ALAMEDA ALLIANCE FOR HEALTH
GROUP CARE MEDICATION FORMULARY

March 2026

Overview

At Alameda Alliance for Health (Alliance), we are here to help you. As your partner in health, we have put together this **Alliance Group Care Medication Formulary** that contains a complete list of covered and preferred outpatient prescription drugs for Alliance Group Care members. The Alliance reviews the list at least four (4) times a year and updates the formulary monthly.

This printable list may not reflect the latest updates. The formulary is subject to change and all previous versions of the formulary are no longer in effect. For the most up-to-date Medication Formulary, or to print the most current list, please visit the Alliance website at **www.alamedaalliance.org/members/pharmacy-and-medication-benefits/medication-formulary**.

To view the Alliance Group Care Member Handbook also known as the Combined Evidence of Coverage (EOC) and Disclosure Form, please visit the Alliance website at **www.alamedaalliance.org/members/group-care/benefits-and-covered-services**.

If you have any questions, please call:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

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Alameda IHSS Formulary TOC-1

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How to Use the Medication Formulary

To find a medication on the Medication Formulary, first search for what the medication will treat. All medications will be listed by their generic and brand names in their therapeutic category, class, and in alphabetical order.

Any medication not found in this list is a non-formulary medication. If a generic equivalent for a brand-name drug is not available or is not covered, the medication will not be separately listed by its generic name. This Medication Formulary applies only to outpatient medication prescribed to Alliance members. It does not apply to medication used in inpatient settings.

Please Note: A medication and a drug may be used interchangeably as they have the same definition.

Description of Coverage

The Alliance covers outpatient prescription drugs, devices, and Food and Drug Administration (FDA)-approved products for preventative, contraceptive, and diabetes care through our retail and/or specialty pharmacies.

Please Note: The Alliance covers products and drugs used with medically necessary that may include, but are not limited to:

- disposable devices that are medically necessary for the administration of covered prescription drug, such as spacers and inhalers, syringes for self-injection that are not dispensed in pre-filled syringes, over the counter drugs, and diabetic testing supplies (e.g. test strips, lancets, and pens).
- various FDA-approved prescription contraceptives (e.g. oral contraceptives, emergency contraceptives, rings, patches, cervical caps, and diaphragms) and other FDA-approved products.
- folic acid supplements that can be used for pregnant women and tobacco cessation drugs/products.

If a covered contraceptive drug/device, outpatient prescription drugs, and Food and Drug Administration (FDA)-approved products for preventative, contraceptive, and/or diabetes care is unavailable or not medically recommended by your provider, you can ask your doctor to submit the Prescription Drug Prior Authorization (PA) Form for a non-covered contraceptive/device/drugs/products as prescribed.

Words to Know

Coverage Document – A health plan contract, evidence of coverage, certificate of coverage, schedule of benefits, or any other contract for health coverage between an enrollee or subscriber and health plan.

Dosage Form - The physical form in which a prescription drug is produced and dispensed, such as a tablet, a capsule, or an injectable.

Established name - The official nonproprietary name for a prescription drug.

Product - A discrete package of health care coverage benefits that a health plan offers for a particular policy with a specific network service area.

Strength - The amount of active ingredient or ingredients present in each dose of a prescription drug.

Brand Name Drug– A medication that is marketed under a proprietary, trademark-protected name. The brand name drug is listed in all CAPITAL letters.

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 medication is listed in ***bold and italicized lowercase*** letters in the medication formulary.

Drug Tier - A group of prescription drugs that corresponds to a specified cost sharing tier in the health plan's prescription drug coverage. The tier in which a prescription drug is placed determines the enrollee's portion of the cost for the drug.

Drugs are placed into drug tiers based on defined categories. The amount you pay for drugs in different tiers will vary. You can also find information about what you pay by drug tier in the *Summary of Benefits* of the AAH *Evidence of Coverage (EOC)*.

Drug Tier	Description
1	Most generic drugs and low-cost, preferred brand drugs
2	Non-preferred generic drugs, preferred brand drugs, or drugs recommended by the P&T Committee based on drug safety, efficacy, and cost

Generic Substitutions – The health plan has a mandatory generic program which means that if a generic medication is added on the formulary its brand name is not covered. This program promotes the use of generic over brand-name options, when medically appropriate. When your prescribing doctor writes you a prescription for a brand-name medication, they must submit a Prescription Drug Prior Authorization (PA) Request Form. The health plan will review the request and will inform the doctor of the decision within **one (1) business day**.

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Please Note: Formulary drugs are in a categorical list that reflects the following:

1. An alphabetical complete list of all covered prescription drugs listed by its brand and generic names in the therapeutic category and class to which it belongs. Category names shall appear alphabetically within those categories.
2. The generic name of a brand-name drug is included after the brand name in parenthesis and all ***bold and italicized lowercase*** letters.
3. If the generic equivalent for a brand-name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand-name drug in all ***bold and italicized lowercase*** letters.
4. 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.
5. In the event a generic drug is marketed under a proprietary, trademark-protected brand name, the brand name will be listed in all CAPITAL letters after the generic name in parentheses and in a regular typeface with the first letter of each word capitalized.
6. Organized by drug category and class based on the most current version of the U.S. Pharmacopeial Convention (USP) drug classification system.
7. Prescription drugs belonging to multiple drug classes shall be listed in each applicable class.
8. Brand name and generic prescription drugs shall be alphabetically listed by respective brand or established name within classes. In addition to a category and class name provided by the drug classification system, the categorical list shall include, where possible, a plain language description of the category and class.
9. Columns from left to right with "Prescription Drug Name", "Drug Tier", and "Coverage Requirements and Limits" with legend will be on each page. The column headings shall appear on the top of each page.

Example of generic and brand: Phosphodiesterase Type 5 Inhibitors

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tadalafil (pah) oral tablet 20 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
TADLIQ ORAL SUSPENSION 20 MG/5ML (***tadalafil (pah)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

From the above example:

Generic Drug:

- ***tadalafil (pah) oral tablet***

Brand Name Drug:

- TADLIQ ORAL SUSPENSION

Coinsurance – A percentage of the cost of a covered health care benefit that an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

Copayment – 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 – 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.

Enrollee – 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.

Exception Request – A request for coverage of a prescription drug. If an enrollee, their designee, or prescribing doctor submits an exception request for coverage of a prescription drug, the health plan must cover the prescription drug when it is determined to be medically necessary to treat the enrollee's condition.

Exigent Circumstances – 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 medication. Exigent circumstances and requests will be treated as urgent and will follow the same timelines as urgent requests.

Formulary - The complete list of drugs preferred for use and eligible for coverage under a health plan product, and includes all drugs covered under the outpatient prescription drug benefit of the health plan product. Formulary is also known as a prescription drug list,

Intravenous Solutions of Other Unlisted Medication – Dispensing following inpatient discharge from an acute care hospital, when IV therapy with the same medication was started before discharge. Quantity and day supply limitations may apply.

Please Note: Non-compounded products must be billed using the product's National Drug Code (NDC) number. Compounded solutions must be billed as a compound claim.

Intravenous Solutions of Unlisted Antibiotics – Dispensing following inpatient discharge from an acute care hospital, when IV therapy with the same antibiotic was started before discharge. Quantity and day supply limitations may apply.

Please Note: Non-compounded products must be billed using the product's National Drug Code (NDC) number. Compounded solutions must be billed as a compound claim.

Medication Coverage Requirements or Limits – A health plan may request an omission, deviation or substitution of the stated definitions to the Medical Director for review and approval. There are some processes and limits that may apply to medications in the formulary.

Reviews may be marked with a code as seen on the list below:

ICON	CODE	MEANING	DEFINITION
N/A	DY	Day	A type of duration
N/A	EA	Each	Items used separately
N/A	GM	Gram	A mass unit of measurement
N/A	INH	Inhaler	Medication formulation type
N/A	MAX	Maximum	The largest amount possible
N/A	MIN	Minimum	The smallest needed amount
N/A	ML	Milliliter	A liquid unit of measurement
N/A	QTY	Quantity	An amount of a given product
PA Prior Auth	PA	Prior authorization	Requires specific request process
QL Quantity Limit	QL	Quantity limit	Coverage may be limited to specific quantities per prescription and/or time period
90DS 90 Day Supply	90DS	90 Day Supply	Medication can be dispensed up to a 90-day supply
SP Specialty	SP	Specialty products	Products that may need particular care
ST Step Therapy	ST	Step therapy	Coverage may depend on previous use of another drug
T1	T1	Tier 1	Formulary generic drugs
T2	T2	Tier 2	Formulary brand drugs
AL Age Limit	AL	Age Limit	Limits to covered drugs based on age
	NF	Non-Formulary	Non-covered/unlisted drugs
G	N/A	Generic Indicator	Generics have the same drug as the brand name drug
	N/A	Prescriber Note	Click this symbol for more information

Medication Tier – A group of prescription drug 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.

Out-of-Pocket Cost – Copayments, coinsurance, and the applicable deductible, plus all costs for health care services that are not covered by the health plan.

Please Note: Types of tiers on the Alliance formulary include – Tier 1 (generic medications) and Tier 2 (brand medications). Tier 1 medications have a $10 copayment for a **30-day** supply and Tier 2 medications have a $15 copayment for a 30-day supply. The Alliance has a mandatory generic medication program that promotes the use of generic over brand-name options. When a formulary medication is available in tier 1 and tier 2, tier 1 generic medications are generally preferred.

Please Note: Oral anti-cancer drugs subject to cost sharing limits will not exceed $250 for a 30-day supply.

Nonformulary drug – A prescription drug that is not listed on the health plan's medication formulary. A non-formulary drug is also any prescription drug where an enrollee's copayment or out-of-pocket costs are different than the copayment or out-of-pocket costs for a formulary prescription drug, except as otherwise provided by law or regulation.

