



# **Full Medi-Cal Formulary**

November 2021



Alameda Alliance for Health

# MEDI-CAL FORMULARY

*Last updated  
November 1, 2021*

The **Drug Formulary** is a complete list of covered and preferred outpatient prescription drugs for members. The Alliance reviews the list at least four times a year (formulary updates can be found on the Alliance website) and makes updates as needed. This printable list may not reflect the latest updates. Members can search the current list online at [www.alamedaalliance.org](http://www.alamedaalliance.org) or simply call the Alliance Customer Service Department (number listed below) to confirm if a drug is covered. The formulary is subject to change and all previous versions of the formulary are no longer in effect. This printable formulary can also be found on our website: <https://alamedaalliance.org/members/pharmacy-and-medication-benefits/medication-formulary/>

***Members please call Member Services at (877) 932-2738. Open Monday to Friday from 8am – 5pm PST (Pacific Standard Time).***

## HOW TO USE THE DRUG FORMULARY

To find a drug on the list, search first for what the drug will treat. All drugs are then listed by their generic and brand names in their therapeutic category, class and in alphabetical order. Any drug not found in this Formulary by looking up the therapeutic category and class, brand or generic names then list is a Non-Formulary drug. If a generic equivalent for a brand name drug is not available or is not covered, the drug will not be separately listed by its generic name. This Drug Formulary applies only to outpatient drugs prescribed to members. It does not apply to drugs used in inpatient settings.

## DEFINITIONS

### ENROLLEE

An enrollee is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this formulary template shall also include subscribers as defined in this section below.

### PRESCRIPTION

A prescription is an oral, written or electronic order by a prescribing provider for a specific enrollee (and requires prescription under applicable law) that contains the name of the prescription drug, the quantity, the route of administration, directions for use, 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. Other requirements may apply depending on the drug requested. Please note that the presence of a prescription drug on the formulary does not guarantee the enrollee will be prescribed that prescription drug by his or her prescribing provider for a particular medication condition.

## PRESCRIPTION DRUG

A prescription drug is a drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law.

## PRESCRIBING PROVIDER

A prescribing provider is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

## SUBSCRIBER

A subscriber is the person who is responsible for payment to the plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

## CO-INSURANCE

Co-insurance is a percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

## OUT-OF-POCKET COST

Out-of-pocket costs are copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

## COPAYMENT

A copayment is a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

## DEDUCTIBLE

A deductible is the amount an enrollee pays for covered health care benefits before the enrollee's health plan begins payment for all or part of the cost of the health care benefit

under the terms of the policy.

#### DRUG TIER

A drug tier is a group of prescription drugs that correspond 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 of the drug.

#### EXCEPTION REQUEST

An exception request is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

#### PRIOR AUTHORIZATION

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.

#### EXIGENT CIRCUMSTANCES

An exigent circumstance is 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.

#### 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 bold and italicized lowercase letters.

#### INTRAVENOUS SOLUTIONS OF UNLISTED ANTIBIOTICS ml

Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same antibiotic was started before discharge. There is a maximum of a 10 day supply per dispensing within the 10-day period.

Note: Non-compounded products must be billed using the product's NDC number.

Compounded solutions must be billed as a compound claim. See the Compound Drug Pharmacy Claim Form {30-4} Completion section for more information.

#### INTRAVENOUS SOLUTIONS OF OTHER UNLISTED DRUGS ml

Restricted to dispensing within 10 days following inpatient discharge from an acute care hospital, when I.V. therapy with the same drug was started before discharge. There is a maximum of a 10 day supply per dispensing within the 10-day period

Note: Non-compounded products must be billed using the product's NDC number. Compounded solutions must be billed as a compound claim. See the Compound Drug Pharmacy Claim Form {30-4} Completion section for more information.

#### EXCEPTION REQUEST

An exception request is a request for coverage of a prescription drug. If an enrollee, his or her designee, or prescribing health care provider submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when the drug is determined to be medically necessary to treat the enrollee's condition.

#### Drug Coverage Requirements or Limits

A health plan may request an omission, deviation or substitution of the stated definitions to the Director for review and approval. There are some processes and limits that may apply to drugs in the formulary. Some are marked with a code on the list. The explanation for code is below:

Code	Meaning	Definition
QL	Quantity Limit	Coverage may be limited to specific quantities per prescription and/or time period
ST	Step Therapy	Coverage may depend on previous use of another drug
PA	Prior Authorization	Requires specific request process

**Quantity Limits:** For certain drugs, the Alliance has a limit on the number of pills that will be covered. In general, a 30-day supply is covered. However, if a member requires a drug in excess of the limit, a doctor can submit a Prior Authorization Form.

**Step Therapy:** In some cases, the Alliance requires members to first try certain drugs to treat a medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat a medical condition, we may not cover Drug B unless the member tries Drug A first. If Drug A does not work for the member, we will then cover Drug B. Doctors can request an exception by submitting a Prior Authorization Form.

**Generic Substitutions:** The Alliance has a mandatory generic program. This program promotes the use of **generic drugs** over brand when medically appropriate. A doctor may write a prescription for a brand name drug and not a generic due to medical need. In these cases the doctor must submit a Prior Authorization Form.

**Brand Name Drugs:** A BRAND NAME DRUG is a drug that is marketed under a proprietary, trademark protected name.

**Prior Authorization Process:** To prescribe drugs that are not in our Drug Formulary or that exceed the plan quantity limits, a doctor can submit a Prior Authorization Form. The Alliance reviews these requests and asks for more details if needed. We will inform the doctor of our decision within 24 hours to 72 hours for all requests.

**Therapeutic Interchange:** The Alliance may, with a doctor's approval, change the drug that the doctor prescribed to a drug on the formulary that is the same in effectiveness and safety.

**NON-FORMULARY MEDICATIONS**

A non-formulary drug is a drug not listed on the health plan's formulary. These medications are reserved for members who have used (or cannot/should not use) up to three formulary alternatives that are used to treat the documented diagnosis OR meet off-label criteria OR has tried and failed or is unable to use separate components (or therapeutic equivalents) of a combination medication or is unable to use a consolidated dose form. Each request can be reviewed via a prior authorization request within 24 to 72 hours from the time received. Non-formulary drugs will also be covered when determined to be medically necessary (e.g. once reviewed with a prior authorization request). The enrollee may file a grievance or complaint for a denial of coverage, along with information on appeal rights and procedures.

**Authorization and Billing Instructions**

Providers can supply in-office injectable drugs to Alliance members by purchasing directly from suppliers/manufacturers (commonly known as buy and bill) or Diplomat Specialty Pharmacy (Diplomat). The authorization and billing processes differ based on the method of obtaining the drug and the member's delegate:

Method of Procurement	Delegate	Requires Authorization	Where to Submit Authorization	Whom to Bill
Diplomat (Pharmacy Benefit)	All	Yes	PerformRx	Not necessary (Pharmacy bills Alliance directly)
Buy and Bill (Medical Benefit)	Alliance	Refer to list below for Alliance delegate or check with member's delegate	Alliance	Alliance
	Children First Medical Group		Children First Medical Group	
	Community Health Center Network		Community Health Center Network	
			Hill Physician Medical Group	

Please use the corresponding authorization form for the type of request:

- **Medical Benefit:** Alliance Authorization Request form
- Pharmacy Benefit :

- *PerformRx Medication Request Form* (for Medi-Cal and Alliance GroupCare)
- *Request for Medicare Prescription Drug Coverage Determination* (Medicare)

### Filling your Prescription at a Network Pharmacy

In most cases, you can fill prescriptions at any network retail pharmacy, except for prescriptions for a specialty drug. To find a network retail pharmacy, you can look in the Alliance Provider Directory, visit our website ([www.alamedaalliance.org](http://www.alamedaalliance.org)), or call Member Services at 510-747-4567 or toll-free 1-877-932-2738 (CRS/TTY 711 or 1-800-735-2929) from Monday to Friday, 8 a.m. to 5 p.m.

### Process for Obtaining Specialty Drugs from Diplomat

Diplomat is the Alliance's specialty pharmacy for Alliance Medi-Cal and Alliance Group Care members. Retail pharmacies may not dispense these drugs for Medi-Cal or Alliance Group Care members. Specialty drug orders for Alliance CompleteCare members can be filled by Diplomat or any other Alliance contracted pharmacy.

Refer to the attached list of available drugs from Diplomat.

Certain drugs are only available from specific distributors and not Diplomat. The clinic can purchase these drugs directly from the distributors and bill the Alliance or have the distributor bill the Alliance. These drugs, along with the name and contact of the alternate distributors, are listed on the Limited Distribution Drug List.

Prior authorization is required for new specialty drug orders and for renewals (usually annually). The same review process is used for specialty drug orders as is used for other retail drugs that require prior authorization.



#### Authorization process for Diplomat Drugs:

- Fax the appropriate pharmacy request form to PerformRX (see above)
- Requests are processed (and notification of the decision sent to your office and Diplomat) within 72 hours for urgent requests or 14 days for routine requests.
- Upon PerformRx approval, **Diplomat** will call your office to obtain the prescription and dispense the drug by mail.

#### Contacts for Additional Information:

- Call Diplomat toll-free at **1-855-347-4783** for:
  - o A complete list of specialty drugs provided by Diplomat
  - o Questions related to dispensing of the drugs
- Call PerformRx toll-free at **1-855-508-1713** for questions related to prior authorizations
- Call Alliance Pharmacy Services at **510-747-4541** for questions related to specialty drugs from Diplomat

Alameda MCAL Formulary

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## Informational Section

**CURRENT AS OF 10/18/2021**

<p><b>lowercase bold italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>CO</b> = State Carve Out</p> <p><b>NF</b> = Non-Formulary</p> <p><b>T1</b> = Formulary</p>	<p><b>Coverage Requirements and Limits</b></p> <p><b>AL</b> = Age Limit Applies</p> <p><b>PA</b> = PA Applies</p> <p><b>QL</b> = Quantity Limit</p> <p><b>ST</b> = ST Applies</p>
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Antihistamine Drugs - Drugs For Allergy</b>		
<b>Ethanolamine Derivatives - Drugs For Allergy</b>		
<i>clemastine oral tablet 2.68 mg</i>	T1	
DAYHIST ALLERGY ORAL TABLET 1.34 MG ( <i>clemastine fumarate</i> )	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	T1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	T1	AL (Min 2 Years)
MOTION SICKNESS RELIEF ORAL TABLET 50 MG ( <i>dimenhydrinate</i> )	T1	
NITE TIME-D COLD-FLU RELIEF ORAL LIQUID 6.25-30-15-500 MG/15 ML ( <i>dextromethorphan/pseudoephedrine hcl/acetaminophen/doxylamine</i> )	T1	
SILPHEN COUGH ORAL SYRUP 12.5 MG/5 ML ( <i>diphenhydramine hcl</i> )	T1	AL (Min 2 Years)
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG ( <i>diphenhydramine hcl</i> )	T1	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG ( <i>doxylamine succinate</i> )	T1	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG ( <i>diphenhydramine hcl</i> )	T1	
<b>First Gen. Antihist. Derivatives, Misc. - Drugs For Allergy</b>		
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	T1	
<i>cyproheptadine oral tablet 4 mg</i>	T1	
<b>First Generation Antihistamines - Drugs For Allergy</b>		
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET EXTENDED RELEASE 12 MG ( <i>chlorpheniramine maleate</i> )	T1	AL (Min 2 Years)

PA = Prior Authorization; ST = Step Therapy; QL= Quantity Limits; AL = Age Limits; T1 = Formulary; QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlorpheniramine maleate oral tablet 4 mg</i>	T1	AL (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	T1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	T1	
<i>cyproheptadine oral tablet 4 mg</i>	T1	
DAYHIST ALLERGY ORAL TABLET 1.34 MG ( <i>clemastine fumarate</i> )	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	T1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	T1	AL (Min 2 Years)
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML ( <i>chlorpheniramine maleate</i> )	T1	
MOTION SICKNESS RELIEF ORAL TABLET 50 MG ( <i>dimenhydrinate</i> )	T1	
SILPHEN COUGH ORAL SYRUP 12.5 MG/5 ML ( <i>diphenhydramine hcl</i> )	T1	AL (Min 2 Years)
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG ( <i>diphenhydramine hcl</i> )	T1	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG ( <i>doxylamine succinate</i> )	T1	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG ( <i>diphenhydramine hcl</i> )	T1	
Phenothiazine Derivatives - Drugs For Allergy		
<i>promethazine oral syrup 6.25 mg/5 ml</i>	T1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	T1	
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	T1	
<i>promethazine/phenylephrine hcl/codeine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 Ml)	T1	QL (240 ML per 30 days); AL (Min 12 Years)

PA = Prior Authorization; ST = Step Therapy; QL= Quantity Limits; AL = Age Limits; T1 = Formulary; QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 4 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine hcl</i> (Promethegan Rectal Suppository 50 Mg)	T1	
<b>Piperazine Derivatives - Drugs For Allergy</b>		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	T1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	T1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T1	
<i>meclizine oral tablet, chewable 25 mg</i>	T1	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG ( <i>meclizine hcl</i> )	T1	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET, CHEWABLE 25 MG ( <i>meclizine hcl</i> )	T1	
<b>Propylamine Derivatives - Drugs For Allergy</b>		
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET EXTENDED RELEASE 12 MG ( <i>chlorpheniramine maleate</i> )	T1	AL (Min 2 Years)
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG ( <i>pseudoephedrine hcl/acetaminophen/chlorpheniramine</i> )	T1	
BROTAPP ORAL LIQUID 1-15 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	T1	AL (Min 2 Years)
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML ( <i>chlorpheniramine maleate</i> )	T1	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)

PA = Prior Authorization; ST = Step Therapy; QL= Quantity Limits; AL = Age Limits; T1 = Formulary; QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOHIST-LQ ORAL LIQUID 4-10 MG/5 ML ( <i>chlorpheniramine maleate/phenylephrine hcl</i> )	T1	AL (Min 2 Years)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML ( <i>triprolidine hcl/pseudoephedrine hcl</i> )	T1	
SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
TRIACTING ORANGE ORAL SYRUP 1-15 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	T1	
<b>Second Generation Antihistamines - Drugs For Allergy</b>		
<i>cetirizine oral solution 1 mg/ml</i>	T1	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	T1	
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	T1	
<i>desloratadine oral tablet 5 mg</i>	T1	
<i>fexofenadine oral suspension 30 mg/5 ml</i>	T1	
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	T1	
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	T1	ST
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	T1	
<i>levocetirizine oral tablet 5 mg</i>	T1	
<i>loratadine oral solution 5 mg/5 ml</i>	T1	
<i>loratadine oral tablet 10 mg</i>	T1	
<i>loratadine oral tablet, disintegrating 10 mg</i>	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	T1	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG ( <i>fexofenadine hcl/pseudoephedrine hcl</i> )	T1	ST
<b>Anti-Infective Agents - Drugs For Infections</b>		

PA = Prior Authorization; ST = Step Therapy; QL= Quantity Limits; AL = Age Limits; T1 = Formulary; QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>1St Generation Cephalosporin Antibiotics - Antibiotics</b>		
<i>cefazolin injection recon soln 1 gram</i>	T1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	T1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	T1	
<b>2Nd Generation Cephalosporin Antibiotics - Antibiotics</b>		
<i>cefactor oral capsule 250 mg, 500 mg</i>	T1	
<i>cefactor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	T1	
<i>cefuroxime axetil oral tablet 500 mg</i>	T1	
<b>3Rd Generation Cephalosporin Antibiotics - Antibiotics</b>		
<i>cefdinir oral capsule 300 mg</i>	T1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	T1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML ( <i>cefixime</i> )	T1	
<b>Allylamine Antifungals - Drugs For Fungus</b>		
<i>terbinafine hcl oral tablet 250 mg</i>	T1	QL (30 EA per 30 days)
<b>Amebicides - Drugs For The Mouth And Throat</b>		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
<b>Aminoglycoside Antibiotics - Antibiotics</b>		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML ( <i>amikacin sulfate liposomal with nebulizer accessories</i> )	T1	PA
<i>neomycin oral tablet 500 mg</i>	T1	QL (10 EA per 1 fill)
TOBI PODHALER INHALATION CAPSULE 28 MG ( <i>tobramycin</i> )	T1	PA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG ( <i>tobramycin</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	T1	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	T1	PA
Aminopenicillin Antibiotics - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	T1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	T1	
<i>amoxicillin oral tablet 875 mg</i>	T1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	T1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	T1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML ( <i>amoxicillin/potassium clavulanate</i> )	T1	
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i> (Prevpac Oral Combo Pack 500-500-30 Mg)	T1	PA
Anthelmintics - Drugs For Parasites		
<i>ivermectin oral tablet 3 mg</i>	T1	QL (30 EA per 365 days)
PIN-X ORAL SUSPENSION 50 MG/ML ( <i>pyrantel pamoate</i> )	T1	
PIN-X ORAL TABLET, CHEWABLE 250 MG ( <i>pyrantel pamoate</i> )	T1	
Antifungals, Miscellaneous - Drugs For Fungus		
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	T1	AL (Max 12 Years)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>griseofulvin microsize oral tablet 500 mg</i>	T1	ST
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	T1	ST
SSKI ORAL SOLUTION 1 GRAM/ML ( <i>potassium iodide</i> )	T1	
Antimalarials - Drugs For The Mouth And Throat		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	T1	PA
<i>chloroquine phosphate oral tablet 250 mg</i>	T1	
<i>chloroquine phosphate oral tablet 500 mg</i>	T1	
<i>hydroxychloroquine oral tablet 200 mg</i>	T1	
<i>mefloquine oral tablet 250 mg</i>	T1	
<i>primaquine oral tablet 26.3 mg</i>	T1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	T1	
Antimycobacterials, Miscellaneous - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	T1	
Antiprotozoals, Miscellaneous - Drugs For The Mouth And Throat		
<i>dapsone oral tablet 100 mg, 25 mg</i>	T1	
MEPRON ORAL SUSPENSION 750 MG/5 ML ( <i>atovaquone</i> )	T1	QL (300 ML per 30 days); AL (Min 21 Years)
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
Antituberculosis Agents - Antibiotics		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	T1	QL (60 EA per 30 days)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	T1	
<i>cycloserine oral capsule 250 mg</i>	T1	ST
<i>ethambutol oral tablet 100 mg, 400 mg</i>	T1	
<i>isoniazid oral solution 50 mg/5 ml</i>	T1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	T1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>moxifloxacin oral tablet 400 mg</i>	T1	ST

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM ( <i>aminosalicylic acid</i> )	T1	ST
<i>pretomanid oral tablet 200 mg</i>	T1	PA
PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )	T1	QL (24 EA per 28 DYs)
<i>pyrazinamide oral tablet 500 mg</i>	T1	
<i>rifabutin oral capsule 150 mg</i>	T1	PA
<i>rifampin oral capsule 150 mg, 300 mg</i>	T1	
SIRTURO ORAL TABLET 100 MG, 20 MG ( <i>bedaquiline fumarate</i> )	T1	PA
TRECTOR ORAL TABLET 250 MG ( <i>ethionamide</i> )	T1	ST
Azole Antifungals - Drugs For Fungus		
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	T1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	T1	
<i>itraconazole oral capsule 100 mg</i>	T1	PA
<i>ketoconazole oral tablet 200 mg</i>	T1	
SPORANOX ORAL SOLUTION 10 MG/ML ( <i>itraconazole</i> )	T1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	T1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	T1	PA
Erythromycin Antibiotics - Antibiotics		
<i>erythromycin stearate</i> (Erythrocin (As Stearate) Oral Tablet 250 Mg)	T1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	T1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	T1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	T1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	T1	
<b>Glycopeptide Antibiotics - Antibiotics</b>		
FIRVANQ ORAL RECON SOLN 25 MG/ML ( <i>vancomycin hcl</i> )	T1	QL (200 ML per 28 days)
FIRVANQ ORAL RECON SOLN 50 MG/ML ( <i>vancomycin hcl</i> )	T1	QL (400 ML per 28 days)
<i>vancomycin oral capsule 125 mg</i>	T1	QL (40 EA per 28 days)
<i>vancomycin oral capsule 250 mg</i>	T1	QL (80 EA per 28 days)
<b>Hcv Polymerase Inhibitor Antivirals - Drugs For Viral Infections</b>		
HARVONI ORAL TABLET 45-200 MG ( <i>ledipasvir/sofosbuvir</i> )	T1	PA
<i>ledipasvir-sofosbuvir 90-400 mg 90-400 mg</i>	T1	PA
<i>sofosbuvir-velpatasvir 400-100 400-100 mg</i>	T1	PA
SOVALDI ORAL TABLET 200 MG ( <i>sofosbuvir</i> )	T1	PA
<b>Hcv Protease Inhibitor Antivirals - Drugs For Viral Infections</b>		
MAVYRET ORAL TABLET 100-40 MG ( <i>glecaprevir/pibrentasvir</i> )	T1	PA
ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir/grazoprevir</i> )	T1	PA
<b>Hcv Replication Complex Inhibitors - Drugs For Viral Infections</b>		
HARVONI ORAL TABLET 45-200 MG ( <i>ledipasvir/sofosbuvir</i> )	T1	PA
<i>ledipasvir-sofosbuvir 90-400 mg 90-400 mg</i>	T1	PA
MAVYRET ORAL TABLET 100-40 MG ( <i>glecaprevir/pibrentasvir</i> )	T1	PA
<i>sofosbuvir-velpatasvir 400-100 400-100 mg</i>	T1	PA
ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir/grazoprevir</i> )	T1	PA
<b>Hiv Nucleoside, Nucleotide Rt Inhibitors - Drugs For Viral Infections</b>		

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	T1	
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL) ( <i>didanosine</i> )	T1	
<i>zidovudine oral capsule 100 mg</i>	T1	
<i>zidovudine oral syrup 10 mg/ml</i>	T1	
<i>zidovudine oral tablet 300 mg</i>	T1	
Lincomycin Antibiotics - Antibiotics		
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	T1	
<i>clindamycin palmitate hcl</i> (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 MI)	T1	AL (Max 12 Years)
Monobactam Antibiotics - Antibiotics		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML ( <i>aztreonam lysine</i> )	T1	PA
Natural Penicillin Antibiotics - Antibiotics		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	T1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	T1	
Neuraminidase Inhibitor Antivirals - Drugs For Viral Infections		
<i>oseltamivir oral capsule 30 mg</i>	T1	QL (28 EA per 30 DYs)
<i>oseltamivir oral capsule 45 mg</i>	T1	QL (16 EA per 30 DYs)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	T1	QL (120 ML per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION ( <i>zanamivir</i> )	T1	
<i>oseltamivir phosphate</i> (Tamiflu Oral Capsule 75 Mg)	T1	QL (14 EA per 30 days)
Nucleoside And Nucleotide Antivirals - Drugs For Viral Infections		
<i>acyclovir oral capsule 200 mg</i>	T1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	T1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>adefovir oral tablet 10 mg</i>	T1	PA
BARACLUDE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )	T1	PA
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	T1	PA
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	T1	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	T1	
<i>ribavirin oral tablet 200 mg</i>	T1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	T1	
<i>valganciclovir oral recon soln 50 mg/ml</i>	T1	QL (60 ML per 30 days); AL (Min 21 Years)
<i>valganciclovir oral tablet 450 mg</i>	T1	QL (60 EA per 30 days); AL (Min 21 Years)
Other Macrolide Antibiotics - Antibiotics		
<i>azithromycin oral packet 1 gram</i>	T1	
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	T1	
<i>azithromycin oral tablet 600 mg</i>	T1	AL (Min 21 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	T1	
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i> (Prevpac Oral Combo Pack 500-500-30 Mg)	T1	PA
Oxazolidinone Antibiotics - Antibiotics		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	T1	ST
<i>linezolid oral tablet 600 mg</i>	T1	ST
Penicillinase-Resistant Penicillins - Antibiotics		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	T1	
Polyene Antifungals - Drugs For Fungus		
<i>nystatin oral suspension 100,000 unit/ml</i>	T1	
<i>nystatin oral tablet 500,000 unit</i>	T1	
Quinolone Antibiotics - Antibiotics		

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	T1	QL (60 EA per 30 days)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>moxifloxacin oral tablet 400 mg</i>	T1	ST
<i>ofloxacin oral tablet 300 mg</i>	T1	
Rifamycin Antibiotics - Antibiotics		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG ( <i>rifamycin sodium</i> )	T1	PA
PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )	T1	QL (24 EA per 28 DYs)
<i>rifabutin oral capsule 150 mg</i>	T1	PA
<i>rifampin oral capsule 150 mg, 300 mg</i>	T1	
XIFAXAN ORAL TABLET 200 MG, 550 MG ( <i>rifaximin</i> )	T1	ST
Sulfonamide Antibiotics (Systemic) - Antibiotics		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	T1	
<i>sulfasalazine oral tablet 500 mg</i>	T1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	T1	
Tetracycline Antibiotics - Antibiotics		
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	QL (180 days per 365 DYs)
<i>doxycycline monohydrate oral tablet 100 mg</i>	T1	QL (180 days per 365 DYs)
<i>minocycline oral capsule 100 mg</i>	T1	ST
<i>tetracycline oral capsule 250 mg</i>	T1	QL (180 days per 365 DYs)
<i>tetracycline oral capsule 500 mg</i>	T1	QL (180 days per 365 days)
Urinary Anti-Infectives - Drugs For The Urinary System		
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	T1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	T1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML ( <i>trimethoprim</i> )	T1	
<i>trimethoprim oral tablet 100 mg</i>	T1	
<b>Antineoplastic Agents - Drugs For Cancer</b>		
<b>Antineoplastic Agents - Drugs For Cancer</b>		
<i>abiraterone oral tablet 250 mg, 500 mg</i>	T1	PA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG ( <i>everolimus</i> )	T1	PA
AFINITOR ORAL TABLET 10 MG ( <i>everolimus</i> )	T1	PA
<i>anastrozole oral tablet 1 mg</i>	T1	
<i>bexarotene oral capsule 75 mg</i>	T1	
<i>bicalutamide oral tablet 50 mg</i>	T1	
BOSULIF ORAL TABLET 100 MG, 500 MG ( <i>bosutinib</i> )	T1	PA
<i>capecitabine oral tablet 150 mg, 500 mg</i>	T1	PA; AL (Min 21 Years)
CAPRELSA ORAL TABLET 100 MG, 300 MG ( <i>vandetanib</i> )	T1	PA; AL (Min 21 Years)
<i>diclofenac sodium topical gel 3 %</i>	T1	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG ( <i>hydroxyurea</i> )	T1	
EMCYT ORAL CAPSULE 140 MG ( <i>estramustine phosphate sodium</i> )	T1	
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	T1	PA; AL (Min 21 Years)
ERWINAZE INJECTION RECON SOLN 10,000 UNIT ( <i>asparaginase (erwinia chrysanthemi)</i> )	T1	PA
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	T1	PA
<i>exemestane oral tablet 25 mg</i>	T1	
<i>fluorouracil topical cream 5 %</i>	T1	
<i>fluorouracil topical solution 2 %, 5 %</i>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flutamide oral capsule 125 mg</i>	T1	
HEXALEN ORAL CAPSULE 50 MG ( <i>altretamine</i> )	T1	AL (Min 21 Years)
HYCANTIN ORAL CAPSULE 0.25 MG, 1 MG ( <i>topotecan hcl</i> )	T1	PA
<i>hydroxyurea oral capsule 500 mg</i>	T1	AL (Min 21 Years)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG ( <i>ponatinib hcl</i> )	T1	PA
<i>imatinib oral tablet 100 mg, 400 mg</i>	T1	PA; AL (Min 21 Years)
KYPROLIS INTRAVENOUS RECON SOLN 60 MG ( <i>carfilzomib</i> )	T1	PA
<i>lapatinib oral tablet 250 mg</i>	T1	PA; AL (Min 21 Years)
<i>letrozole oral tablet 2.5 mg</i>	T1	
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	T1	AL (Min 21 Years)
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	T1	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG ( <i>leuprolide acetate</i> )	T1	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG ( <i>leuprolide acetate</i> )	T1	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG ( <i>leuprolide acetate</i> )	T1	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG ( <i>leuprolide acetate</i> )	T1	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG ( <i>leuprolide acetate</i> )	T1	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) ( <i>leuprolide acetate</i> )	T1	PA
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	T1	
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	T1	AL (Min 21 Years)
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	T1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	T1	
<i>melphalan hcl intravenous recon soln 50 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>melphalan oral tablet 2 mg</i>	T1	AL (Min 21 Years)
<i>mercaptopurine oral tablet 50 mg</i>	T1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	T1	
MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )	T1	
NEXAVAR ORAL TABLET 200 MG ( <i>sorafenib tosylate</i> )	T1	PA; AL (Min 21 Years)
NILANDRON ORAL TABLET 150 MG ( <i>nilutamide</i> )	T1	
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML ( <i>methotrexate/pf</i> )	T1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML ( <i>methotrexate/pf</i> )	T1	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG ( <i>lenalidomide</i> )	T1	PA; AL (Min 21 Years)
SOLTAMOX ORAL SOLUTION 20 MG/10 ML ( <i>tamoxifen citrate</i> )	T1	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	T1	PA; AL (Min 21 Years)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> )	T1	PA
TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )	T1	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	T1	
TARGRETIN TOPICAL GEL 1 % ( <i>bexarotene</i> )	T1	
TASIGNA ORAL CAPSULE 150 MG ( <i>nilotinib hcl</i> )	T1	PA; AL (Min 20 Years)
TASIGNA ORAL CAPSULE 200 MG ( <i>nilotinib hcl</i> )	T1	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	T1	PA; AL (Min 21 Years)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>toremifene oral tablet 60 mg</i>	T1	AL (Min 21 Years)
<i>tretinoin (antineoplastic) oral capsule 10 mg</i>	T1	AL (Min 21 Years)
VOTRIENT ORAL TABLET 200 MG ( <i>pazopanib hcl</i> )	T1	PA; AL (Min 21 Years)
XALKORI ORAL CAPSULE 200 MG, 250 MG ( <i>crizotinib</i> )	T1	PA; AL (Min 21 Years)
ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )	T1	PA
Antitoxins, Immune Glob, Toxoids, Vaccines - Drugs For The Immune System		
Toxoids - Vaccines		
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)- 5LF/0.5 ML ( <i>diphtheria, pertussis(acellular), tetanus vaccine/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5- 8-5 LF-MCG-LF/0.5ML ( <i>diphtheria, pertussis(acellular), tetanus vaccine</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML ( <i>diphtheria, pertussis(acellular), tetanus vaccine</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML ( <i>tetanus and diphtheria toxoids, adult</i> )	T1	QL (0.5 EA per 1 fill); AL (Min 19 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML ( <i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML ( <i>tetanus and diphtheria toxoids, adsorbed, adult/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
Vaccines - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML ( <i>haemophilus b conjugate vaccine(tetanus toxoid conjugate)/pf</i> )	T1	QL (0.5 EA per 1 fill); AL (Min 19 Years)
AFLURIA QD 2021-22(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrivalent 2021-22 (36 mos up)/pf</i> )	T1	AL (Min 3 Years and Max 64 Years)

