 day)
<i>codeine sulfate oral tablet 60 mg</i>	1	QL (5 EA per 1 day)
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	PA; QL (240 ML per 1 fill)
HYCODAN ORAL SOLUTION 5-1.5 MG/5ML (<i>hydrocodone bit-homatrop mbr</i>)	3	PA; QL (240 ML per 1 fill)
HYCODAN ORAL TABLET 5-1.5 MG (<i>hydrocodone bit-homatrop mbr</i>)	3	PA; QL (6 EA per 1 day)
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	PA; QL (240 ML per 1 fill)
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	PA; QL (240 ML per 1 fill)
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	PA; QL (6 EA per 1 day)
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	PA; QL (240 ML per 1 fill)
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	PA; QL (240 ML per 1 fill)
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA; QL (240 ML per 1 fill)
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor-ivacaftor</i>)	3	PA; SP; QL (2 EA per 1 day)

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	3	PA; SP; QL (4 EA per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	3	PA; SP; QL (2 EA per 1 day)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; SP; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; SP; QL (2 EA per 1 day)
CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs		
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	3	PA; SP
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	3	PA; SP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG, 75-94 MG (<i>lumacaftor-ivacaftor</i>)	3	PA; SP; QL (2 EA per 1 day)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor-ivacaftor</i>)	3	PA; SP; QL (4 EA per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	3	PA; SP; QL (2 EA per 1 day)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; SP; QL (3 EA per 1 day)
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG (<i>elexacaftor-tezacaftor-ivacaft</i>)	3	PA; SP; QL (2 EA per 1 day)
ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; SP; QL (1 EA per 1 day)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; SP; QL (2 EA per 1 day)
FILSPARI ORAL TABLET 200 MG, 400 MG (<i>sparsentan</i>)	3	PA; SP; QL (1 EA per 1 day)
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	2	PA; SP; QL (1 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	3	PA; SP; QL (4 EA per 1 day)
EXPECTORANTS - Drugs for the Lungs		
<i>guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml</i>	1	PA; QL (240 ML per 1 fill)
<i>iodine strong oral solution 5 %</i>	1	
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	PA; QL (240 ML per 1 fill)
FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbinoxamine maleate oral tablet 4 mg, 6 mg</i>	1	
<i>clemastine fumarate oral syrup 0.67 mg/5ml</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<i>diphenhydramine hcl injection solution 50 mg/ml</i>	1	
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
PHENERGAN INJECTION SOLUTION 25 MG/ML, 50 MG/ML (<i>promethazine hcl</i>)	3	
<i>promethazine hcl injection solution 25 mg/ml, 50 mg/ml</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>ryvent oral tablet 6 mg</i>	1	
INTERLEUKIN ANTAGONISTS - Drugs for Inflammation		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (<i>reslizumab</i>)	3	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (<i>dupilumab</i>)	2	PA; SP; QL (0.17 ML per 1 day)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (<i>benralizumab</i>)	2	PA; SP
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML (<i>benralizumab</i>)	2	PA; SP
LEUKOTRIENE MODIFIERS - Drugs for Inflammation		
ACCOLATE ORAL TABLET 10 MG, 20 MG (<i>zafirlukast</i>)	3	
<i>montelukast sodium oral packet 4 mg</i>	1	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
MAST-CELL STABILIZERS - Drugs for Inflammation		
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GASTROCROM ORAL CONCENTRATE 100 MG/5ML (<i>cromolyn sodium</i>)	3	
MUCOLYTIC AGENTS - Drugs for the Lungs		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % (<i>sodium chloride</i>)	3	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % (<i>sodium chloride</i>)	3	
PULMOSAL INHALATION NEBULIZATION SOLUTION 7 % (<i>sodium chloride</i>)	3	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (<i>dornase alfa</i>)	2	PA; SP
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	1	
NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation		
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	QL (0.77 GM per 1 day)
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	2	QL (0.77 GM per 1 day)
<i>flunisolide nasal solution 25 mcg/lact (0.025%)</i>	1	QL (0.84 ML per 1 day)
<i>fluticasone propionate nasal suspension 50 mcg/lact</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/lact</i>	1	QL (1.14 GM per 1 day)
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	QL (0.23 GM per 1 day)
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (<i>beclomethasone diprop (nasal)</i>)	3	QL (0.36 GM per 1 day)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (<i>olopatadine-mometasone</i>)	3	QL (1 GM per 1 day)