These medications are reserved for members who:

- Have used (or cannot/should not use) up to **two (2)** formulary alternatives that are used to treat the documented diagnosis; OR
- Meet off-label criteria; OR

Have tried and failed or are unable to use separate components (or therapeutic equivalents) of a combination medication or are unable to use a consolidated dose form. Each outpatient prescription request will be reviewed via a prior authorization (PA) exception request within **24** (for urgent requests) to **72 hours** (for non-urgent requests) from the time received. Coverage determination documents will be sent to the enrollee (or their designee) and the enrollee's prescribing provider within this time based on urgent or non-urgent status. Coverage determination documents will include information on appeal rights, procedures, and duration of coverage. If the plan fails to respond to a completed prior authorization exception request within **24** (for urgent requests) to **72 hours** (for non-urgent requests), then the request will be approved.

Please Note: Non-formulary medication will also be covered when determined to be medically necessary (e.g., once reviewed with a PA request). The enrollee may file a grievance, appeal, or complaint for a denial of coverage (this information is in the coverage determination documents in the appeal rights and procedures).

Duration of Coverage – When a formulary exception request is approved, there is an approval window that limits the length of time an authorization can be used (e.g., for the duration of the prescription, including refills). Coverage determination documents with this information are sent to the enrollee or their designee and the enrollee's prescribing provider. The Alliance will provide coverage, including refills, pursuant to a request based on exigent circumstances for the duration of the exigency. An enrollee may file a grievance or complaint, relating to denial of a coverage request. Information on appeal rights and procedures are also available in the denial coverage documents.

Prescribing Provider – A health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

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

Please Note: The presence of a prescription drug on the formulary does not guarantee the enrollee will be prescribed that prescription drug by their prescribing doctor for a particular medication condition.

Prescription drug or drug– A drug that is prescribed by the enrollee's prescribing provider and requires a prescription under applicable law. A prescription drug or drug is also a drug approved by the federal Food and Drug Administration (FDA) for sale to consumers that requires a prescription and is not provided for use on an inpatient basis.

Please Note: A medication and a drug may be used interchangeably as they have the same definition.

Prior Authorization (PA) –A health plan's requirement that the enrollee or the enrollee's prescribing provider get 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 (PA), when medically necessary for the enrollee to get the drug.

Prior Authorization (PA) Exception Process – The prescribing doctor may submit a Prescription Drug Prior Authorization (PA) Request to request a medication that is not on the Medication Formulary or has restrictions. Restrictions may occur when the quantity of medication prescribed is more than the plan allows or if a medication has Step Therapy (ST) requirements. A Medication Review Guideline (also known as criteria) has been developed for these medications and will be referenced upon receipt of the doctor's request. The health plan will review the request and will inform the prescribing provider of the decision within **24** (for urgent requests) to **72 hours** (for non-urgent requests) from the time received. If the plan fails to respond to a completed prior authorization request within **24** (for urgent requests) to **72 hours**

(for non-urgent requests), then the request will be approved. The Alliance shall allow continuation of therapy for members using medically necessary drugs, this also includes refills for the duration of the prescription.

Please Note: The health plan has customer service representatives readily available during normal business hours to provide accurate, specific information concerning prescription drug benefits, including but not limited to: information concerning drugs covered under the medical benefit of the enrollee's contract; the actual dollar amount of cost sharing under the enrollee's contract for drugs subject to a copayment or coinsurance; and the process for submitting an exception request and requesting prior authorization and step therapy exceptions.

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

Quantity Limit (QL) – A restriction on the number of doses or any other limitations on the quantity of a prescription drug a health plan will cover during a specific time period. For certain medications, the health plan has a limit on the number of pills that can be covered. In general, a **30-day** supply is covered. If you require a medication that exceeds the limit, the prescribing doctor can submit a Prescription Drug Prior Authorization (PA) Request. The health plan will review the request and will inform the prescribing provider of the decision with**in 24** (for urgent requests) to **72 hours** (for non-urgent requests) from the time received.

Step therapy (ST) - A process specifying the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are prescribed. The health plan may require the enrollee to try one or more drugs to treat the enrollee's medical condition before the health plan will cover a particular drug for the condition pursuant to a step therapy request. If the enrollee's prescribing provider submits a request for step therapy exception, the health plans shall make exceptions to step therapy when the criteria is met.

Step Therapy (ST) Exception Process – In some cases, the health plan may require you to try a certain medication before a different medication is covered. The prescribing provider can request an exception by submitting a Prescription Drug Prior Authorization (PA) Request. The health plan will review the request and will inform the prescribing provider of the decision within **24** (for urgent requests) to **72 hours** (for non-urgent requests) from the time received. If the plan fails to respond to a completed step therapy exception request within **24** (for urgent requests) to **72 hours** (for non-urgent requests), then the request will be approved. The Alliance shall allow continuation of therapy for members using medically necessary drugs, this also includes refills for the duration of the prescription.

Please Note: The Alliance reviews the list at least four (4) times a year and will update the formulary with any changes on a monthly basis. These changes will be effective on the 1st day of the month. The types of formulary changes may relate to quantity limits, step therapy requirements, changes in drug or dosage form, changes in tier placement of a drug that results in an increase or decrease in cost sharing, and changes of utilization management restrictions, including any additions of these restrictions. These changes are posted on the health plan website.

Please visit the Alliance website at www.alamedaalliance.org/members/pharmacy-and-medication-benefits/medication-formulary/**Subscriber** – The person who is responsible for payment to the health plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

Therapeutic Interchange – The health plan may use Therapeutic Interchange to promote rational pharmaceutical therapy when evidence suggests that outcomes can be improved by substituting a medication that is therapeutically equivalent but chemically different from the prescribed medication.

Therapeutic Interchange protocols are never automatic; a dispensing provider may not substitute a therapeutically equivalent alternative medication for the prescribed medication without the knowledge and authorization of the prescribing doctor.

Previously Plan Approved Medications – If the plan has previously approved drug coverage for an enrollee condition that a provider continues to appropriately prescribe in a safe and effective manner, then the plan will not limit or exclude continued coverage.

Authorization and Billing Instructions

The Alliance provides coverage for drugs administered in the provider's office, this is part of the medical benefit. If you have any questions on how your doctor can submit a prior authorization for them please call Member Services see page xiii for contact information. Providers with more questions can call Providers Services see xiii for contact information.

Providers can supply in-office injectable medication to Alliance members by purchasing directly from suppliers/manufacturers (commonly known as buy and bill) or PerformSpecialty. Your doctor can submit a medication prior authorization request form to obtain coverage for drugs dispensed in office as a medical benefit. The authorization and billing processes differ based on the method of obtaining the medication and the member's delegate:

METHOD OF PROCUREMENT	DELEGATE	REQUIRES AUTHORIZATION	WHERE TO SUBMIT THE AUTHORIZATION	WHOM TO BILL

PerformSpecialty (Pharmacy Benefit)	All	Yes	PerformRx	Not necessary (Pharmacy bills the Alliance directly)
Buy and Bill (Medical Benefit)	Alliance	Please refer to the list below for the Alliance delegate or check with the member's delegate.	Alliance	Alliance
	Children First Medical Group (CFMG)		Children First Medical Group (CFMG)	
	Community Health Center Network (CHCN)		Community Health Center Network (CHCN)	

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

- Medical Benefit:
  - Alliance Prescription Drug Prior Authorization (PA) Request form
- Pharmacy Benefit:
  - PerformRx Medication Request Form (Alliance Group Care)
  - Request for Medicare Prescription Drug Coverage Determination (Medicare)

Please Note: Drugs covered under the Medical Benefit are medications that are given at a provider's office or clinic, while drugs covered under the Pharmacy Benefit (outpatient prescription drugs) are received at a retail or specialty pharmacy.

Filling Your Prescription at a Network Retail 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, please use the Alliance Provider Directory, or visit the Alliance website at **www.alamedaalliance.org/help/find-a-pharmacy**.

You can also call:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

PerformSpecialty Pharmacy

PerformSpecialty is the Alliance specialty pharmacy for and Alliance Group Care members. Retail pharmacies may not dispense specialty medication for Alliance Group Care members.

Please refer to the attached Medication Formulary list of available medication from PerformSpecialty. Certain medications are only available from specific distributors and not PerformSpecialty. The clinic can purchase these medication directly from the distributors and bill the Alliance or have the distributor bill the Alliance. These medication, along with the name and contact of the alternate distributors, are listed on the Limited Distribution Drug List.

Prior authorization (PA) is required for new specialty medication orders and for renewals (usually annually). The same review process is used for specialty medication orders as is used for other retail medications that require a PA.

Prior Authorization (PA) process for PerformSpecialty:

- The prescribing doctor will fax the appropriate medication request form to PerformRX (please see above).
- The Alliance will process requests within **24 to 72 hours** from the time received.
- A notification of the decision will be sent to the doctor's office/clinic and PerformSpecialty.
- Upon approval by PerformRx, PerformSpecialty will call the doctor's office/clinic to obtain the prescription and dispense the medication by mail.