PA = Prior Authorization; ST = Step Therapy; QL= Quantity Limits; AL = Age Limits; T1 = Formulary;  
QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
AFLURIA QUAD 2021-2022(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i> )	T1	AL (Min 3 Years and Max 64 Years)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML ( <i>meningococcal group b vaccine, 4-component</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML ( <i>human papillomavirus vaccine, bivalent/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
FLUAD QUAD 2021-22(65Y UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza vaccine quadrivalent 2021-22 (65 yr up)/mf59c.1/pf</i> )	T1	AL (Min 65 Years)
FLUARIX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i> )	T1	AL (Min 3 Years and Max 64 Years)
FLUBLOK QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML ( <i>influenza virus vaccine qv 2021-22(18 yrs and older)rcmb/pf</i> )	T1	AL (Min 18 Years and Max 64 Years)
FLUCELVAX QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>flu vaccine quad 2021-2022(6 month and older)cell derived/pf</i> )	T1	AL (Min 3 Years and Max 64 Years)
FLUCELVAX QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>flu vaccine quadriv 2021-2022(6 month and older)cell derived</i> )	T1	AL (Min 3 Years and Max 64 Years)
FLULAVAL QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i> )	T1	AL (Min 3 Years and Max 64 Years)
FLUMIST QUAD 2021-2022 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML ( <i>influenza vaccine quadrivalent live 2021-2022 (2 yrs-49 yrs)</i> )	T1	AL (Min 3 Years and Max 49 Years)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUZONE HIGHDOSE QUAD 21-22 PF INTRAMUSCULAR SYRINGE 240 MCG/0.7 ML ( <i>influenza virus vaccine quadrival split 2021-22(65 yr up)/pf</i> )	T1	AL (Min 65 Years)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i> )	T1	AL (Min 3 Years and Max 64 Years)
FLUZONE QUAD 2021-2022 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrival 2021-2022(6 mos and up)/pf</i> )	T1	AL (Min 3 Years and Max 64 Years)
FLUZONE QUAD 2021-2022 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML ( <i>influenza virus vaccine quadrivalent 2021-22 (6 mos and up)</i> )	T1	AL (Min 3 Years and Max 64 Years)
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML ( <i>human papillomavirus vaccine, quadrivalent/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
GARDASIL (PF) INTRAMUSCULAR SYRINGE 20-40-40-20 MCG/0.5 ML ( <i>human papillomavirus vaccine, quadrivalent/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML ( <i>human papillomavirus vaccine, 9-valent/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML ( <i>human papillomavirus vaccine, 9-valent/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML ( <i>hepatitis a virus vaccine/pf</i> )	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML ( <i>hepatitis a virus vaccine/pf</i> )	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML ( <i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i> )	T1	QL (1 EA per 1 FILL)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML ( <i>hepatitis b vaccine recombinant/vaccine adjuvant cpg 1018/pf</i> )	T1	QL (1 EA per 1 Fill)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT ( <i>rabies vaccine, human diploid cell/pf</i> )	T1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML ( <i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
MENQUADFI (PF) INTRAMUSCULAR SOLUTION 10 MCG/0.5 ML ( <i>meningococcal vaccine a,c,y and w-135,conj tetanus toxoid/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML ( <i>meningococcal vaccine a,c,y,w-135,diphtheria toxoid conj/pf</i> )	T1	QL (0.5 EA per 1 fill); AL (Min 19 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML ( <i>measles, mumps, and rubella vaccine live/pf</i> )	T1	QL (0.5 EA per 1 fill); AL (Min 19 Years)
PNEUMOVAX-23 INJECTION SOLUTION 25 MCG/0.5 ML ( <i>pneumococcal 23-valent polysaccharide vaccine</i> )	T1	QL (1 QY per 1 fill); AL (Min 19 Years)
PNEUMOVAX-23 INJECTION SYRINGE 25 MCG/0.5 ML ( <i>pneumococcal 23-valent polysaccharide vaccine</i> )	T1	QL (1 QY per 1 fill); AL (Min 19 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML ( <i>pneumococcal 13-valent conjugate vaccine (diphtheria crm)/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
PREVNAR 20 (PF) INTRAMUSCULAR SYRINGE 0.5 ML ( <i>pneumococcal 20-valent conjugate vaccine (diphtheria crm)/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
RABAERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT ( <i>rabies vaccine, purified chicken embryo cell (pcec)/pf</i> )	T1	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML ( <i>hepatitis b virus vaccine recombinant/pf</i> )	T1	QL (1 ML per 1 fill); AL (Min 19 Years)

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<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML ( <i>varicella-zoster virus glycoprotein e,rec/as01b adjuvant/pf</i> )	T1	QL (1 EA per 1 fill); AL (Min 50 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML ( <i>neisseria meningitidis group b, lipidated fhbp recombinant</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT- 20 MCG/ML ( <i>hepatitis a virus and hepatitis b virus vaccine/pf</i> )	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML ( <i>hepatitis a virus and hepatitis b virus vaccine/pf</i> )	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML ( <i>hepatitis a virus vaccine/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML ( <i>hepatitis a virus vaccine/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML ( <i>varicella virus vaccine live/pf</i> )	T1	QL (0.5 EA per 1 fill); AL (Min 19 Years)
VAXNEUVANCE INTRAMUSCULAR SYRINGE 0.5 ML ( <i>pneumococcal 15-valent conjugate vaccine (diphtheria crm)/pf</i> )	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT ( <i>typhoid vacc, live, attenuated</i> )	T1	QL (4 EA per 1 Fill); AL (Min 6 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML ( <i>zoster vaccine live/pf</i> )	T1	PA; QL (0.65 ML per 1 fill); AL (Min 19 Years)

**Autonomic Drugs - Drugs For The Nervous System**

**Alpha- And Beta-Adrenergic Agonists - Drugs For Heart And Lungs**

12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE 120 MG ( <i>pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG ( <i>pseudoephedrine hcl/acetaminophen/chlorpheniramine</i> )	T1	
BRONCHIAL MIST INHALATION AEROSOL 0.22 MG/ACTUATION ( <i>epinephrine</i> )	T1	QL (30 ML per 1 fill)
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> )	T1	
BROTAPP ORAL LIQUID 1-15 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	T1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	T1	
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	T1	ST
LOHIST - D ORAL LIQUID 2-30 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	T1	
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET 30 MG ( <i>pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
PEDIA RELIEF INFANT NASAL ORAL DROPS 7.5 MG/0.8 ML ( <i>pseudoephedrine hcl</i> )	T1	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T1	AL (Min 2 Years)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML ( <i>triprolidine hcl/pseudoephedrine hcl</i> )	T1	
SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
SUPHEDRIN ORAL LIQUID 15 MG/5 ML ( <i>pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
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	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML ( <i>epinephrine</i> )	T1	
TRIACTING ORANGE ORAL SYRUP 1-15 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	T1	
TUSNEL PEDIATRIC ORAL DROPS 7.5-50 MG/ML ( <i>guaifenesin/pseudoephedrine hcl</i> )	T1	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG ( <i>fexofenadine hcl/pseudoephedrine hcl</i> )	T1	ST
Alpha-Adrenergic Agonists - Drugs For Heart And Lungs		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	T1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	T1	ST; QL (4 QY per 30 DYs)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	T1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	T1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	QL (90 EA per 30 days)
NOHIST-LQ ORAL LIQUID 4-10 MG/5 ML ( <i>chlorpheniramine maleate/phenylephrine hcl</i> )	T1	AL (Min 2 Years)
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 ML)	T1	
<i>promethazine/phenylephrine hcl/codeine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 ML)	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
Antimuscarinics/Antispasmodics - Drugs For Parkinson		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION ( <i>ipratropium bromide</i> )	T1	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION ( <i>ipratropium bromide/albuterol sulfate</i> )	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
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	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) ( <i>glycopyrrolate</i> )	T1	QL (600 ML per 30 days)
<i>dicyclomine oral capsule 10 mg</i>	T1	
<i>dicyclomine oral tablet 20 mg</i>	T1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	QL (120 EA per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 6 Years)
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	T1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	T1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	T1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	T1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	T1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION ( <i>umeclidinium bromide</i> )	T1	QL (30 EA per 30 DYs)
<i>ipratropium bromide inhalation solution 0.02 %</i>	T1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	T1	
LEVBIID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG ( <i>hyoscyamine sulfate</i> )	T1	
<i>propantheline oral tablet 15 mg</i>	T1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION ( <i>tiotropium bromide</i> )	T1	QL (4 GM per 30 DYs)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION ( <i>tiotropium bromide/olodaterol hcl</i> )	T1	QL (4 GM per 30 DYs)
Autonomic Drugs, Miscellaneous - Drugs For The Nervous System		
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR ( <i>nicotine</i> )	T1	QL (84 EA per 365 days)

PA = Prior Authorization; ST = Step Therapy; QL= Quantity Limits; AL = Age Limits; T1 = Formulary; QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	T1	QL (360 EA per 30 days)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	T1	QL (360 EA per 30 days)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	T1	QL (84 EA per 365 days)
NICOTROL INHALATION CARTRIDGE 10 MG ( <i>nicotine</i> )	T1	QL (504 EA per 30 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML ( <i>nicotine</i> )	T1	QL (120 ML per 30 days)
<i>varenicline oral tablet 0.5 mg, 1 mg</i>	T1	QL (60 EA per 30 days)
<b>Centrally Acting Skeletal Muscle Relaxant - Drugs For Relaxing Muscles</b>		
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	T1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	T1	QL (120 EA per 30 days)
<i>tizanidine oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>tizanidine oral tablet 4 mg</i>	T1	QL (4 QY per 1 DY)
<b>Gaba-Derivative Skeletal Muscle Relaxant - Drugs For Relaxing Muscles</b>		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1	
<b>Non-Sel. Beta-Adrenergic Blocking Agents - Drugs For The Heart</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG ( <i>nadolol</i> )	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	T1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>sotalol hcl</b> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)
<b>sotalol oral tablet 120 mg, 160 mg, 80 mg</b>	T1	
<b>sotalol oral tablet 240 mg</b>	T1	QL (60 EA per 30 days)
<b>Non-Sel.Alpha-1-Adrenergic Blocking Agts - Drugs For The Heart</b>		
<b>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</b>	T1	
<b>prazosin oral capsule 1 mg, 2 mg, 5 mg</b>	T1	
<b>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</b>	T1	
<b>Non-Sel.Alpha-Adrenergic Blocking Agents - Drugs For The Heart</b>		
ERGOMAR SUBLINGUAL TABLET 2 MG ( <b>ergotamine tartrate</b> )	T1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <b>ergotamine tartrate/caffeine</b> )	T1	
<b>Non-Selective Beta-Adrenergic Agonists - Drugs For Heart And Lungs</b>		
ISUPREL INJECTION SOLUTION 0.2 MG/ML ( <b>isoproterenol hcl</b> )	T1	
<b>Parasympathomimetic (Cholinergic Agents) - Drugs For Bladder Incontinence</b>		
<b>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</b>	T1	
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML ( <b>neostigmine methylsulfate</b> )	T1	PA
<b>donepezil oral tablet 10 mg, 5 mg</b>	T1	
<b>donepezil oral tablet,disintegrating 10 mg, 5 mg</b>	T1	
<b>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</b>	T1	PA
<b>galantamine oral solution 4 mg/ml</b>	T1	PA
<b>galantamine oral tablet 12 mg, 4 mg, 8 mg</b>	T1	PA
<b>physostigmine salicylate injection solution 1 mg/ml</b>	T1	PA
<b>pyridostigmine bromide oral syrup 60 mg/5 ml</b>	T1	PA
<b>pyridostigmine bromide oral tablet 60 mg</b>	T1	PA

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<b><i>pyridostigmine bromide oral tablet extended release 180 mg</i></b>	T1	PA
REGONOL INJECTION SOLUTION 5 MG/ML <b><i>(pyridostigmine bromide)</i></b>	T1	PA
<b><i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i></b>	T1	PA
<b><i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hour, 9.5 mg/24 hour</i></b>	T1	PA
<b>Selective Alpha-1-Adrenergic Block.Agent - Drugs For The Heart</b>		
<b><i>alfuzosin oral tablet extended release 24 hr 10 mg</i></b>	T1	
<b><i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i></b>	T1	
<b><i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i></b>	T1	
<b><i>tamsulosin oral capsule 0.4 mg</i></b>	T1	
<b>Selective Beta-2-Adrenergic Agonists - Drugs For Heart And Lungs</b>		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION <b><i>(fluticasone propionate/salmeterol xinafoate)</i></b>	T1	PA
<b><i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i></b>	T1	QL (2 INH per 30 days)
<b><i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i></b>	T1	
<b><i>albuterol sulfate oral syrup 2 mg/5 ml</i></b>	T1	
<b><i>albuterol sulfate oral tablet 2 mg, 4 mg</i></b>	T1	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE <b><i>(fluticasone furoate/vilanterol trifenate)</i></b>	T1	PA
<b><i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i></b>	T1	PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION <b><i>(ipratropium bromide/albuterol sulfate)</i></b>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION ( <i>mometasone furoate/formoterol fumarate</i> )	T1	PA; AL (Max 12 Years)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	T1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	T1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	T1	ST
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	T1	ST
<i>metaproterenol oral syrup 10 mg/5 ml</i>	T1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	T1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE ( <i>salmeterol xinafoate</i> )	T1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION ( <i>tiotropium bromide/olodaterol hcl</i> )	T1	QL (4 GM per 30 DYs)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	T1	
<i>fluticasone propionate/salmeterol xinafoate</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Selective Beta-Adrenergic Blocking Agent - Drugs For The Heart		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 25 mg</i>	T1	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG ( <i>bisoprolol fumarate/hydrochlorothiazide</i> )	T1	
Skeletal Muscle Relaxants, Miscellaneous - Drugs For Relaxing Muscles		
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT ( <i>incobotulinumtoxina</i> )	T1	PA
Blood Formation, Coagulation, Thrombosis - Drugs For The Blood		
Blood Form.,Coag,Thrombosis Agents Misc. - Drugs To Prevent Bleeding		
OXBRYTA ORAL TABLET 500 MG ( <i>voxelotor</i> )	T1	PA
Coumarin Derivatives - Drugs To Prevent Blood Clots		
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	T1	
Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) ( <i>apixaban</i> )	T1	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG ( <i>apixaban</i> )	T1	QL (60 EA per 30 days)
XARELTO DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) ( <i>rivaroxaban</i> )	T1	QL (51 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG ( <i>rivaroxaban</i> )	T1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG ( <i>rivaroxaban</i> )	T1	QL (60 EA per 30 days)
Direct Thrombin Inhibitors - Drugs To Prevent Blood Clots		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG ( <i>dabigatran etexilate mesylate</i> )	T1	QL (60 EA per 30 days)
Hematopoietic Agents - Drugs For Anemia		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa in polysorbate 80</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML ( <b><i>darbepoetin alfa in polysorbate 80</i></b> )	T1	PA
DOPTELET (10 TAB PACK) ORAL TABLET 20 MG ( <b><i>avatrombopag maleate</i></b> )	T1	PA
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG ( <b><i>avatrombopag maleate</i></b> )	T1	PA
DOPTELET (30 TAB PACK) ORAL TABLET 20 MG ( <b><i>avatrombopag maleate</i></b> )	T1	
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML ( <b><i>epoetin alfa</i></b> )	T1	PA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML ( <b><i>pegfilgrastim-jmdb</i></b> )	T1	PA
LEUKINE INJECTION RECON SOLN 250 MCG ( <b><i>sargramostim</i></b> )	T1	PA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) ( <b><i>plerixafor</i></b> )	T1	PA
MULPLETA ORAL TABLET 3 MG ( <b><i>lusutrombopag</i></b> )	T1	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML ( <b><i>filgrastim-aafi</i></b> )	T1	PA
NPLATE SUBCUTANEOUS RECON SOLN 125 MCG, 250 MCG, 500 MCG ( <b><i>romiplostim</i></b> )	T1	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML ( <b><i>epoetin alfa</i></b> )	T1	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG ( <b><i>eltrombopag olamine</i></b> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	T1	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML ( <i>pegfilgrastim-cbqv</i> )	T1	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML ( <i>filgrastim-sndz</i> )	T1	PA
ZIEXTENZO SUBCUTANEOUS SYRINGE 6 MG/0.6 ML ( <i>pegfilgrastim-bmez</i> )	T1	PA
Hemorrhologic Agents - Drugs For Blood Flow		
<i>pentoxifylline oral tablet extended release 400 mg</i>	T1	
Hemostatics - Drugs To Prevent Bleeding		
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i>	T1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	T1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	T1	
<i>tranexamic acid oral tablet 650 mg</i>	T1	PA; QL (30 EA per 5 days)
Heparins - Drugs To Prevent Blood Clots		
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	T1	QL (20 ML per 1 fill)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	T1	QL (16 ML per 1 fill)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	T1	QL (6 ML per 1 fill)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	T1	QL (8 ML per 1 fill)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	T1	QL (12 ML per 1 fill)
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	T1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML ( <i>heparin sodium,porcine</i> )	T1	
Iron Preparations - Vitamins And Minerals		

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CERTA PLUS ORAL TABLET 18-0.4-250 MG-MG-MCG ( <i>folic acid/multivit with iron, minerals/lutein</i> )	T1	
COMPLETE MULTIVITAMIN ORAL TABLET ( <i>multivitamin,therapeutic with iron and minerals</i> )	T1	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG ( <i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i> )	T1	AL (Max 50 Years)
<i>ferrous gluconate oral tablet 240 mg (27 mg iron)</i>	T1	
<i>ferrous gluconate oral tablet 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	T1	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	T1	
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	T1	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	T1	
<i>ferrous sulfate oral tablet,delayed release (dr/ec) 324 mg (65 mg iron)</i>	T1	
<i>ferrous sulfate oral tablet,delayed release (dr/ec) 325 mg (65 mg iron)</i>	T1	
INFED INJECTION SOLUTION 50 MG/ML ( <i>iron dextran complex</i> )	T1	AL (Min 21 Years)
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML ( <i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i> )	T1	AL (Max 5 Years)
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
O-CAL FA ORAL TABLET 66 MG IRON- 1 MG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i> )	T1	AL (Max 50 Years)
PRENATABS FA ORAL TABLET 29-1 MG ( <i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG ( <i>prenatal vits with calcium no.115/iron fumarate/folic acid</i> )	T1	AL (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vits with calcium no.74/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i> )	T1	AL (Max 50 Years)
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	T1	AL (Max 50 Years)
RIGHT STEP PRENATAL VITAMINS ORAL TABLET 27 MG IRON- 0.8 MG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
SE-NATAL 19 CHEWABLE TABLET 29 MG IRON- 1 MG ( <i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
THERA-M ORAL TABLET 9 MG IRON-400 MCG ( <i>multivits with calcium and minerals/iron fumarate/folic acid</i> )	T1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG ( <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
TRINATE TABLET 28 MG IRON- 1 MG ( <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
TRUST NATAL DHA ORAL COMBO PACK 29-1-250-200 MG ( <i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i> )	T1	AL (Max 50 Years)

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VINATE M ORAL TABLET 27 MG IRON-1 MG ( <i>prenatal vits with calcium 136/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG ( <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
VOL-TAB RX ORAL TABLET 29 MG IRON- 1 MG ( <i>multivitamin with minerals no.50/iron,carbonyl/folic acid</i> )	T1	AL (Max 50 Years)
<b>Platelet-Aggregation Inhibitors - Drugs To Prevent Blood Clots</b>		
<i>aspirin oral tablet,chewable 81 mg</i>	T1	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i>	T1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	T1	QL (60 EA per 30 DYs); AL (Min 21 Years)
BRILINTA ORAL TABLET 60 MG, 90 MG ( <i>ticagrelor</i> )	T1	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	T1	QL (60 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	T1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	T1	
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG ( <i>aspirin/acetaminophen/caffeine</i> )	T1	
LITE COAT ASPIRIN ORAL TABLET 325 MG ( <i>aspirin</i> )	T1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	T1	
<b>Platelet-Reducing Agents - Drugs To Prevent Blood Clots</b>		
<i>anagrelide oral capsule 1 mg</i>	T1	
<b>Thrombolytic Agents - Drugs To Prevent Blood Clots</b>		
<i>aspirin oral tablet,chewable 81 mg</i>	T1	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i>	T1	
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG ( <i>aspirin/acetaminophen/caffeine</i> )	T1	
LITE COAT ASPIRIN ORAL TABLET 325 MG ( <i>aspirin</i> )	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Cardiovascular Drugs - Drugs For The Heart</b>		
<b>Alpha-Adrenergic Blocking Agents - Drugs For High Blood Pressure</b>		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	
<b>Alpha-Adrenergic Blocking Agt.(Hypoten) - Drugs For High Blood Pressure &amp; Angina</b>		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	
<b>Angiotensin li Receptor Antagon.(Hypotn) - Drugs For High Blood Pressure &amp; Angina</b>		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiiazid 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>	T1	PA
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T1	PA
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T1	PA
EDARBI ORAL TABLET 40 MG, 80 MG ( <i>azilsartan medoxomil</i> )	T1	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG ( <i>azilsartan medoxomil/chlorthalidone</i> )	T1	PA
<i>eprosartan oral tablet 600 mg</i>	T1	PA; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	T1	QL (30 EA per 30 days)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	T1	
<i>olmesartan-amlodipin-hcthiiazid 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>	T1	PA
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	T1	PA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	T1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	T1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T1	QL (30 EA per 30 days)
Angiotensin li Receptor Antagonists - Drugs For The Heart		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiiazid 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>	T1	PA
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T1	PA
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T1	PA
EDARBI ORAL TABLET 40 MG, 80 MG ( <i>azilsartan medoxomil</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics =</b>	<b>Drug Tier</b>	<b>AL = Age Limit Applies</b>
Generic drugs	<b>CO = State Carve Out</b>	<b>PA = PA Applies</b>
<b>UPPERCASE = Brand name</b>	<b>NF = Non-Formulary</b>	<b>QL = Quantity Limit</b>
drugs	<b>T1 = Formulary</b>	<b>ST = ST Applies</b>
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG ( <i>azilsartan medoxomil/chlorthalidone</i> )	T1	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril/valsartan</i> )	T1	QL (60 EA per 30 days)
<i>eprosartan oral tablet 600 mg</i>	T1	PA; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	T1	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	T1	
<i>olmesartan-amlodipin-hcthiazid 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>	T1	PA
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	T1	PA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	T1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	T1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T1	QL (30 EA per 30 days)
Angiotensin-Convert.Enzyme Inhib(Hypotn) - Drugs For High Blood Pressure & Angina		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	T1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	T1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	T1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	T1	QL (60 EA per 30 days)
<i>ramipril oral capsule 10 mg</i>	T1	QL (60 QY per 30 DYs)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	T1	
Angiotensin-Converting Enzyme Inhibitors - Drugs For The Heart		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	T1	
<i>fosinopril oral tablet 10 mg, 20 mg, 40 mg</i>	T1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	T1	

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<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	T1	QL (60 EA per 30 days)
<i>ramipril oral capsule 10 mg</i>	T1	QL (60 QY per 30 DYs)
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	T1	
<b>Antiarrhythmics, Miscellaneous - Drugs For Angina</b>		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	T1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	T1	
<b>Antilipemic Agents, Miscellaneous - Drugs For Cholesterol</b>		
FISH OIL ORAL CAPSULE 340-1,000 MG ( <i>omega-3 fatty acids/fish oil</i> )	T1	QL (160 QY per 30 DYs)
<i>icosapent ethyl oral capsule 1 gram</i>	T1	PA
NEXLETOL ORAL TABLET 180 MG ( <i>bempedoic acid</i> )	T1	PA
NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid/ezetimibe</i> )	T1	PA
<i>niacin oral capsule, extended release 125 mg, 250 mg, 500 mg</i>	T1	
<i>niacin oral tablet 100 mg, 50 mg, 500 mg</i>	T1	
<i>niacin oral tablet 250 mg</i>	T1	
<i>niacin oral tablet extended release 1,000 mg</i>	T1	
<i>niacin oral tablet extended release 250 mg, 500 mg, 750 mg</i>	T1	
<i>omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg)</i>	T1	QL (160 QY per 30 DYs)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	T1	PA
VASCEPA ORAL CAPSULE 0.5 GRAM ( <i>icosapent ethyl</i> )	T1	PA

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<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Beta-Adrenergic Blocking Agents - Drugs For Abnormal Heart Rhythms</b>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG ( <i>nadolol</i> )	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 25 mg</i>	T1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	T1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG ( <i>bisoprolol fumarate/hydrochlorothiazide</i> )	T1	
<b>Beta-Adrenergic Blocking Agt.(Hypoten) - Drugs For High Blood Pressure &amp; Angina</b>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG ( <i>nadolol</i> )	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 25 mg</i>	T1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	T1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG ( <i>bisoprolol fumarate/hydrochlorothiazide</i> )	T1	
Bile Acid Sequestrants - Drugs For Cholesterol		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	T1	
<i>cholestyramine/aspartame</i> (Cholestyramine Light Oral Powder 4 Gram)	T1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM ( <i>colestipol hcl</i> )	T1	
Calcium-Channel Block.Agt,Misc(Hypoten) - Drugs For High Blood Pressure & Angina		