NON-SELECT.BETA-ADRENERGIC AGONT(RESPIR) - Drugs for Asthma/COPD		
<i>isoproterenol hcl injection solution 0.2 mg/ml</i>	1	
ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
ARNUIITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT, 50 MCG/ACT (<i>fluticasone furoate</i>)	2	QL (1 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml</i>	1	QL (4 ML per 1 day)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (0.71 GM per 1 day)
PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	3	PA
<i>roflumilast oral tablet 250 mcg, 500 mcg</i>	1	PA
PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs		
<i>alyq oral tablet 20 mg</i>	1	PA; SP; QL (2 EA per 1 day)
CIALIS ORAL TABLET 10 MG, 20 MG (<i>tadalafil</i>)	3	QL (8 EA per 30 days)
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	1	PA; SP
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; SP; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	QL (8 EA per 30 days)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; SP; QL (3 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; SP; QL (2 EA per 1 day)
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1	QL (8 EA per 30 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1	QL (30 EA per 30 days)
PROSTACYCLIN & PROSTACYCLIN DERIVATIVES - Drugs for the Lungs		
<i>epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg</i>	1	PA; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	3	PA; SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	3	PA; SP; QL (336 EA per 365 days)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (<i>treprostinil diolamine</i>)	3	PA; SP; QL (672 EA per 365 days)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (<i>treprostinil diolamine</i>)	3	PA; SP; QL (504 EA per 365 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (<i>treprostinil diolamine</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	1	PA; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (treprostinil)	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (treprostinil)	3	PA; SP; QL (2 EA per 365 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (treprostinil)	3	PA; SP; QL (2.9 ML per 1 day)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (epoprostenol sodium)	3	PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (iloprost)	3	PA; SP; QL (9 ML per 1 day)
PULMONARY SURFACTANTS - Drugs for the Lungs		
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5ML, 240 MG/3ML (poractant alfa)	3	
INFASURF INTRATRACHEAL SUSPENSION 35-0.9 MG/ML-% (calfactant in nacl)	3	
SURVANTA INTRATRACHEAL SUSPENSION 25-0.9 MG/ML-% (beractant in nacl)	3	
RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 500 MG (alpha1-proteinase inhibitor)	3	PA; SP
GLASSIA INTRAVENOUS SOLUTION 1000 MG/50ML (alpha1-proteinase inhibitor)	3	PA; SP
pirfenidone oral capsule 267 mg	1	PA; SP
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	1	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION 1000 MG/20ML (alpha1-proteinase inhibitor)	3	PA; SP
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML (tezepelumab-ekko)	2	PA; SP; QL (0.07 ML per 1 day)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.91ML (tezepelumab-ekko)	2	PA; SP; QL (0.07 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (<i>omalizumab</i>)	2	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (<i>omalizumab</i>)	2	PA; SP
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED 1000 MG, 4000 MG, 5000 MG (<i>alpha1-proteinase inhibitor</i>)	3	PA; SP
SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy		
<i>azelastine hcl nasal solution 0.1 %, 0.15 %, 137 mcg/spray</i>	1	QL (2 ML per 1 day)
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>azelastine-fluticasone nasal suspension 137-50 mcg/lact</i>	1	QL (0.77 GM per 1 day)
<i>cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 2.5 mg, 5 mg</i>	1	
DYMISTA NASAL SUSPENSION 137-50 MCG/ACT (<i>azelastine-fluticasone</i>)	2	QL (0.77 GM per 1 day)
SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT (<i>albuterol-budesonide</i>)	2	QL (1.1 GM per 1 day)
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/lact</i>	1	QL (1.2 GM per 1 day)
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%</i>	1	QL (18 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution (5 mg/ml) 0.5%</i>	1	QL (5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 0.63 mg/3ml, 1.25 mg/3ml</i>	1	QL (12.5 ML per 1 day)
<i>albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml</i>	1	QL (5 EA per 1 day)
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	QL (4 ML per 1 day)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml</i>	1	QL (18 ML per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1	QL (3 EA per 1 day)
levalbuterol hcl inhalation nebulization solution 1.25 mg/3ml	1	QL (9 ML per 1 day)
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML (formoterol fumarate)	3	QL (4 ML per 1 day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (salmeterol xinafoate)	2	QL (2 EA per 1 day)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT (olodaterol hcl)	2	QL (4.2 GM per 30 days)