Contacts for Additional Information

For provider questions:

Alliance Provider Services Department
Monday-Friday, 7:30am – 5pm
Phone Number: **1.510.747.4510**

For the complete list of specialty drugs provided by PerformSpecialty, or questions related to dispensing of the medication, please call:

PerformSpecialty Pharmacy
Toll-Free: **1.855.287.7888**

For questions related to prior authorizations (PA), please call:

PerformRx
Toll-Free: **1.855.508.1713**

For questions related to specialty drugs from PerformSpecialty, please call:

Alliance Pharmacy Services Department
Phone Number: **1.510.747.4541**

We Are Here for You

If you have any questions, please contact:

Alliance Member Services Department
Monday – Friday, 8 am – 5 pm
Phone Number: **1.510.747.4567**
Toll-Free: **1.877.932.2738**
People with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**

RX_RX FMLRY 03/2025

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Alameda IHSS Formulary

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CURRENT AS OF 3/1/2026

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidote Therapeutics		
Alcohol Deterrents (91:02)		
acamprosate calcium oral tablet delayed release 333 mg	T1	
disulfiram oral tablet 250 mg, 500 mg	T1	
naltrexone hcl oral tablet 50 mg	T1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	T2	
Antidote Therapeutics		
atropine sulfate ophthalmic solution 1 %	T1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T2	QL (1 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T2	QL (1 EA per 30 days)
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
glucagon emergency injection kit 1 mg	T1	QL (1 EA per 30 days)
glucagon emergency injection solution reconstituted 1 mg	T1	QL (1 EA per 30 days)
gnp naloxone hcl nasal liquid 4 mg/0.1ml	T1	
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	T1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	T1	
hyoscyamine sulfate oral solution 0.125 mg/ml	T1	
hyoscyamine sulfate oral tablet 0.125 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; INH = Inhaler; AL = Age Limits; SP = Specialty Product; T1 = Formulary Generic Drugs, T2 = Formulary Brand Drugs; QY = Quantity; QTY = Quantity; DY = Day; EA = Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hyoscyamine sulfate oral tablet dispersible 0.125 mg	T1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	T1	
hyosyne oral elixir 0.125 mg/5ml	T1	
hyosyne oral solution 0.125 mg/ml	T1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (***naloxone hcl***)	T2	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	T1	
naloxone hcl injection solution cartridge 0.4 mg/ml	T1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	T1	
naloxone hcl nasal liquid 4 mg/0.1ml	T1	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (***hyoscyamine sulfate***)	T1	
oscimin oral tablet 0.125 mg	T1	
oscimin sublingual tablet sublingual 0.125 mg	T1	
penicillamine oral capsule 250 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
penicillamine oral tablet 250 mg	T1	PA
phytonadione oral tablet 5 mg	T1	
REXTOVY NASAL LIQUID 4 MG/0.25ML (***naloxone hcl***)	T2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (***naloxone hcl***)	T2	
Antidotes (91:04)		
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	T1	
naloxone hcl injection solution cartridge 0.4 mg/ml	T1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; INH = Inhaler; AL = Age Limits; SP = Specialty Product; T1 = Formulary Generic Drugs, T2 = Formulary Brand Drugs; QY = Quantity; QTY = Quantity; DY = Day; EA = Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naltrexone hcl oral tablet 50 mg	T1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	T1	PA
sevelamer carbonate oral tablet 800 mg	T1	
sevelamer hcl oral tablet 400 mg, 800 mg	T1	PA
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	T2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (***naloxone hcl***)	T2	
Chemotherapy Antidotes/Protectants		
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (***leucovorin calcium***)	T1	AL (Min 21 Years)
leucovorin calcium oral tablet 10 mg, 5 mg	T1	AL (Min 21 Years)
leucovorin calcium oral tablet 15 mg, 25 mg	T1	
Antihistamine Drugs		
Antihistamine Drugs		
promethazine hcl oral tablet 25 mg	T1	
Ethanolamine Derivatives		
aler-cap oral capsule 25 mg	T1	
allergy relief oral capsule 25 mg	T1	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (***diphenhydramine hcl***)	T1	
clemastine fumarate oral syrup 0.67 mg/5ml	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
complete allergy medicine oral capsule 25 mg	T1	
cvs allergy oral capsule 25 mg	T1	
cvs allergy relief oral capsule 25 mg	T1	
cvs sleep-aid (doxylamine) oral tablet 25 mg	T1	