PA = Prior Authorization; ST = Step Therapy; QL= Quantity Limits; AL = Age Limits; T1 = Formulary; QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)
<i>verapamil oral tablet extended release 240 mg</i>	T1	
<b>Calcium-Channel Blocking Agents - Drugs For High Blood Pressure &amp; Angina</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiazyd 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>	T1	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiazyd 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>	T1	PA
TEKAMLO ORAL TABLET 300-10 MG ( <i>aliskiren hemifumarate/amlodipine besylate</i> )	T1	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)
<i>verapamil oral tablet extended release 240 mg</i>	T1	
<b>Calcium-Channel Blocking Agents(Hypoten) - Drugs For High Blood Pressure &amp; Angina</b>		
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)
<i>verapamil oral tablet extended release 240 mg</i>	T1	
<b>Calcium-Channel Blocking Agents, Misc. - Drugs For High Blood Pressure &amp; Angina</b>		
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil oral tablet extended release 240 mg</i>	T1	
<b>Carbonic Anhydrase Inhibitors(Hypoten) - Drugs For High Blood Pressure &amp; Angina</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	T1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T1	
<b>Cardiac Drugs, Miscellaneous - Drugs For Angina</b>		
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	T1	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	T1	PA
<b>Cardiotonic Agents - Drugs For Angina</b>		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	T1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	T1	
<b>Central Alpha-Agonists - Drugs For High Blood Pressure &amp; Angina</b>		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	T1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	T1	ST; QL (4 QY per 30 DYs)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	T1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	T1	QL (30 EA per 30 days)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	T1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	T1	
<b>Cholesterol Absorption Inhibitors - Drugs For Cholesterol</b>		
<i>ezetimibe oral tablet 10 mg</i>	T1	ST
NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid/ezetimibe</i> )	T1	PA
<b>Class Ia Antiarrhythmics - Drugs For Angina</b>		

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	T1	
<b>Class Ib Antiarrhythmics - Drugs For Angina</b>		
DILANTIN ORAL CAPSULE 30 MG ( <i>phenytoin sodium extended</i> )	T1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	T1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	T1	
<i>phenytoin oral tablet, chewable 50 mg</i>	T1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	T1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	T1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	T1	
<b>Class Ic Antiarrhythmics - Drugs For Angina</b>		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	T1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	T1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	T1	
<b>Class Ii Antiarrhythmics - Drugs For Angina</b>		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG ( <i>nadolol</i> )	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 25 mg</i>	T1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG ( <i>bisoprolol fumarate/hydrochlorothiazide</i> )	T1	
Class Iii Antiarrhythmics - Drugs For Angina		
<i>amiodarone oral tablet 200 mg</i>	T1	
MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )	T1	PA
<i>sotalol hcl</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
Class Iv Antiarrhythmics - Drugs For Angina		
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)
<i>verapamil oral tablet extended release 240 mg</i>	T1	
Dihydropyridines - Drugs For High Blood Pressure & Angina		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiazid 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>	T1	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiazid 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>	T1	PA
TEKAMLO ORAL TABLET 300-10 MG ( <i>aliskiren hemifumarate/amlodipine besylate</i> )	T1	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA

PA = Prior Authorization; ST = Step Therapy; QL= Quantity Limits; AL = Age Limits; T1 = Formulary; QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Dihydropyridines (Antihypertensive) - Drugs For High Blood Pressure &amp; Angina</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiazid 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>	T1	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiazid 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>	T1	PA
TEKAMLO ORAL TABLET 300-10 MG ( <i>aliskiren hemifumarate/amlodipine besylate</i> )	T1	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
<b>Direct Vasodilators - Drugs For High Blood Pressure &amp; Angina</b>		
BIDIL ORAL TABLET 20-37.5 MG ( <i>isosorbide dinitrate/hydralazine hcl</i> )	T1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	T1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Diuretics, Miscellaneous (Hypotensive) - Drugs For High Blood Pressure &amp; Angina</b>		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline anhydrous</i> )	T1	
<i>theophylline oral elixir 80 mg/15 ml</i>	T1	
<i>theophylline oral solution 80 mg/15 ml</i>	T1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	T1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	T1	
<b>Fibric Acid Derivatives - Drugs For Cholesterol</b>		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T1	QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	T1	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T1	QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	T1	
<b>Hmg-Coa Reductase Inhibitors - Drugs For Cholesterol</b>		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T1	AL (Min 21 Years)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	T1	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T1	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>simvastatin oral tablet 80 mg</i>	T1	QL (30 EA per 30 days)
<b>Hypotensive Agents, Miscellaneous - Drugs For High Blood Pressure &amp; Angina</b>		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics =</b>	<b>Drug Tier</b>	<b>AL = Age Limit Applies</b>
Generic drugs	<b>CO = State Carve Out</b>	<b>PA = PA Applies</b>
<b>UPPERCASE = Brand name</b>	<b>NF = Non-Formulary</b>	<b>QL = Quantity Limit</b>
drugs	<b>T1 = Formulary</b>	<b>ST = ST Applies</b>
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>	T1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	T1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>sotalol hcl (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)</i>	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	
Loop Diuretics (Hypotensive Agents) - Drugs For High Blood Pressure & Angina		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	ST
<i>furosemide oral solution 10 mg/ml</i>	T1	PA
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	T1	
Mineralocorticoid (Aldosterone) Antagnts - Drugs For The Heart		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	
<b>Mineralocorticoid(Aldoster.)Antag(Hypot) - Drugs For High Blood Pressure &amp; Angina</b>		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	
<b>Nitrates And Nitrites - Drugs For The Heart</b>		
BIDIL ORAL TABLET 20-37.5 MG ( <i>isosorbide dinitrate/hydralazine hcl</i> )	T1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	T1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	T1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	T1	
<i>nitroglycerin</i> (Nitro-Bid Transdermal Ointment 2 %)	T1	
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	T1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	T1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	T1	
<b>Pcsk9 Inhibitors - Drugs For Cholesterol</b>		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML ( <i>alirocumab</i> )	T1	PA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML ( <i>evolocumab</i> )	T1	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML ( <i>evolocumab</i> )	T1	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML ( <i>evolocumab</i> )	T1	PA
<b>Phosphodiesterase Type 5 Inhibitors - Drugs For The Heart</b>		

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cilostazol oral tablet 100 mg, 50 mg</i>	T1	QL (60 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	T1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	T1	PA; QL (90 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	T1	PA
Potassium-Sparing Diuretics (Hypoten) - Drugs For High Blood Pressure & Angina		
<i>amiloride oral tablet 5 mg</i>	T1	QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>spironolacton-hydrochlorothiazid oral tablet 25-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	T1	
Renin Inhibitors - Drugs For The Heart		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	T1	PA
TEKAMLO ORAL TABLET 300-10 MG ( <i>aliskiren hemifumarate/amlodipine besylate</i> )	T1	PA
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG ( <i>aliskiren hemifumarate/hydrochlorothiazide</i> )	T1	PA
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> )	T1	QL (60 EA per 30 days)
Thiazide Diuretics(Hypotensive Agents) - Drugs For High Blood Pressure & Angina		
<i>amlodipine-valsartan-hcthiiazid 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>	T1	PA
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T1	PA
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	T1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	T1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	T1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	T1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	T1	
<i>olmesartan-amlodipin-hcthiazyd 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>	T1	PA
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG ( <i>aliskiren hemifumarate/hydrochlorothiazide</i> )	T1	PA
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	T1	PA
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	T1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T1	QL (30 EA per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG ( <i>bisoprolol fumarate/hydrochlorothiazide</i> )	T1	
Thiazide-Like Diuretics(Hypotensive Agt) - Drugs For High Blood Pressure & Angina		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG ( <i>azilsartan medoxomil/chlorthalidone</i> )	T1	PA
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	T1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	ST; QL (30 EA per 30 days)
Vasodilating Agents, Miscellaneous - Drugs For The Heart		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	T1	PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	T1	PA
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	T1	QL (60 EA per 30 DYs); AL (Min 21 Years)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	T1	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	T1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	T1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )	T1	PA
TEKAMLO ORAL TABLET 300-10 MG ( <i>aliskiren hemifumarate/amlodipine besylate</i> )	T1	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG ( <i>bosentan</i> )	T1	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	T1	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) ( <i>treprostinil</i> )	T1	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) ( <i>treprostinil/nebulizer accessories</i> )	T1	PA

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML ( <i>treprostinil/nebulizer and accessories</i> )	T1	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	T1	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) ( <i>selexipag</i> )	T1	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML ( <i>iloprost tromethamine</i> )	T1	PA
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)
<i>verapamil oral tablet extended release 240 mg</i>	T1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>vericiguat</i> )	T1	PA
<b>Central Nervous System Agents - Drugs For The Nervous System</b>		
<b>Amphetamine Derivatives - Drugs For The Nervous System</b>		
<i>phentermine oral capsule 15 mg, 30 mg</i>	T1	PA
<i>phentermine oral tablet 37.5 mg</i>	T1	PA
<b>Amphetamines - Drugs For The Nervous System</b>		
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	T1	QL (120 EA per 30 days); AL (Min 3 Years and Max 18 Years)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 18 Years)

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>dextroamphetamine-amphetamine oral capsule, extended release 24hr 20 mg, 25 mg, 30 mg</i></b>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 18 Years)
<b><i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i></b>	T1	QL (60 EA per 30 days); AL (Min 3 Years and Max 18 Years)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	T1	PA
VYVANSE ORAL TABLET, CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG ( <b><i>lisdexamfetamine dimesylate</i></b> )	T1	PA
<b>Analgesics And Antipyretics, Misc. - Drugs For Pain</b>		
ACEPHEN RECTAL SUPPOSITORY 325 MG ( <b><i>acetaminophen</i></b> )	T1	
<b><i>acetaminophen oral liquid 160 mg/5 ml, 500 mg/5 ml</i></b>	T1	
<b><i>acetaminophen oral tablet 500 mg</i></b>	T1	
<b><i>acetaminophen rectal suppository 650 mg</i></b>	T1	
<b><i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i></b>	T1	QL (1350 ML per 30 days); AL (Min 12 Years)
<b><i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i></b>	T1	QL (90 QY per 30 DYs); AL (Min 12 Years)
<b><i>acetaminophen-codeine oral tablet 300-30 mg</i></b>	T1	QL (90 EA per 30 days); AL (Min 12 Years)
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG ( <b><i>pseudoephedrine hcl/acetaminophen/chlorpheniramine</i></b> )	T1	
<b><i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i></b>	T1	AL (Min 12 Years)
<b><i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i></b>	T1	
CHILDREN'S FEVER REDUCING RECTAL SUPPOSITORY 120 MG ( <b><i>acetaminophen</i></b> )	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>oxycodone hcl/acetaminophen</i></b> (Endocet Oral Tablet 10-325 Mg)	T1	QL (90 Qty per 30 DYs)
FEVERALL RECTAL SUPPOSITORY 80 MG <b><i>(acetaminophen)</i></b>	T1	
<b><i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i></b>	T1	
<b><i>gabapentin oral solution 250 mg/5 ml</i></b>	T1	
<b><i>gabapentin oral tablet 600 mg, 800 mg</i></b>	T1	
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG ( <b><i>aspirin/acetaminophen/caffeine</i></b> )	T1	
<b><i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i></b>	T1	QL (1350 ML per 30 DYs)
<b><i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i></b>	T1	QL (90 QY per 30 DYs)
INFANT PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML <b><i>(acetaminophen)</i></b>	T1	
<b><i>isometh-dichloral-acetaminophn oral capsule 65-100-325 mg</i></b>	T1	
MAPAP (ACETAMINOPHEN) ORAL CAPSULE 500 MG <b><i>(acetaminophen)</i></b>	T1	
NON-ASPIRIN EXTRA STRENGTH ORAL LIQUID 500 MG/15 ML <b><i>(acetaminophen)</i></b>	T1	
NON-ASPIRIN JR STRENGTH ORAL TABLET,CHEWABLE 160 MG <b><i>(acetaminophen)</i></b>	T1	
NON-ASPIRIN ORAL ELIXIR 160 MG/5 ML <b><i>(acetaminophen)</i></b>	T1	
NORTEMP ORAL DROPS 80 MG/0.8 ML <b><i>(acetaminophen)</i></b>	T1	
<b><i>oxycodone-acetaminophen oral tablet 10-325 mg</i></b>	T1	QL (90 Qty per 30 DYs)
<b><i>oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i></b>	T1	QL (90 QY per 30 DYs)
PAIN RELIEF (ACETAMINOPHEN) ORAL TABLET EXTENDED RELEASE 650 MG <b><i>(acetaminophen)</i></b>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
PAIN RELIEVER (ACETAMINOPHEN) ORAL TABLET 325 MG ( <i>acetaminophen</i> )	T1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 75 mg</i>	T1	ST; QL (60 EA per 30 days)
<i>pregabalin oral capsule 50 mg</i>	T1	ST; QL (90 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	T1	PA
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	T1	PA
<b>Anorexigenic Agents, Miscellaneous - Drugs For The Nervous System</b>		
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG ( <i>phentermine hcl/topiramate</i> )	T1	PA
<b>Anticonvulsants, Miscellaneous - Drugs For Seizures</b>		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG ( <i>eslicarbazepine acetate</i> )	T1	PA
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	T1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	T1	
<i>carbamazepine oral tablet 200 mg</i>	T1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	T1	PA
<i>carbamazepine oral tablet, chewable 100 mg</i>	T1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	T1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML ( <i>cannabidiol (cbd)</i> )	T1	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	T1	
<i>gabapentin oral solution 250 mg/5 ml</i>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<b><i>gabapentin oral tablet 600 mg, 800 mg</i></b>	T1	
<b><i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i></b>	T1	
<b><i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i></b>	T1	PA
<b><i>lamotrigine oral tablet, chewable dispersible 25 mg</i></b>	T1	
<b><i>lamotrigine oral tablet, chewable dispersible 5 mg</i></b>	T1	QL (150 EA per 30 days)
<b><i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i></b>	T1	
<b><i>levetiracetam intravenous solution 500 mg/5 ml</i></b>	T1	
<b><i>levetiracetam oral solution 100 mg/ml</i></b>	T1	QL (900 ML per 30 days)
<b><i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i></b>	T1	
<b><i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i></b>	T1	
<b><i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i></b>	T1	QL (120 EA per 30 days)
<b><i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i></b>	T1	
<b>POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG (ezogabine)</b>	T1	
<b><i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 75 mg</i></b>	T1	ST; QL (60 EA per 30 days)
<b><i>pregabalin oral capsule 50 mg</i></b>	T1	ST; QL (90 EA per 30 days)
<b><i>pregabalin oral solution 20 mg/ml</i></b>	T1	PA
<b><i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i></b>	T1	PA
<b><i>rufinamide oral suspension 40 mg/ml</i></b>	T1	PA
<b><i>rufinamide oral tablet 200 mg, 400 mg</i></b>	T1	PA
<b>SABRIL ORAL POWDER IN PACKET 500 MG (<i>vigabatrin</i>)</b>	T1	PA
<b><i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i></b>	T1	PA
<b><i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i></b>	T1	PA
<b><i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i></b>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	T1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	T1	
<i>valproic acid oral capsule 250 mg</i>	T1	
<i>vigabatrin oral tablet 500 mg</i>	T1	PA
VIMPAT ORAL SOLUTION 10 MG/ML ( <i>lacosamide</i> )	T1	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>lacosamide</i> )	T1	PA
<i>zonisamide oral capsule 100 mg</i>	T1	QL (180 EA per 30 days)
<i>zonisamide oral capsule 25 mg, 50 mg</i>	T1	
Antidepressants, Miscellaneous - Drugs For Depression & Psychosis		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	T1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	T1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	T1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	T1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	T1	
<i>mirtazapine oral tablet 7.5 mg</i>	T1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 45 mg</i>	T1	
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	T1	QL (30 EA per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) ( <i>esketamine hcl</i> )	T1	PA
Antimanic Agents - Drugs For Personality Disorder		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	T1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	T1	
<i>carbamazepine oral tablet 200 mg</i>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<b><i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i></b>	T1	PA
<b><i>carbamazepine oral tablet, chewable 100 mg</i></b>	T1	
<b><i>divalproex oral capsule, delayed rel sprinkle 125 mg</i></b>	T1	
<b><i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i></b>	T1	
<b><i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i></b>	T1	
<b><i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i></b>	T1	
<b><i>lamotrigine oral tablet, chewable dispersible 25 mg</i></b>	T1	
<b><i>lamotrigine oral tablet, chewable dispersible 5 mg</i></b>	T1	QL (150 EA per 30 days)
<b><i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i></b>	T1	
<b><i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i></b>	T1	
<b><i>valproic acid oral capsule 250 mg</i></b>	T1	
<b>Antimigraine Agents, Miscellaneous - Migraine Treatment</b>		
<b><i>aspirin oral tablet, chewable 81 mg</i></b>	T1	
<b><i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i></b>	T1	
<b><i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i></b>	T1	AL (Min 12 Years)
<b><i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i></b>	T1	
<b><i>divalproex oral capsule, delayed rel sprinkle 125 mg</i></b>	T1	
<b><i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i></b>	T1	
<b><i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i></b>	T1	
<b>ERGOMAR SUBLINGUAL TABLET 2 MG (<i>ergotamine tartrate</i>)</b>	T1	
<b>HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG (<i>aspirin/acetaminophen/caffeine</i>)</b>	T1	

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<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
LITE COAT ASPIRIN ORAL TABLET 325 MG ( <i>aspirin</i> )	T1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine tartrate/caffeine</i> )	T1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	T1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	T1	
<i>valproic acid oral capsule 250 mg</i>	T1	
<b>Anxiolytics, Sedatives, And Hypnotics, Misc - Drugs For Anxiety &amp; Sleep Disorder</b>		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	T1	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG ( <i>zolpidem tartrate</i> )	T1	PA
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	T1	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	T1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	T1	
INTERMEZZO SUBLINGUAL TABLET 1.75 MG, 3.5 MG ( <i>zolpidem tartrate</i> )	T1	PA
<i>promethazine oral syrup 6.25 mg/5 ml</i>	T1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	T1	
<i>promethazine hcl</i> (Promethegan Rectal Suppository 50 Mg)	T1	
<i>ramelteon oral tablet 8 mg</i>	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG ( <i>diphenhydramine hcl</i> )	T1	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG ( <i>doxylamine succinate</i> )	T1	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG ( <i>diphenhydramine hcl</i> )	T1	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	T1	QL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	T1	QL (30 QY per 30 DYs)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	T1	PA
ZOLPIMIST ORAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) ( <i>zolpidem tartrate</i> )	T1	PA
Barbiturates (Anticonvulsants) - Drugs For Seizures		
MYSOLINE ORAL TABLET 250 MG, 50 MG ( <i>primidone</i> )	T1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	T1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	T1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	T1	
Barbiturates (Anxiolytic, Sedative/Hyp) - Drugs For Anxiety & Sleep Disorder		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	T1	AL (Min 12 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	T1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	T1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	T1	
Benzodiazepines (Anticonvulsants) - Drugs For Seizures		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	QL (90 EA per 30 days)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	T1	QL (90 QY per 30 DYs)
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	T1	QL (2 QY per 365 DYs)
<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i>	T1	QL (2 kits per 365 days)
<i>lorazepam injection solution 2 mg/ml</i>	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	QL (120 EA per 30 days)
Benzodiazepines (Anxiolytic,Sedativ/Hyp) - Drugs For Anxiety & Sleep Disorder		
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	T1	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	QL (90 EA per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	T1	QL (90 QY per 30 DYs)
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	T1	QL (2 QY per 365 DYs)
<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i>	T1	QL (2 kits per 365 days)
<i>flurazepam oral capsule 15 mg, 30 mg</i>	T1	QL (30 EA per 30 days)
<i>lorazepam injection solution 2 mg/ml</i>	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	QL (120 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	T1	PA
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	T1	QL (30 EA per 30 days)
Calcitonin Gene-Related Peptide Antag. - Migraine Treatment		
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML ( <i>erenumab-aooe</i> )	T1	PA
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML ( <i>erenumab-aooe</i> )	T1	PA
AJOVY AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 225 MG/1.5 ML ( <i>fremanezumab-vfrm</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AJOVY SYRINGE SUBCUTANEOUS SYRINGE 225 MG/1.5 ML ( <i>fremanezumab-vfrm</i> )	T1	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )	T1	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3) ( <i>galcanezumab-gnlm</i> )	T1	PA
NURTEC ODT ORAL TABLET,DISINTEGRATING 75 MG ( <i>rimegepant sulfate</i> )	T1	PA
UBRELVY ORAL TABLET 100 MG, 50 MG ( <i>ubrogepant</i> )	T1	PA
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>	T1	ST
<i>entacapone oral tablet 200 mg</i>	T1	ST
<i>tolcapone oral tablet 100 mg</i>	T1	PA
Central Nervous System Agents, Misc. - Drugs For Attention Deficit Disorder		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	T1	QL (30 EA per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	T1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	T1	QL (30 EA per 30 days)
<i>memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	T1	ST
<i>memantine oral tablet 10 mg, 5 mg</i>	T1	
<i>memantine oral tablets,dose pack 5-10 mg</i>	T1	
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG ( <i>memantine hcl</i> )	T1	ST
NUEDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan hbr/quinidine sulfate</i> )	T1	PA

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<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QELBREE ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 150 MG, 200 MG ( <i>viloxazine hcl</i> )	T1	PA
<i>riluzole oral tablet 50 mg</i>	T1	QL (60 EA per 30 days)
Cyclooxygenase-2 (Cox-2) Inhibitors - Drugs For Pain		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	T1	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	T1	QL (30 EA per 30 days)
Dopamine Precursors - Drugs For Parkinson		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	T1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	T1	
<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>	T1	ST
Ergot-Deriv. Dopamine Receptor Agonists - Drugs For Parkinson		
<i>bromocriptine oral tablet 2.5 mg</i>	T1	
<i>cabergoline oral tablet 0.5 mg</i>	T1	AL (Min 21 Years)
Fibromyalgia Agents - Drugs For Nerve Pain		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg</i>	T1	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	T1	QL (30 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 75 mg</i>	T1	ST; QL (60 EA per 30 days)
<i>pregabalin oral capsule 50 mg</i>	T1	ST; QL (90 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	T1	PA
<i>pregabalin oral tablet extended release 24 hr 165 mg, 330 mg, 82.5 mg</i>	T1	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	T1	ST

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) ( <i>milnacipran hcl</i> )	T1	ST
<b>Hydantoins - Drugs For Seizures</b>		
DILANTIN ORAL CAPSULE 30 MG ( <i>phenytoin sodium extended</i> )	T1	
<i>fosphenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	T1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	T1	
<i>phenytoin oral tablet,chewable 50 mg</i>	T1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	T1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	T1	
<b>Monoamine Oxidase B Inhibitors - Drugs For Parkinson</b>		
<i>selegiline hcl oral capsule 5 mg</i>	T1	
<i>selegiline hcl oral tablet 5 mg</i>	T1	
<b>Monoamine Oxidase Inhibitors - Drugs For Depression &amp; Psychosis</b>		
<i>selegiline hcl oral capsule 5 mg</i>	T1	
<i>selegiline hcl oral tablet 5 mg</i>	T1	
<b>Nonergot-Deriv.Dopamine Receptor Agonist - Drugs For Parkinson</b>		
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	T1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	T1	
<b>Opiate Agonists - Drugs For Pain</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	T1	QL (1350 ML per 30 days); AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	T1	QL (90 QY per 30 DYs); AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	T1	QL (90 EA per 30 days); AL (Min 12 Years)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i></b>	T1	AL (Min 12 Years)
<b><i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i></b>	T1	QL (480 ML per 30 days); AL (Min 6 Years)
<b><i>oxycodone hcl/acetaminophen</i></b> (Endocet Oral Tablet 10-325 Mg)	T1	QL (90 Qty per 30 DYs)
<b><i>fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i></b>	T1	PA
<b><i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i></b>	T1	QL (1350 ML per 30 DYs)
<b><i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i></b>	T1	QL (90 QY per 30 DYs)
<b><i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i></b>	T1	QL (240 ML per 30 days); AL (Min 6 Years)
<b><i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i></b>	T1	QL (90 EA per 30 DYs)
<b><i>hydromorphone rectal suppository 3 mg</i></b>	T1	QL (6 QY per 30 DYs)
<b><i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i></b>	T1	PA
<b><i>methadone oral tablet 10 mg, 5 mg</i></b>	T1	PA
<b><i>methadone oral tablet,soluble 40 mg</i></b>	T1	PA
<b><i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i></b>	T1	QL (90 ML per 30 DYs)
<b><i>morphine oral capsule, er multiphase 24 hr 30 mg, 60 mg</i></b>	T1	PA
<b><i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i></b>	T1	QL (450 ML per 30 DYs)
<b><i>morphine oral tablet 15 mg, 30 mg</i></b>	T1	QL (90 QTY per 30 DYs)
<b><i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i></b>	T1	PA; QL (90 EA per 30 days)
<b><i>oxycodone oral tablet,oral only,ext.rel.12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i></b>	T1	PA
<b><i>oxycodone-acetaminophen oral tablet 10-325 mg</i></b>	T1	QL (90 Qty per 30 DYs)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i></b>	T1	QL (90 QY per 30 DYs)
<b><i>promethazine/phenylephrine hcl/codeine</i></b> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 Ml)	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<b><i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i></b>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<b><i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i></b>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<b><i>tramadol oral tablet 50 mg</i></b>	T1	QL (120 QY per 30 DYs); AL (Min 18 Years)
Opiate Partial Agonists - Drugs For Pain		
<b><i>butorphanol nasal spray,non-aerosol 10 mg/ml</i></b>	T1	PA
<b><i>pentazocine-naloxone oral tablet 50-0.5 mg</i></b>	T1	
Other Nonsteroidal Anti-Inflam. Agents - Drugs For Pain		
<b><i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i></b>	T1	PA
<b><i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i></b>	T1	
<b><i>diclofenac sodium topical drops 1.5 %</i></b>	T1	PA
<b><i>diclofenac sodium topical gel 1 %</i></b>	T1	QL (200 GM per 25 days)
<b><i>etodolac oral capsule 200 mg, 300 mg</i></b>	T1	
<b><i>etodolac oral tablet 400 mg, 500 mg</i></b>	T1	
<b>IBUPROFEN JR STRENGTH ORAL TABLET,CHEWABLE 100 MG (<i>ibuprofen</i>)</b>	T1	
<b><i>ibuprofen oral capsule 200 mg</i></b>	T1	
<b><i>ibuprofen oral suspension 100 mg/5 ml</i></b>	T1	
<b><i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i></b>	T1	
<b><i>indomethacin oral capsule 25 mg, 50 mg</i></b>	T1	
<b>INFANT'S IBUPROFEN ORAL DROPS,SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)</b>	T1	
<b><i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i></b>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>ketorolac oral tablet 10 mg</i></b>	T1	QL (20 EA per 5 days)
<b><i>meloxicam oral tablet 15 mg, 7.5 mg</i></b>	T1	
<b><i>nabumetone oral tablet 500 mg, 750 mg</i></b>	T1	
<b><i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i></b>	T1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) ( <b><i>diclofenac sodium</i></b> )	T1	PA
<b><i>piroxicam oral capsule 10 mg, 20 mg</i></b>	T1	
<b><i>sulindac oral tablet 150 mg, 200 mg</i></b>	T1	
WAL-PROFEN ORAL TABLET 200 MG ( <b><i>ibuprofen</i></b> )	T1	
Phenothiazines - Drugs For Depression & Psychosis		
<b><i>prochlorperazine</i></b> (Compazine Rectal Suppository 25 Mg)	T1	
<b><i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i></b>	T1	
<b><i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i></b>	T1	
Respiratory And Cns Stimulants - Drugs For The Nervous System		
<b><i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i></b>	T1	AL (Min 12 Years)
<b><i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i></b>	T1	
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR ( <b><i>methylphenidate</i></b> )	T1	PA
<b><i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i></b>	T1	QL (60 EA per 30 days); AL (Min 6 Years and Max 18 Years)
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG ( <b><i>aspirin/acetaminophen/caffeine</i></b> )	T1	
<b><i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i></b>	T1	AL (Min 6 Years and Max 18 Years)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	T1	QL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	T1	ST; QL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	T1	QL (90 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	T1	QL (90 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	T1	QL (90 QY per 30 DYs); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	T1	ST; QL (30 QY per 30 DYs); AL (Min 4 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	T1	ST; QL (60 QY per 30 DYs); AL (Min 4 Years and Max 18 Years)
Salicylates - Drugs For Pain		
ANALGESIC RUB (TROLAMINE SALI) TOPICAL CREAM 10 % ( <i>trolamine salicylate</i> )	T1	
ARTHRITIS RELIEF WITH ALOE TOPICAL AEROSOL,SPRAY 10 % ( <i>trolamine salicylate</i> )	T1	
<i>aspirin oral tablet,chewable 81 mg</i>	T1	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i>	T1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	T1	QL (60 EA per 30 DYs); AL (Min 21 Years)
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG ( <i>aspirin/acetaminophen/caffeine</i> )	T1	
LITE COAT ASPIRIN ORAL TABLET 325 MG ( <i>aspirin</i> )	T1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	T1	
<b>Sel.Serotonin,Norepi Reuptake Inhibitor - Drugs For Depression &amp; Psychosis</b>		
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	T1	PA
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg</i>	T1	QL (60 EA per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>	T1	QL (30 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	T1	ST
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) ( <i>milnacipran hcl</i> )	T1	ST
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	T1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T1	
<b>Selective Serotonin Agonists - Migraine Treatment</b>		
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	T1	QL (9 EA per 30 days)
REYVOW ORAL TABLET 100 MG, 50 MG ( <i>lasmiditan succinate</i> )	T1	PA
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	T1	QL (12 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	T1	QL (12 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	T1	ST; QL (6 QY per 30 DYs)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	QL (18 QY per 30 DYs)
<i>sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml</i>	T1	PA
<i>sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml</i>	T1	PA