terbutaline sulfate injection solution 1 mg/ml	1	
terbutaline sulfate oral tablet 2.5 mg, 5 mg	1	
VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (riociguat)	2	PA; SP; QL (90 EA per 30 days)
alyq oral tablet 20 mg	1	PA; SP; QL (2 EA per 1 day)
ambrisentan oral tablet 10 mg, 5 mg	1	PA; SP; QL (1 EA per 1 day)
bosentan oral tablet 125 mg, 62.5 mg	1	PA; SP; QL (2 EA per 1 day)
epoprostenol sodium intravenous solution reconstituted 0.5 mg, 1.5 mg	1	PA; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (epoprostenol sodium)	3	PA; SP
OPSUMIT ORAL TABLET 10 MG (macitentan)	2	PA; SP; QL (1 EA per 1 day)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	3	PA; SP; QL (336 EA per 365 days)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (treprostinil diolamine)	3	PA; SP; QL (672 EA per 365 days)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG (treprostinil diolamine)	3	PA; SP; QL (504 EA per 365 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (treprostinil diolamine)	3	PA; SP
sildenafil citrate intravenous solution 10 mg/12.5ml	1	PA; SP
sildenafil citrate oral suspension reconstituted 10 mg/ml	1	PA; SP; QL (7.5 ML per 1 day)
sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg	1	QL (8 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; SP; QL (3 EA per 1 day)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; SP; QL (2 EA per 1 day)
TRACLEER ORAL TABLET SOLUBLE 32 MG (<i>bosentan</i>)	3	PA; SP; QL (4 EA per 1 day)
<i>treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml</i>	1	PA; SP
TYVASO DPI INSTITUTIONAL KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG (<i>treprostinil</i>)	3	PA; SP; QL (4 EA per 1 day)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG (<i>treprostinil</i>)	3	PA; SP; QL (2 EA per 365 days)
TYVASO INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML (<i>treprostinil</i>)	3	PA; SP; QL (2.9 ML per 1 day)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (<i>selexipag</i>)	3	PA; SP
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	3	PA; SP; QL (2 EA per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	3	PA; SP; QL (400 EA per 365 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED 0.5 MG, 1.5 MG (<i>epoprostenol sodium</i>)	3	PA; SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	3	PA; SP; QL (9 ML per 1 day)
VASODILATING AGENTS, MISC - Drugs for the Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	2	PA; SP; QL (90 EA per 30 days)
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED 1800 MCG (<i>selexipag</i>)	3	PA; SP
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	3	PA; SP; QL (2 EA per 1 day)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (<i>selexipag</i>)	3	PA; SP; QL (400 EA per 365 days)

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XANTHINE DERIVATIVES - Drugs for Asthma/COPD		
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
SKIN AND MUCOUS MEMBRANE AGENTS		
ANTIPROLIFERANTS		
<i>bexarotene external gel 1 %</i>	1	PA; SP
<i>bexarotene oral capsule 75 mg</i>	1	PA; SP
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	3	
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	3	
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	3	PA; SP
SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin		
ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>naftifine hcl external cream 1 %, 2 %</i>	1	
<i>naftifine hcl external gel 2 %</i>	1	
ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
AMZEEQ EXTERNAL FOAM 4 % (<i>minocycline hcl micronized</i>)	3	
<i>azelaic acid external gel 15 %</i>	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
CLEOCIN-T EXTERNAL LOTION 1 % (<i>clindamycin phosphate</i>)	3	
<i>clindacin etz external swab 1 %</i>	1	
<i>clindacin external foam 1 %</i>	1	
<i>clindacin-p external swab 1 %</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate external foam 1 %</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
CLINDESSE VAGINAL CREAM 2 % (<i>clindamycin phosphate (1 dose)</i>)	3	
<i>dapsone external gel 5 %, 7.5 %</i>	1	
<i>ery external pad 2 %</i>	1	
ERYGEL EXTERNAL GEL 2 % (<i>erythromycin</i>)	3	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
FINACEA EXTERNAL FOAM 15 % (<i>azelaic acid</i>)	3	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
<i>gentamicin sulfate injection solution 10 mg/ml, 40 mg/ml</i>	1	
KLARON EXTERNAL LOTION 10 % (<i>sulfacetamide sodium (acne)</i>)	3	
METROCREAM EXTERNAL CREAM 0.75 % (<i>metronidazole</i>)	3	
METROLOTION EXTERNAL LOTION 0.75 % (<i>metronidazole</i>)	3	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>mupirocin calcium external cream 2 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	
<i>neomycin sulfate oral tablet 500 mg</i>	1	
<i>neomycin-polymyxin b gu irrigation solution 40-200000</i>	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	3	