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs ultra sleep oral tablet 25 mg	T1	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (***clemastine fumarate***)	T1	
diphenhist oral capsule 25 mg	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T1	
eq allergy relief oral capsule 25 mg	T1	
gnp allergy oral capsule 25 mg	T1	
gnp allergy relief oral capsule 25 mg	T1	
gnp sleep aid oral tablet 25 mg	T1	
kls sleep aid oral tablet 25 mg	T1	
pharbedryl oral capsule 25 mg, 50 mg	T1	
ra allergy medication oral capsule 25 mg	T1	
ra allergy relief oral capsule 25 mg	T1	
ra sleep aid oral tablet 25 mg	T1	
sb allergy oral capsule 25 mg	T1	
sleep aid (doxylamine) oral tablet 25 mg	T1	
sleep aid oral tablet 25 mg	T1	
sleep-aid oral tablet 25 mg	T1	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T1	
First Gen. Antihist. Derivatives, Misc.		
cyproheptadine hcl oral syrup 2 mg/5ml	T1	
cyproheptadine hcl oral tablet 4 mg	T1	
First Generation Antihistamines		
aler-cap oral capsule 25 mg	T1	
allergy relief d oral tablet 4-60 mg	T1	
allergy relief oral capsule 25 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
APRODINE ORAL TABLET 2.5-60 MG (***triprolidine-pseudoephedrine***)	T1	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (***diphenhydramine hcl***)	T1	
clemastine fumarate oral syrup 0.67 mg/5ml	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
complete allergy medicine oral capsule 25 mg	T1	
cvs allergy oral capsule 25 mg	T1	
cvs allergy relief oral capsule 25 mg	T1	
cvs motion sickness ii oral tablet 25 mg	T1	
cvs sleep-aid (doxylamine) oral tablet 25 mg	T1	
cvs ultra sleep oral tablet 25 mg	T1	
cyproheptadine hcl oral syrup 2 mg/5ml	T1	
cyproheptadine hcl oral tablet 4 mg	T1	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (***clemastine fumarate***)	T1	
diphenhist oral capsule 25 mg	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T1	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (***meclizine hcl***)	T1	
DRAMAMINE ORAL TABLET 25 MG (***meclizine hcl***)	T1	
eq allergy relief oral capsule 25 mg	T1	
eql motion sickness relief oral tablet 25 mg	T1	
gnp allergy oral capsule 25 mg	T1	
gnp allergy relief oral capsule 25 mg	T1	
gnp motion sickness relief oral tablet 25 mg	T1	
gnp sleep aid oral tablet 25 mg	T1	
hydroxyzine hcl oral syrup 10 mg/5ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	T1	
kls sleep aid oral tablet 25 mg	T1	
meclizine hcl oral tablet 12.5 mg, 25 mg	T1	
motion sickness relief oral tablet 25 mg	T1	
pharbedryl oral capsule 25 mg, 50 mg	T1	
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral syrup 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine-codeine oral solution 6.25-10 mg/5ml	T1	QL (240 ML per 30 days)
promethazine-codeine oral syrup 6.25-10 mg/5ml	T1	QL (240 ML per 30 days)
promethazine-dm oral syrup 6.25-15 mg/5ml	T1	QL (240 ML per 30 days)
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T2	
ra allergy medication oral capsule 25 mg	T1	
ra allergy relief oral capsule 25 mg	T1	
ra sleep aid oral tablet 25 mg	T1	
sb allergy oral capsule 25 mg	T1	
sleep aid (doxylamine) oral tablet 25 mg	T1	
sleep aid oral tablet 25 mg	T1	
sleep-aid oral tablet 25 mg	T1	
SUDOGEST SINUS/ALLERGY ORAL TABLET 4-60 MG (***chlorpheniramine-pseudoeph***)	T1	
travel-ease oral tablet 25 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T1	
Other Antihistamines		
acid controller max st oral tablet 20 mg	T1	
acid controller oral tablet 10 mg	T1	
acid reducer maximum strength oral tablet 20 mg	T1	
acid reducer oral tablet 10 mg	T1	
bepotastine besilate ophthalmic solution 1.5 %	T1	PA
cimetidine 200 oral tablet 200 mg	T1	ST
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	T1	ST
cvs acid controller max st oral tablet 20 mg	T1	
cvs acid controller oral tablet 10 mg	T1	
cvs allergy eye drops ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
cvs eye itch relief ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
cvs heartburn relief oral tablet 200 mg	T1	ST
cvs olopatadine hcl ophthalmic solution 0.1 %	T1	QL (5 ML per 30 days)
cvs olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 30 days)
eq acid reducer oral tablet 200 mg	T1	ST
eq cimetidine oral tablet 200 mg	T1	ST
eq eye itch relief ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
eq famotidine max st oral tablet 20 mg	T1	
eql heartburn prevention oral tablet 10 mg, 20 mg	T1	
eye allergy itch relief ophthalmic solution 0.2 %	T1	QL (2.5 ML per 30 days)
eye allergy itch/redness rel ophthalmic solution 0.1 %	T1	QL (5 ML per 30 days)
eye itch relief ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
famotidine maximum strength oral tablet 20 mg	T1	
famotidine oral tablet 10 mg, 20 mg, 40 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
famotidine orig st oral tablet 10 mg	T1	
gnp acid reducer max st oral tablet 20 mg	T1	
gnp acid reducer oral tablet 10 mg	T1	
gnp olopatadine hcl ophthalmic solution 0.1 %	T1	QL (5 ML per 30 days)
gnp olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 30 days)
heartburn relief max st oral tablet 20 mg	T1	
heartburn relief oral tablet 10 mg	T1	
hydroxyzine hcl oral syrup 10 mg/5ml	T1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	T1	
ketotifen fumarate ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
kls acid controller max st oral tablet 20 mg	T1	
olopatadine hcl ophthalmic solution 0.1 %	T1	QL (5 ML per 30 days)
olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.7 % (***olopatadine hcl***)	T2	PA
qc acid controller max st oral tablet 20 mg	T1	
qc acid controller oral tablet 10 mg	T1	
qc olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 30 days)
ra acid reducer max st oral tablet 20 mg	T1	
ra acid reducer oral tablet 10 mg	T1	
ra eye itch relief ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
ZANTAC 360 MAX ST ORAL TABLET 20 MG (***famotidine***)	T1	
ZANTAC 360 ORAL TABLET 10 MG (***famotidine***)	T1	
Phenothiazine Derivatives		
promethazine hcl oral solution 6.25 mg/5ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
promethazine hcl oral syrup 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine-codeine oral solution 6.25-10 mg/5ml	T1	QL (240 ML per 30 days)
promethazine-codeine oral syrup 6.25-10 mg/5ml	T1	QL (240 ML per 30 days)
promethazine-dm oral syrup 6.25-15 mg/5ml	T1	QL (240 ML per 30 days)
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T2	
Propylamine Derivatives		
allergy relief d oral tablet 4-60 mg	T1	
APRODINE ORAL TABLET 2.5-60 MG (***triprolidine-pseudoephedrine***)	T1	
SUDOGEST SINUS/ALLERGY ORAL TABLET 4-60 MG (***chlorpheniramine-pseudoeph***)	T1	
Second Generation Antihistamines		
12 hour allergy-d oral tablet extended release 12 hour 5-120 mg	T1	
12hr allergy relief oral tablet 60 mg	T1	
24hr allergy & congestion reli oral tablet extended release 24 hour 180-240 mg	T1	ST
24hr allergy relief oral tablet 180 mg	T1	
ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***loratadine-pseudoephedrine***)	T1	
all day allergy childrens oral solution 5 mg/5ml	T1	
all day allergy d oral tablet extended release 12 hour 5-120 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
all day allergy oral tablet 10 mg	T1	
all-day allergy childrens oral solution 5 mg/5ml	T1	
allergy (cetirizine) oral tablet 10 mg	T1	
allergy 24hour indoor/outdoor oral tablet 10 mg	T1	
allergy 24-hr oral tablet 180 mg	T1	
allergy rel child (loratadine) oral solution 5 mg/5ml	T1	
allergy rel d12 (cetirizine) oral tablet extended release 12 hour 5-120 mg	T1	
allergy relief (cetirizine) oral tablet 10 mg	T1	
allergy relief (loratadine) oral tablet 10 mg	T1	
allergy relief 24-hr oral tablet 10 mg	T1	
allergy relief cetirizine oral tablet 10 mg, 5 mg	T1	
allergy relief childrens oral solution 1 mg/ml	T1	
allergy relief d oral tablet extended release 12 hour 5-120 mg	T1	
allergy relief d oral tablet extended release 24 hour 10-240 mg	T1	
allergy relief d oral tablet extended release 24 hour 180-240 mg	T1	ST
allergy relief d12 oral tablet extended release 12 hour 5-120 mg	T1	
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	T1	
allergy relief d12 oral tablet extended release 12 hour 60-120 mg	T1	ST
allergy relief d-24 oral tablet extended release 24 hour 10-240 mg	T1	
allergy relief oral tablet 10 mg, 180 mg, 5 mg, 60 mg	T1	
allergy relief/indoor/outdoor oral tablet 10 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg	T1	
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	T1	
allergy relief-d oral tablet extended release 12 hour 5-120 mg	T1	
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	T1	
cetirizine hcl allergy child oral solution 5 mg/5ml	T1	
cetirizine hcl childrens alrgy oral solution 1 mg/ml	T1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	T1	
cetirizine hcl oral tablet 10 mg, 5 mg	T1	
cetirizine hcl oral tablet chewable 10 mg, 5 mg	T1	PA
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	T1	
childrens 24 hour allergy oral solution 1 mg/ml	T1	
childrens loratadine oral solution 5 mg/5ml	T1	
cvs allergy relief childrens oral solution 5 mg/5ml	T1	
cvs allergy relief childrens oral suspension 30 mg/5ml	T1	
cvs allergy relief d oral tablet extended release 12 hour 60-120 mg	T1	ST
cvs allergy relief d24 oral tablet extended release 24 hour 180-240 mg	T1	ST
cvs allergy relief oral tablet 10 mg, 180 mg, 5 mg, 60 mg	T1	
cvs allergy relief oral tablet dispersible 10 mg	T1	QL (30 EA per 30 days)
cvs allergy relief(cetirizine) oral tablet 10 mg	T1	
cvs allergy relief-d oral tablet extended release 12 hour 5-120 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs allergy relief-d oral tablet extended release 24 hour 10-240 mg	T1	
cvs allergy relief-d12 oral tablet extended release 12 hour 5-120 mg	T1	
cvs indoor/outdoor allergy rlf oral tablet 10 mg	T1	
desloratadine oral tablet 5 mg	T1	
epinastine hcl ophthalmic solution 0.05 %	T1	PA
eq allergy & congestion relief oral tablet extended release 12 hour 5-120 mg	T1	
eq allergy relief (cetirizine) oral solution 1 mg/ml	T1	
eq allergy relief (cetirizine) oral tablet 10 mg	T1	
eq allergy relief d 12 hour oral tablet extended release 12 hour 60-120 mg	T1	ST
eq allergy relief oral tablet 10 mg, 180 mg	T1	
eql all day allergy childrens oral solution 5 mg/5ml	T1	
eql all day allergy oral tablet 10 mg	T1	
eql allergy relief oral tablet 10 mg, 180 mg	T1	
eql allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	T1	
fexofenadine hcl oral tablet 180 mg, 60 mg	T1	
fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg	T1	
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	T1	ST
ft allergy & congestion-d 12hr oral tablet extended release 12 hour 60-120 mg	T1	ST
gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml	T1	
gnp all day allergy oral tablet 10 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg	T1	
gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg	T1	
gnp allergy relief 24 hr oral tablet 5 mg	T1	
gnp allergy relief oral tablet 180 mg	T1	
gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	T1	
gnp fexofenadine/pse er oral tablet extended release 12 hour 60-120 mg	T1	ST
gnp loratadine childrens oral solution 5 mg/5ml	T1	
gnp loratadine oral tablet 10 mg	T1	
gnp loratadine oral tablet dispersible 10 mg	T1	QL (30 EA per 30 days)
goodsense all day allergy oral solution 5 mg/5ml	T1	
goodsense all day allergy oral tablet 10 mg	T1	
goodsense aller-ease oral tablet 180 mg	T1	
goodsense allergy relief oral tablet 10 mg	T1	
KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***loratadine-pseudoephedrine***)	T1	
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (***loratadine-pseudoephedrine***)	T1	
KLS ALLERCLEAR ORAL TABLET 10 MG (***loratadine***)	T1	
KLS ALLER-FEX ORAL TABLET 180 MG (***fexofenadine hcl***)	T1	
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML (***cetirizine hcl***)	T1	
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***cetirizine-pseudoephedrine***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLS ALLER-TEC ORAL TABLET 10 MG (***cetirizine hcl***)	T1	
levocetirizine dihydrochloride oral solution 2.5 mg/5ml	T1	
levocetirizine dihydrochloride oral tablet 5 mg	T1	
loradamed oral tablet 10 mg	T1	
loratadine childrens oral solution 5 mg/5ml	T1	
loratadine oral solution 5 mg/5ml	T1	
loratadine oral tablet 10 mg	T1	
loratadine oral tablet dispersible 10 mg	T1	QL (30 EA per 30 days)
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	T1	
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	T1	
meijer allergy relief-d oral tablet extended release 12 hour 5-120 mg	T1	
mm fexofenadine hcl oral tablet 180 mg	T1	
qc all day allergy oral tablet 10 mg	T1	
qc loratadine allergy relief oral tablet 10 mg	T1	
qc loratadine-d oral tablet extended release 24 hour 10-240 mg	T1	
ra allergy relief (cetirizine) oral tablet 10 mg	T1	
ra allergy relief (loratadine) oral tablet 10 mg	T1	
ra allergy relief childrens oral solution 5 mg/5ml	T1	
ra allergy relief oral tablet 180 mg	T1	
ra allergy/congestion oral tablet extended release 12 hour 60-120 mg	T1	ST
ra allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	T1	
ra cetiri-d oral tablet extended release 12 hour 5-120 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra lorata-d oral tablet extended release 24 hour 10-240 mg	T1	
ra loratadine oral tablet 10 mg	T1	
sb allergy oral tablet 10 mg	T1	
sb loratadine oral tablet 10 mg	T1	
sm allergy relief oral tablet dispersible 10 mg	T1	QL (30 EA per 30 days)
sm loratadine oral tablet 10 mg	T1	
WAL-FEX ALLERGY ORAL TABLET 180 MG, 60 MG (***fexofenadine hcl***)	T1	
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (***fexofenadine-pseudoephedrine***)	T1	ST
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (***fexofenadine-pseudoephedrine***)	T1	ST
WAL-ITIN CHILDRENS ORAL SOLUTION 5 MG/5ML (***loratadine***)	T1	
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (***loratadine-pseudoephedrine***)	T1	
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***loratadine-pseudoephedrine***)	T1	
WAL-ITIN ORAL TABLET 10 MG (***loratadine***)	T1	
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML (***cetirizine hcl***)	T1	
WAL-ZYR ALLERGY CHILDRENS ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	T1	
WAL-ZYR CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML (***cetirizine hcl***)	T1	