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5 ml</i>	T1	PA
<i>sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml</i>	T1	PA
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	T1	ST; QL (6 EA per 30 days)
<i>zolmitriptan oral tablet, disintegrating 2.5 mg</i>	T1	ST; QL (6 EA per 30 DYs)
<i>zolmitriptan oral tablet, disintegrating 5 mg</i>	T1	QL (6 EA per 30 DYs)
<b>Selective-Serotonin Reuptake Inhibitors - Drugs For Depression &amp; Psychosis</b>		
<i>citalopram oral solution 10 mg/5 ml</i>	T1	
<i>citalopram oral tablet 10 mg, 20 mg</i>	T1	
<i>citalopram oral tablet 40 mg</i>	T1	QL (30 EA per 30 days)
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	T1	
<i>fluoxetine oral capsule 10 mg, 20 mg, 40 mg</i>	T1	
<i>fluoxetine oral solution 20 mg/5 ml (4 mg/ml)</i>	T1	
<i>fluoxetine oral tablet 10 mg</i>	T1	
<i>fluvoxamine oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	
PAXIL ORAL SUSPENSION 10 MG/5 ML ( <i>paroxetine hcl</i> )	T1	AL (Max 5 Years)
<i>sertraline oral concentrate 20 mg/ml</i>	T1	
<i>sertraline oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<b>Serotonin Modulators - Drugs For Depression &amp; Psychosis</b>		
<i>trazodone oral tablet 100 mg, 150 mg, 50 mg</i>	T1	
<b>Succinimides - Drugs For Seizures</b>		
<i>ethosuximide oral capsule 250 mg</i>	T1	
<i>ethosuximide oral solution 250 mg/5 ml</i>	T1	
<b>Tricyclics, Other Norepi-Ru Inhibitors - Drugs For Depression &amp; Psychosis</b>		
<i>amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<i>desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>doxepin oral concentrate 10 mg/ml</i>	T1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	T1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	T1	
<b>Wakefulness-Promoting Agents - Drugs For The Nervous System</b>		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	T1	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	T1	PA
<b>Devices - Medical Supplies And Durable Medical Equipment</b>		
<b>Devices - Medical Supplies And Durable Medical Equipment</b>		
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	T1	QL (200 QY per 30 DYs)
ADVANCED TRAVEL LANCETS 28 GAUGE ( <i>lancets</i> )	T1	QL (200 EA per 30 days)
ADVOCATE LANCET 30 GAUGE ( <i>lancets</i> )	T1	QL (200 QY per 30 DYs)
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16" ( <i>syringe with needle,insulin,0.3 ml</i> )	T1	QL (200 QY per 30 DYs)
ADVOCATE SYRINGES SYRINGE 0.5 ML 30 GAUGE X 5/16" ( <i>syringe with needle,insulin,0.5 ml</i> )	T1	QL (200 QY per 30 DYs)
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER ( <i>inhaler,assist device with medium mask</i> )	T1	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT LG MSK SPACER ( <i>inhaler,assist device with large mask</i> )	T1	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT MD MSK SPACER ( <i>inhaler,assist device with medium mask</i> )	T1	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT SM MSK SPACER ( <i>inhaler,assist device with small mask</i> )	T1	QL (2 QY per 365 DYs)

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<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER PLUS Z STAT SPACER ( <i>inhaler, assist devices</i> )	T1	QL (2 QY per 365 DYs)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER ( <i>inhaler, assist devices</i> )	T1	QL (2 QY per 365 DYs)
AIR TUBE WITH AIR PLUGS ( <i>nebulizer accessories</i> )	T1	QL (1 QY per 365 DYs)
AIRS ADULT AEROSOL MASK ( <i>nebulizer accessories</i> )	T1	QL (1 QY per 365 DYs)
AIRS DISPOSABLE NEBULIZER ( <i>nebulizer</i> )	T1	QL (1 QY per 365 DYs)
ALTERNATE SITE LANCET 26 GAUGE ( <i>lancets</i> )	T1	QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS 25 GAUGE ( <i>lancets</i> )	T1	QL (200 QY per 30 DYs)
ASSURE LANCE 28 GAUGE ( <i>lancets</i> )	T1	QL (200 QY per 30 DYs)
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" ( <i>pen needle, diabetic disposable, safety</i> )	T1	
BD INSULIN SYRINGE (HALF UNIT) SYRINGE 0.3 ML 31 GAUGE X 5/16" ( <i>syringe with needle,insulin 0.3 ml (half unit mark)</i> )	T1	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2" ( <i>syringe with needle,disposable,insulin 1 ml</i> )	T1	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1/2 ML 28 GAUGE X 1/2" ( <i>syringe with needle,insulin,0.5 ml</i> )	T1	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" ( <i>syringe with needle,disposable,insulin 1 ml</i> )	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1" ( <i>syringe with needle,disposable,insulin 1 ml</i> )	T1	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" ( <i>syringe with needle,insulin,0.3 ml</i> )	T1	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16" ( <i>syringe with needle,insulin,0.5 ml</i> )	T1	QL (200 QY per 30 DYs)

PA = Prior Authorization; ST = Step Therapy; QL= Quantity Limits; AL = Age Limits; T1 = Formulary; QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 ( <i>syringe with needle,disposable,insulin 1 ml</i> )	T1	QL (200 QY per 30 DYs)
BD LO-DOSE MICRO-FINE IV SYRINGE 0.3 ML 28 GAUGE X 1/2" ( <i>syringe with needle,insulin,0.3 ml</i> )	T1	QL (200 QY per 30 DYs)
BD LO-DOSE MICRO-FINE IV SYRINGE 1/2 ML 28 GAUGE X 1/2" ( <i>syringe with needle,insulin,0.5 ml</i> )	T1	QL (200 QY per 30 DYs)
BD LUER-LOK SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" ( <i>syringe with needle,disposable, 3 ml</i> )	T1	QL (30 QY per 30 DYs)
BD NANO 2 GEN PEN NDL 32GX4MM 32 GAUGE X 5/32" ( <i>pen needle, diabetic</i> )	T1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" ( <i>syringe with needle,disposable,insulin 1 ml</i> )	T1	QL (200 QY per 30 DYs)
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4" ( <i>pen needle, diabetic</i> )	T1	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32" ( <i>pen needle, diabetic</i> )	T1	
BD ULTRA FINE LANCETS 33 GAUGE ( <i>lancets</i> )	T1	QL (200 QY per 30 DYs)
BD ULTRA-FINE II LANCETS 30 GAUGE ( <i>lancets</i> )	T1	QL (200 QY per 30 DYs)
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" ( <i>pen needle, diabetic</i> )	T1	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" ( <i>pen needle, diabetic</i> )	T1	
BUBBLES THE FISH PEDI MASK ( <i>nebulizer accessories</i> )	T1	QL (1 QY per 365 DYs)
COMP-AIR ELITE COMP NEB SYSTEM DEVICE ( <i>nebulizer and compressor</i> )	T1	QL (1 QY per 365 DYs)
COMP-AIR XLT COMPRESSOR NEB DEVICE ( <i>nebulizer and compressor</i> )	T1	QL (1 QY per 365 DYs)
DEVILBISS COMPACT COMPRESSOR DEVICE ( <i>compressor, for nebulizer</i> )	T1	QL (1 QY per 365 DYs)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEVILBISS PULMO-AIDE COMPRESSR DEVICE ( <b>compressor, for nebulizer</b> )	T1	QL (1 QY per 365 DYs)
DEVILBISS TRAVELER COMPRESSOR DEVICE ( <b>nebulizer and compressor</b> )	T1	QL (1 QY per 365 DYs)
EASY COMFORT LANCETS 30 GAUGE ( <b>lancets</b> )	T1	QL (200 QY per 30 DYs)
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16" ( <b>syringe with needle,insulin,0.3 ml</b> )	T1	QL (200 QY per 30 DYs)
EASY TOUCH INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16" ( <b>syringe with needle,insulin,0.5 ml</b> )	T1	QL (200 QY per 30 DYs)
EASY TOUCH INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 ( <b>syringe with needle,disposable,insulin 1 ml</b> )	T1	QL (200 QY per 30 DYs)
EASY TOUCH TWIST LANCETS 30 GAUGE ( <b>lancets</b> )	T1	QL (200 QY per 30 DYs)
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) ( <b>hyaluronate sodium</b> )	T1	PA
E-Z JECT LANCETS 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE ( <b>lancets</b> )	T1	QL (200 EA per 30 days)
E-Z JECT THIN LANCETS 28 GAUGE ( <b>lancets</b> )	T1	QL (200 EA per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <b>cervical cap</b> )	T1	
FINGERSTIX LANCETS ( <b>lancets</b> )	T1	QL (200 QY per 30 DYs)
FORACARE LANCETS 30 GAUGE ( <b>lancets</b> )	T1	QL (200 QY per 30 DYs)
FREESTYLE FREEDOM LITE KIT ( <b>blood-glucose meter</b> )	T1	
FREESTYLE INSULINX ( <b>blood-glucose meter</b> )	T1	
FREESTYLE LANCETS 28 GAUGE ( <b>lancets</b> )	T1	QL (200 QY per 30 DYs)
FREESTYLE LITE METER KIT ( <b>blood-glucose meter</b> )	T1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML ( <b>heparin sodium,porcine</b> )	T1	
INJECT EASE LANCETS 30 GAUGE ( <b>lancets</b> )	T1	QL (200 QY per 30 DYs)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INNOSPIRE ELEGANCE DEVICE ( <i>nebulizer and compressor</i> )	T1	QL (1 QY per 365 DYs)
INNOSPIRE ESSENCE DEVICE ( <i>nebulizer and compressor</i> )	T1	QL (1 QY per 365 DYs)
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" ( <i>syringe with needle,insulin,0.5 ml</i> )	T1	QL (200 QY per 30 DYs)
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" ( <i>syringe with needle,insulin,0.5 ml</i> )	T1	QL (200 QY per 30 DYs)
INSULIN SYRINGE ULTRAFINE SYRINGE 0.5 ML 29 GAUGE X 1/2" ( <i>syringe with needle,insulin,0.5 ml</i> )	T1	QL (200 QY per 30 DYs)
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge</i>	T1	QL (200 QY per 30 DYs)
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i>	T1	QL (200 EA per 30 days)
<i>insulin syringes (disposable) syringe 1 ml</i>	T1	QL (200 QY per 30 DYs)
<i>lancets , 26 gauge</i>	T1	QL (200 EA per 30 days)
<i>lancets 30 gauge, 33 gauge</i>	T1	QL (200 QY per 30 DYs)
LANCETS,THIN 23 GAUGE ( <i>lancets</i> )	T1	QL (200 QY per 30 DYs)
LANCETS,ULTRA THIN ( <i>lancets</i> )	T1	QL (200 EA per 30 days)
LANCETS,ULTRA THIN 26 GAUGE ( <i>lancets</i> )	T1	QL (200 QY per 30 DYs)
LC PLUS ( <i>nebulizer</i> )	T1	QL (1 QY per 365 DYs)
LITE TOUCH LANCETS 30 GAUGE ( <i>lancets</i> )	T1	QL (200 QY per 30 DYs)
MICRO THIN LANCETS 33 GAUGE ( <i>lancets</i> )	T1	QL (200 EA per 30 days)
MICROCHAMBER SPACER ( <i>inhaler, assist devices</i> )	T1	QL (2 QY per 365 days)
MICROLET LANCET ( <i>lancets</i> )	T1	QL (200 QY per 30 DYs)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	T1	QL (200 EA per 30 days)
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	T1	QL (200 QY per 30 DYs)
MONOJECT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	T1	QL (200 QY per 30 DYs)
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	T1	QL (200 QY per 30 DYs)
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE ( <b><i>lancets</i></b> )	T1	QL (200 QY per 30 DYs)
ONETOUCH ULTRASOFT LANCETS ( <b><i>lancets</i></b> )	T1	QL (200 QY per 30 DYs)
PEAK AIR PEAK FLOW METER DEVICE ( <b><i>peak flow meter</i></b> )	T1	QL (1 QY per 365 DYs)
PERSONAL BEST FULL RANGE DEVICE ( <b><i>peak flow meter</i></b> )	T1	QL (1 QY per 365 DYs)
POCKET PEAK FLOW METER DEVICE ( <b><i>peak flow meter</i></b> )	T1	QL (1 QY per 365 DYs)
PRECISION XTRA MONITOR ( <b><i>blood-glucose meter</i></b> )	T1	
PROCHAMBER SPACER ( <b><i>inhaler, assist devices</i></b> )	T1	QL (2 QY per 365 DYs)
PRODIGY TWIST TOP LANCET 28 GAUGE ( <b><i>lancets</i></b> )	T1	QL (200 QY per 30 DYs)
PRONEB ULTRA II DEVICE ( <b><i>nebulizer and compressor</i></b> )	T1	QL (1 QY per 365 DYs)
PULMO-AIDE COMPRESSOR DEVICE ( <b><i>compressor, for nebulizer</i></b> )	T1	QL (1 QY per 365 DYs)
REUSABLE NEBULIZER KIT KIT ( <b><i>nebulizer accessories</i></b> )	T1	QL (1 QY per 365 DYs)
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE ( <b><i>lancets</i></b> )	T1	QL (200 QY per 30 DYs)
SAFETY-LET LANCETS 30 GAUGE ( <b><i>lancets</i></b> )	T1	QL (200 QY per 30 DYs)
SAMI THE SEAL DEVICE ( <b><i>nebulizer and compressor</i></b> )	T1	QL (1 QY per 365 DYs)
<b><i>sodium chloride inhalation solution for nebulization 0.9 %</i></b>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SOFT TOUCH LANCETS ( <i>lancets</i> )	T1	QL (200 QY per 30 DYs)
SUNRISE COMPRESSOR-NEBULIZER DEVICE ( <i>compressor, for nebulizer</i> )	T1	QL (1 QY per 365 DYs)
SUPER THIN LANCETS 30 GAUGE ( <i>lancets</i> )	T1	QL (200 EA per 30 days)
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" ( <i>syringe with needle,insulin,0.5 ml</i> )	T1	QL (200 EA per 30 days)
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16" ( <i>syringe with needle,insulin,0.3 ml</i> )	T1	QL (200 EA per 30 days)
SURE COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" ( <i>syringe with needle,insulin,0.5 ml</i> )	T1	QL (200 EA per 30 days)
SURE COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16 ( <i>syringe with needle,disposable,insulin 1 ml</i> )	T1	QL (200 EA per 30 days)
SURE COMFORT LANCETS 30 GAUGE ( <i>lancets</i> )	T1	QL (200 EA per 30 days)
TECHLITE LANCETS 28 GAUGE ( <i>lancets</i> )	T1	QL (200 QY per 30 DYs)
THIN LANCETS 26 GAUGE ( <i>lancets</i> )	T1	QL (200 EA per 30 days)
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8" ( <i>syringe with needle,insulin,0.3 ml</i> )	T1	QL (200 QY per 30 DYs)
TOPCARE UNIVERSAL1 LANCET ( <i>lancets</i> )	T1	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE X 1/2" ( <i>syringe with needle,insulin,0.5 ml</i> )	T1	QL (200 QY per 30 DYs)
TRUEPLUS INSULIN SYRINGE 1 ML 31 GAUGE X 5/16 ( <i>syringe with needle,disposable,insulin 1 ml</i> )	T1	QL (200 QY per 30 DYs)
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE ( <i>lancets</i> )	T1	QL (200 EA per 30 days)
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2" ( <i>syringe with needle,insulin,0.5 ml</i> )	T1	QL (200 QY per 30 DYs)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTICARE SYRINGE 1 ML 30 GAUGE X 1/2" ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	T1	QL (200 QY per 30 DYs)
ULTILET CLASSIC LANCETS 28 GAUGE ( <b><i>lancets</i></b> )	T1	QL (1 QY per 365 DYs)
ULTILET CLASSIC LANCETS 30 GAUGE ( <b><i>lancets</i></b> )	T1	QL (200 QY per 30 DYs)
ULTILET LANCETS 28 GAUGE ( <b><i>lancets</i></b> )	T1	QL (200 QY per 30 DYs)
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" ( <b><i>syringe with needle,insulin 0.3 ml (half unit mark)</i></b> )	T1	QL (200 QY per 30 DYs)
ULTRA CMFT INS SYR (HALF UNIT) SYRINGE 0.3 ML 30 GAUGE X 5/16" ( <b><i>syringe with needle,insulin 0.3 ml (half unit mark)</i></b> )	T1	QL (200 EA per 30 days)
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16" ( <b><i>syringe with needle,insulin,0.3 ml</i></b> )	T1	QL (200 QY per 30 DYs)
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2" ( <b><i>syringe with needle,insulin,0.5 ml</i></b> )	T1	QL (200 QY per 30 DYs)
ULTRA COMFORT INSULIN SYRINGE SYRINGE 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16 ( <b><i>syringe with needle,disposable,insulin 1 ml</i></b> )	T1	QL (200 QY per 30 DYs)
ULTRA THIN LANCETS 28 GAUGE, 33 GAUGE ( <b><i>lancets</i></b> )	T1	QL (200 QY per 30 DYs)
ULTRA THIN LANCETS 30 GAUGE ( <b><i>lancets</i></b> )	T1	QL (200 EA per 30 days)
ULTRA THIN PLUS LANCETS 33 GAUGE ( <b><i>lancets</i></b> )	T1	QL (200 EA per 30 days)
UNILET COMFORTOUCH LANCET ( <b><i>lancets</i></b> )	T1	QL (200 EA per 30 days)
UNILET EXCELITE II LANCET ( <b><i>lancets</i></b> )	T1	QL (200 EA per 30 days)
UNILET GP LANCET ( <b><i>lancets</i></b> )	T1	QL (200 EA per 30 days)
UNILET SUPER THIN LANCETS 30 GAUGE ( <b><i>lancets</i></b> )	T1	QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE ( <b><i>lancets</i></b> )	T1	QL (200 EA per 30 days)