<i>neuac external gel 1.2-5 %</i>	1	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phosphobenzoyl perox</i>)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>polymyxin b sulfate injection solution reconstituted 500000 unit</i>	1	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	1	
VANDAZOLE VAGINAL GEL 0.75 % (<i>metronidazole</i>)	3	ST
XACIATO VAGINAL GEL 2 % (<i>clindamycin phosphate</i>)	3	
XEPI EXTERNAL CREAM 1 % (<i>ozenoxacin</i>)	3	
ZILXI EXTERNAL FOAM 1.5 % (<i>minocycline hcl micronized</i>)	3	ST
ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin		
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	
ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin		
EUCRISA EXTERNAL OINTMENT 2 % (<i>crisaborole</i>)	2	ST
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3	PA
ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin		
ANALPRAM-HC EXTERNAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	3	
<i>ethyl chloride external aerosol</i>	1	
GEBAUERS PAIN EASE EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	3	
GEBAUERS SPRAY AND STRETCH EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	3	
<i>glydo external prefilled syringe 2 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
L.E.T. EXTERNAL GEL 4-0.05-0.5 % (<i>lido-epinephrine-tetracaine</i>)	3	
L.E.T. EXTERNAL SOLUTION 4-0.05-0.5 %	3	
<i>lidocaine external ointment 5 %</i>	1	
<i>lidocaine external patch 5 %</i>	1	
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine hcl urethral mucosal external prefilled syringe 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIDO-EPINEPHRINE-TETRACAINE EXTERNAL SOLUTION 4-0.05-0.5 %	3	
LIDO-RACEPINEPHRINE-TETRACAINE EXTERNAL GEL 4-0.05-0.5 %	3	
phenazo oral tablet 200 mg	1	
phenazopyridine hcl oral tablet 100 mg, 200 mg	1	
PREPIV SUPPLY COMBINATION KIT 2.5-2.5 & 0.9 %	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (hydrocortisone ace-pramoxine)	2	
REGENECARE EXTERNAL GEL 2 % (lidocaine-collagen-aloe vera)	3	
STERILE TOPICAL L.E.T. GEL EXTERNAL GEL 4-0.18-0.5 % (lido-epinephrine-tetracaine)	3	
TOPICAL L.E.T. EXTERNAL GEL 4-0.09-0.5 %	3	
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT 2 % (lidocaine hcl-blood collection)	3	
ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
acyclovir external ointment 5 %	1	QL (1 GM per 1 day)
penciclovir external cream 1 %	1	QL (0.17 GM per 1 day)
ASTRINGENTS - Drugs for the Skin		
DRYSOL EXTERNAL SOLUTION 20 % (aluminum chloride)	3	
XERAC AC EXTERNAL SOLUTION 6.25 % (aluminum chloride in alcohol)	3	
AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
clotrimazole external cream 1 %	1	
clotrimazole external solution 1 %	1	
clotrimazole mouth/throat troche 10 mg	1	
clotrimazole-betamethasone external cream 1-0.05 %	1	
clotrimazole-betamethasone external lotion 1-0.05 %	1	
econazole nitrate external cream 1 %	1	
GYNAZOLE-1 VAGINAL CREAM 2 % (butoconazole nitrate (1 dose))	3	
ketoconazole external cream 2 %	1	
ketoconazole external foam 2 %	1	
ketoconazole external shampoo 2 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketodan external foam 2 %</i>	1	
<i>miconazole 3 vaginal suppository 200 mg</i>	1	
<i>oxiconazole nitrate external cream 1 %</i>	1	
OXISTAT EXTERNAL CREAM 1 % (<i>oxiconazole nitrate</i>)	3	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	1	
<i>terconazole vaginal suppository 80 mg</i>	1	
BASIC LOTIONS AND LINIMENTS - Drugs for the Skin		
<i>ammonium lactate external cream 12 %</i>	1	
<i>ammonium lactate external lotion 12 %</i>	1	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	3	
<i>lactic acid external lotion 10 %</i>	1	
BASIC OILS AND OTHER SOLVENTS - Drugs for the Skin		
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	1	
BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin		
<i>calcipotriene external cream 0.005 %</i>	1	
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	1	QL (4 GM per 1 day)
CALCITRENE EXTERNAL OINTMENT 0.005 % (<i>calcipotriene</i>)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
<i>hydrocortisone external cream 1 %</i>	1	
<i>lactic acid e external cream 10-3500 %-unt/30gm</i>	1	
REGENECARE EXTERNAL GEL 2 % (<i>lidocaine-collagen-aloe vera</i>)	3	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	QL (3 GM per 1 day)
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	QL (4 GM per 1 day)
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
XIAFLEX INJECTION SOLUTION RECONSTITUTED 0.9 MG (<i>collagenase clostrid histolyt</i>)	2	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin		
ALTRENO EXTERNAL LOTION 0.05 % (<i>tretinoin</i>)	3	PA
ATRALIN EXTERNAL GEL 0.05 % (<i>tretinoin</i>)	3	PA
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED 5.16 MG (<i>palifermin</i>)	3	SP
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % (<i>tretinoin microsphere</i>)	3	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin external gel 0.01 %, 0.025 %, 0.05 %</i>	1	
<i>tretinoin microsphere external gel 0.04 %, 0.08 %, 0.1 %</i>	1	
<i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i>	1	
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	3	
CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