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG (***cetirizine hcl***)	T1	PA
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***cetirizine-pseudoephedrine***)	T1	
WAL-ZYR ORAL TABLET 10 MG (***cetirizine hcl***)	T1	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (***cetirizine hcl***)	T2	PA
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
cefadroxil oral capsule 500 mg	T1	
cefazolin sodium injection solution reconstituted 1 gm	T1	
cephalexin oral capsule 250 mg, 500 mg	T1	
cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	T1	
cephalexin oral tablet 250 mg, 500 mg	T1	
2Nd Generation Cephalosporin Antibiotics		
cefaclor oral capsule 250 mg, 500 mg	T1	
cefaclor oral suspension reconstituted 250 mg/5ml	T1	
cefuroxime axetil oral tablet 500 mg	T1	
3Rd Generation Cephalosporin Antibiotics		
cefdinir oral capsule 300 mg	T1	
cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml	T1	
cefixime oral suspension reconstituted 200 mg/5ml	T1	
Adamantane Antivirals		
amantadine hcl oral capsule 100 mg	T1	
amantadine hcl oral tablet 100 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Allylamine Antifungals		
athletes foot (terbinafine) external cream 1 %	T1	
cvs athletes foot external cream 1 %	T1	
cvs jock itch external cream 1 %	T1	
eq athletes foot (terbinafine) external cream 1 %	T1	
eql athletes foot(terbinafine) external cream 1 %	T1	
gnp terbinafine hydrochloride external cream 1 %	T1	
ra antifungal foot care external cream 1 %	T1	
terbinafine hcl external cream 1 %	T1	
terbinafine hcl oral tablet 250 mg	T1	QL (30 EA per 30 days)
Amebicides		
chlorhexidine gluconate mouth/throat solution 0.12 %	T1	
chlorhexidine gluconate solution , 20 %	T1	
metronidazole external cream 0.75 %	T1	
metronidazole external gel 0.75 %	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
metronidazole vaginal gel 0.75 %	T1	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	T1	
Aminoglycoside Antibiotics		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML (***amikacin sulfate liposome***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
gentamicin sulfate external cream 0.1 %	T1	
gentamicin sulfate external ointment 0.1 %	T1	
gentamicin sulfate ophthalmic solution 0.3 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin sulfate oral tablet 500 mg	T1	QL (10 EA per 1 day)
TOBI PODHALER INHALATION CAPSULE 28 MG (***tobramycin***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (***tobramycin-dexamethasone***)	T2	PA; QL (2 fills per 12 months)
tobramycin inhalation nebulization solution 300 mg/5ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
tobramycin ophthalmic solution 0.3 %	T1	
Aminopenicillin Antibiotics		
amoxicillin oral capsule 250 mg, 500 mg	T1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	T1	
amoxicillin oral tablet 875 mg	T1	
amoxicillin oral tablet chewable 125 mg, 250 mg	T1	
amoxicillin-pot clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml	T1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	T1	
ampicillin oral capsule 500 mg	T1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML (***amoxicillin-pot clavulanate***)	T2	
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (***amoxicillin-vonoprazan***)	T2	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (***amoxicill-clarithro-vonoprazan***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Anthelmintics		
albendazole oral tablet 200 mg	T1	PA
cvs pinworm treatment oral suspension 144 (50 base) mg/ml	T1	
ivermectin oral tablet 3 mg	T1	QL (30 EA per 365 days)
pinworm medicine oral suspension 144 (50 base) mg/ml	T1	
reeses pinworm medicine oral suspension 144 (50 base) mg/ml	T1	
Antifungals, Miscellaneous		
griseofulvin microsize oral suspension 125 mg/5ml	T1	AL (Min 1 Years and Max 12 Years)
griseofulvin microsize oral tablet 500 mg	T1	ST
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	T1	ST
Antileprosy Agents		
dapsone oral tablet 100 mg, 25 mg	T1	
Antimalarials		
atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg	T1	PA
avidoxy oral tablet 100 mg	T1	QL (180 EA per 365 days)
chloroquine phosphate oral tablet 250 mg, 500 mg	T1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	QL (180 EA per 365 days)
doxycycline monohydrate oral tablet 100 mg	T1	QL (180 EA per 365 days)
hydroxychloroquine sulfate oral tablet 200 mg	T1	
mefloquine hcl oral tablet 250 mg	T1	
minocycline hcl oral capsule 100 mg	T1	ST; QL (180 EA per 365 days)
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	T1	QL (180 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
primaquine phosphate oral tablet 26.3 (15 base) mg	T1	
pyrimethamine oral tablet 25 mg	T1	PA
quinidine sulfate oral tablet 200 mg, 300 mg	T1	
quinine sulfate oral capsule 324 mg	T1	PA
tetracycline hcl oral capsule 250 mg, 500 mg	T1	QL (180 EA per 365 days)
Antimycobacterials, Miscellaneous		
dapsone oral tablet 100 mg, 25 mg	T1	
Antiprotozoals, Miscellaneous		
atovaquone oral suspension 750 mg/5ml	T1	PA
dapsone oral tablet 100 mg, 25 mg	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
pentamidine isethionate inhalation solution reconstituted 300 mg	T1	PA
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	T1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	T1	
tinidazole oral tablet 250 mg, 500 mg	T1	
Antiprotozoals,Nitroimidazole-Derivative		
tinidazole oral tablet 250 mg, 500 mg	T1	
Antiretrovirals, Miscellaneous		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (***lenacapavir sodium***)	T2	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (***lenacapavir sodium***)	T2	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (***lenacapavir sodium***)	T2	QL (6 ml per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (***lenacapavir sodium***)	T2	
Antituberculosis Agents		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	T1	QL (60 EA per 30 days)
clarithromycin oral tablet 250 mg, 500 mg	T1	
cycloserine oral capsule 250 mg	T1	ST
ethambutol hcl oral tablet 100 mg, 400 mg	T1	
isoniazid oral syrup 50 mg/5ml	T1	
isoniazid oral tablet 100 mg, 300 mg	T1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	T1	
moxifloxacin hcl oral tablet 400 mg	T1	ST
pretomanid oral tablet 200 mg	T1	PA
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	T2	QL (24 EA per 28 days)
pyrazinamide oral tablet 500 mg	T1	
rifabutin oral capsule 150 mg	T1	PA
rifampin oral capsule 150 mg, 300 mg	T1	
SIRTURO ORAL TABLET 100 MG (***bedaquiline fumarate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SIRTURO ORAL TABLET 20 MG (***bedaquiline fumarate***)	T2	PA
TRECATOR ORAL TABLET 250 MG (***ethionamide***)	T2	ST
Antivirals, Miscellaneous		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (***nirmatrelvir-ritonavir***)	T2	QL (20 EA per 180 days); AL (Min 12 Years)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (***nirmatrelvir-ritonavir***)	T2	QL (11 EA per 180 days); AL (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (***nirmatrelvir-ritonavir***)	T2	QL (30 EA per 180 days); AL (Min 12 Years)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (***baloxavir marboxil***)	T2	PA
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (***baloxavir marboxil***)	T2	PA
Azole Antifungals		
fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml	T1	
fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T1	
itraconazole oral capsule 100 mg	T1	PA
itraconazole oral solution 10 mg/ml	T1	
ketoconazole external cream 2 %	T1	QL (60 GM per 30 days)
ketoconazole external shampoo 2 %	T1	
ketoconazole oral tablet 200 mg	T1	
voriconazole oral suspension reconstituted 40 mg/ml	T1	PA
voriconazole oral tablet 200 mg, 50 mg	T1	PA
Bacitracin Antibiotics		
bacitracin ophthalmic ointment 500 unit/gm	T1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	T1	
double antibiotic external ointment 500-10000 unit/gm	T1	
bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)	T1	
poly bacitracin external ointment 500-10000 unit/gm	T1	
bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra double antibiotic external ointment 500-10000 unit/gm	T1	
wal-sporin external ointment 500-100000 unit/gm	T1	
Coronavirus (Covid-19)		
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG (***nirmatrelvir-ritonavir***)	T2	QL (20 EA per 180 days); AL (Min 12 Years)
PAXLOVID (300/100 & 150/100) ORAL TABLET THERAPY PACK 6 X 150 MG & 5 X 100MG (***nirmatrelvir-ritonavir***)	T2	QL (11 EA per 180 days); AL (Min 12 Years)
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG (***nirmatrelvir-ritonavir***)	T2	QL (30 EA per 180 days); AL (Min 12 Years)
Endonuclease Inhibitors		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG (***baloxavir marboxil***)	T2	PA
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG (***baloxavir marboxil***)	T2	PA
Erythromycin Antibiotics		
ery external pad 2 %	T1	
erythromycin base oral capsule delayed release particles 250 mg	T1	
erythromycin base oral tablet 250 mg, 500 mg	T1	
erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg	T1	
erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml	T1	
erythromycin ethylsuccinate oral tablet 400 mg	T1	
erythromycin external gel 2 %	T1	
erythromycin external solution 2 %	T1	
erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Glycopeptide Antibiotics		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML (***vancomycin hcl***)	T2	QL (200 ML per 30 days)
FIRVANQ ORAL SOLUTION RECONSTITUTED 50 MG/ML (***vancomycin hcl***)	T2	QL (400 ML per 30 days)
vancomycin hcl oral capsule 125 mg	T1	QL (40 EA per 28 days)
vancomycin hcl oral capsule 250 mg	T1	QL (80 EA per 28 days)
Hcv Polymerase Inhibitor Antivirals		
HARVONI ORAL TABLET 45-200 MG (***ledipasvir-sofosbuvir***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ledipasvir-sofosbuvir oral tablet 90-400 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
sofosbuvir-velpatasvir oral tablet 400-100 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (28 EA per 28 days)
SOVALDI ORAL TABLET 200 MG (***sofosbuvir***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Hcv Protease Inhibitor Antivirals		
MAVYRET ORAL PACKET 50-20 MG (***glecaprevir-pibrentasvir***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (84 EA per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir-pibrentasvir***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (140 EA per 28 days)
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir-grazoprevir***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Hcv Replication Complex Inhibitors		
HARVONI ORAL TABLET 45-200 MG (***ledipasvir-sofosbuvir***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ledipasvir-sofosbuvir oral tablet 90-400 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
MAVYRET ORAL PACKET 50-20 MG (***glecaprevir-pibrentasvir***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (84 EA per 28 days)
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir-pibrentasvir***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (140 EA per 28 days)
sofosbuvir-velpatasvir oral tablet 400-100 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (28 EA per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir-grazoprevir***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Hiv Capsid Inhibitors		
SUNLENCA ORAL TABLET 300 MG (***lenacapavir sodium***)	T2	QL (10 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG (***lenacapavir sodium***)	T2	QL (8 EA per 365 days)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG (***lenacapavir sodium***)	T2	QL (10 EA per 365 days)
SUNLENCA SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (***lenacapavir sodium***)	T2	QL (6 ml per 365 days)
YEZTUGO ORAL TABLET 300 MG (***lenacapavir sodium***)	T2	
YEZTUGO SUBCUTANEOUS SOLUTION 463.5 MG/1.5ML (***lenacapavir sodium***)	T2	
Hiv Entry And Fusion Inhibitors		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG (***enfuvirtide***)	T2	QL (60 EA per 30 days)
maraviroc oral tablet 150 mg	T1	QL (60 EA per 30 days)
maraviroc oral tablet 300 mg	T1	QL (120 EA per 30 days)
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG (***fostemsavir tromethamine***)	T2	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***)	T2	
TROGARZO INTRAVENOUS SOLUTION 200 MG/1.33ML (***ibalizumab-uiyk***)	T2	
Hiv Integrase Inhibitor Antiretrovirals		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 MG/3ML (***cabotegravir***)	T2	QL (3 ml per 56 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir-emtricitab-tenofov***)	T2	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML (***cabotegravir & rilpivirine***)	T1	QL (4 ml per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML (***cabotegravir & rilpivirine***)	T1	QL (6 ml per 28 days)
DOVATO ORAL TABLET 50-300 MG (***dolutegravir-lamivudine***)	T2	QL (30 EA per 30 days)
GENVOYA ORAL TABLET 150-150-200-10 MG (***elviteg-cobic-emtricit-tenofaf***)	T2	QL (30 EA per 30 days)
ISENTRESS HD ORAL TABLET 600 MG (***raltegravir potassium***)	T2	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET 100 MG (***raltegravir potassium***)	T2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET 400 MG (***raltegravir potassium***)	T2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG (***raltegravir potassium***)	T2	QL (180 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG (***dolutegravir-rilpivirine***)	T2	QL (30 EA per 30 days)
STRIBILD ORAL TABLET 150-150-200-300 MG (***elviteg-cobic-emtricit-tenofdf***)	T2	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG (***dolutegravir sodium***)	T2	QL (60 EA per 30 days)
TIVICAY PD ORAL TABLET SOLUBLE 5 MG (***dolutegravir sodium***)	T2	QL (180 EA per 30 days)
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir-dolutegravir-lamivud***)	T2	QL (30 EA per 30 days)
triumeq pd oral tablet soluble 60-5-30 mg	T2	QL (180 EA per 30 days)