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<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIOS AEROSOL DELIVERY SYSTEM DEVICE ( <i>nebulizer and compressor</i> )	T1	QL (1 QY per 365 DYs)
VORTEX FROG MASK-CHILD DEVICE ( <i>inhaler, assist devices, accessories</i> )	T1	QL (2 EA per 365 days)
VORTEX HOLDING CHAMBER CHILD SPACER ( <i>inhaler,assist device with medium mask</i> )	T1	QL (2 QY per 365 DYs)
VORTEX HOLDING CHAMBER SPACER ( <i>inhaler, assist devices</i> )	T1	QL (2 QY per 365 DYs)
VORTEX HOLDING CHAMBER TODDLER SPACER ( <i>inhaler,assist device with small mask</i> )	T1	QL (2 QY per 365 DYs)
VORTEX LADYBUG MASK-TODDLER DEVICE ( <i>inhaler, assist devices, accessories</i> )	T1	QL (2 EA per 365 days)
VORTEX VHC FROG MASK-CHILD SPACER ( <i>inhaler,assist device with medium mask</i> )	T1	QL (2 QY per 365 DYs)
VORTEX VHC LADYBUG MASK-TODDLR SPACER ( <i>inhaler,assist device with small mask</i> )	T1	QL (2 QY per 365 DYs)
WING TIP TUBING ( <i>nebulizer accessories</i> )	T1	QL (1 QY per 365 DYs)
<b>Diagnostic Agents</b>		
<b>Adrenocortical Insufficiency</b>		
ACTHAR H.P. INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	T1	PA
<b>Diabetes Mellitus</b>		
FREESTYLE INSULINX STRIP ( <i>blood sugar diagnostic</i> )	T1	
FREESTYLE INSULINX TEST STRIPS STRIP ( <i>blood sugar diagnostic</i> )	T1	
FREESTYLE LITE STRIPS STRIP ( <i>blood sugar diagnostic</i> )	T1	
FREESTYLE TEST STRIP ( <i>blood sugar diagnostic</i> )	T1	
PRECISION XTRA TEST STRIP ( <i>blood sugar diagnostic</i> )	T1	
<b>Ketones</b>		
KETONE CARE STRIP ( <i>urine acetone test,strips</i> )	T1	QL (100 EA per 30 days)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Myasthenia Gravis</b>		
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML ( <i>neostigmine methylsulfate</i> )	T1	PA
ENLON INJECTION SOLUTION 10 MG/ML ( <i>edrophonium chloride</i> )	T1	PA
<b>Electrolytic, Caloric, And Water Balance</b>		
<b>Acidifying Agents</b>		
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG ( <i>potassium phosphate,monobasic</i> )	T1	
<b>Alkalinizing Agents</b>		
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i>	T1	QL (180 EA per 30 days)
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	T1	QL (60 EA per 30 days)
<b>Ammonia Detoxicants</b>		
<i>lactulose</i> (Generlac Oral Solution 10 Gram/15 MI)	T1	
<i>lactulose oral solution 10 gram/15 ml</i>	T1	
<b>Caloric Agents - Drugs For Nutrition</b>		
L-CARNITINE (TARTRATE) ORAL CAPSULE 250 MG ( <i>levocarnitine tartrate</i> )	T1	
<i>levocarnitine tartrate oral capsule 500 mg</i>	T1	
<b>Carbonic Anhydrase Inhibitors - Drugs For Water Balance</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	T1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T1	
<b>Diuretics, Miscellaneous - Drugs For Water Balance</b>		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline anhydrous</i> )	T1	
<i>theophylline oral elixir 80 mg/15 ml</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline oral solution 80 mg/15 ml</i>	T1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	T1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	T1	
<i>theophylline oral tablet extended release 400 mg</i>	T1	
Irrigating Solutions		
STERILE SALINE IRRIGATION SOLUTION 0.9 % ( <i>sodium chloride irrigating solution</i> )	T1	
WOUND CLEANSER IRRIGATION SPRAY, NON-AEROSOL ( <i>sodium chloride/pyridoxine hcl (vitamin b6)/zinc acet/cit ac</i> )	T1	
Loop Diuretics - Drugs For Water Balance		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	ST
<i>furosemide oral solution 10 mg/ml</i>	T1	PA
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
Phosphate-Removing Agents		
AURYXIA ORAL TABLET 210 MG IRON ( <i>ferric citrate</i> )	T1	PA
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	T1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	T1	
FOSRENOL ORAL POWDER IN PACKET 750 MG ( <i>lanthanum carbonate</i> )	T1	PA
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	T1	PA
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	T1	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	T1	ST
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	T1	PA
VELPHORO ORAL TABLET, CHEWABLE 500 MG ( <i>sucroferric oxyhydroxide</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Potassium-Removing Agents</b>		
LOKELMA 10 GRAM POWDER PACKET OUTER 10 GRAM ( <i>sodium zirconium cyclosilicate</i> )	T1	QL (34 EA per 30 days)
LOKELMA 5 GRAM POWDER PACKET OUTER 5 GRAM ( <i>sodium zirconium cyclosilicate</i> )	T1	QL (34 EA per 30 days)
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML ( <i>sodium polystyrene sulfonate</i> )	T1	
<i>sodium polystyrene sulfonate oral powder</i>	T1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM ( <i>patiomer calcium sorbitex</i> )	T1	ST; QL (30 EA per 30 days)
<b>Potassium-Sparing Diuretics - Drugs For Water Balance</b>		
<i>amiloride oral tablet 5 mg</i>	T1	QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	T1	
<b>Replacement Preparations</b>		
ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 168 MG CALCIUM (420 MG), 300 MG (750 MG) ( <i>calcium carbonate</i> )	T1	
CALCIUM 500 + D (D3) ORAL TABLET 500 MG(1,250MG) -125 UNIT ( <i>calcium carbonate/cholecalciferol (vitamin d3)</i> )	T1	
CALCIUM 500 + D ORAL TABLET 500 MG(1,250MG) -200 UNIT ( <i>calcium carbonate/cholecalciferol (vitamin d3)</i> )	T1	
CALCIUM 500 WITH D ORAL TABLET 500 MG(1,250MG) -400 UNIT ( <i>calcium carbonate/cholecalciferol (vitamin d3)</i> )	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALCIUM 600 + D(3) ORAL TABLET 600 MG(1,500MG) - 200 UNIT, 600 MG(1,500MG) -400 UNIT ( <i>calcium carbonate/cholecalciferol (vitamin d3)</i> )	T1	
CALCIUM 600 ORAL TABLET 600 MG CALCIUM (1,500 MG) ( <i>calcium carbonate</i> )	T1	
CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG) ( <i>calcium carbonate</i> )	T1	
CALCIUM ANTACID ULTRA MAX ST ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG) ( <i>calcium carbonate</i> )	T1	
<i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i>	T1	
<i>calcium carbonate oral tablet 260 mg calcium (648 mg)</i>	T1	
<i>calcium carbonate oral tablet 600 mg calcium (1,500 mg)</i>	T1	
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500-100 mg-unit</i>	T1	
<i>calcium citrate-vitamin d2 oral tablet 315 mg-5 mcg (200 unit)</i>	T1	
<i>calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>	T1	
<i>calcium gluconate oral tablet 45 mg (500 mg)</i>	T1	
<i>calcium lactate oral tablet 650 mg</i>	T1	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG ( <i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i> )	T1	AL (Max 50 Years)
MG-PLUS-PROTEIN ORAL TABLET 133 MG ( <i>magnesium oxide/magnesium amino acid chelate</i> )	T1	PA
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
O-CAL FA ORAL TABLET 66 MG IRON- 1 MG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OYSTER SHELL + D3 ORAL TABLET 250-125 MG-UNIT ( <i>calcium carbonate/cholecalciferol (vitamin d3)</i> )	T1	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) ( <i>calcium carbonate</i> )	T1	
OYSTER SHELL CALCIUM-VIT D2 ORAL TABLET 250 (625)-125 MG-UNIT ( <i>calcium carbonate/ergocalciferol (vitamin d2)</i> )	T1	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG(1,250MG) -200 UNIT ( <i>calcium carbonate/cholecalciferol (vitamin d3)</i> )	T1	
PEDIATRIC ELECTROLYTE ORAL SOLUTION ( <i>electrolytes/dextrose</i> )	T1	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i> )	T1	AL (Max 50 Years)
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	T1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	T1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	T1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 15 meq, 20 meq</i>	T1	
PRENATABS FA ORAL TABLET 29-1 MG ( <i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vits with calcium no.74/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vits with calcium no.72/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vits with calcium no.72/iron,carbonyl/folic acid</i> )	T1	AL (Max 50 Years)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	T1	AL (Max 50 Years)
RIGHT STEP PRENATAL VITAMINS ORAL TABLET 27 MG IRON- 0.8 MG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
RISACAL-D ORAL TABLET 100 MG CALCIUM- 3 MCG ( <i>calcium phosphate, dibasic/cholecalciferol (vitamin d3)</i> )	T1	
<i>sodium chloride inhalation solution for nebulization 0.9 %</i>	T1	
THERA-M ORAL TABLET 9 MG IRON-400 MCG ( <i>multivits with calcium and minerals/iron fumarate/folic acid</i> )	T1	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG ( <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
TRINATE TABLET 28 MG IRON- 1 MG ( <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
TRUST NATAL DHA ORAL COMBO PACK 29-1-250-200 MG ( <i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i> )	T1	AL (Max 50 Years)
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG ( <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
Thiazide Diuretics - Drugs For Water Balance		
<i>amlodipine-valsartan-hcthiazyd 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>	T1	PA
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i></b>	T1	
<b><i>hydrochlorothiazide oral capsule 12.5 mg</i></b>	T1	
<b><i>hydrochlorothiazide oral tablet 12.5 mg</i></b>	T1	
<b><i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i></b>	T1	
<b><i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i></b>	T1	QL (30 EA per 30 days)
<b><i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i></b>	T1	
<b><i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i></b>	T1	
<b><i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i></b>	T1	
<b><i>olmesartan-amlodipin-hcthiazid 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></b>	T1	PA
<b><i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i></b>	T1	
<b><i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i></b>	T1	
<b><i>quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i></b>	T1	
<b><i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i></b>	T1	
<b>TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren hemifumarate/hydrochlorothiazide</i>)</b>	T1	PA
<b><i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i></b>	T1	PA
<b><i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i></b>	T1	
<b><i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i></b>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i></b>	T1	QL (30 EA per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG ( <i>bisoprolol fumarate/hydrochlorothiazide</i> )	T1	
<b>Thiazide-Like Diuretics - Drugs For Water Balance</b>		
<b><i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i></b>	T1	
<b><i>chlorthalidone oral tablet 25 mg, 50 mg</i></b>	T1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG ( <i>azilsartan medoxomil/chlorthalidone</i> )	T1	PA
<b><i>indapamide oral tablet 1.25 mg, 2.5 mg</i></b>	T1	
<b><i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i></b>	T1	ST; QL (30 EA per 30 days)
<b>Uricosuric Agents</b>		
<b><i>probenecid oral tablet 500 mg</i></b>	T1	
<b><i>probenecid-colchicine oral tablet 500-0.5 mg</i></b>	T1	
<b>Enzymes</b>		
<b>Enzymes</b>		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML ( <i>laronidase</i> )	T1	
PULMOZYME INHALATION SOLUTION 1 MG/ML ( <i>dornase alfa</i> )	T1	PA
<b>Eye, Ear, Nose And Throat (Eent) Preps.</b>		
<b>Alpha-Adrenergic Agonists (Eent) - Drugs For The Eye</b>		
<b><i>brimonidine ophthalmic (eye) drops 0.2 %</i></b>	T1	
<b>Antiallergic Agents - Drugs For Allergy</b>		
<b><i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i></b>	T1	
<b><i>azelastine ophthalmic (eye) drops 0.05 %</i></b>	T1	
<b><i>bepotastine besilate ophthalmic (eye) drops 1.5 %</i></b>	T1	PA
<b><i>cromolyn nasal spray,non-aerosol 5.2 mg/spray (4 %)</i></b>	T1	
<b><i>cromolyn ophthalmic (eye) drops 4 %</i></b>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMADINE OPHTHALMIC (EYE) DROPS 0.05 % ( <i>emedastine difumarate</i> )	T1	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	T1	ST; QL (5 ML per 30 days)
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	T1	QL (10 QY per 30 DYs)
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 % ( <i>alcaftadine</i> )	T1	PA
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	T1	ST; QL (5 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	T1	ST; QL (2.5 ML per 30 days)
Antibacterials (Eent) - Drugs For Infections		
AZASITE OPHTHALMIC (EYE) DROPS 1 % ( <i>azithromycin</i> )	T1	PA
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	T1	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % ( <i>ciprofloxacin hcl</i> )	T1	ST
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	T1	QL (2 fills per 365 DYs)
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	T1	QL (2 fills per 365 DYs)
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	T1	PA
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	T1	QL (2 fills per 365 DYs)
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	T1	
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	T1	PA
<i>moxifloxacin ophthalmic (eye) drops, viscous 0.5 %</i>	T1	PA
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	T1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i></b>	T1	
<b><i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i></b>	T1	
<b><i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i></b>	T1	
<b><i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i></b>	T1	
<b><i>ofloxacin ophthalmic (eye) drops 0.3 %</i></b>	T1	QL (2 fills per 365 DYs)
<b><i>ofloxacin otic (ear) drops 0.3 %</i></b>	T1	
<b><i>bacitracin/polymyxin b sulfate (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)</i></b>	T1	
<b><i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i></b>	T1	
<b><i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i></b>	T1	
<b><i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i></b>	T1	
<b><i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i></b>	T1	
<b>TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (<i>tobramycin/dexamethasone</i>)</b>	T1	QL (2 fills per 365 DYs)
<b><i>tobramycin ophthalmic (eye) drops 0.3 %</i></b>	T1	QL (2 fills per 365 DYs)
<b>Antivirals (Eent) - Drugs For Infections</b>		
<b><i>trifluridine ophthalmic (eye) drops 1 %</i></b>	T1	
<b>ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (<i>ganciclovir</i>)</b>	T1	QL (5 GM per 1 FILL)
<b>Beta-Adrenergic Blocking Agents (Eent) - Drugs For The Eye</b>		
<b><i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i></b>	T1	
<b><i>levobunolol ophthalmic (eye) drops 0.5 %</i></b>	T1	
<b><i>metipranolol ophthalmic (eye) drops 0.3 %</i></b>	T1	
<b><i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i></b>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
<b>Carbonic Anhydrase Inhibitors (Eent) - Drugs For The Eye</b>		
<i>acetazolamide oral capsule, extended release 500 mg</i>	T1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	T1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	T1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	T1	
<b>Corticosteroids (Eent) - Drugs For Inflammation</b>		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	T1	
<i>difluprednate ophthalmic (eye) drops 0.05 %</i>	T1	PA; QL (5 ML per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	T1	ST
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	T1	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	T1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	T1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % ( <i>dexamethasone</i> )	T1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	T1	ST; QL (17 GM per 30 days)
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG ( <i>triamcinolone acetonide</i> )	T1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	T1	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % ( <i>prednisolone acetate</i> )	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	T1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	T1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % ( <i>tobramycin/dexamethasone</i> )	T1	QL (2 fills per 365 DYs)
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	T1	
Eent Anti-Infectives, Miscellaneous - Drugs For Infections		
<i>acetic acid otic (ear) solution 2 %</i>	T1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	T1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	T1	
Eent Anti-Inflammatory Agents, Misc. - Drugs For Inflammation		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % ( <i>cyclosporine</i> )	T1	ST
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % ( <i>cyclosporine</i> )	T1	ST
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % ( <i>lifitegrast</i> )	T1	ST
Eent Drugs, Miscellaneous		
ALTACHLORE OPHTHALMIC (EYE) DROPS 5 % ( <i>sodium chloride</i> )	T1	
ALTACHLORE OPHTHALMIC (EYE) OINTMENT 5 % ( <i>sodium chloride</i> )	T1	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	T1	
ARTIFICIAL TEARS (PETRO/MIN) OPHTHALMIC (EYE) OINTMENT 83-15 % ( <i>mineral oil/petrolatum,white</i> )	T1	QL (60 GM per 30 days)
ARTIFICIAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE ( <i>dextran 70/hypromellose</i> )	T1	QL (60 EA per 30 days)
ARTIFICIAL TEARS (POLYVIN ALC) OPHTHALMIC (EYE) DROPS 1.4 % ( <i>polyvinyl alcohol</i> )	T1	QL (60 ML per 30 days)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARTIFICIAL TEARS(DEXT70-HYPRO) OPHTHALMIC (EYE) DROPS , 0.1-0.3 % ( <b><i>dextran 70/hypromellose</i></b> )	T1	QL (60 ML per 30 days)
ARTIFICIAL TEARS(PG-HYPM-GLYC) OPHTHALMIC (EYE) DROPS 1-0.2-0.2 % ( <b><i>polyethylene glycol 400/hypromellose/glycerin</i></b> )	T1	QL (60 ML per 30 days)
ARTIFICIAL TEARS(PVALCH-POVID) OPHTHALMIC (EYE) DROPS 0.5-0.6 % ( <b><i>polyvinyl alcohol/povidone</i></b> )	T1	QL (60 ML per 30 days)
AYR SALINE NASAL DROPS 0.65 % ( <b><i>sodium chloride</i></b> )	T1	
ENUCLENE OPHTHALMIC (EYE) DROPS 0.25 % ( <b><i>tyloxapol</i></b> )	T1	
FOR STY RELIEF OPHTHALMIC (EYE) OINTMENT ( <b><i>mineral oil/petrolatum,white</i></b> )	T1	QL (60 GM per 30 days)
FRESHKOTE OPHTHALMIC (EYE) DROPS 2-0.9-1.8 % ( <b><i>eye lubricant combination no.1</i></b> )	T1	QL (60 ML per 30 days)
GENTEAL MILD OPHTHALMIC (EYE) DROPS 0.2 % ( <b><i>hypromellose</i></b> )	T1	QL (60 ML per 30 days)
GENTEAL SEVERE OPHTHALMIC (EYE) GEL 0.3 % ( <b><i>hypromellose</i></b> )	T1	QL (60 GM per 30 days)
GENTEAL TEARS MODERATE OPHTHALMIC (EYE) DROPS 0.1-0.3-0.2 % ( <b><i>dextran/hypromellose/glycerin</i></b> )	T1	QL (60 ML per 30 days)
HYPOTEARs OPHTHALMIC (EYE) DROPS 1-1 % ( <b><i>polyethylene glycol 400/polyvinyl alcohol</i></b> )	T1	QL (60 ML per 30 days)
ISOPTO TEARS OPHTHALMIC (EYE) DROPS 0.5 % ( <b><i>hypromellose</i></b> )	T1	QL (60 ML per 30 days)
LUBRICANT (P-GLYCOL-GLYCERIN) OPHTHALMIC (EYE) DROPS 1-0.3 % ( <b><i>glycerin/propylene glycol</i></b> )	T1	QL (60 ML per 30 days)
LUBRICANT DRY EYE RELIEF OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 % ( <b><i>carboxymethylcellulose sodium</i></b> )	T1	QL (60 ML per 30 days)
LUBRICANT EYE (CMC-GLYCER)(PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-0.9 % ( <b><i>carboxymethylcellulose sodium/glycerin/pf</i></b> )	T1	QL (60 EA per 30 days)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUBRICANT EYE (CMC-GLYCERIN) OPHTHALMIC (EYE) DROPS 0.5-0.9 % ( <i>carboxymethylcellulose sodium/glycerin</i> )	T1	QL (60 ML per 30 days)
LUBRICANT EYE (PG-PEG 400) OPHTHALMIC (EYE) DROPS 0.4-0.3 % ( <i>propylene glycol/polyethylene glycol 400</i> )	T1	QL (60 ML per 30 days)
LUBRICANT EYE (PG-PEG 400)(PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 % ( <i>propylene glycol/polyethylene glycol 400/pf</i> )	T1	QL (60 EA per 30 days)
LUBRICANT EYE (PROPYL GLYCOL) OPHTHALMIC (EYE) DROPS 0.6 % ( <i>propylene glycol</i> )	T1	QL (60 ML per 30 days)
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPPERETTE 0.5 % ( <i>carboxymethylcellulose sodium</i> )	T1	QL (60 EA per 30 days)
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.5 % ( <i>carboxymethylcellulose sodium</i> )	T1	QL (60 ML per 30 days)
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 56.8-41.5 %, 57.3-42.5 %, 57.7-31.9 % ( <i>mineral oil/petrolatum,white</i> )	T1	QL (60 GM per 30 days)
LUBRICANT EYE(DEXTRAN70-HYPML) OPHTHALMIC (EYE) DROPPERETTE ( <i>dextran 70/hypromellose</i> )	T1	QL (60 EA per 30 days)
LUBRICANT GEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.25-0.3 % ( <i>carboxymethylcellulose sodium/hypromellose</i> )	T1	QL (60 ML per 30 days)
NATURAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 % ( <i>dextran 70/hypromellose/pf</i> )	T1	QL (60 EA per 30 days)
PURALUBE OPHTHALMIC (EYE) OINTMENT 85-15 % ( <i>mineral oil/petrolatum,white</i> )	T1	QL (60 GM per 30 days)
PURE AND GENTLE EYE OPHTHALMIC (EYE) DROPS 0.3 % ( <i>hypromellose</i> )	T1	QL (60 ML per 30 days)
REFRESH CELLUVISC OPHTHALMIC (EYE) DROPPERETTE,GEL 1 % ( <i>carboxymethylcellulose sodium</i> )	T1	QL (60 EA per 30 days)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REFRESH CLASSIC (PF) OPHTHALMIC (EYE) DROPPERETTE 1.4-0.6 % ( <i>polyvinyl alcohol/povidone/pf</i> )	T1	QL (60 EA per 30 days)
REFRESH CONTACTS OPHTHALMIC (EYE) DROPS ( <i>carboxymethylcellulose sodium</i> )	T1	QL (60 ML per 30 days)
REFRESH LACRI-LUBE OPHTHALMIC (EYE) OINTMENT 56.8-42.5 % ( <i>mineral oil/petrolatum,white</i> )	T1	QL (60 GM per 30 days)
REFRESH OPTIVE ADVANCED (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 % ( <i>carboxymethylcellulose sodium/glycerin/polysorbate 80/pf</i> )	T1	QL (60 EA per 30 days)
REFRESH OPTIVE ADVANCED OPHTHALMIC (EYE) DROPS 0.5-1-0.5 % ( <i>carboxymethylcellulose sodium/glycerin/polysorbate 80</i> )	T1	QL (60 ML per 30 days)
REFRESH OPTIVE MEGA-3 (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 % ( <i>carboxymethylcellulose sodium/glycerin/polysorbate 80/pf</i> )	T1	QL (60 EA per 30 days)
REFRESH OPTIVE OPHTHALMIC (EYE) DROPS, GEL 1-0.9 % ( <i>carboxymethylcellulose sodium/glycerin</i> )	T1	QL (60 ML per 30 days)
RETAINÉ HPMC (PF) OPHTHALMIC (EYE) DROPS 0.3 % ( <i>hypromellose/pf</i> )	T1	QL (60 ML per 30 days)
RETAINÉ PM OPHTHALMIC (EYE) OINTMENT 80-20 % ( <i>mineral oil/petrolatum,white</i> )	T1	QL (60 GM per 30 days)
SALINE MIST NASAL AEROSOL, SPRAY 0.65 % ( <i>sodium chloride</i> )	T1	
SOOTHE HYDRATION OPHTHALMIC (EYE) DROPS 1.25 % ( <i>povidone</i> )	T1	QL (60 ML per 30 days)
SOOTHE LUBRICANT OPHTHALMIC (EYE) DROPPERETTE 0.6-0.6 % ( <i>glycerin/propylene glycol</i> )	T1	QL (60 EA per 30 days)
STERILE LUBRICANT OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.7 % ( <i>carboxymethylcellulose sodium</i> )	T1	QL (60 ML per 30 days)
SYSTANE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 % ( <i>propylene glycol/polyethylene glycol 400/pf</i> )	T1	QL (60 EA per 30 days)

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYSTANE GEL OPHTHALMIC (EYE) DROPS,GEL 0.4-0.3 % ( <i>propylene glycol/polyethylene glycol 400</i> )	T1	QL (60 ML per 30 days)
SYSTANE GEL OPHTHALMIC (EYE) GEL 0.3 % ( <i>hypromellose</i> )	T1	QL (60 GM per 30 days)
SYSTANE LIQUID GEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.4-0.3 % ( <i>propylene glycol/polyethylene glycol 400</i> )	T1	QL (60 ML per 30 days)
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 % ( <i>mineral oil/petrolatum,white</i> )	T1	
THERATEARS OPHTHALMIC (EYE) DROPPERETTE 0.25 % ( <i>carboxymethylcellulose sodium</i> )	T1	QL (60 EA per 30 days)
THERATEARS OPHTHALMIC (EYE) DROPPERETTE,GEL 1 % ( <i>carboxymethylcellulose sodium</i> )	T1	QL (60 EA per 30 days)
THERATEARS OPHTHALMIC (EYE) DROPS 0.25 % ( <i>carboxymethylcellulose sodium</i> )	T1	QL (60 ML per 30 days)
ULTRA FRESH PM OPHTHALMIC (EYE) OINTMENT ( <i>lanolin/mineral oil/petrolatum,white</i> )	T1	QL (60 GM per 30 days)
VISINE TIRED EYE RELIEF OPHTHALMIC (EYE) DROPS 1-0.36-0.2 % ( <i>polyethylene glycol 400/hypromellose/glycerin</i> )	T1	QL (60 ML per 30 days)
<b>Eent Nonsteroidal Anti-Inflam. Agents - Drugs For Inflammation</b>		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % ( <i>ketorolac tromethamine/pf</i> )	T1	PA
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	T1	PA
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	T1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	T1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % ( <i>nepafenac</i> )	T1	PA
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	T1	PA
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	T1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % ( <i>nepafenac</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % ( <i>bromfenac sodium</i> )	T1	PA
<b>Local Anesthetics (Eent) - Drugs For Numbing</b>		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	T1	
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	T1	
<i>lidocaine hcl</i> (Lidocaine Viscous Mucous Membrane Solution 2 %)	T1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	T1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	T1	
<b>Miotics - Drugs For The Eye</b>		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T1	
<b>Mydriatics - Drugs For The Eye</b>		
<i>atropine ophthalmic (eye) drops 1 %</i>	T1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	T1	
<i>cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %</i>	T1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % ( <i>homatropine hbr</i> )	T1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	T1	
<b>Prostaglandin Analogs - Drugs For The Eye</b>		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	T1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	T1	ST
<b>Vasoconstrictors</b>		
ADRENALIN NASAL SOLUTION 1 MG/ML ( <i>epinephrine hcl</i> )	T1	QL (60 QY per 1 PD)
CLEAR EYES REDNESS RELIEF OPHTHALMIC (EYE) DROPS 0.012-0.2 % ( <i>naphazoline hcl/glycerin</i> )	T1	
EYE ALLERGY RELIEF OPHTHALMIC (EYE) DROPS 0.025-0.3 %, 0.02675-0.315 % ( <i>naphazoline hcl/pheniramine maleate</i> )	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phenylephrine hcl ophthalmic (eye) drops 10 %</i>	T1	
Gastrointestinal Drugs		
Antacids And Adsorbents		
ALMACONE-2 ORAL SUSPENSION 400-400-40 MG/5 ML ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	T1	
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml, 600 mg/5 ml</i>	T1	
ANTACID EXST (MAG CARB-AL HYD) ORAL TABLET,CHEWABLE 160-105 MG ( <i>magnesium carbonate/aluminum hydroxide</i> )	T1	
ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 168 MG CALCIUM (420 MG), 300 MG (750 MG) ( <i>calcium carbonate</i> )	T1	
ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	T1	
CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG) ( <i>calcium carbonate</i> )	T1	
CALCIUM ANTACID ULTRA MAX ST ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG) ( <i>calcium carbonate</i> )	T1	
<i>calcium carbonate oral tablet 260 mg calcium (648 mg)</i>	T1	
FOAMING ANTACID ORAL TABLET,CHEWABLE 80-20 MG ( <i>magnesium trisilicate/aluminum hydrox/sod bicarb/alginate</i> )	T1	
GELUSIL ANTACID AND ANTI-GAS ORAL TABLET,CHEWABLE 200-200-25 MG ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	T1	
GERI-MOX ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KAOPECTATE (BISMUTH SUBSALICY) ORAL SUSPENSION 262 MG/15 ML ( <i>bismuth subsalicylate</i> )	T1	
MAALOX ADVANCED ORAL TABLET,CHEWABLE 1,000-60 MG ( <i>calcium carbonate/simethicone</i> )	T1	
<i>magnesium oxide oral tablet 400 mg magnesium</i>	T1	
PINK BISMUTH ORAL TABLET 262 MG ( <i>bismuth subsalicylate</i> )	T1	
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG ( <i>bismuth subsalicylate</i> )	T1	
RI-MOX PLUS ORAL SUSPENSION 225-200-25 MG/5 ML ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	T1	
<i>sodium bicarbonate oral tablet 650 mg</i>	T1	
STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION 525 MG/15 ML ( <i>bismuth subsalicylate</i> )	T1	
Gastrointestinal Drugs - Drugs For The Stomach		
5-Ht3 Receptor Antagonists - Drugs For Vomiting And Nausea		
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	T1	PA
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	T1	PA
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	T1	PA
<i>granisetron hcl oral tablet 1 mg</i>	T1	PA
<i>ondansetron hcl oral tablet 24 mg</i>	T1	PA; QL (60 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	QL (60 QY per 30 DYs)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	T1	QL (60 QY per 30 DYs)
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	T1	PA
ZUPLENZ ORAL FILM 4 MG, 8 MG ( <i>ondansetron</i> )	T1	PA
Antidiarrhea Agents - Drugs For Diarrhea		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET 2 MG ( <i>loperamide hcl</i> )	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
KAOPECTATE (BISMUTH SUBSALICY) ORAL SUSPENSION 262 MG/15 ML ( <i>bismuth subsalicylate</i> )	T1	
<i>loperamide oral capsule 2 mg</i>	T1	
PINK BISMUTH ORAL TABLET 262 MG ( <i>bismuth subsalicylate</i> )	T1	
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG ( <i>bismuth subsalicylate</i> )	T1	
STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION 525 MG/15 ML ( <i>bismuth subsalicylate</i> )	T1	
<b>Antiemetics, Miscellaneous - Drugs For Vomiting And Nausea</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	T1	PA; QL (60 EA per 30 days)
<b>Antiflatulents - Drugs For Gas</b>		
ALMACONE-2 ORAL SUSPENSION 400-400-40 MG/5 ML ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	T1	
ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	T1	
GAS RELIEF (SIMETHICONE) ORAL CAPSULE 125 MG ( <i>simethicone</i> )	T1	
GAS RELIEF (SIMETHICONE) ORAL DROPS,SUSPENSION 40 MG/0.6 ML ( <i>simethicone</i> )	T1	
GELUSIL ANTACID AND ANTI-GAS ORAL TABLET,CHEWABLE 200-200-25 MG ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	T1	
GERI-MOX ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	T1	
MAALOX ADVANCED ORAL TABLET,CHEWABLE 1,000-60 MG ( <i>calcium carbonate/simethicone</i> )	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RI-MOX PLUS ORAL SUSPENSION 225-200-25 MG/5 ML ( <i>magnesium hydroxide/aluminum hydroxide/simethicone</i> )	T1	
<i>simethicone oral drops,suspension 40 mg/0.6 ml</i>	T1	
Antihistamines (Gi Drugs) - Drugs For Vomiting And Nausea		
<i>prochlorperazine</i> (Compazine Rectal Suppository 25 Mg)	T1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T1	
<i>meclizine oral tablet,chewable 25 mg</i>	T1	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG ( <i>meclizine hcl</i> )	T1	
MOTION SICKNESS RELIEF ORAL TABLET 50 MG ( <i>dimenhydrinate</i> )	T1	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET,CHEWABLE 25 MG ( <i>meclizine hcl</i> )	T1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	T1	
Anti-Inflammatory Agents (Gi Drugs) - Drugs For Inflammation		
<i>balsalazide oral capsule 750 mg</i>	T1	
LOTROXEX ORAL TABLET 0.5 MG, 1 MG ( <i>alosetron hcl</i> )	T1	PA
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	T1	ST
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	T1	ST
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	T1	ST
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>	T1	PA
<i>mesalamine rectal enema 4 gram/60 ml</i>	T1	
<i>mesalamine rectal suppository 1,000 mg</i>	T1	
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	T1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG ( <i>mesalamine</i> )	T1	PA
<i>sulfasalazine oral tablet 500 mg</i>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	T1	
<b>Cathartics And Laxatives - Drugs For Constipation</b>		
<i>aromatic cascara fld xt (bulk) oral fluid extract 100 %</i>	T1	
<i>bisacodyl rectal suppository 10 mg</i>	T1	
BISA-LAX (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG ( <i>bisacodyl</i> )	T1	
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	T1	
DOCUSOL RECTAL ENEMA 283 MG ( <i>docusate sodium</i> )	T1	
ENEMA RECTAL ENEMA 19-7 GRAM/118 ML ( <i>sodium phosphate, monobasic/sodium phosphate, dibasic</i> )	T1	
ENEMEEZ RECTAL ENEMA 283 MG/5 ML ( <i>docusate sodium</i> )	T1	
FIBER LAXATIVE (CA POLYCARBO) ORAL TABLET 625 MG ( <i>calcium polycarbophil</i> )	T1	
FIBER LAXATIVE (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM ( <i>psyllium husk</i> )	T1	
FIBER SMOOTH ORAL POWDER ( <i>psyllium seed</i> )	T1	
<i>peg 3350/sod sulf/sod bicarb/sod chloride/potassium chloride</i> (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	T1	
<i>glycerin (child) rectal suppository</i>	T1	
HYDROCIL INSTANT ORAL PACKET ( <i>psyllium seed</i> )	T1	
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	T1	PA
<i>magnesium citrate oral solution</i>	T1	
METAMUCIL (WITH SUGAR) ORAL POWDER IN PACKET 3.4 GRAM ( <i>psyllium husk (with sugar)</i> )	T1	
METAMUCIL PLUS CALCIUM ORAL CAPSULE 1-60 GRAM-MG ( <i>psyllium husk/calcium carbonate</i> )	T1	
MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML ( <i>magnesium hydroxide</i> )	T1	
<i>mineral oil oral oil</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM ( <i>psyllium husk (with sugar)</i> )	T1	
PEDIA-LAX STOOL SOFTENER ORAL SYRUP 50 MG/15 ML ( <i>docusate sodium</i> )	T1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram, 240-22.72-6.72 -5.84 gram</i>	T1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	T1	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	T1	
SANI-SUPP (ADULT) RECTAL SUPPOSITORY ( <i>glycerin</i> )	T1	
SENNALAX ORAL TABLET 8.6 MG ( <i>sennosides</i> )	T1	
SENNALAX ORAL SYRUP 8.8 MG/5 ML ( <i>sennosides</i> )	T1	
<i>sorbitol solution 70 %</i>	T1	
STOOL SOFTENER ORAL CAPSULE 250 MG, 50 MG ( <i>docusate sodium</i> )	T1	
STOOL SOFTENER ORAL LIQUID 50 MG/5 ML ( <i>docusate sodium</i> )	T1	
STOOL SOFTENER ORAL SYRUP 60 MG/15 ML ( <i>docusate sodium</i> )	T1	
STOOL SOFTENER ORAL TABLET 100 MG ( <i>docusate sodium</i> )	T1	
Cholelitholytic Agents - Drugs For The Stomach		
<i>ursodiol oral capsule 300 mg</i>	T1	
Digestants - Drugs For The Stomach		
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT ( <i>lipase/protease/amylase</i> )	T1	AL (Min 21 Years)