<i>ala-cort external cream 1 %</i>	1	
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>amcinonide external cream 0.1 %</i>	1	
<i>amcinonide external ointment 0.1 %</i>	1	
ANALPRAM-HC EXTERNAL CREAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	3	
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANUSOL-HC EXTERNAL CREAM 2.5 % (<i>hydrocortisone</i>)	3	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external foam 0.12 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
<i>budesonide rectal foam 2 mg, 2 mg/lact</i>	1	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	1	QL (4 GM per 1 day)
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external foam 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external liquid 0.05 %</i>	1	
<i>clobetasol propionate external lotion 0.05 %</i>	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	
<i>clobetasol propionate external shampoo 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
<i>clocortolone pivalate external cream 0.1 %</i>	1	
<i>clodan external shampoo 0.05 %</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
CORTENEMA RECTAL ENEMA 100 MG/60ML (<i>hydrocortisone</i>)	3	
CORTIFOAM EXTERNAL FOAM 10 % (<i>hydrocortisone acetate</i>)	3	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % (<i>fluocinolone acetonide</i>)	3	
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external gel 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
DESOWEN EXTERNAL CREAM 0.05 % (<i>desonide</i>)	3	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external liquid 0.25 %</i>	1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIPROLENE EXTERNAL OINTMENT 0.05 % (<i>betamethasone dipropionate aug</i>)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
EPIFOAM EXTERNAL FOAM 1-1 % (<i>pramoxine-hc</i>)	3	
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
<i>flurandrenolide external cream 0.05 %</i>	1	
<i>flurandrenolide external lotion 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halcinonide external cream 0.1 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external ointment 0.05 %</i>	1	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external lotion 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	
<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>kourzeq mouth/throat paste 0.1 %</i>	1	
LOCOID EXTERNAL LOTION 0.1 % (<i>hydrocortisone butyrate</i>)	3	
LOCOID LIPOCREAM EXTERNAL CREAM 0.1 % (<i>hydrocortisone butyr lipo base</i>)	3	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % (<i>neomycin-fluocinolone</i>)	3	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>oralone mouth/throat paste 0.1 %</i>	1	
PROCTOCORT EXTERNAL CREAM 1 % (<i>hydrocortisone</i>)	3	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (<i>hydrocortisone ace-pramoxine</i>)	2	
<i>procto-med hc external cream 2.5 %</i>	1	
<i>proctosol hc external cream 2.5 %</i>	1	
<i>proctozone-hc external cream 2.5 %</i>	1	
SYNALAR EXTERNAL CREAM 0.025 % (<i>fluocinolone acetonide</i>)	3	
SYNALAR EXTERNAL OINTMENT 0.025 % (<i>fluocinolone acetonide</i>)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	QL (4 GM per 1 day)
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % (<i>desoximetasone</i>)	3	
TOPICORT EXTERNAL GEL 0.05 % (<i>desoximetasone</i>)	3	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % (<i>desoximetasone</i>)	3	
<i>tovet external foam 0.05 %</i>	1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
<i>triderm external cream 0.5 %</i>	1	
UCERIS RECTAL FOAM 2 MG/ACT (<i>budesonide</i>)	3	
VANOS EXTERNAL CREAM 0.1 % (<i>fluocinonide</i>)	3	
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin		
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD 3 % (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM OIL EMULSION 2"X2" EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM OIL EMULSION GAUZE EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM OIL EMULSION STRIP EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM OIL ROLL 4"X9' EXTERNAL 3 % (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLAT GAUZE 1"X8" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLAT GAUZE 5"X9" EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLAT PATCH 2"X2" EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLAT PATCH 4"X4" EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM PETROLATUM DRES 4"X4" EXTERNAL PAD 3 %	3	
XEROFORM PETROLATUM DRES 5"X9" EXTERNAL PAD 3 %	3	
XEROFORM PETROLATUM ROLL 4"X9' EXTERNAL (<i>bismuth tribromoph-petrolatum</i>)	3	
HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin		
<i>ciclodan external solution 8 %</i>	1	
<i>ciclopirox external gel 0.77 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciclopirox external shampoo 1 %</i>	1	
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
IMMUNOMODULATORY AGENT(S) - Drugs for the Skin		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	2	PA; SP; QL (0.15 ML per 1 day)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>tildrakizumab-asmn</i>)	3	PA; SP; QL (0.02 ML per 1 day)