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Hiv Nonnucleoside Rev.Transcrip. Inhib.		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir-emtricitab-tenofov***)	T2	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML (***cabotegravir & rilpivirine***)	T1	QL (4 ml per 28 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML (***cabotegravir & rilpivirine***)	T1	QL (6 ml per 28 days)
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirin-lamivudin-tenofov df***)	T2	QL (30 EA per 30 days)
EDURANT ORAL TABLET 25 MG (***rilpivirine hcl***)	T2	QL (30 EA per 30 days)
EDURANT PED ORAL TABLET SOLUBLE 2.5 MG (***rilpivirine hcl***)	T2	QL (180 EA per 30 days)
efavirenz oral tablet 600 mg	T1	
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	T1	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	T1	QL (30 EA per 30 days)
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	T1	QL (30 EA per 30 days)
etravirine oral tablet 100 mg	T1	QL (120 EA per 30 days)
etravirine oral tablet 200 mg	T1	QL (60 EA per 30 days)
INTELENCE ORAL TABLET 25 MG (***etravirine***)	T2	QL (120 EA per 30 days)
JULUCA ORAL TABLET 50-25 MG (***dolutegravir-rilpivirine***)	T2	QL (30 EA per 30 days)
methocarbamol oral tablet 500 mg	T1	
nevirapine er oral tablet extended release 24 hour 400 mg	T1	QL (30 EA per 30 days)
nevirapine oral suspension 50 mg/5ml	T1	QL (1200 ml per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nevirapine oral tablet 200 mg	T1	QL (60 EA per 30 days)
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitab-rilpivir-tenofov af***)	T2	QL (30 EA per 30 days)
PIFELTRO ORAL TABLET 100 MG (***doravirine***)	T2	QL (30 EA per 30 days)
Hiv Nucleoside, Nucleotide Rt Inhibitors		
abacavir sulfate oral solution 20 mg/ml	T1	
abacavir sulfate oral tablet 300 mg	T1	QL (60 EA per 30 days)
abacavir sulfate-lamivudine oral tablet 600-300 mg	T1	
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG (***bictegravir-emtricitab-tenofov***)	T2	QL (30 EA per 30 days)
CIMDUO ORAL TABLET 300-300 MG (***lamivudine-tenofovir***)	T2	QL (30 EA per 30 days)
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirin-lamivudin-tenofov df***)	T2	QL (30 EA per 30 days)
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (***emtricitabine-tenofovir af***)	T2	QL (30 EA per 30 days)
DOVATO ORAL TABLET 50-300 MG (***dolutegravir-lamivudine***)	T2	QL (30 EA per 30 days)
efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg	T1	QL (30 EA per 30 days)
efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg	T1	QL (30 EA per 30 days)
emtricitabine oral capsule 200 mg	T1	QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	T1	QL (30 EA per 30 days)
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	T1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	T2	
GENVOYA ORAL TABLET 150-150-200-10 MG (***elviteg-cobic-emtricit-tenofaf***)	T2	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamivudine oral solution 10 mg/ml	T1	
lamivudine oral tablet 100 mg	T1	PA
lamivudine oral tablet 150 mg, 300 mg	T1	
lamivudine-zidovudine oral tablet 150-300 mg	T1	
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitab-rilpivir-tenofov af***)	T2	QL (30 EA per 30 days)
RETROVIR INTRAVENOUS SOLUTION 10 MG/ML (***zidovudine***)	T2	
STRIBILD ORAL TABLET 150-150-200-300 MG (***elviteg-cobic-emtricit-tenofdf***)	T2	QL (30 EA per 30 days)
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darun-cobic-emtricit-tenofaf***)	T2	QL (30 EA per 30 days)
tenofovir disoproxil fumarate oral tablet 300 mg	T1	
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir-dolutegravir-lamivud***)	T2	QL (30 EA per 30 days)
triumeq pd oral tablet soluble 60-5-30 mg	T2	QL (180 EA per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir disoproxil fumarate***)	T2	PA
zidovudine oral capsule 100 mg	T1	
zidovudine oral syrup 50 mg/5ml	T1	
zidovudine oral tablet 300 mg	T1	
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS ORAL CAPSULE 250 MG (***tipranavir***)	T2	QL (120 EA per 30 days)
atazanavir sulfate oral capsule 150 mg, 200 mg	T1	
darunavir oral tablet 600 mg	T1	QL (60 EA per 30 days)
darunavir oral tablet 800 mg	T1	QL (30 EA per 30 days)
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir-cobicistat***)	T2	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fosamprenavir calcium oral tablet 700 mg	T1	QL (120 EA per 30 days)
lopinavir-ritonavir oral tablet 100-25 mg	T1	QL (240 EA per 30 days)
lopinavir-ritonavir oral tablet 200-50 mg	T1	QL (120 EA per 30 days)
NORVIR ORAL PACKET 100 MG (***ritonavir***)	T2	QL (360 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG (***darunavir-cobicistat***)	T2	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir***)	T2	QL (400 ml per 30 days)
PREZISTA ORAL TABLET 150 MG (***darunavir***)	T2	QL (240 EA per 30 days)
PREZISTA ORAL TABLET 75 MG (***darunavir***)	T2	QL (300 EA per 30 days)
REYATAZ ORAL PACKET 50 MG (***atazanavir sulfate***)	T2	
ritonavir oral tablet 100 mg	T1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darun-cobic-emtricit-tenofaf***)	T2	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG (***nelfinavir mesylate***)	T2	QL (270 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG (***nelfinavir mesylate***)	T2	QL (120 EA per 30 days)
Interferon Antivirals		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	T2	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (***peginterferon alfa-2a***)	T2	PA
Lincomycin Antibiotics		
clindamycin phosphate (Clindacin Etz External Swab 1 %)	T1	
clindamycin phosphate (Clindacin-P External Swab 1 %)	T1	QL (6 fills per 12 months)
clindamycin hcl oral capsule 150 mg, 300 mg	T1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	T1	PA
clindamycin phos (once-daily) external gel 1 %	T1	QL (60 ML per 30 days)
clindamycin phos (twice-daily) external gel 1 %	T1	QL (60 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin phosphate external lotion 1 %	T1	
clindamycin phosphate external solution 1 %	T1	
clindamycin phosphate external swab 1 %	T1	
clindamycin phosphate vaginal cream 2 %	T1	
Monobactam Antibiotics		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG (***aztreonam lysine***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Natural Penicillin Antibiotics		
penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml	T1	
penicillin v potassium oral tablet 250 mg, 500 mg	T1	
Neuraminidase Inhibitor Antivirals		
oseltamivir phosphate oral capsule 30 mg	T1	QL (20 EA per 30 days)
oseltamivir phosphate oral capsule 45 mg	T1	QL (10 EA per 30 days)
oseltamivir phosphate oral capsule 75 mg	T1	QL (14 EA per 30 days)
oseltamivir phosphate oral suspension reconstituted 6 mg/ml	T1	QL (120 ML per 30 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT (***zanamivir***)	T2	
Nitroimidazole Derivatives, Misc		
metronidazole external cream 0.75 %	T1	
metronidazole external gel 0.75 %	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
metronidazole vaginal gel 0.75 %	T1	
Nucleoside And Nucleotide Antivirals		
acyclovir oral capsule 200 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acyclovir oral suspension 200 mg/5ml	T1	
acyclovir oral tablet 400 mg, 800 mg	T1	
adefovir dipivoxil oral tablet 10 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***)	T2	PA
DESCOVY ORAL TABLET 120-15 MG, 200-25 MG (***emtricitabine-tenofovir af***)	T2	QL (30 EA per 30 days)
emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg, 200-300 mg	T1	QL (30 EA per 30 days)
emtricitab-rilpivir-tenofov df oral tablet 200-25-300 mg	T1	QL (30 EA per 30 days)
entecavir oral tablet 0.5 mg, 1 mg	T1	QL (30 EA per 30 days)
famciclovir oral tablet 125 mg, 250 mg, 500 mg	T1	
ganciclovir sodium intravenous solution reconstituted 500 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LAGEVRIO ORAL CAPSULE 200 MG (***molnupiravir***)	T2	QL (40 EA per 180 days); AL (Min 18 Years)
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitab-rilpivir-tenofov af***)	T2	QL (30 EA per 30 days)
ribavirin oral tablet 200 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
valacyclovir hcl oral tablet 1 gm, 500 mg	T1	
valganciclovir hcl oral solution reconstituted 50 mg/ml	T1	QL (60 ML per 30 days); AL (Min 21 Years)
valganciclovir hcl oral tablet 450 mg	T1	QL (60 EA per 30 days); AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VEMLIDY ORAL TABLET 25 MG (***tenofovir alafenamide fumarate***)	T2	PA; QL (30 EA per 30 days)
Other Macrolide Antibiotics		
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	T1	
azithromycin oral tablet 250 mg, 500 mg	T1	
azithromycin oral tablet 600 mg	T1	AL (Min 21 Years)
clarithromycin oral tablet 250 mg, 500 mg	T1	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (***amoxicill-clarithro-vonoprazan***)	T2	PA
Other Macrolides (8:12.12.92)		
azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml	T1	
azithromycin oral tablet 250 mg, 500 mg	T1	
azithromycin oral tablet 600 mg	T1	AL (Min 21 Years)
clarithromycin oral tablet 250 mg, 500 mg	T1	
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (***amoxicill-clarithro-vonoprazan***)	T2	PA
Oxazolidinone Antibiotics		
linezolid oral suspension reconstituted 100 mg/5ml	T1	ST
linezolid oral tablet 600 mg	T1	ST
Penicillinase-Resistant Penicillins		
dicloxacillin sodium oral capsule 250 mg, 500 mg	T1	
Polyene Antifungals		
nystatin (Nyamyc External Powder 100000 Unit/Gm)	T1	
nystatin external cream 100000 unit/gm	T1	
nystatin external ointment 100000 unit/gm	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nystatin external powder 100000 unit/gm	T1	
nystatin mouth/throat suspension 100000 unit/ml	T1	
nystatin oral tablet 500000 unit	T1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	T1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	T1	
nystatin (Nystop External Powder 100000 Unit/Gm)	T1	
Polymyxin Antibiotics		
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	T1	
Quinolone Antibiotics		
ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg	T1	QL (60 EA per 30 days)
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	T1	
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	T1	PA
moxifloxacin hcl ophthalmic solution 0.5 %	T1	
moxifloxacin hcl oral tablet 400 mg	T1	ST
ofloxacin ophthalmic solution 0.3 %	T1	
ofloxacin oral tablet 300 mg, 400 mg	T1	
ofloxacin otic solution 0.3 %	T1	
Rifamycin Antibiotics		
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	T2	QL (24 EA per 28 days)
rifabutin oral capsule 150 mg	T1	PA
rifampin oral capsule 150 mg, 300 mg	T1	
XIFAXAN ORAL TABLET 200 MG, 550 MG (***rifaximin***)	T2	PA; QL (90 EA per 30 days)
Sulfonamide Antibiotics (Systemic)		
sulfadiazine oral tablet 500 mg	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	T1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	T1	
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet delayed release 500 mg	T1	
Tetracycline Antibiotics		
avidoxy oral tablet 100 mg	T1	QL (180 EA per 365 days)
demeclocycline hcl oral tablet 150 mg, 300 mg	T1	PA; QL (180 EA per 365 days)
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	QL (180 EA per 365 days)
doxycycline monohydrate oral tablet 100 mg	T1	QL (180 EA per 365 days)
minocycline hcl oral capsule 100 mg	T1	ST; QL (180 EA per 365 days)
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	T1	QL (180 EA per 365 days)
tetracycline hcl oral capsule 250 mg, 500 mg	T1	QL (180 EA per 365 days)
Urinary Anti-Infectives		
methenamine mandelate oral tablet 0.5 gm, 1 gm	T1	
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	T1	
nitrofurantoin monohyd macro oral capsule 100 mg	T1	
nitrofurantoin oral suspension 25 mg/5ml	T1	
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml, 800-160 mg/20ml	T1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	T1	
trimethoprim oral tablet 100 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antineoplastic Agents		
Antineoplastic Agents		
abiraterone acetate oral tablet 250 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
anastrozole oral tablet 1 mg	T1	
bexarotene external gel 1 %	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
bexarotene oral capsule 75 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
bicalutamide oral tablet 50 mg	T1	
BOSULIF ORAL TABLET 100 MG, 500 MG (***bosutinib***)	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
capecitabine oral tablet 150 mg, 500 mg	T1	PA; AL (Min 21 Years)
CAPRELSA ORAL TABLET 100 MG, 300 MG (***vandetanib***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
cladribine (10 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (4 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (5 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (6 tabs) oral tablet therapy pack 10 mg	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cladribine (7 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (8 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (9 tabs) oral tablet therapy pack 10 mg	T1	PA
COTELLIC ORAL TABLET 20 MG (***cobimetinib fumarate***)	T2	PA