PA = Prior Authorization; ST = Step Therapy; QL= Quantity Limits; AL = Age Limits; T1 = Formulary; QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 10,000-34,000 -55,000 UNIT, 15,000-47,000 -63,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000 -14,000- UNIT, 3,000-10,000- 16,000 UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000 -27,000 UNIT, 5,000-17,000- 24,000 UNIT ( <i>lipase/protease/amylase</i> )	T1	AL (Min 21 Years)
<b>Gi Drugs, Miscellaneous - Drugs For The Stomach</b>		
ALLI ORAL CAPSULE 60 MG ( <i>orlistat</i> )	T1	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) ( <i>certolizumab pegol</i> )	T1	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) ( <i>certolizumab pegol</i> )	T1	PA
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG ( <i>teduglutide</i> )	T1	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK) ( <i>adalimumab</i> )	T1	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML ( <i>adalimumab</i> )	T1	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG ( <i>infliximab-dyyb</i> )	T1	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG ( <i>linaclotide</i> )	T1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG ( <i>naloxegol oxalate</i> )	T1	PA
RELISTOR ORAL TABLET 150 MG ( <i>methylnaltrexone bromide</i> )	T1	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML ( <i>methylnaltrexone bromide</i> )	T1	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML ( <i>methylnaltrexone bromide</i> )	T1	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG ( <i>infliximab-abda</i> )	T1	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML ( <i>golimumab</i> )	T1	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML ( <i>golimumab</i> )	T1	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML ( <i>golimumab</i> )	T1	PA
SYMPROIC ORAL TABLET 0.2 MG ( <i>naldemedine tosylate</i> )	T1	PA
TRULANCE ORAL TABLET 3 MG ( <i>plecanatide</i> )	T1	PA

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )	T1	PA
XENICAL ORAL CAPSULE 120 MG ( <i>orlistat</i> )	T1	PA
<b>Histamine H2-Antagonists - Drugs For Ulcers And Stomach Acid</b>		
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	T1	ST
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	T1	ST
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	T1	
<b>Neurokinin-1 Receptor Antagonists - Drugs For Vomiting And Nausea</b>		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	T1	PA
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	T1	PA
<b>Prokinetic Agents - Drugs For The Stomach</b>		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	T1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	T1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG ( <i>prucalopride succinate</i> )	T1	PA
<b>Prostaglandins - Drugs For Ulcers And Stomach Acid</b>		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	T1	
<b>Protectants - Drugs For Ulcers And Stomach Acid</b>		
<i>sucralfate oral suspension 100 mg/ml</i>	T1	
<i>sucralfate oral tablet 1 gram</i>	T1	
<b>Proton-Pump Inhibitors - Drugs For Ulcers And Stomach Acid</b>		
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG ( <i>dexlansoprazole</i> )	T1	PA
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	T1	ST; QL (60 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	T1	ST
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	T1	
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg</i>	T1	QL (60 EA per 30 days)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>omeprazole oral capsule, delayed release(dr/ec) 40 mg</i>	T1	QL (60 QY per 30 DYs)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	T1	QL (60 EA per 30 days)
<i>lansoprazole/amoxicillin trihydrate/clarithromycin</i> (Prevpac Oral Combo Pack 500-500-30 Mg)	T1	PA
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	T1	ST; QL (60 EA per 30 days)
Gold Compounds		
Gold Compounds		
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	T1	
Heavy Metal Antagonists - Drugs To Reduce Iron		
Heavy Metal Antagonists - Drugs To Reduce Iron		
CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )	T1	
<i>deferasirox oral granules in packet 180 mg, 360 mg, 90 mg</i>	T1	PA
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	T1	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	T1	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	T1	
<i>penicillamine oral capsule 250 mg</i>	T1	PA
<i>penicillamine oral tablet 250 mg</i>	T1	PA
<i>trientine oral capsule 250 mg</i>	T1	PA
Hormones And Synthetic Substitutes - Hormones		
Adrenals - Hormones		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION ( <i>fluticasone propionate/salmeterol xinafoate</i> )	T1	PA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION ( <i>fluticasone furoate</i> )	T1	QL (30 EA per 30 days)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE ( <i>fluticasone furoate/vilanterol trifenate</i> )	T1	PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	T1	QL (120 ML per 30 days); AL (Max 8 Years)
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	T1	QL (540 EA per 365 days)
<i>budesonide oral tablet, delayed and ext. release 9 mg</i>	T1	PA
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	T1	PA
<i>dexamethasone oral elixir 0.5 mg/5 ml</i>	T1	
<i>dexamethasone oral solution 0.5 mg/5 ml</i>	T1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg</i>	T1	
<i>dexamethasone oral tablet 1 mg, 2 mg</i>	T1	
<i>dexamethasone</i> (Dexpak 13 Day Oral Tablets, Dose Pack 1.5 Mg (51 Tabs))	T1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION ( <i>mometasone furoate/formoterol fumarate</i> )	T1	PA; AL (Max 12 Years)
EMFLAZA ORAL SUSPENSION 22.75 MG/ML ( <i>deflazacort</i> )	T1	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG ( <i>deflazacort</i> )	T1	PA
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION ( <i>fluticasone propionate</i> )	T1	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION ( <i>fluticasone propionate</i> )	T1	
<i>fludrocortisone oral tablet 0.1 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	T1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T1	
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	T1	
MEDROL ORAL TABLET 2 MG ( <i>methylprednisolone</i> )	T1	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T1	
<i>methylprednisolone oral tablets,dose pack 4 mg</i>	T1	
MILLIPRED ORAL TABLET 5 MG ( <i>prednisolone</i> )	T1	
PEDIAPRED ORAL SOLUTION 5 MG BASE/5 ML (6.7 MG/5 ML) ( <i>prednisolone sodium phosphate</i> )	T1	
<i>prednisolone oral solution 15 mg/5 ml</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	T1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML ( <i>prednisone</i> )	T1	
<i>prednisone oral solution 5 mg/5 ml</i>	T1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	T1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	T1	
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION ( <i>beclomethasone dipropionate</i> )	T1	
UCERIS RECTAL FOAM 2 MG/ACTUATION ( <i>budesonide</i> )	T1	PA
<i>fluticasone propionate/salmeterol xinafoate</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Alpha-Glucosidase Inhibitors - Drugs For Diabetes		

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<b>Amylinomimetics - Drugs For Diabetes</b>		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML ( <i>pramlintide acetate</i> )	T1	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML ( <i>pramlintide acetate</i> )	T1	PA
<b>Androgens - Hormones</b>		
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	T1	
<i>testosterone cypionate intramuscular oil 100 mg/ml</i>	T1	QL (10 ML per 30 days)
<i>testosterone cypionate intramuscular oil 200 mg/ml</i>	T1	QL (5 ML per 30 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	T1	PA; QL (5 ML per 30 days)
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	T1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	T1	QL (300 GM per 30 days)
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	T1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	T1	PA
<b>Antiestrogens - Drugs For Women</b>		
<i>anastrozole oral tablet 1 mg</i>	T1	
<i>exemestane oral tablet 25 mg</i>	T1	
<i>letrozole oral tablet 2.5 mg</i>	T1	
<b>Antigonadotropins - Hormones</b>		
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) ( <i>elagolix sodium/estradiol/norethindrone acetate</i> )	T1	PA
ORILISSA ORAL TABLET 150 MG, 200 MG ( <i>elagolix sodium</i> )	T1	PA
<b>Antiparathyroid Agents - Drugs For Bones</b>		

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i></b>	T1	
<b><i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i></b>	T1	
<b>Antithyroid Agents - Drugs For The Thyroid</b>		
<b><i>methimazole oral tablet 10 mg, 5 mg</i></b>	T1	
<b><i>propylthiouracil oral tablet 50 mg</i></b>	T1	
SSKI ORAL SOLUTION 1 GRAM/ML ( <b><i>potassium iodide</i></b> )	T1	
<b>Biguanides - Drugs For Diabetes</b>		
<b><i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i></b>	T1	ST
<b><i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i></b>	T1	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG ( <b><i>sitagliptin phosphate/metformin hcl</i></b> )	T1	PA; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG ( <b><i>sitagliptin phosphate/metformin hcl</i></b> )	T1	PA
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG ( <b><i>linagliptin/metformin hcl</i></b> )	T1	PA
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG ( <b><i>linagliptin/metformin hcl</i></b> )	T1	PA
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG ( <b><i>saxagliptin hcl/metformin hcl</i></b> )	T1	PA
<b><i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i></b>	T1	
<b><i>metformin oral tablet extended release 24 hr 500 mg, 750 mg</i></b>	T1	
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG ( <b><i>ertugliflozin pidolate/metformin hcl</i></b> )	T1	ST

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG ( <i>empagliflozin/linagliptin/metformin hcl</i> )	T1	PA
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG ( <i>dapagliflozin propanediol/metformin hcl</i> )	T1	PA
Contraceptives - Drugs For Women		
<i>norethindrone-ethinyl estradiol</i> (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
<i>norethindrone-ethinyl estradiol</i> (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	T1	
AMETHIA LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) ( <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> )	T1	PA
<i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	T1	PA
<i>levonorgestrel/ethinyl estradiol</i> (Amethyst (28) Oral Tablet 90-20 Mcg (28))	T1	
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet 0.15-0.03 Mg)	T1	
<i>norethindrone-ethinyl estradiol</i> (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	T1	
<i>norethindrone-ethinyl estradiol</i> (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	T1	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) ( <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> )	T1	PA
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) ( <i>levonorgestrel/ethinyl estradiol and ethinyl estradiol</i> )	T1	PA
<i>drospirenone-e.estradiol-1m.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)</i>	T1	PA

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>drospirenone-ethinyl estradiol oral tablet 3-0.03 mg</i></b>	T1	
ELLA ORAL TABLET 30 MG ( <b><i>ulipristal acetate</i></b> )	T1	
<b><i>desogestrel-ethinyl estradiol</i></b> (Enskyce Oral Tablet 0.15-0.03 Mg)	T1	
<b><i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr</i></b>	T1	
GIANVI (28) ORAL TABLET 3-0.02 MG ( <b><i>ethinyl estradiol/drospirenone</i></b> )	T1	
<b><i>levonorgestrel/ethinyl estradiol</i></b> (Introvale Oral Tablets, Dose Pack, 3 Month 0.15 Mg-30 Mcg (91))	T1	
JOLESSA ORAL TABLETS, DOSE PACK, 3 MONTH 0.15 MG-30 MCG (91) ( <b><i>levonorgestrel/ethinyl estradiol</i></b> )	T1	
<b><i>norethindrone acetate-ethinyl estradiol</i></b> (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	T1	
<b><i>norethindrone acetate-ethinyl estradiol</i></b> (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	T1	
<b><i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></b> (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	T1	
<b><i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></b> (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
<b><i>desogestrel-ethinyl estradiol/ethinyl estradiol</i></b> (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	T1	
<b><i>l norgest/e.estradiol-e.estradiol oral tablets, dose pack, 3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/0.15 mg-25 mcg</i></b>	T1	PA
<b><i>levonorgestrel-ethinyl estradiol oral tablet 0.1-20 mg-mcg</i></b>	T1	
<b><i>levonorgestrel-ethinyl estradiol oral tablets, dose pack, 3 month 0.15 mg-30 mcg (91)</i></b>	T1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) ( <b><i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></b> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>ethinyl estradiol/drospirenone</i></b> (Loryna (28) Oral Tablet 3-0.02 Mg)	T1	
<b><i>norgestrel-ethinyl estradiol</i></b> (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	T1	
<b><i>levonorgestrel/ethinyl estradiol</i></b> (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	T1	
<b><i>levonorgestrel/ethinyl estradiol</i></b> (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	T1	
<b><i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></b> (Mibelas 24 Fe Oral Tablet, Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	T1	PA
<b><i>norethindrone acetate-ethinyl estradiol</i></b> (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	T1	
<b><i>norethindrone acetate-ethinyl estradiol</i></b> (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	T1	
<b><i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></b> (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	T1	
<b><i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></b> (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
MY WAY ORAL TABLET 1.5 MG ( <b><i>levonorgestrel</i></b> )	T1	
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG ( <b><i>estradiol valerate/dienogest</i></b> )	T1	PA
<b><i>norethindrone-ethinyl estradiol</i></b> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
NECON 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG ( <b><i>norethindrone-ethinyl estradiol</i></b> )	T1	
<b><i>noreth-ethinyl estradiol-iron oral tablet, chewable 0.8mg-25mcg(24) and 75 mg (4)</i></b>	T1	PA
<b><i>norethindrone (contraceptive) oral tablet 0.35 mg</i></b>	T1	
<b><i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i></b>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i></b>	T1	PA
<b><i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i></b>	T1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) ( <b><i>norethindrone-ethinyl estradiol</i></b> )	T1	
<b><i>norethindrone-ethinyl estradiol</i></b> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
<b><i>norethindrone-ethinyl estradiol</i></b> (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	T1	
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG ( <b><i>norgestrel-ethinyl estradiol</i></b> )	T1	
<b><i>levonorgestrel/ethinyl estradiol</i></b> (Portia 28 Oral Tablet 0.15-0.03 Mg)	T1	
<b><i>levonorgestrel/ethinyl estradiol</i></b> (Quasense Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	T1	
<b><i>drospirenone/ethinyl estradiol/levomefolate calcium</i></b> (Rajani Oral Tablet 3-0.02-0.451 Mg (24) (4))	T1	PA
<b><i>desogestrel-ethinyl estradiol</i></b> (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	T1	
<b><i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></b> (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	T1	
<b><i>norethindrone acetate-ethinyl estradiol/ferrous fumarate</i></b> (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	T1	
<b><i>norgestimate-ethinyl estradiol</i></b> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG ( <b><i>norethindrone-ethinyl estradiol</i></b> )	T1	
<b><i>levonorgestrel/ethinyl estradiol</i></b> (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>desogestrel-ethinyl estradiol</i></b> (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	T1	
<b><i>ethinyl estradiol/drospirenone</i></b> (Vestura (28) Oral Tablet 3-0.02 Mg)	T1	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR ( <b><i>norelgestromin/ethinyl estradiol</i></b> )	T1	
<b><i>norelgestromin/ethinyl estradiol</i></b> (Zafemy Transdermal Patch Weekly 150-35 Mcg/24 Hr)	T1	
<b><i>ethynodiol diacetate-ethinyl estradiol</i></b> (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	T1	
<b><i>ethynodiol diacetate-ethinyl estradiol</i></b> (Zovia 1/50E (28) Oral Tablet 1-50 Mg-Mcg)	T1	
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors - Drugs For Diabetes		
<b><i>alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg</i></b>	T1	ST
<b><i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i></b>	T1	ST
<b><i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i></b>	T1	ST
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG ( <b><i>sitagliptin phosphate/metformin hcl</i></b> )	T1	PA; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG ( <b><i>sitagliptin phosphate/metformin hcl</i></b> )	T1	PA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG ( <b><i>sitagliptin phosphate</i></b> )	T1	PA; QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG ( <b><i>linagliptin/metformin hcl</i></b> )	T1	PA
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG ( <b><i>linagliptin/metformin hcl</i></b> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG ( <i>saxagliptin hcl/metformin hcl</i> )	T1	PA
ONGLYZA ORAL TABLET 2.5 MG, 5 MG ( <i>saxagliptin hcl</i> )	T1	PA
TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )	T1	PA
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG ( <i>empagliflozin/linagliptin/metformin hcl</i> )	T1	PA
Estrogen Agonist-Antagonists - Drugs For Women		
<i>raloxifene oral tablet 60 mg</i>	T1	PA
SOLTAMOX ORAL SOLUTION 20 MG/10 ML ( <i>tamoxifen citrate</i> )	T1	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	T1	
<i>toremifene oral tablet 60 mg</i>	T1	AL (Min 21 Years)
Estrogens - Drugs For Women		
DIVIGEL TRANSDERMAL GEL IN PACKET 0.5 MG/0.5 GRAM (0.1 %) ( <i>estradiol</i> )	T1	PA
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	T1	QL (8 EA per 28 days); AL (Min 40 Years)
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i>	T1	QL (8 EA per 28 fills); AL (Min 40 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	T1	QL (4 EA per 28 days); AL (Min 40 Years)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	T1	
<i>estradiol vaginal tablet 10 mcg</i>	T1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T1	QL (5 ML per 30 days)
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	T1	

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<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG ( <b><i>estrogens, esterified</i></b> )	T1	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) ( <b><i>elagolix sodium/estradiol/norethindrone acetate</i></b> )	T1	PA
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <b><i>estrogens, conjugated</i></b> )	T1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM ( <b><i>estrogens, conjugated</i></b> )	T1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) ( <b><i>estrogens, conjugated/medroxyprogesterone acetate</i></b> )	T1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG ( <b><i>estrogens, conjugated/medroxyprogesterone acetate</i></b> )	T1	
<b>Glycogenolytic Agents - Hormones</b>		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION ( <b><i>glucagon</i></b> )	T1	QL (1 EA per 30 days)
<b><i>glucagon</i></b> (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	T1	QL (1 QY per 30 DYs)
<b>Gonadotropins - Hormones</b>		
<b><i>leuprolide subcutaneous kit 1 mg/0.2 ml</i></b>	T1	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG ( <b><i>leuprolide acetate</i></b> )	T1	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG ( <b><i>leuprolide acetate</i></b> )	T1	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG ( <b><i>leuprolide acetate</i></b> )	T1	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG ( <b><i>leuprolide acetate</i></b> )	T1	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG ( <b><i>leuprolide acetate</i></b> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) ( <i>leuprolide acetate</i> )	T1	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML ( <i>nafarelin acetate</i> )	T1	
Incretin Mimetics - Drugs For Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML ( <i>exenatide microspheres</i> )	T1	PA
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML ( <i>exenatide microspheres</i> )	T1	PA
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON 2 MG ( <i>exenatide microspheres</i> )	T1	PA
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML ( <i>exenatide</i> )	T1	PA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML), 1 MG/DOSE (4 MG/3 ML) ( <i>semaglutide</i> )	T1	ST
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG ( <i>semaglutide</i> )	T1	ST; QL (30 EA per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML, 3 MG/0.5 ML, 4.5 MG/0.5 ML ( <i>dulaglutide</i> )	T1	ST
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) ( <i>liraglutide</i> )	T1	PA
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) ( <i>liraglutide</i> )	T1	PA
Insulins - Drugs For Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML ( <i>insulin lispro</i> )	T1	QL (30 ML per 30 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	T1	QL (30 ML per 30 days)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) ( <i>insulin glargine, human recombinant analog</i> )	T1	QL (30 ML per 30 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) ( <i>insulin lispro protamine and insulin lispro</i> )	T1	QL (30 QY per 30 DYs)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) ( <i>insulin lispro protamine and insulin lispro</i> )	T1	QL (30 ML per 30 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) ( <i>insulin lispro protamine and insulin lispro</i> )	T1	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	T1	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	T1	QL (30 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) ( <i>insulin nph human isophane</i> )	T1	QL (30 ML per 30 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human isophane</i> )	T1	QL (30 QY per 30 DYs)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular, human</i> )	T1	QL (30 QY per 30 DYs)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular, human</i> )	T1	QL (20 QY per 30 DYs)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) ( <i>insulin regular, human</i> )	T1	QL (15 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	T1	QL (30 ML per 30 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	T1	QL (30 ML per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	T1	QL (30 QY per 30 DYs)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human isophane</i> )	T1	QL (30 QY per 30 DYs)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular, human</i> )	T1	QL (30 QY per 30 DYs)
Intermediate-Acting Insulins - Drugs For Diabetes		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) ( <i>insulin lispro protamine and insulin lispro</i> )	T1	QL (30 QY per 30 DYs)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) ( <i>insulin lispro protamine and insulin lispro</i> )	T1	QL (30 ML per 30 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) ( <i>insulin lispro protamine and insulin lispro</i> )	T1	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	T1	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	T1	QL (30 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) ( <i>insulin nph human isophane</i> )	T1	QL (30 ML per 30 days)

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human isophane</i> )	T1	QL (30 QY per 30 DYs)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	T1	QL (30 ML per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	T1	QL (30 QY per 30 DYs)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human isophane</i> )	T1	QL (30 QY per 30 DYs)
<b>Long-Acting Insulins - Drugs For Diabetes</b>		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) ( <i>insulin glargine,human recombinant analog</i> )	T1	QL (30 ML per 30 days)
<b>Meglitinides - Drugs For Diabetes</b>		
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	T1	
<b>Parathyroid Agents - Drugs For Bones</b>		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) ( <i>teriparatide</i> )	T1	PA
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	T1	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) ( <i>abaloparatide</i> )	T1	PA
<b>Pituitary - Hormones</b>		
ACTHAR H.P. INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	T1	PA
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	T1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	T1	
Progestins - Drugs For Women		
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML ( <i>medroxyprogesterone acetate</i> )	T1	
<i>hydroxyprogest(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)</i>	T1	PA
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	T1	PA
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML ( <i>hydroxyprogesterone caproate/pf</i> )	T1	PA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	T1	QL (1 QY per 84 DYs)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	T1	QL (1 QY per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	T1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	T1	
<i>norethindrone acetate oral tablet 5 mg</i>	T1	
ORIAHNN ORAL CAPSULE, SEQUENTIAL 300-1-0.5MG(AM) /300 MG(PM) ( <i>elagolix sodium/estradiol/norethindrone acetate</i> )	T1	PA
<i>progesterone micronized oral capsule 100 mg, 200 mg</i>	T1	
Rapid-Acting Insulins - Drugs For Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML ( <i>insulin lispro</i> )	T1	QL (30 ML per 30 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin lispro</i> )	T1	QL (30 ML per 30 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) ( <i>insulin lispro protamine and insulin lispro</i> )	T1	QL (30 QY per 30 DYs)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) ( <i>insulin lispro protamine and insulin lispro</i> )	T1	QL (30 ML per 30 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) ( <i>insulin lispro protamine and insulin lispro</i> )	T1	QL (30 QY per 30 DYs)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
<i>insulin lispro protamin-lispro subcutaneous insulin pen 100 unit/ml (75-25)</i>	T1	QL (30 ML per 30 days)
<i>insulin lispro subcutaneous insulin pen, half-unit 100 unit/ml</i>	T1	QL (30 ML per 30 days)
Short-Acting Insulins - Drugs For Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	T1	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	T1	QL (30 ML per 30 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular, human</i> )	T1	QL (30 QY per 30 DYs)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular, human</i> )	T1	QL (20 QY per 30 DYs)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) ( <i>insulin regular, human</i> )	T1	QL (15 ML per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) ( <i>insulin nph human isophane/insulin regular, human</i> )	T1	QL (30 QY per 30 DYs)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML ( <i>insulin regular, human</i> )	T1	QL (30 QY per 30 DYs)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Sodium-Gluc Cotransport 2 (Sglt2) Inhib - Drugs For Diabetes</b>		
FARXIGA ORAL TABLET 10 MG, 5 MG ( <i>dapagliflozin propanediol</i> )	T1	PA
JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )	T1	PA
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG ( <i>ertugliflozin pidolate/metformin hcl</i> )	T1	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG ( <i>ertugliflozin pidolate</i> )	T1	ST
TRIJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-5-1,000 MG, 12.5-2.5-1,000 MG, 25-5-1,000 MG, 5-2.5-1,000 MG ( <i>empagliflozin/linagliptin/metformin hcl</i> )	T1	PA
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG ( <i>dapagliflozin propanediol/metformin hcl</i> )	T1	PA
<b>Sulfonylureas - Drugs For Diabetes</b>		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	T1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	T1	AL (Max 65 Years)
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	T1	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	T1	
<b>Thiazolidinediones - Drugs For Diabetes</b>		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	T1	ST
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	T1	
<b>Thyroid Agents - Drugs For The Thyroid</b>		

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG ( <i>thyroid,pork</i> )	T1	
<i>levothyroxine 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>	T1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	T1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG ( <i>thyroid,pork</i> )	T1	
WESTHROID ORAL TABLET 130 MG, 32.5 MG, 65 MG ( <i>thyroid,pork</i> )	T1	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
<i>dutasteride oral capsule 0.5 mg</i>	T1	
<i>finasteride oral tablet 5 mg</i>	T1	
Alcohol Deterrents - Drugs For Alcohol Dependence		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	T1	
Antidotes - Drugs For Overdose Or Poisoning		
BAQSIMI NASAL SPRAY, NON-AEROSOL 3 MG/ACTUATION ( <i>glucagon</i> )	T1	QL (1 EA per 30 days)
CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )	T1	
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	T1	
FOSRENOL ORAL POWDER IN PACKET 750 MG ( <i>lanthanum carbonate</i> )	T1	PA
<i>glucagon</i> (Glucagon Emergency Kit (Human) Injection Recon Soln 1 Mg)	T1	QL (1 QY per 30 DYs)
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	T1	PA
<i>leucovorin calcium oral tablet 10 mg</i>	T1	AL (Min 21 Years)
<i>leucovorin calcium oral tablet 15 mg</i>	T1	
<i>leucovorin calcium oral tablet 25 mg</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>leucovorin calcium oral tablet 5 mg</i>	T1	AL (Min 21 Years)
<i>physostigmine salicylate injection solution 1 mg/ml</i>	T1	PA
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	T1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	T1	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	T1	ST
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	T1	PA
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML ( <i>sodium polystyrene sulfonate</i> )	T1	
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SSKI ORAL SOLUTION 1 GRAM/ML ( <i>potassium iodide</i> )	T1	
Antigout Agents - Drugs For Gout		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>colchicine oral capsule 0.6 mg</i>	T1	QL (30 EA per 30 days)
<i>colchicine oral tablet 0.6 mg</i>	T1	QL (30 EA per 30 days)
<i>febuxostat oral tablet 40 mg, 80 mg</i>	T1	PA
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	T1	
<i>probenecid oral tablet 500 mg</i>	T1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	T1	
Bone Anabolic Agents		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE (600MCG/2.4ML) ( <i>teriparatide</i> )	T1	PA
<i>teriparatide subcutaneous pen injector 20 mcg/dose (620mcg/2.48ml)</i>	T1	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) ( <i>abaloparatide</i> )	T1	PA
Bone Resorption Inhibitors - Drugs For Bone Loss		

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>alendronate oral solution 70 mg/75 ml</i>	T1	QL (300 QY per 30 DYs)
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	T1	QL (30 QY per 30 DYs)
<i>alendronate oral tablet 35 mg, 70 mg</i>	T1	
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	T1	
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	T1	PA
<i>ibandronate oral tablet 150 mg</i>	T1	
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	T1	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML ( <i>denosumab</i> )	T1	PA
<i>raloxifene oral tablet 60 mg</i>	T1	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) ( <i>denosumab</i> )	T1	PA
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	T1	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	T1	PA
Cariostatic Agents - Vitamins And Fluoride		
FLUOR-A-DAY ORAL DROPS 2.5 MG (5.56 MG SOD.FLUORID)/ML ( <i>fluoride (sodium)</i> )	T1	
<i>fluoride (sodium) dental solution 0.2 %</i>	T1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	T1	
FLURA-DROPS ORAL DROPS 0.25 MG(0.55 MG SOD.FLUOR)/DROP ( <i>fluoride (sodium)</i> )	T1	
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML ( <i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i> )	T1	AL (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML ( <i>pediatric multivitamin no.2/sodium fluoride</i> )	T1	AL (Max 5 Years)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG ( <i>pediatric multivitamins no.17 with sodium fluoride</i> )	T1	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE) ( <i>fluoride (sodium)</i> )	T1	
Disease-Modifying Antirheumatic Agents - Drugs For Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML ( <i>tocilizumab</i> )	T1	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) ( <i>tocilizumab</i> )	T1	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML ( <i>tocilizumab</i> )	T1	PA
<i>azathioprine</i> (Azasan Oral Tablet 100 Mg, 75 Mg)	T1	AL (Min 21 Years)
<i>azathioprine oral tablet 50 mg</i>	T1	AL (Min 21 Years)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) ( <i>certolizumab pegol</i> )	T1	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) ( <i>certolizumab pegol</i> )	T1	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T1	AL (Min 21 Years)
<i>cyclosporine modified oral solution 100 mg/ml</i>	T1	AL (Min 21 Years)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T1	AL (Min 21 Years)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) ( <i>etanercept</i> )	T1	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) ( <i>etanercept</i> )	T1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML ( <i>etanercept</i> )	T1	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) ( <i>etanercept</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) ( <i>etanercept</i> )	T1	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK) ( <i>adalimumab</i> )	T1	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML ( <i>adalimumab</i> )	T1	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	T1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG ( <i>infliximab-dyyb</i> )	T1	PA
KEVZARA 150 MG/1.14 ML PEN INJ 150 MG/1.14 ML ( <i>sarilumab</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEVZARA 150 MG/1.14 ML SYRINGE 150 MG/1.14 ML ( <i>sarilumab</i> )	T1	PA
KEVZARA 200 MG/1.14 ML PEN INJ 200 MG/1.14 ML ( <i>sarilumab</i> )	T1	PA
KEVZARA 200 MG/1.14 ML SYRINGE 200 MG/1.14 ML ( <i>sarilumab</i> )	T1	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML ( <i>anakinra</i> )	T1	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	T1	
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG ( <i>abatacept/maltose</i> )	T1	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )	T1	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML ( <i>abatacept</i> )	T1	PA
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	T1	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) ( <i>apremilast</i> )	T1	PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML ( <i>methotrexate/pf</i> )	T1	PA
<i>penicillamine oral capsule 250 mg</i>	T1	PA
<i>penicillamine oral tablet 250 mg</i>	T1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML ( <i>methotrexate/pf</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG ( <i>infliximab-abda</i> )	T1	PA
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	T1	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML ( <i>golimumab</i> )	T1	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML ( <i>golimumab</i> )	T1	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML ( <i>golimumab</i> )	T1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML ( <i>ustekinumab</i> )	T1	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML ( <i>ustekinumab</i> )	T1	PA
<i>sulfasalazine oral tablet 500 mg</i>	T1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	T1	
XELJANZ ORAL SOLUTION 1 MG/ML ( <i>tofacitinib citrate</i> )	T1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG ( <i>tofacitinib citrate</i> )	T1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG ( <i>tofacitinib citrate</i> )	T1	PA
Immunomodulatory Agents - Drugs For The Immune System		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML ( <i>tocilizumab</i> )	T1	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) ( <i>tocilizumab</i> )	T1	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML ( <i>tocilizumab</i> )	T1	PA
AUBAGIO ORAL TABLET 14 MG, 7 MG ( <i>teriflunomide</i> )	T1	PA
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG ( <i>interferon beta-1a/albumin human</i> )	T1	PA