<i>pimecrolimus external cream 1 %</i>	1	ST; QL (2 GM per 1 day)
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	3	PA; SP; QL (0.11 ML per 1 day)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (<i>spesolimab-sbzo</i>)	3	PA; SP; QL (30 ML per 84 days)
SPEVIGO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>spesolimab-sbzo</i>)	3	PA; SP; QL (0.08 ML per 1 day)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	QL (2 GM per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
JANUS KINASE INHIBITORS - Drugs for the Skin		
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (<i>abrocitinib</i>)	2	PA; SP; QL (1 EA per 1 day)
KERATOLYTIC AGENTS - Drugs for the Skin		
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>adapalene external cream 0.1 %</i>	1	
<i>adapalene external gel 0.1 %, 0.3 %</i>	1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	3	
EXODERM EXTERNAL LOTION 25-1 % (<i>sod thiosulfate-salicylic acid</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (<i>salicylic acid-lactic acid</i>)	3	
KERALYT EXTERNAL SHAMPOO 6 % (<i>salicylic acid</i>)	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
<i>sulfacetamide sodium-sulfur external liquid 10-5 %</i>	1	
<i>urea external cream 20 %</i>	1	
XALIX EXTERNAL SOLUTION 28 % (<i>salicylic acid</i>)	3	
YCANTH EXTERNAL SOLUTION 0.7 % (<i>cantharidin</i>)	3	PA
KERATOPLASTIC AGENTS - Drugs for the Skin		
<i>coal tar external solution 20 %</i>	1	
LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	
<i>benzalkonium chloride external solution , 50 %</i>	1	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
CHLORHEXIDINE GLUCONATE SOLUTION 20 %	3	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	1	
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (<i>adapalene-benzoyl peroxide</i>)	3	
<i>hydrogen peroxide solution 30 %</i>	1	
<i>iodine tincture external tincture 2 %</i>	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
<i>mafenide acetate external packet 5 %</i>	1	
<i>neuac external gel 1.2-5 %</i>	1	
ONEXTON EXTERNAL GEL 1.2-3.75 % (<i>clindamycin phos-benzoyl perox</i>)	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (<i>chlorhexidine gluconate</i>)	3	
<i>periogard mouth/throat solution 0.12 %</i>	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>ssd external cream 1 %</i>	1	
SULFAMYLON EXTERNAL PACKET 5 % (<i>mafenide acetate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TWYNEO EXTERNAL CREAM 0.1-3 % (<i>tretinoin-benzoyl peroxide</i>)	3	
NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin		
<i>diclofenac sodium external gel 1 %</i>	1	QL (33.33 GM per 1 day)
<i>diclofenac sodium external gel 3 %</i>	1	ST; QL (10 GM per 1 day)
<i>diclofenac sodium external solution 1.5 %, 2 %</i>	1	PA
DICLOFONO EXTERNAL GEL 1.6 % (<i>diclofenac sodium</i>)	3	
OXABOROLES - Drugs for the Skin		
<i>tavaborole external solution 5 %</i>	1	PA
PIGMENTING AGENTS - Drugs for the Skin		
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
UVADEX EXTRACORPOREAL SOLUTION 20 MCG/ML (<i>methoxsalen (photopheresis)</i>)	3	
POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin		
<i>klayesta external powder 100000 unit/gm</i>	1	
<i>nyamyc external powder 100000 unit/gm</i>	1	
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>nystop external powder 100000 unit/gm</i>	1	
SCABICIDES AND PEDICULICIDES - Drugs for the Skin		
CROTAN EXTERNAL LOTION 10 % (<i>crotamiton</i>)	3	
<i>ivermectin external cream 1 %</i>	1	
<i>malathion external lotion 0.5 %</i>	1	
OVIDE EXTERNAL LOTION 0.5 % (<i>malathion</i>)	3	
<i>permethrin external cream 5 %</i>	1	
SOOLANTRA EXTERNAL CREAM 1 % (<i>ivermectin</i>)	3	
<i>spinosad external suspension 0.9 %</i>	1	
<i>sulfurated lime external solution</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (<i>isotretinoin micronized</i>)	3	PA
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
<i>adapalene external cream 0.1 %</i>	1	
<i>adapalene external gel 0.1 %, 0.3 %</i>	1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %, 0.3-2.5 %</i>	1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>tralokinumab-ldrm</i>)	2	PA; SP; QL (0.15 ML per 1 day)
AKLIEF EXTERNAL CREAM 0.005 % (<i>trifarotene</i>)	3	PA
<i>amnesteem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
AQUACEL AG BURN EXTERNAL PAD 4"X5" (<i>silver-carboxymethylcellulose</i>)	3	
<i>arnica flower tincture</i>	1	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
ATRAPRO DERMAL SPRAY EXTERNAL LIQUID (<i>wound cleansers</i>)	3	
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (<i>infliximab-axxq</i>)	2	PA; SP
<i>azelaic acid external gel 15 %</i>	1	
B & C EXTERNAL OINTMENT	3	
<i>balsam peru-castor oil external ointment</i>	1	
<i>bexarotene external gel 1 %</i>	1	PA; SP
BPCO EXTERNAL OINTMENT	3	
<i>brimonidine tartrate external gel 0.33 %</i>	1	
<i>calcipotriene external cream 0.005 %</i>	1	
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
<i>calcipotriene-betameth diprop external suspension 0.005-0.064 %</i>	1	QL (4 GM per 1 day)