cyclophosphamide oral capsule 25 mg, 50 mg	T1	PA
cyclophosphamide oral tablet 50 mg	T1	AL (Min 21 Years)
dasatinib oral tablet 100 mg, 140 mg, 80 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (30 EA per 30 days)
dasatinib oral tablet 20 mg, 50 mg, 70 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (60 EA per 30 days)
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	T2	
erlotinib hcl oral tablet 100 mg, 150 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (30 EA per 30 days); AL (Min 21 Years)
erlotinib hcl oral tablet 25 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (30 EA per 30 days); AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
etoposide oral capsule 50 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	T1	AL (Min 21 Years)
everolimus oral tablet 10 mg	T1	PA
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	T1	PA
exemestane oral tablet 25 mg	T1	
fluorouracil external cream 5 %	T1	
fluorouracil external solution 2 %, 5 %	T1	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG (***lomustine***)	T2	AL (Min 21 Years)
GLEOSTINE ORAL CAPSULE 40 MG (***lomustine***)	T2	
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan hcl***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
hydroxyurea oral capsule 500 mg	T1	AL (Min 21 Years)
ICLUSIG ORAL TABLET 10 MG, 15 MG, 30 MG, 45 MG (***ponatinib hcl***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
imatinib mesylate oral tablet 100 mg, 400 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (***ribociclib succinate***)	T2	PA
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (***ribociclib succinate***)	T2	PA
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK 200 MG (***ribociclib succinate***)	T2	PA
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED 60 MG (***carfilzomib***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
lapatinib ditosylate oral tablet 250 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
lenalidomide oral capsule 10 mg, 2.5 mg, 5 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (28 EA per 28 days); AL (Min 21 Years)
lenalidomide oral capsule 15 mg, 20 mg, 25 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (21 EA per 28 days); AL (Min 21 Years)
letrozole oral tablet 2.5 mg	T1	
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
leuprolide acetate injection kit 1 mg/0.2ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUMAKRAS ORAL TABLET 120 MG, 240 MG, 320 MG (***sotorasib***)	T2	PA
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (***leuprolide acetate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (***leuprolide acetate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (***leuprolide acetate (3 month)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (***leuprolide acetate (4 month)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (***leuprolide acetate (6 month)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
LYSODREN ORAL TABLET 500 MG (***mitotane***)	T2	
MATULANE ORAL CAPSULE 50 MG (***procarbazine hcl***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	T1	
megestrol acetate oral tablet 20 mg, 40 mg	T1	
melphalan hcl intravenous solution reconstituted 50 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
mercaptopurine oral tablet 50 mg	T1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 50 mg/2ml	T1	
methotrexate sodium (pf) injection solution 250 mg/10ml	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium injection solution 250 mg/10ml	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium injection solution 50 mg/2ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
MYLERAN ORAL TABLET 2 MG (***busulfan***)	T2	
nilutamide oral tablet 150 mg	T1	
pazopanib hcl oral tablet 200 mg, 400 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	T2	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (***peginterferon alfa-2a***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	T2	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (***lenalidomide***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
SIKLOS ORAL TABLET 100 MG, 1000 MG (***hydroxyurea***)	T2	PA
SOLTAMOX ORAL SOLUTION 10 MG/5ML (***tamoxifen citrate***)	T2	
sorafenib tosylate oral tablet 200 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
sunitinib malate oral capsule 12.5 mg, 25 mg, 50 mg	T1	PA; AL (Min 21 Years)
sunitinib malate oral capsule 37.5 mg	T1	PA
TABLOID ORAL TABLET 40 MG (***thioguanine***)	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib mesylate***)	T2	PA; QL (30 EA per 30 days)
tamoxifen citrate oral tablet 10 mg, 20 mg	T1	
TASIGNA ORAL CAPSULE 150 MG (***nilotinib hcl***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TASIGNA ORAL CAPSULE 200 MG (***nilotinib hcl***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
TASIGNA ORAL CAPSULE 50 MG (***nilotinib hcl***)	T2	PA; AL (Min 21 Years)
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
THALOMID ORAL CAPSULE 100 MG (***thalidomide***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
THALOMID ORAL CAPSULE 50 MG (***thalidomide***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
toremifene citrate oral tablet 60 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
tretinoin external cream 0.025 %	T1	PA; ST; AL (Max 21 Years)
tretinoin external cream 0.05 %, 0.1 %	T1	PA; ST; QL (45 GM per 30 days); AL (Max 21 Years)
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	T1	PA; ST; QL (45 GM per 30 days); AL (Max 21 Years)
tretinoin oral capsule 10 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	T2	
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***)	T2	PA; QL (60 EA per 30 days)
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	T2	PA
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
ZYKADIA ORAL TABLET 150 MG (***ceritinib***)	T2	PA
Antitoxins,Immune Glob,Toxoids,Vaccines		
Toxoids		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T2	QL (0.5 ML per 1 dose)
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T2	QL (0.5 ML per 1 dose)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T2	QL (0.5 ML per 1 dose)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (***dtap-ipv-hib vaccine***)	T2	QL (1 vial per 1 dose)
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU (***tetanus-diphtheria toxoids td***)	T2	QL (0.5 ml per 1 dose)
TENIVAC INTRAMUSCULAR SUSPENSION 5-2 LF/0.5ML (***tetanus-diphtheria toxoids td***)	T2	QL (0.5 ml per 1 dose)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VAXELIS INTRAMUSCULAR SUSPENSION (***dtap-ipv-hib-hepatitis b recmb***)	T2	QL (0.5 ml per 1 dose)
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-ipv-hib-hepatitis b recmb***)	T2	QL (0.5 ml per 1 dose)
Vaccines		
ABRYSVO INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML (***rsv pre-fusion f a&b vac rcmb***)	T2	QL (0.5 ml per 1 lifetime)
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (***haemophilus b polysac conj vac***)	T2	QL (0.5 ml per 1 dose)
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T2	QL (0.5 ML per 1 dose)
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2-15.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T2	QL (0.5 ML per 1 dose)
AFLURIA PRESERVATIVE FREE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR (***influenza virus vacc split pf***)	T2	QL (1 fill per 270 days); AL (Min 12 Years)
AFLURIA SUSPENSION INTRAMUSCULAR (***influenza virus vaccine split***)	T2	QL (1 fill per 270 days); AL (Min 12 Years)
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML (***rsvpref3 vac recomb adjuvanted***)	T2	QL (0.5 ml per 1 lifetime)
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***meningococcal b recomb omv adj***)	T2	QL (0.5 ml per 1 dose); AL (Max 25 Years)
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 (***tetanus-diphth-acell pertussis***)	T2	QL (0.5 ML per 1 dose)
CAPVAXIVE INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML (***pneumococcal 21-valent conjuga***)	T2	QL (0.5 ML per 1 lifetime); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMIRNATY 5-11 YEARS SUSPENSION 10 MCG/0.3ML INTRAMUSCULAR (***covid-19 mrna virus vaccine***)	T2	
COMIRNATY SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML INTRAMUSCULAR (***covid-19 mrna virus vaccine***)	T2	
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML (***hepatitis b vac recombinant***)	T2	QL (2 ML per 1 dose)
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML (***hepatitis b vac recombinant***)	T2	QL (2 ML per 1 dose)
FLUAD SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR (***influenza vac a&b surf ant adj***)	T2	QL (1 fill per 270 days); AL (Min 65 Years)
FLUARIX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR (***influenza virus vacc split pf***)	T2	QL (1 fill per 270 days); AL (Min 12 Years)
FLUBLOK SOLUTION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR (***influenza vac recombinant ha***)	T2	QL (1 fill per 270 days); AL (Min 12 Years)
FLUCELVAX SUSPENSION INTRAMUSCULAR (***influenza vac tiss-cult subunt***)	T2	QL (1 fill per 270 days); AL (Min 12 Years)
FLUCELVAX SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR (***influenza vac tiss-cult subunt***)	T2	QL (1 fill per 270 days); AL (Min 12 Years)
FLULAVAL SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR (***influenza virus vacc split pf***)	T2	QL (1 fill per 270 days); AL (Min 12 Years)
FLUMIST LIQUID NASAL (***influenza virus vaccine live***)	T2	QL (1 fill per 270 days); AL (Min 12 Years and Max 49 Years)
FLUZONE HIGH-DOSE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR (***influenza vac split high-dose***)	T2	QL (1 fill per 270 days); AL (Max 65 Years)
FLUZONE SUSPENSION INTRAMUSCULAR (***influenza virus vaccine split***)	T2	QL (1 fill per 270 days); AL (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLUZONE SUSPENSION PREFILLED SYRINGE 0.5 ML INTRAMUSCULAR (***influenza virus vacc split pf***)	T2	QL (1 fill per 270 days); AL (Min 12 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION 0.5 ML (***hpv 9-valent recomb vaccine***)	T2	QL (0.5 ml per 1 dose); AL (Max 45 Years)
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***hpv 9-valent recomb vaccine***)	T2	QL (0.5 ml per 1 dose); AL (Max 45 Years)
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML (***hepatitis a vaccine***)	T2	QL (1 ml per 1 dose)
HAVRIX INTRAMUSCULAR SUSPENSION 720 EL U/0.5ML (***hepatitis a vaccine***)	T2	QL (0.5 ML per 1 dose)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1440 EL U/ML (***hepatitis a vaccine***)	T2	QL (1 ml per 1 dose)
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML (***hepatitis a vaccine***)	T2	QL (0.5 ML per 1 dose)
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML (***hepatitis b vac recomb adj***)	T2	QL (0.5 ML per 1 dose); AL (Min 18 Years)
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG (***haemophilus b polysac conj vac***)	T2	QL (0.5 ml per 1 dose)
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED 2.5 UNIT/ML (***rabies virus vaccine, hdc***)	T2	
IPOL INJECTION INJECTABLE (***poliovirus vaccine inactivated***)	T2	QL (0.5 ml per 1 dose)
IPOL INJECTION SUSPENSION (***poliovirus vaccine inactivated***)	T2	QL (0.5 ml per 1 dose)
MENQUADFI INTRAMUSCULAR SOLUTION 0.5 ML (***mening acy&w-135 tetanus conj***)	T2	QL (0.5 ml per 1 dose)
MENVEO INTRAMUSCULAR SOLUTION (***meningococcal a c y&w-135 olig***)	T2	QL (0.5 ML per 1 dose); AL (Max 55 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (***meningococcal a c y&w-135 olig***)	T2	QL (0.5 ml per 1 dose); AL (Max 55 Years)
M-M-R II INJECTION SOLUTION RECONSTITUTED (***measles, mumps & rubella vac***)	T2	QL (1 vial per 1 dose)
MNEXSPIKE SUSPENSION PREFILLED SYRINGE 10 MCG/0.2ML INTRAMUSCULAR (***covid-19 mrna virus vaccine***)	T2	
MRESVIA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (***rsv mrna pre-f virus vaccine***)	T2	QL (0.5 ML per 1 lifetime); AL (Min 18 Years)
novavax covid-19 vaccine suspension prefilled syringe 5 mcg/0.5ml intramuscular	T2	
nuvaxovid covid-19 vaccine suspension prefilled syringe 5 mcg/0.5ml intramuscular	T2	
PENBRAYA INTRAMUSCULAR SUSPENSION RECONSTITUTED (***mening acyw(tet conj)-b(rcmb)***)	T2	QL (0.5 ml per 1 dose); AL (Max 25 Years)
penmenvy intramuscular suspension reconstituted	T2	QL (1 vial per 1 fill); AL (Min 10 Years and Max 25 Years)
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (***dtap-ipv-hib vaccine***)	T2	QL (1 vial per 1 dose)
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE 25 MCG/0.5ML (***pneumococcal vac polyvalent***)	T2	QL (0.5 ml per 1 dose)
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***pneumococcal 20-val conj vacc***)	T2	QL (0.5 ml per 1 dose)
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (***measles, mumps & rubella vac***)	T2	QL (0.5 ml per 1 dose)
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (***measles-mumps-rubella-varicell***)	T2	QL (0.5 ml per 1 dose)
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (***rabies vaccine, pcec***)	T2	