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML ( <i>interferon beta-1a</i> )	T1	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML ( <i>interferon beta-1a</i> )	T1	PA
<i>azathioprine</i> (Azasan Oral Tablet 100 Mg, 75 Mg)	T1	AL (Min 21 Years)
<i>azathioprine oral tablet 50 mg</i>	T1	AL (Min 21 Years)
BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	T1	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) ( <i>certolizumab pegol</i> )	T1	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) ( <i>certolizumab pegol</i> )	T1	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T1	AL (Min 21 Years)
<i>cyclosporine modified oral solution 100 mg/ml</i>	T1	AL (Min 21 Years)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T1	AL (Min 21 Years)
<i>dimethyl fumarate oral capsule, delayed release(dr/ec) 120 mg, 120 mg (14)- 240 mg (46), 240 mg</i>	T1	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) ( <i>etanercept</i> )	T1	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) ( <i>etanercept</i> )	T1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML ( <i>etanercept</i> )	T1	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) ( <i>etanercept</i> )	T1	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) ( <i>etanercept</i> )	T1	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	T1	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG ( <i>interferon beta-1b</i> )	T1	PA

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<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GILENYA ORAL CAPSULE 0.5 MG ( <i> fingolimod hcl </i> )	T1	PA
<i> glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml </i>	T1	PA
<i> glatiramer acetate </i> (Glatopa Subcutaneous Syringe 20 Mg/ML)	T1	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK) ( <i> adalimumab </i> )	T1	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i> adalimumab </i> )	T1	PA
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i> adalimumab </i> )	T1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i> adalimumab </i> )	T1	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML ( <i> adalimumab </i> )	T1	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML ( <i> adalimumab </i> )	T1	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i> adalimumab </i> )	T1	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i> adalimumab </i> )	T1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML ( <i> adalimumab </i> )	T1	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML ( <i> adalimumab </i> )	T1	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML ( <i> adalimumab </i> )	T1	PA
<i> hydroxychloroquine oral tablet 200 mg </i>	T1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG ( <i> infliximab-dyyb </i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEVZARA 150 MG/1.14 ML PEN INJ 150 MG/1.14 ML ( <i>sarilumab</i> )	T1	PA
KEVZARA 150 MG/1.14 ML SYRINGE 150 MG/1.14 ML ( <i>sarilumab</i> )	T1	PA
KEVZARA 200 MG/1.14 ML PEN INJ 200 MG/1.14 ML ( <i>sarilumab</i> )	T1	PA
KEVZARA 200 MG/1.14 ML SYRINGE 200 MG/1.14 ML ( <i>sarilumab</i> )	T1	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML ( <i>anakinra</i> )	T1	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T1	
MAYZENT ORAL TABLET 0.25 MG, 2 MG ( <i>siponimod</i> )	T1	PA
MAYZENT STARTER PACK ORAL TABLETS,DOSE PACK 0.25 MG (12 TABS) ( <i>siponimod</i> )	T1	PA
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	T1	
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG ( <i>abatacept/maltose</i> )	T1	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )	T1	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML ( <i>abatacept</i> )	T1	PA
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	T1	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) ( <i>apremilast</i> )	T1	PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML ( <i>methotrexate/pf</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY INTRAMUSCULAR SYRINGE 125 MCG/0.5 ML ( <b><i>peginterferon beta-1a</i></b> )	T1	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML ( <b><i>peginterferon beta-1a</i></b> )	T1	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML ( <b><i>peginterferon beta-1a</i></b> )	T1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML ( <b><i>methotrexate/pf</i></b> )	T1	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML ( <b><i>interferon beta-1a/albumin human</i></b> )	T1	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) ( <b><i>interferon beta-1a/albumin human</i></b> )	T1	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) ( <b><i>interferon beta-1a/albumin human</i></b> )	T1	PA
RENFLXIS INTRAVENOUS RECON SOLN 100 MG ( <b><i>infliximab-abda</i></b> )	T1	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG ( <b><i>lenalidomide</i></b> )	T1	PA; AL (Min 21 Years)
RIDAURA ORAL CAPSULE 3 MG ( <b><i>auranofin</i></b> )	T1	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML ( <b><i>golimumab</i></b> )	T1	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML ( <b><i>golimumab</i></b> )	T1	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML ( <b><i>golimumab</i></b> )	T1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML ( <b><i>ustekinumab</i></b> )	T1	PA

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<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML ( <i>ustekinumab</i> )	T1	PA
<i>sulfasalazine oral tablet 500 mg</i>	T1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	T1	
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG ( <i>thalidomide</i> )	T1	PA
XELJANZ ORAL SOLUTION 1 MG/ML ( <i>tofacitinib citrate</i> )	T1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG ( <i>tofacitinib citrate</i> )	T1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG, 22 MG ( <i>tofacitinib citrate</i> )	T1	PA
<b>Immunosuppressive Agents - Drugs For Transplant</b>		
<i>azathioprine</i> (Azasan Oral Tablet 100 Mg, 75 Mg)	T1	AL (Min 21 Years)
<i>azathioprine oral tablet 50 mg</i>	T1	AL (Min 21 Years)
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML ( <i>mycophenolate mofetil</i> )	T1	AL (Min 21 Years)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T1	AL (Min 21 Years)
<i>cyclosporine modified oral solution 100 mg/ml</i>	T1	AL (Min 21 Years)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T1	AL (Min 21 Years)
LUPKYNIS ORAL CAPSULE 7.9 MG ( <i>voclosporin</i> )	T1	PA
<i>mercaptopurine oral tablet 50 mg</i>	T1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	T1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	T1	AL (Min 21 Years)
<i>mycophenolate mofetil oral tablet 500 mg</i>	T1	AL (Min 21 Years)
<i>mycophenolate sodium oral tablet, delayed release (dr/ec) 180 mg, 360 mg</i>	T1	AL (Min 21 Years)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML ( <i>methotrexate/pf</i> )	T1	PA
<i>pimecrolimus topical cream 1 %</i>	T1	ST; AL (Min 2 Years)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML ( <i>methotrexate/pf</i> )	T1	PA
<i>sirolimus oral solution 1 mg/ml</i>	T1	AL (Min 21 Years)
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	AL (Min 21 Years)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	T1	AL (Min 21 Years)
Other Miscellaneous Therapeutic Agents		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	T1	AL (Min 21 Years)
<i>dalfampridine oral tablet extended release 12 hr 10 mg</i>	T1	PA
ICAPS AREDS ORAL TABLET, DELAYED RELEASE (DR/EC) 7,160-113-100 UNIT-MG-UNIT ( <i>beta-carotene/ascorbic acid/vite ac/zinc oxide/cupric oxide</i> )	T1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	T1	
<i>levocarnitine oral solution 100 mg/ml</i>	T1	
<i>levocarnitine oral tablet 330 mg</i>	T1	
<i>melatonin oral capsule 10 mg</i>	T1	
<i>melatonin oral liquid 1 mg/ml</i>	T1	
<i>melatonin oral tablet 1 mg, 5 mg</i>	T1	
<i>melatonin oral tablet 3 mg</i>	T1	
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT ( <i>incobotulinumtoxina</i> )	T1	PA
Protective Agents		
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	T1	QL (90 EA per 30 days); AL (Min 16 Years)

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<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MESNEX ORAL TABLET 400 MG ( <i>mesna</i> )	T1	AL (Min 21 Years)
<b>Nonhormonal Contraceptives - Drugs For Women</b>		
<b>Nonhormonal Contraceptives - Drugs For Women</b>		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM ( <i>diaphragms, contoured</i> )	T1	
CONCEPTROL VAGINAL GEL 4 % ( <i>nonoxynol 9</i> )	T1	
CONDOMS-PREM LUBRICATED DEVICE ( <i>condoms, latex, lubricated</i> )	T1	
DUREX AVANTI BARE REAL FEEL ( <i>condoms, non-latex, lubricated</i> )	T1	
FC2 FEMALE CONDOM ( <i>condoms, female</i> )	T1	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <i>cervical cap</i> )	T1	
GYNOL II VAGINAL GEL 3 % ( <i>nonoxynol 9</i> )	T1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG ( <i>nonoxynol 9</i> )	T1	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % ( <i>nonoxynol 9</i> )	T1	
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 % ( <i>nonoxynol 9</i> )	T1	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM ( <i>diaphragms, wide seal</i> )	T1	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM ( <i>diaphragms, wide seal</i> )	T1	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM ( <i>diaphragms, wide seal</i> )	T1	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM ( <i>diaphragms, wide seal</i> )	T1	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM ( <i>diaphragms, wide seal</i> )	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM ( <i>diaphragms, wide seal</i> )	T1	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM ( <i>diaphragms, wide seal</i> )	T1	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM ( <i>diaphragms, wide seal</i> )	T1	
<b>Oxytocics - Drugs For Women</b>		
<b>Oxytocics - Drugs For Women</b>		
<i>methylergonovine oral tablet 0.2 mg</i>	T1	
<b>Respiratory Tract Agents - Drugs For The Lungs</b>		
<b>Alpha And Beta Adrenergic Agonist(Respr) - Drugs For Asthma/Copd</b>		
12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE 120 MG ( <i>pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG ( <i>pseudoephedrine hcl/acetaminophen/chlorpheniramine</i> )	T1	
BRONCHIAL MIST INHALATION AEROSOL 0.22 MG/ACTUATION ( <i>epinephrine</i> )	T1	QL (30 ML per 1 fill)
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> )	T1	
BROTAPP ORAL LIQUID 1-15 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	T1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	T1	
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	T1	ST
LOHIST - D ORAL LIQUID 2-30 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	T1	
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET 30 MG ( <i>pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
PEDIA RELIEF INFANT NASAL ORAL DROPS 7.5 MG/0.8 ML ( <i>pseudoephedrine hcl</i> )	T1	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T1	AL (Min 2 Years)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML ( <i>triprolidine hcl/pseudoephedrine hcl</i> )	T1	
SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
SUPHEDRIN ORAL LIQUID 15 MG/5 ML ( <i>pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML ( <i>epinephrine</i> )	T1	
TRIACTING ORANGE ORAL SYRUP 1-15 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	T1	
TUSNEL PEDIATRIC ORAL DROPS 7.5-50 MG/ML ( <i>guaifenesin/pseudoephedrine hcl</i> )	T1	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG ( <i>fexofenadine hcl/pseudoephedrine hcl</i> )	T1	ST
Anticholinergic Agents (Respir.Tract) - Drugs For Asthma/Copd		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION ( <i>ipratropium bromide</i> )	T1	
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION ( <i>budesonide/glycopyrrolate/formoterol fumarate</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION ( <i>ipratropium bromide/albuterol sulfate</i> )	T1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION ( <i>umeclidinium bromide</i> )	T1	QL (30 EA per 30 DYs)
<i>ipratropium bromide inhalation solution 0.02 %</i>	T1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	T1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION ( <i>tiotropium bromide</i> )	T1	QL (4 GM per 30 DYs)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION ( <i>tiotropium bromide/olodaterol hcl</i> )	T1	QL (4 GM per 30 DYs)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG ( <i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i> )	T1	PA
Antifibrotic Agents - Drugs For The Lungs		
ESBRIET ORAL CAPSULE 267 MG ( <i>pirfenidone</i> )	T1	PA
ESBRIET ORAL TABLET 267 MG, 801 MG ( <i>pirfenidone</i> )	T1	PA
OFEV ORAL CAPSULE 100 MG, 150 MG ( <i>nintedanib esylate</i> )	T1	PA
Antitussives - Drugs For Cough And Cold		
<i>benzonatate oral capsule 100 mg</i>	T1	QL (180 EA per 30 days)
<i>benzonatate oral capsule 200 mg</i>	T1	QL (90 EA per 30 days)
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> )	T1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	T1	QL (480 ML per 30 days); AL (Min 6 Years)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml</i>	T1	

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<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 6 Years)
<i>promethazine/phenylephrine hcl/codeine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 ML)	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 4 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
ROBITUSSIN PEDIATRIC ORAL SYRUP 7.5 MG/5 ML ( <i>dextromethorphan hbr</i> )	T1	
TUSSIN COUGH (DM ONLY) ORAL LIQUID 15 MG/5 ML ( <i>dextromethorphan hbr</i> )	T1	
TUSSIN MAXIMUM STRENGTH COUGH ORAL SYRUP 15 MG/5 ML ( <i>dextromethorphan hbr</i> )	T1	
VICKS DAYQUIL COUGH ORAL SYRUP 5 MG/5 ML ( <i>dextromethorphan hbr</i> )	T1	
<b>Cystic Fibrosis (Cftr) Correctors - Drugs For The Lungs</b>		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG ( <i>lumacaftor/ivacaftor</i> )	T1	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG ( <i>lumacaftor/ivacaftor</i> )	T1	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) ( <i>tezacaftor/ivacaftor</i> )	T1	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) ( <i>elexacaftor/tezacaftor/ivacaftor</i> )	T1	PA
<b>Cystic Fibrosis (Cftr) Potentiators - Drugs For The Lungs</b>		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG ( <i>ivacaftor</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALYDECO ORAL TABLET 150 MG ( <i>ivacaftor</i> )	T1	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG ( <i>lumacaftor/ivacaftor</i> )	T1	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG ( <i>lumacaftor/ivacaftor</i> )	T1	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) ( <i>tezacaftor/ivacaftor</i> )	T1	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N), 50-25-37.5 MG (D)/75 MG (N) ( <i>elxacaftor/tezacaftor/ivacaftor</i> )	T1	PA
Expectorants - Drugs For The Lungs		
ADULT TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML ( <i>guaifenesin</i> )	T1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	T1	QL (480 ML per 30 days); AL (Min 6 Years)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml</i>	T1	
<i>guaifenesin oral tablet 200 mg, 400 mg</i>	T1	
<i>guaifenesin oral tablet extended release 600 mg</i>	T1	
SSKI ORAL SOLUTION 1 GRAM/ML ( <i>potassium iodide</i> )	T1	
TUSNEL PEDIATRIC ORAL DROPS 7.5-50 MG/ML ( <i>guaifenesin/pseudoephedrine hcl</i> )	T1	
First Generation Antihist.(Respir Tract) - Drugs For Allergy		
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET EXTENDED RELEASE 12 MG ( <i>chlorpheniramine maleate</i> )	T1	AL (Min 2 Years)
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG ( <i>pseudoephedrine hcl/acetaminophen/chlorpheniramine</i> )	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl/dextromethorphan</i> )	T1	
BROTAPP ORAL LIQUID 1-15 MG/5 ML ( <i>brompheniramine maleate/pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	T1	AL (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	T1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	T1	
<i>cyproheptadine oral tablet 4 mg</i>	T1	
DAYHIST ALLERGY ORAL TABLET 1.34 MG ( <i>clemastine fumarate</i> )	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	T1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	T1	AL (Min 2 Years)
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML ( <i>chlorpheniramine maleate</i> )	T1	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
MOTION SICKNESS RELIEF ORAL TABLET 50 MG ( <i>dimenhydrinate</i> )	T1	
NOHIST-LQ ORAL LIQUID 4-10 MG/5 ML ( <i>chlorpheniramine maleate/phenylephrine hcl</i> )	T1	AL (Min 2 Years)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	T1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>phenylephrine hcl/promethazine hcl</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 Ml)	T1	
<i>promethazine/phenylephrine hcl/codeine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 Ml)	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 4 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML ( <i>triprolidine hcl/pseudoephedrine hcl</i> )	T1	
SILPHEN COUGH ORAL SYRUP 12.5 MG/5 ML ( <i>diphenhydramine hcl</i> )	T1	AL (Min 2 Years)
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG ( <i>diphenhydramine hcl</i> )	T1	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG ( <i>doxylamine succinate</i> )	T1	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG ( <i>diphenhydramine hcl</i> )	T1	
SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	T1	AL (Min 2 Years)
TRIACTING ORANGE ORAL SYRUP 1-15 MG/5 ML ( <i>chlorpheniramine maleate/pseudoephedrine hcl</i> )	T1	
Interleukin Antagonists - Drugs For Inflammation		
CINQAIR INTRAVENOUS SOLUTION 10 MG/ML ( <i>reslizumab</i> )	T1	PA
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML ( <i>dupilumab</i> )	T1	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML ( <i>dupilumab</i> )	T1	PA
FASENRA PEN SUBCUTANEOUS AUTO-INJECTOR 30 MG/ML ( <i>benralizumab</i> )	T1	PA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML ( <i>benralizumab</i> )	T1	PA
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCALA SUBCUTANEOUS RECON SOLN 100 MG ( <i>mepolizumab</i> )	T1	PA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML ( <i>mepolizumab</i> )	T1	PA
Leukotriene Modifiers - Drugs For Inflammation		
<i>montelukast oral granules in packet 4 mg</i>	T1	QL (30 QY per 30 DYs); AL (Min 6 Months and Max 24 Months)
<i>montelukast oral tablet 10 mg</i>	T1	QL (30 QY per 30 DYs)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	T1	QL (30 QY per 30 DYs); AL (Max 14 Years)
Mast-Cell Stabilizers - Drugs For Inflammation		
<i>cromolyn nasal spray, non-aerosol 5.2 mg/spray (4 %)</i>	T1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	T1	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	T1	
Mucolytic Agents - Drugs For The Lungs		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	T1	AL (Min 21 Years)
PULMOZYME INHALATION SOLUTION 1 MG/ML ( <i>dornase alfa</i> )	T1	PA
Nasal Preparations (Steroids) - Drugs For Inflammation		
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	T1	ST
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	T1	
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	T1	ST; QL (17 GM per 30 days)
NASAL ALLERGY NASAL AEROSOL, SPRAY 55 MCG ( <i>triamcinolone acetonide</i> )	T1	
<i>triamcinolone acetonide nasal aerosol, spray 55 mcg</i>	T1	
Non-Select. Beta-Adrenergic Agent (Respir) - Drugs For Asthma/Copd		

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<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
ISUPREL INJECTION SOLUTION 0.2 MG/ML ( <i>isoproterenol hcl</i> )	T1	
<b>Orally Inhaled Preparations (Steroids) - Drugs For Inflammation</b>		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION ( <i>fluticasone propionate/salmeterol xinafoate</i> )	T1	PA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION ( <i>fluticasone furoate</i> )	T1	QL (30 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE ( <i>fluticasone furoate/vilanterol trifenate</i> )	T1	PA
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION ( <i>budesonide/glycopyrrolate/formoterol fumarate</i> )	T1	PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	T1	QL (120 ML per 30 days); AL (Max 8 Years)
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	T1	PA
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION ( <i>mometasone furoate/formoterol fumarate</i> )	T1	PA; AL (Max 12 Years)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION ( <i>fluticasone propionate</i> )	T1	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION ( <i>fluticasone propionate</i> )	T1	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	T1	QL (1 EA per 30 days)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i></b>	T1	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION ( <b><i>beclomethasone dipropionate</i></b> )	T1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG ( <b><i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i></b> )	T1	PA
<b><i>fluticasone propionate/salmeterol xinafoate</i></b> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Phosphodiesterase Type 4 Inhibitors - Drugs For The Lungs		
DALIRESP ORAL TABLET 250 MCG, 500 MCG ( <b><i>roflumilast</i></b> )	T1	PA
Respiratory Tract Agents, Miscellaneous - Drugs For The Lungs		
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG ( <b><i>omalizumab</i></b> )	T1	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML ( <b><i>omalizumab</i></b> )	T1	PA
Second Generation Antihist(Respir Tract) - Drugs For Allergy		
<b><i>cetirizine oral solution 1 mg/ml</i></b>	T1	
<b><i>cetirizine oral tablet 10 mg, 5 mg</i></b>	T1	
<b><i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i></b>	T1	
<b><i>desloratadine oral tablet 5 mg</i></b>	T1	
<b><i>fexofenadine oral suspension 30 mg/5 ml</i></b>	T1	
<b><i>fexofenadine oral tablet 180 mg, 60 mg</i></b>	T1	
<b><i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i></b>	T1	ST
<b><i>levocetirizine oral solution 2.5 mg/5 ml</i></b>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>levocetirizine oral tablet 5 mg</i>	T1	
<i>loratadine oral solution 5 mg/5 ml</i>	T1	
<i>loratadine oral tablet 10 mg</i>	T1	
<i>loratadine oral tablet, disintegrating 10 mg</i>	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG ( <i>loratadine/pseudoephedrine sulfate</i> )	T1	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG ( <i>fexofenadine hcl/pseudoephedrine hcl</i> )	T1	ST
Select. Beta-2-Adrenergic Agonist (Respir) - Drugs For Asthma/Copd		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION ( <i>fluticasone propionate/salmeterol xinafoate</i> )	T1	PA
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	T1	QL (2 INH per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	T1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	T1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	T1	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE ( <i>fluticasone furoate/vilanterol trifenate</i> )	T1	PA
BREZTRI AEROSPHERE INHALATION HFA AEROSOL INHALER 160-9-4.8 MCG/ACTUATION ( <i>budesonide/glycopyrrolate/formoterol fumarate</i> )	T1	PA
<i>budesonide-formoterol inhalation hfa aerosol inhaler 160-4.5 mcg/actuation, 80-4.5 mcg/actuation</i>	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION ( <i>ipratropium bromide/albuterol sulfate</i> )	T1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION, 50-5 MCG/ACTUATION ( <i>mometasone furoate/formoterol fumarate</i> )	T1	PA; AL (Max 12 Years)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	T1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	T1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	T1	ST
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	T1	ST
<i>metaproterenol oral syrup 10 mg/5 ml</i>	T1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	T1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE ( <i>salmeterol xinafoate</i> )	T1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION ( <i>tiotropium bromide/olodaterol hcl</i> )	T1	QL (4 GM per 30 DYs)
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	T1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG, 200-62.5-25 MCG ( <i>fluticasone furoate/umeclidinium bromide/vilanterol trifenate</i> )	T1	PA
<i>fluticasone propionate/salmeterol xinafoate</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Vasodilating Agents (Respiratory Tract) - Drugs For The Lungs		

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	T1	PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	T1	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	T1	PA
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	T1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG ( <i>treprostinil diolamine</i> )	T1	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	T1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	T1	PA; QL (90 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	T1	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG ( <i>bosentan</i> )	T1	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	T1	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) ( <i>treprostinil</i> )	T1	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) ( <i>treprostinil/nebulizer accessories</i> )	T1	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML ( <i>treprostinil/nebulizer and accessories</i> )	T1	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	T1	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) ( <i>selexipag</i> )	T1	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML ( <i>iloprost tromethamine</i> )	T1	PA
<b>Xanthine Derivatives - Drugs For Asthma/Copd</b>		

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline anhydrous</i> )	T1	
<i>theophylline oral elixir 80 mg/15 ml</i>	T1	
<i>theophylline oral solution 80 mg/15 ml</i>	T1	
<i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i>	T1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	T1	
<i>theophylline oral tablet extended release 400 mg</i>	T1	
Skin And Mucous Membrane Agents - Drugs For The Skin		
Allylamines (Skin And Mucous Membrane) - Drugs For The Skin		
<i>terbinafine hcl topical cream 1 %</i>	T1	
Antibacterials (Skin, Mucous Membrane) - Drugs For The Skin		
<i>bacitracin topical ointment 500 unit/gram</i>	T1	
<i>bacitracin zinc topical ointment 500 unit/gram</i>	T1	
<i>bacitracin-polymyxin b topical ointment 500-10,000 unit/gram</i>	T1	
<i>clindamycin phosphate topical gel 1 %</i>	T1	ST; QL (60 GM per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	T1	ST; QL (6 fills per 365 DYs)
<i>clindamycin phosphate topical solution 1 %</i>	T1	ST; QL (6 fills per 365 DYs)
<i>clindamycin phosphate topical swab 1 %</i>	T1	ST; QL (6 fills per 365 DYs)
<i>clindamycin phosphate vaginal cream 2 %</i>	T1	
ERY PADS TOPICAL SWAB 2 % ( <i>erythromycin base in ethanol</i> )	T1	ST; QL (6 fills per 365 DYs)
<i>erythromycin with ethanol topical gel 2 %</i>	T1	QL (6 fills per 365 DYs)
<i>erythromycin with ethanol topical solution 2 %</i>	T1	QL (6 fills per 365 DYs)
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	T1	ST; QL (6 fills per 365 DYs)
<i>gentamicin topical cream 0.1 %</i>	T1	QL (2 fills per 365 days)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>gentamicin topical ointment 0.1 %</i></b>	T1	QL (2 fills per 365 days)
METROGEL VAGINAL VAGINAL GEL 0.75 % <b><i>(metronidazole)</i></b>	T1	
<b><i>metronidazole topical cream 0.75 %</i></b>	T1	
<b><i>metronidazole topical gel 0.75 %</i></b>	T1	
<b><i>mupirocin topical ointment 2 %</i></b>	T1	QL (30 QY per 30 DYs)
POLY BACITRACIN TOPICAL OINTMENT 500-10,000 UNIT/GRAM <b><i>(bacitracin/polymyxin b sulfite)</i></b>	T1	
WAL-SPORIN TOPICAL OINTMENT 500-10,000 UNIT/GRAM <b><i>(bacitracin zinc/polymyxin b sulfite)</i></b>	T1	
Antipruritics And Local Anesthetics - Drugs For The Skin		
ANTI-ITCH (DIPHENHYDRAMINE) TOPICAL AEROSOL,SPRAY 2 % <b><i>(diphenhydramine hcl)</i></b>	T1	
ANTI-ITCH(DIPHENHYD) WITH ZINC TOPICAL CREAM 2- 0.1 % <b><i>(diphenhydramine hcl/zinc acetate)</i></b>	T1	
<b><i>diphenhydramine hcl topical cream 2 %</i></b>	T1	
ITCH RELIEF (DIPHENHYDRAMINE) TOPICAL GEL 2 % <b><i>(diphenhydramine hcl)</i></b>	T1	
<b><i>lidocaine topical adhesive patch,medicated 5 %</i></b>	T1	PA
<b><i>lidocaine topical ointment 5 %</i></b>	T1	QL (71 GM per 30 days)
<b><i>lidocaine-prilocaine topical cream 2.5-2.5 %</i></b>	T1	QL (30 GM per 30 days)
<b><i>phenazopyridine oral tablet 100 mg, 200 mg</i></b>	T1	
PROCTOFOAM HC RECTAL FOAM 1-1 % <b><i>(hydrocortisone acetate/pramoxine hcl)</i></b>	T1	PA
Antivirals (Skin And Mucous Membrane) - Drugs For The Skin		
ABREVA TOPICAL CREAM 10 % <b><i>(docosanol)</i></b>	T1	
Astringents - Drugs For The Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % <b><i>(aluminum chloride)</i></b>	T1	
Azoles (Skin And Mucous Membrane) - Drugs For The Skin		