CALCITRENE EXTERNAL OINTMENT 0.005 % (<i>calcipotriene</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcitriol external ointment 3 mcg/gm	1	
CARAC EXTERNAL CREAM 0.5 % (fluorouracil)	3	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG (abrocitinib)	2	PA; SP; QL (1 EA per 1 day)
claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
clindamycin-tretinoin external gel 1.2-0.025 %	1	
CONDYLOX EXTERNAL GEL 0.5 % (podofilox)	3	
dapsone external gel 5 %, 7.5 %	1	
diclofenac sodium external gel 1 %	1	QL (33.33 GM per 1 day)
diclofenac sodium external solution 1.5 %, 2 %	1	PA
DICLOFONO EXTERNAL GEL 1.6 % (diclofenac sodium)	3	
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML (dupilumab)	2	PA; SP; QL (0.17 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML (dupilumab)	2	PA; SP; QL (0.29 ML per 1 day)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (dupilumab)	2	PA; SP; QL (0.29 ML per 1 day)
EFUDEX EXTERNAL CREAM 5 % (fluorouracil)	3	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % (calcipotriene-betameth diprop)	3	QL (15 GM per 1 day)
EPIDUO FORTE EXTERNAL GEL 0.3-2.5 % (adapalene-benzoyl peroxide)	3	
FINACEA EXTERNAL FOAM 15 % (azelaic acid)	3	
FLUOROURACIL EXTERNAL CREAM 0.5 %	2	
fluorouracil external cream 5 %	1	
fluorouracil external solution 2 %, 5 %	1	
HYPOCYN ANTIPRURITIC EXTERNAL GEL 0.012 % (hypochlorous acid)	3	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (tildrakizumab-asmn)	3	PA; SP; QL (0.02 ML per 1 day)
imiquimod external cream 3.75 %	1	ST
imiquimod external cream 5 %	1	
imiquimod pump external cream 3.75 %	1	ST
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (infliximab-dyyb)	2	PA; SP
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLISYRI EXTERNAL OINTMENT 1 % (<i>tirbanibulin</i>)	3	ST
KORSUVA INTRAVENOUS SOLUTION 65 MCG/1.3ML (<i>difelikefalin acetate</i>)	3	PA; SP
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % (<i>aminolevulinic acid hcl</i>)	3	
LITFULO ORAL CAPSULE 50 MG (<i>ritlecitinib tosylate</i>)	3	PA; SP; QL (1 EA per 1 day)
L-MESITRAN SOFT WOUND EXTERNAL GEL (<i>wound dressings</i>)	3	
LUXAMEND EXTERNAL CREAM (<i>wound dressings</i>)	3	
MEDIHONEY WOUND & BURN DRESSING EXTERNAL PASTE (<i>wound dressings</i>)	3	
MEDIHONEY WOUND/BURN DRESSING EXTERNAL GEL (<i>wound dressings</i>)	3	
MICROCYN EXTERNAL LIQUID 0.023 % (<i>wound cleansers</i>)	3	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
MIRVASO EXTERNAL GEL 0.33 % (<i>brimonidine tartrate</i>)	2	
<i>nitroglycerin rectal ointment 0.4 %</i>	1	
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	2	PA; SP; QL (2 EA per 1 day)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (<i>apremilast</i>)	2	PA; SP; QL (55 EA per 365 days)
PANRETIN EXTERNAL GEL 0.1 % (<i>alitretinoin</i>)	3	
PETROLEUM GAUZE NON-WOVEN 3X9" EXTERNAL (<i>wound dressings</i>)	3	
<i>pimecrolimus external cream 1 %</i>	1	ST; QL (2 GM per 1 day)
<i>podofilox external gel 0.5 %</i>	1	
<i>podofilox external solution 0.5 %</i>	1	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	3	
QBREXZA EXTERNAL PAD 2.4 % (<i>glycopyrronium tosylate</i>)	3	QL (1 EA per 1 day)
RADIAPLEXRX EXTERNAL GEL (<i>wound dressings</i>)	3	
RECTIV RECTAL OINTMENT 0.4 % (<i>nitroglycerin</i>)	3	
REGENECARE EXTERNAL GEL 2 % (<i>lidocaine-collagen-aloe vera</i>)	3	
REGANEX EXTERNAL GEL 0.01 % (<i>becaplermin</i>)	3	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (<i>collagenase</i>)	3	QL (3 GM per 1 day)
SCENESSE SUBCUTANEOUS IMPLANT 16 MG (<i>afamelanotide acetate</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (<i>brodalumab</i>)	3	PA; SP; QL (0.11 ML per 1 day)
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>risankizumab-rzaa</i>)	2	PA; SP; QL (0.02 ML per 1 day)
SOTYKTU ORAL TABLET 6 MG (<i>deucravacitinib</i>)	3	PA; SP; QL (1 EA per 1 day)
SPEVIGO INTRAVENOUS SOLUTION 450 MG/7.5ML (<i>spesolimab-sbzo</i>)	3	PA; SP; QL (30 ML per 84 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML (<i>ustekinumab</i>)	2	PA; SP; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (<i>ustekinumab</i>)	2	PA; SP; QL (0.009 ML per 1 day)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (<i>ustekinumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
TACHOSIL EXTERNAL PATCH 4.8 X 4.8 CM, 9.5 X 4.8 CM (<i>absorbable fibrin sealant</i>)	3	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	QL (4 GM per 1 day)
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	QL (2 GM per 1 day)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 80 MG/ML (<i>ixekizumab</i>)	3	PA; SP; QL (0.04 ML per 1 day)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML (<i>ixekizumab</i>)	3	PA; SP; QL (0.04 ML per 1 day)
TARGRETIN EXTERNAL GEL 1 % (<i>bexarotene</i>)	3	PA; SP
<i>tazarotene external cream 0.1 %</i>	1	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	PA
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML (<i>fibrin sealant component</i>)	3	
TISSEEL EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