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QY = Quantity; DY = Day; EA= Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum



		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
3 DAY VAGINAL VAGINAL CREAM 200 MG/5 GRAM (4 %) ( <i>miconazole nitrate</i> )	T1	
ANTIFUNGAL (CLOTRIMAZOLE) TOPICAL CREAM 1 % ( <i>clotrimazole</i> )	T1	
ANTIFUNGAL CREAM (MICONAZOLE) TOPICAL CREAM 2 % ( <i>miconazole nitrate</i> )	T1	
<i>clotrimazole mucous membrane troche 10 mg</i>	T1	
<i>clotrimazole topical cream 1 %</i>	T1	
<i>clotrimazole topical solution 1 %</i>	T1	
<i>clotrimazole vaginal cream 1 %</i>	T1	
CLOTRIMAZOLE-3 VAGINAL CREAM 2 % ( <i>clotrimazole</i> )	T1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	T1	
<i>econazole topical cream 1 %</i>	T1	QL (30 QY per 30 DYs)
GYNAZOLE-1 VAGINAL CREAM 2 % ( <i>butoconazole nitrate</i> )	T1	
<i>ketoconazole topical cream 2 %</i>	T1	QL (60 QY per 30 DYs)
<i>ketoconazole topical shampoo 2 %</i>	T1	
<i>miconazole nitrate vaginal cream 2 %</i>	T1	
<i>miconazole nitrate vaginal kit 1,200-2 mg-%</i>	T1	
<i>miconazole nitrate vaginal suppository 100 mg</i>	T1	
MICONAZOLE-3 VAGINAL KIT 200 MG- 2 % (9 GRAM) ( <i>miconazole nitrate</i> )	T1	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG ( <i>miconazole nitrate</i> )	T1	
MICONAZORB AF TOPICAL POWDER 2 % ( <i>miconazole nitrate</i> )	T1	
NIZORAL A-D TOPICAL SHAMPOO 1 % ( <i>ketoconazole</i> )	T1	
NIZORAL TOPICAL SHAMPOO 2 % ( <i>ketoconazole</i> )	T1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	T1	
<i>tioconazole vaginal ointment 6.5 %</i>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Basic Lotions And Liniments - Drugs For The Skin</b>		
<i>ammonium lactate topical lotion 12 %</i>	T1	
<i>calamine topical lotion</i>	T1	
GERI-HYDROLAC TOPICAL LOTION 12 % ( <i>ammonium lactate</i> )	T1	
<b>Basic Oils And Other Solvents - Drugs For The Skin</b>		
<i>mineral oil oil</i>	T1	
<b>Cell Stimulants And Proliferants - Drugs For The Skin</b>		
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	T1	PA; QL (45 QY per 30 DYs); AL (Max 21 Years)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	T1	PA; QL (45 QY per 30 DYs); AL (Max 21 Years)
<i>tretinoin topical gel 0.05 %</i>	T1	PA; QL (45 GM per 30 days); AL (Max 21 Years)
<b>Corticosteroids (Skin, Mucous Membrane) - Drugs For The Skin</b>		
<i>alclometasone topical cream 0.05 %</i>	T1	
<i>alclometasone topical ointment 0.05 %</i>	T1	
ANTI-ITCH (HC) TOPICAL LOTION 1 % ( <i>hydrocortisone</i> )	T1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	T1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	T1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	T1	
<i>betamethasone valerate topical cream 0.1 %</i>	T1	
<i>betamethasone valerate topical lotion 0.1 %</i>	T1	
<i>betamethasone valerate topical ointment 0.1 %</i>	T1	
<i>betamethasone, augmented topical cream 0.05 %</i>	T1	
<i>clobetasol scalp solution 0.05 %</i>	T1	
<i>clobetasol topical cream 0.05 %</i>	T1	
<i>clobetasol topical ointment 0.05 %</i>	T1	
<i>clotrimazole-betamethasone topical cream 1-0.05 %</i>	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
CORTENEMA RECTAL ENEMA 100 MG/60 ML <i>(hydrocortisone)</i>	T1	
CORTIFOAM RECTAL FOAM 10 % (80 MG) <i>(hydrocortisone acetate)</i>	T1	PA
CORTIZONE-10 TOPICAL OINTMENT 1 % <i>(hydrocortisone)</i>	T1	
<i>desonide 0.05% ointment 0.05 %</i>	T1	
<i>desoximetasone topical ointment 0.25 %</i>	T1	
<i>fluocinolone topical cream 0.025 %</i>	T1	
<i>fluocinolone topical ointment 0.025 %</i>	T1	
<i>fluocinolone topical solution 0.01 %</i>	T1	
<i>fluocinonide topical cream 0.05 %</i>	T1	
<i>fluocinonide topical gel 0.05 %</i>	T1	
<i>fluocinonide topical ointment 0.05 %</i>	T1	
<i>fluocinonide topical solution 0.05 %</i>	T1	
<i>fluocinonide/emollient base</i> (Fluocinonide-E Topical Cream 0.05 %)	T1	
<i>fluticasone propionate topical cream 0.05 %</i>	T1	
<i>fluticasone propionate topical ointment 0.005 %</i>	T1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1	
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	T1	
<i>hydrocortisone acetate topical ointment 1 %</i>	T1	
<i>hydrocortisone topical cream 0.5 %, 1 %, 2.5 %</i>	T1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	T1	
<i>hydrocortisone topical lotion 1 %, 2.5 %</i>	T1	
<i>hydrocortisone topical ointment 0.5 %, 2.5 %</i>	T1	
<i>mometasone furoate 0.1% cream 0.1 %</i>	T1	
<i>mometasone furoate 0.1% oint 0.1 %</i>	T1	
<i>mometasone furoate 0.1% soln lotion 0.1 %</i>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOBLE FORMULA HC TOPICAL AEROSOL,SPRAY 1 % ( <i>hydrocortisone</i> )	T1	
<i>hydrocortisone acetate</i> (Proctocort Rectal Suppository 30 Mg)	T1	PA
PROCTOFOAM HC RECTAL FOAM 1-1 % ( <i>hydrocortisone acetate/pramoxine hcl</i> )	T1	PA
<i>hydrocortisone</i> (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	T1	
SCALACORT TOPICAL LOTION 2 % ( <i>hydrocortisone</i> )	T1	
SCALPICIN ANTI-ITCH TOPICAL SOLUTION 1 % ( <i>hydrocortisone</i> )	T1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	T1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	T1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T1	
Hydroxypyridones (Skin, Mucous Membrane) - Drugs For The Skin		
<i>ciclopirox topical solution 8 %</i>	T1	
<i>ciclopirox topical suspension 0.77 %</i>	T1	
Keratolytic Agents - Drugs For The Skin		
ACNE MEDICATION TOPICAL LOTION 10 %, 5 % ( <i>benzoyl peroxide</i> )	T1	
<i>benzoyl peroxide topical cleanser 10 %, 5 %</i>	T1	
<i>benzoyl peroxide topical gel 10 %, 2.5 %, 5 %</i>	T1	
NEUTROGENA ON THE SPOT TOPICAL CREAM 2.5 % ( <i>benzoyl peroxide</i> )	T1	
SCALP RELIEF TOPICAL LIQUID 3 % ( <i>salicylic acid</i> )	T1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)</i>	T1	
<i>urea topical cream 40 %</i>	T1	QL (200 QY per 30 DYs)
Keratoplastic Agents - Drugs For The Skin		

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CUTAR TOPICAL EMULSION 7.5 % ( <i>coal tar</i> )	T1	
<b>Local Anti-Infectives, Miscellaneous - Drugs For The Skin</b>		
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED ( <i>alcohol antiseptic pads</i> )	T1	
<i>chlorhexidine gluconate (bulk) solution 20 %</i>	T1	
<i>chlorhexidine gluconate topical liquid 2 %, 4 %</i>	T1	
<i>chlorhexidine gluconate topical towelette 2 %</i>	T1	
DYNA-HEX TOPICAL LIQUID 4 % ( <i>chlorhexidine gluconate</i> )	T1	
INSTACLEAN SOLUTION ( <i>isopropyl alcohol</i> )	T1	
PERICLEAN TOPICAL CLEANSER 0.43 % ( <i>chloroxylonol</i> )	T1	
<i>selenium sulfide topical lotion 2.5 %</i>	T1	
<i>silver sulfadiazine topical cream 1 %</i>	T1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	T1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	T1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)</i>	T1	
SWEEN PREP TOPICAL LIQUID 0.5 % ( <i>chloroxylonol</i> )	T1	
SWEEN PREP WIPES TOPICAL PADS, MEDICATED 0.5 % ( <i>chloroxylonol</i> )	T1	
ULESFIA TOPICAL LOTION 5 % ( <i>benzyl alcohol</i> )	T1	ST
<b>Nonsteroidal Anti-Inflammat.Agents(Skin) - Drugs For The Skin</b>		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	T1	PA
<i>diclofenac sodium topical drops 1.5 %</i>	T1	PA
<i>diclofenac sodium topical gel 1 %</i>	T1	QL (200 GM per 25 days)
<i>diclofenac sodium topical gel 3 %</i>	T1	PA
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) ( <i>diclofenac sodium</i> )	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> = Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out	<b>AL</b> = Age Limit Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>Polyenes (Skin And Mucous Membrane) - Drugs For The Skin</b>		
<i>nystatin topical cream 100,000 unit/gram</i>	T1	
<i>nystatin topical ointment 100,000 unit/gram</i>	T1	
<i>nystatin topical powder 100,000 unit/gram</i>	T1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	T1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	T1	
<b>Scabicides And Pediculicides - Drugs For The Skin</b>		
COMPLETE LICE TREATMENT TOPICAL KIT 4-0.33-0.5 % ( <i>pipерonyl butoxide/pyrethrins/permethrin</i> )	T1	
EURAX TOPICAL CREAM 10 % ( <i>crotamiton</i> )	T1	
<i>ivermectin topical lotion 0.5 %</i>	T1	ST
LICE KILLING (PERMETHRIN) TOPICAL LIQUID 1 % ( <i>permethrin</i> )	T1	
LICE PYRINYL SHAMPOO TOPICAL SHAMPOO 0.33-4 % ( <i>pipерonyl butoxide/pyrethrins</i> )	T1	
LICE TREATMENT TOPICAL SHAMPOO 0.33-4 % ( <i>pipерonyl butoxide/pyrethrins</i> )	T1	
<i>malathion topical lotion 0.5 %</i>	T1	ST
<i>permethrin topical cream 5 %</i>	T1	
<i>spinosad topical suspension 0.9 %</i>	T1	ST
ULESFIA TOPICAL LOTION 5 % ( <i>benzyl alcohol</i> )	T1	ST
<b>Skin And Mucous Membrane Agents, Misc. - Drugs For The Skin</b>		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG ( <i>isotretinoin, micronized</i> )	T1	PA
ARTHRITIS PAIN RELIEF(CAPSAIC) TOPICAL CREAM 0.075 % ( <i>capsaicin</i> )	T1	
<i>calcipotriene scalp solution 0.005 %</i>	T1	ST
<i>calcipotriene topical cream 0.005 %</i>	T1	ST

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>calcipotriene topical ointment 0.005 %</i></b>	T1	ST
<b><i>capsaicin topical cream 0.025 %, 0.1 %</i></b>	T1	
<b><i>isotretinoin</i></b> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
CONDYLOX TOPICAL GEL 0.5 % ( <b><i>podofilox</i></b> )	T1	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML ( <b><i>secukinumab</i></b> )	T1	PA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML ( <b><i>secukinumab</i></b> )	T1	PA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML ( <b><i>secukinumab</i></b> )	T1	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML ( <b><i>secukinumab</i></b> )	T1	PA
DIFFERIN TOPICAL GEL 0.1 % ( <b><i>adapalene</i></b> )	T1	
DUPIXENT PEN SUBCUTANEOUS PEN INJECTOR 200 MG/1.14 ML, 300 MG/2 ML ( <b><i>dupilumab</i></b> )	T1	PA
DUPIXENT SYRINGE SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML ( <b><i>dupilumab</i></b> )	T1	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) ( <b><i>etanercept</i></b> )	T1	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) ( <b><i>etanercept</i></b> )	T1	PA
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5 ML ( <b><i>etanercept</i></b> )	T1	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) ( <b><i>etanercept</i></b> )	T1	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) ( <b><i>etanercept</i></b> )	T1	PA
<b><i>fluorouracil topical cream 5 %</i></b>	T1	
<b><i>fluorouracil topical solution 2 %, 5 %</i></b>	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML, 40 MG/0.8 ML (6 PACK) ( <i>adalimumab</i> )	T1	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) PEN PEDIATRIC UC SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML, 80 MG/0.8 ML ( <i>adalimumab</i> )	T1	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML ( <i>adalimumab</i> )	T1	PA
<i>imiquimod topical cream in packet 5 %</i>	T1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG ( <i>infliximab-dyyb</i> )	T1	PA
<i>isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg</i>	T1	PA
<i>isotretinoin</i> (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	T1	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) ( <i>apremilast</i> )	T1	PA
<i>pimecrolimus topical cream 1 %</i>	T1	ST; AL (Min 2 Years)
<i>podofilox topical solution 0.5 %</i>	T1	
RENFLXIS INTRAVENOUS RECON SOLN 100 MG ( <i>infliximab-abda</i> )	T1	PA
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM ( <i>collagenase clostridium histolyticum</i> )	T1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML ( <i>ustekinumab</i> )	T1	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML ( <i>ustekinumab</i> )	T1	PA
<i>tacrolimus topical ointment 0.03 %</i>	T1	ST; QL (30 QY per 30 DYs); AL (Min 2 Years)
<i>tacrolimus topical ointment 0.1 %</i>	T1	ST; QL (30 QY per 30 DYs); AL (Min 16 Years)
TALTZ 80 MG/ML AUTOINJECTOR P/F,L/F,SDV,INNER 80 MG/ML ( <i>ixekizumab</i> )	T1	PA
TALTZ 80 MG/ML SYRINGE P/F,L/F,SUV,INNER 80 MG/ML ( <i>ixekizumab</i> )	T1	PA
TARGRETIN TOPICAL GEL 1 % ( <i>bexarotene</i> )	T1	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
Thiocarbamates(Skin And Mucous Membrane) - Drugs For The Skin		
<i>tolnaftate topical cream 1 %</i>	T1	
<i>tolnaftate topical solution 1 %</i>	T1	
Smooth Muscle Relaxants - Drugs To Relax Muscles		
Antimuscarinics - Drugs For The Urinary System		

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
drugs	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b><i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i></b>	T1	PA
<b><i>flavoxate oral tablet 100 mg</i></b>	T1	PA
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %) ( <b><i>oxybutynin chloride</i></b> )	T1	PA
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) ( <b><i>oxybutynin chloride</i></b> )	T1	PA
<b><i>oxybutynin chloride oral syrup 5 mg/5 ml</i></b>	T1	
<b><i>oxybutynin chloride oral tablet 5 mg</i></b>	T1	
<b><i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i></b>	T1	
OXYTROL FOR WOMEN TRANSDERMAL PATCH 4 DAY 3.9 MG/24 HOUR ( <b><i>oxybutynin</i></b> )	T1	QL (8 EA per 28 days)
<b><i>solifenacin oral tablet 10 mg, 5 mg</i></b>	T1	PA
<b><i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i></b>	T1	ST
<b><i>tolterodine oral tablet 1 mg, 2 mg</i></b>	T1	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG ( <b><i>fesoterodine fumarate</i></b> )	T1	PA
<b><i>trospium oral capsule,extended release 24hr 60 mg</i></b>	T1	ST
<b><i>trospium oral tablet 20 mg</i></b>	T1	ST
Respiratory Smooth Muscle Relaxants - Drugs For Lungs		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG ( <b><i>theophylline anhydrous</i></b> )	T1	
<b><i>theophylline oral elixir 80 mg/15 ml</i></b>	T1	
<b><i>theophylline oral solution 80 mg/15 ml</i></b>	T1	
<b><i>theophylline oral tablet extended release 12 hr 300 mg, 450 mg</i></b>	T1	
<b><i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i></b>	T1	

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<b>UPPERCASE</b> = Brand name drugs		

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline oral tablet extended release 400 mg</i>	T1	
<b>Selective Beta-3-Adrenergic Agonists - Drugs For The Urinary System</b>		
MYRBETRIQ ORAL SUSPENSION,EXTENDED REL RECON 8 MG/ML ( <i>mirabegron</i> )	T1	PA
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG ( <i>mirabegron</i> )	T1	PA
<b>Vitamins</b>		
<b>Multivitamin Preparations</b>		
CERTA PLUS ORAL TABLET 18-0.4-250 MG-MG-MCG ( <i>folic acid/multivit with iron, minerals/lutein</i> )	T1	
COMPLETE MULTIVITAMIN ORAL TABLET ( <i>multivitamin,therapeutic with iron and minerals</i> )	T1	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG ( <i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i> )	T1	AL (Max 50 Years)
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG ( <i>prenatal vitamins no.14/ferrous fumarate/folic acid</i> )	T1	
DAILY MULTI-VITAMIN ORAL TABLET ( <i>multivitamin</i> )	T1	
KPN ORAL TABLET ( <i>prenatal vitamin calcium,iron,folic acid (less than 1 mg)</i> )	T1	AL (Max 50 Years)
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML ( <i>pediatric multivitamin no.45/sodium fluoride/ferrous sulfate</i> )	T1	AL (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML ( <i>pediatric multivitamin no.2/sodium fluoride</i> )	T1	AL (Max 5 Years)
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG ( <i>pediatric multivitamins no.17 with sodium fluoride</i> )	T1	

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG ( <i><b>prenatal vitamins with calcium/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
O-CAL FA ORAL TABLET 66 MG IRON- 1 MG ( <i><b>prenatal vitamins with calcium/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML ( <i><b>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</b></i> )	T1	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG ( <i><b>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</b></i> )	T1	AL (Max 50 Years)
PRENATABS FA ORAL TABLET 29-1 MG ( <i><b>prenatal vits with calcium no.78/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG ( <i><b>prenatal vits with calcium no.115/iron fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG ( <i><b>prenatal vits with calcium no.74/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG ( <i><b>prenatal vits with calcium no.72/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG ( <i><b>prenatal vits with calcium no.72/iron,carbonyl/folic acid</b></i> )	T1	AL (Max 50 Years)
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG ( <i><b>prenatal vitamins with calcium/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
PRENATAL VITAMIN ORAL TABLET ( <i><b>prenatal vitamin calcium,iron,folic acid (less than 1 mg)</b></i> )	T1	AL (Max 50 Years)
<i><b>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</b></i>	T1	AL (Max 50 Years)
PRENATAL-U ORAL CAPSULE 106.5-1 MG ( <i><b>multivitamin combination no.51/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHT STEP PRENATAL VITAMINS ORAL TABLET 27 MG IRON- 0.8 MG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
SE-NATAL 19 CHEWABLE TABLET 29 MG IRON- 1 MG ( <i>prenatal vits with calcium 118/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
THERA ORAL TABLET ( <i>multivitamin,therapeutic</i> )	T1	
THERA-M ORAL TABLET 9 MG IRON-400 MCG ( <i>multivits with calcium and minerals/iron fumarate/folic acid</i> )	T1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG ( <i>prenatal vits with calcium 103/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG ( <i>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
TRINATE TABLET 28 MG IRON- 1 MG ( <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML ( <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i> )	T1	
TRUST NATAL DHA ORAL COMBO PACK 29-1-250-200 MG ( <i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i> )	T1	AL (Max 50 Years)
VINATE II ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vitamins with calcium/iron fum,b-g/folic acid</i> )	T1	AL (Max 50 Years)
VINATE M ORAL TABLET 27 MG IRON-1 MG ( <i>prenatal vits with calcium 136/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
VITAMINS AND MINERALS ORAL TABLET ( <i>multivitamin,therapeutic with minerals</i> )	T1	
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG ( <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
VOL-TAB RX ORAL TABLET 29 MG IRON- 1 MG ( <i>multivitamin with minerals no.50/iron,carbonyl/folic acid</i> )	T1	AL (Max 50 Years)
<b>Vitamin A</b>		

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML ( <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i> )	T1	
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML ( <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i> )	T1	
<b>Vitamin B Complex</b>		
CERTA PLUS ORAL TABLET 18-0.4-250 MG-MG-MCG ( <i>folic acid/multivit with iron, minerals/lutein</i> )	T1	
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250-200 MG ( <i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i> )	T1	AL (Max 50 Years)
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	T1	
<i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg</i>	T1	
DIALYVITE 800 ORAL TABLET 0.8 MG ( <i>folic acid/vitamin b complex and vitamin c</i> )	T1	
DIALYVITE ORAL TABLET 100-1 MG ( <i>folic acid/vitamin b complex and vitamin c</i> )	T1	
<i>folic acid oral tablet 1 mg</i>	T1	
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
NEPHRO-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG ( <i>vitamin b complex no.3/folic acid/ascorbic acid(vitc)/biotin</i> )	T1	
O-CAL FA ORAL TABLET 66 MG IRON- 1 MG ( <i>prenatal vitamins with calcium/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG ( <i>prenatal vitamin with calcium no.76/iron,carbonyl/folic acid</i> )	T1	AL (Max 50 Years)
PRENATABS FA ORAL TABLET 29-1 MG ( <i>prenatal vits with calcium no.78/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)

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<b>lowercase bold italics =</b> Generic drugs	<b>Drug Tier</b> <b>CO</b> = State Carve Out <b>NF</b> = Non-Formulary <b>T1</b> = Formulary	<b>Coverage Requirements and Limits</b> <b>AL</b> = Age Limit Applies <b>PA</b> = PA Applies <b>QL</b> = Quantity Limit <b>ST</b> = ST Applies
<b>UPPERCASE</b> = Brand name drugs		

<b>Prescription Drug Name</b>	<b>Drug Tier</b>	<b>Coverage Requirements and Limits</b>
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG ( <i><b>prenatal vits with calcium no.115/iron fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG ( <i><b>prenatal vits with calcium no.74/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG ( <i><b>prenatal vits with calcium no.72/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG ( <i><b>prenatal vits with calcium no.72/iron,carbonyl/folic acid</b></i> )	T1	AL (Max 50 Years)
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG ( <i><b>prenatal vitamins with calcium/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
<i><b>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</b></i>	T1	AL (Max 50 Years)
<i><b>pyridoxine (vitamin b6) oral tablet 25 mg, 50 mg</b></i>	T1	
RIGHT STEP PRENATAL VITAMINS ORAL TABLET 27 MG IRON- 0.8 MG ( <i><b>prenatal vitamins with calcium/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
SE-NATAL 19 CHEWABLE TABLET 29 MG IRON- 1 MG ( <i><b>prenatal vits with calcium 118/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
THERA-M ORAL TABLET 9 MG IRON-400 MCG ( <i><b>multivits with calcium and minerals/iron fumarate/folic acid</b></i> )	T1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG ( <i><b>prenatal vits with calcium 103/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG ( <i><b>prenatal vitamin 27 with calcium/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)
TRINATE TABLET 28 MG IRON- 1 MG ( <i><b>prenatal vits with calcium no.73/ferrous fumarate/folic acid</b></i> )	T1	AL (Max 50 Years)

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUST NATAL DHA ORAL COMBO PACK 29-1-250-200 MG ( <i>prenatal vitamin no.52/iron/folic acid/omega-3/dha</i> )	T1	AL (Max 50 Years)
VINATE M ORAL TABLET 27 MG IRON-1 MG ( <i>prenatal vits with calcium 136/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
VITAMIN B-1 ORAL TABLET 100 MG ( <i>thiamine hcl</i> )	T1	
VITAMIN B-6 ORAL TABLET 100 MG ( <i>pyridoxine hcl (vitamin b6)</i> )	T1	
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG ( <i>prenatal vits with calcium no.73/ferrous fumarate/folic acid</i> )	T1	AL (Max 50 Years)
VOL-TAB RX ORAL TABLET 29 MG IRON- 1 MG ( <i>multivitamin with minerals no.50/iron,carbonyl/folic acid</i> )	T1	AL (Max 50 Years)
Vitamin C		
DIALYVITE 800 ORAL TABLET 0.8 MG ( <i>folic acid/vitamin b complex and vitamin c</i> )	T1	
DIALYVITE ORAL TABLET 100-1 MG ( <i>folic acid/vitamin b complex and vitamin c</i> )	T1	
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML ( <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i> )	T1	
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML ( <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i> )	T1	
Vitamin D		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	T1	
CALCIUM 500 + D (D3) ORAL TABLET 500 MG(1,250MG) -125 UNIT ( <i>calcium carbonate/cholecalciferol (vitamin d3)</i> )	T1	
CALCIUM 500 + D ORAL TABLET 500 MG(1,250MG) -200 UNIT ( <i>calcium carbonate/cholecalciferol (vitamin d3)</i> )	T1	

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		Coverage Requirements and Limits
<b>lowercase bold italics</b> =	<b>Drug Tier</b>	<b>AL</b> = Age Limit Applies
Generic drugs	<b>CO</b> = State Carve Out	<b>PA</b> = PA Applies
<b>UPPERCASE</b> = Brand name drugs	<b>NF</b> = Non-Formulary	<b>QL</b> = Quantity Limit
	<b>T1</b> = Formulary	<b>ST</b> = ST Applies
Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CALCIUM 500 WITH D ORAL TABLET 500 MG(1,250MG) - 400 UNIT ( <i>calcium carbonate/cholecalciferol (vitamin d3)</i> )	T1	
CALCIUM 600 + D(3) ORAL TABLET 600 MG(1,500MG) - 200 UNIT, 600 MG(1,500MG) -400 UNIT ( <i>calcium carbonate/cholecalciferol (vitamin d3)</i> )	T1	
<i>calcium citrate-vitamin d2 oral tablet 315 mg-5 mcg (200 unit)</i>	T1	
<i>calcium citrate-vitamin d3 oral tablet 315 mg-5 mcg (200 unit), 315 mg-6.25 mcg (250 unit)</i>	T1	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 125 mcg (5,000 unit)</i>	T1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	T1	
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	T1	
OYSTER SHELL + D3 ORAL TABLET 250-125 MG-UNIT ( <i>calcium carbonate/cholecalciferol (vitamin d3)</i> )	T1	
OYSTER SHELL CALCIUM-VIT D2 ORAL TABLET 250 (625)-125 MG-UNIT ( <i>calcium carbonate/ergocalciferol (vitamin d2)</i> )	T1	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG(1,250MG) -200 UNIT ( <i>calcium carbonate/cholecalciferol (vitamin d3)</i> )	T1	
PEDIA TRI-VITE ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML ( <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i> )	T1	
RISACAL-D ORAL TABLET 100 MG CALCIUM- 3 MCG ( <i>calcium phosphate, dibasic/cholecalciferol (vitamin d3)</i> )	T1	
TRI-VI-SOL ORAL DROPS 250 MCG-50 MG- 10 MCG/ML ( <i>vitamin a palmitate/ascorbic acid/cholecalciferol (vit d3)</i> )	T1	

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<p><b>lowercase bold italics</b> = Generic drugs</p> <p><b>UPPERCASE</b> = Brand name drugs</p>	<p><b>Drug Tier</b></p> <p><b>CO</b> = State Carve Out</p> <p><b>NF</b> = Non-Formulary</p> <p><b>T1</b> = Formulary</p>	<p><b>Coverage Requirements and Limits</b></p> <p><b>AL</b> = Age Limit Applies</p> <p><b>PA</b> = PA Applies</p> <p><b>QL</b> = Quantity Limit</p> <p><b>ST</b> = ST Applies</p>
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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAMIN D3 ORAL CAPSULE 50 MCG (2,000 UNIT) <i>(cholecalciferol (vitamin d3))</i>	T1	
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 25 MCG (1,000 UNIT) <i>(cholecalciferol (vitamin d3))</i>	T1	
<b>Vitamin K Activity</b>		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	T1	

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## Alameda MCAL Formulary

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