TOLAK EXTERNAL CREAM 4 % (<i>fluorouracil</i>)	3	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML (<i>guselkumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>guselkumab</i>)	2	PA; SP; QL (0.02 ML per 1 day)
VALCHLOR EXTERNAL GEL 0.016 % (<i>mechlorethamine hcl (topical)</i>)	3	PA; SP
VENELEX EXTERNAL OINTMENT (<i>balsam peru-castor oil</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VTAMA EXTERNAL CREAM 1 % (<i>tapinarof</i>)	3	PA
WYNZORA EXTERNAL CREAM 0.005-0.064 % (<i>calcipotriene-betameth diprop</i>)	3	QL (15 GM per 1 day)
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles		
ANTIMUSCARINICS - Drugs for the Urinary System		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 2 MG, 4 MG (<i>tolterodine tartrate</i>)	3	
DETROL ORAL TABLET 1 MG, 2 MG (<i>tolterodine tartrate</i>)	3	
<i>fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg</i>	1	
<i>flavoxate hcl oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL 10 % (<i>oxybutynin chloride</i>)	3	ST
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY 3.9 MG/24HR (<i>oxybutynin</i>)	3	ST; QL (0.29 EA per 1 day)
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1	
<i>tropium chloride oral tablet 20 mg</i>	1	
RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs		
<i>aminophylline intravenous solution 25 mg/ml</i>	1	
<i>elixophyllin oral elixir 80 mg/15ml</i>	1	
<i>sildenafil citrate intravenous solution 10 mg/12.5ml</i>	1	PA; SP
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; SP; QL (7.5 ML per 1 day)
<i>sildenafil citrate oral tablet 20 mg</i>	1	PA; SP; QL (3 EA per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System		
<i>mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>mirabegron</i>)	2	
THIAZIDE DIURETICS		
THIAZIDE DIURETICS		
<i>chlorothiazide sodium intravenous solution reconstituted 500 mg</i>	1	
DIURIL ORAL SUSPENSION 250 MG/5ML (<i>chlorothiazide</i>)	3	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
THIAZIDE-LIKE DIURETICS		
THIAZIDE-LIKE DIURETICS		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG (<i>chlorthalidone</i>)	3	
VITAMINS		
VITAMIN A		
AQUASOL A INTRAMUSCULAR SOLUTION 50000 UNIT/ML (<i>vitamin a</i>)	3	
VITAMIN B COMPLEX		
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
DEXPANTHENOL INJECTION SOLUTION 250 MG/ML	3	

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DODEX INJECTION SOLUTION 1000 MCG/ML (<i>cyanocobalamin</i>)	3	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	HCR
<i>folic acid injection solution 5 mg/ml</i>	1	
<i>folic acid oral tablet 1 mg</i>	1	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	
<i>hydroxocobalamin acetate intramuscular solution 1000 mcg/ml</i>	1	
KHAPZORY INTRAVENOUS SOLUTION RECONSTITUTED 175 MG (<i>levoleucovorin</i>)	3	ST; SP
<i>leucovorin calcium injection solution 100 mg/10ml, 500 mg/50ml</i>	1	
<i>leucovorin calcium injection solution reconstituted 100 mg, 200 mg, 350 mg, 50 mg, 500 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>levoleucovorin calcium intravenous solution reconstituted 50 mg</i>	1	SP
<i>levoleucovorin calcium pf intravenous solution 175 mg/17.5ml, 250 mg/25ml</i>	1	SP
LIPO-C INTRAMUSCULAR SOLUTION	3	
METHYLCOBALAMIN INJECTION SOLUTION RECONSTITUTED 10000 MCG, 50000 MCG	3	
<i>niacin (antihyperlipidemic) oral tablet 500 mg</i>	1	
<i>niacor oral tablet 500 mg</i>	1	
RESTORA RX ORAL CAPSULE 60-1.25 MG (<i>lactobacillus casei-folic acid</i>)	3	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	HCR
VITAMIN C		
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	1	
VITAMIN D		
CALCIFOL ORAL WAFER 1342-1.6 MG (<i>ca carb-fa-d-b6-b12-boron-mg</i>)	3	
<i>calcitriol intravenous solution 1 mcg/ml</i>	1	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	

Drug Tier 1: Lower-cost generics and some brand-name medications; Drug Tier 2: Midrange cost preferred brand-name medications; Drug Tier 3: Highest-cost non-preferred medications; HCR: Health Care Reform; PA: Prior Authorization; QL: Quantity Limit; SP: Specialty Medication; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>doxercalciferol intravenous solution 4 mcg/2ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) (<i>ergocalciferol</i>)	3	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	1	
HECTOROL INTRAVENOUS SOLUTION 4 MCG/2ML (<i>doxercalciferol</i>)	3	
<i>paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml</i>	1	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
RAYALDEE ORAL CAPSULE EXTENDED RELEASE 30 MCG (<i>calcifediol</i>)	3	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (<i>calcitriol</i>)	3	
ROCALTROL ORAL SOLUTION 1 MCG/ML (<i>calcitriol</i>)	3	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML (<i>paricalcitol</i>)	3	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (<i>paricalcitol</i>)	3	
VITAMIN K ACTIVITY		
<i>phytonadione injection solution 1 mg/0.5ml, 10 mg/ml</i>	1	
<i>phytonadione oral tablet 5 mg</i>	1	
<i>vitamin k1 injection solution 1 mg/0.5ml, 10 mg/ml</i>	1	

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