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML (***hepatitis b vac recombinant***)	T2	QL (1 ml per 1 dose)
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML (***hepatitis b vac recombinant***)	T2	QL (1 ml per 1 dose)
SHINGRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML (***zoster vac recomb adjuvanted***)	T2	QL (1 syringe per 1 dose); AL (Min 18 Years)
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML (***zoster vac recomb adjuvanted***)	T2	QL (1 ml per 1 dose); AL (Min 18 Years)
SPIKEVAX 6M-11Y SUSPENSION PREFILLED SYRINGE 25 MCG/0.25ML INTRAMUSCULAR (***covid-19 mrna virus vaccine***)	T2	
SPIKEVAX SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML INTRAMUSCULAR (***covid-19 mrna virus vaccine***)	T2	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***meningococcal b vac (recomb)***)	T2	QL (0.5 ml per 1 dose); AL (Max 25 Years)
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML (***hepatitis a-hep b recomb vac***)	T2	QL (1 ML per 1 dose); AL (Min 18 Years)
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML (***hepatitis a vaccine***)	T2	QL (0.5 ml per 1 dose)
VAQTA INTRAMUSCULAR SUSPENSION 50 UNIT/ML (***hepatitis a vaccine***)	T2	QL (1 ML per 1 dose)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 25 UNIT/0.5ML (***hepatitis a vaccine***)	T2	QL (0.5 ml per 1 dose)
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 UNIT/ML (***hepatitis a vaccine***)	T2	QL (1 ML per 1 dose)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARIVAX INJECTION SUSPENSION RECONSTITUTED 1350 PFU/0.5ML (***varicella virus vaccine live***)	T2	QL (1 vial per 1 dose)
VAXELIS INTRAMUSCULAR SUSPENSION (***dtap-ipv-hib-hepatitis b recmb***)	T2	QL (0.5 ml per 1 dose)
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (***dtap-ipv-hib-hepatitis b recmb***)	T2	QL (0.5 ml per 1 dose)
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML (***pneumococcal 15-val conj vacc***)	T2	QL (0.5 ml per 1 dose)
VIVOTIF ORAL CAPSULE DELAYED RELEASE (***typhoid vaccine***)	T2	QL (4 capsules per 1 dose)
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		
12 hour allergy-d oral tablet extended release 12 hour 5-120 mg	T1	
24hr allergy & congestion reli oral tablet extended release 24 hour 180-240 mg	T1	ST
ALAVERT D-12 HOUR ALLERGY/CONG ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***loratadine-pseudoephedrine***)	T1	
all day allergy d oral tablet extended release 12 hour 5-120 mg	T1	
allergy rel d12 (cetirizine) oral tablet extended release 12 hour 5-120 mg	T1	
allergy relief d oral tablet 4-60 mg	T1	
allergy relief d oral tablet extended release 12 hour 5-120 mg	T1	
allergy relief d oral tablet extended release 24 hour 10-240 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
allergy relief d oral tablet extended release 24 hour 180-240 mg	T1	ST
allergy relief d12 oral tablet extended release 12 hour 5-120 mg	T1	
allergy relief d-12 oral tablet extended release 12 hour 5-120 mg	T1	
allergy relief d12 oral tablet extended release 12 hour 60-120 mg	T1	ST
allergy relief d-24 oral tablet extended release 24 hour 10-240 mg	T1	
allergy relief/nasal decongest oral tablet extended release 12 hour 5-120 mg	T1	
allergy relief/nasal decongest oral tablet extended release 24 hour 10-240 mg	T1	
allergy relief-d oral tablet extended release 12 hour 5-120 mg	T1	
allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	T1	
APRODINE ORAL TABLET 2.5-60 MG (***triprolidine-pseudoephedrine***)	T1	
cetirizine-pseudoephedrine er oral tablet extended release 12 hour 5-120 mg	T1	
cvs allergy relief d oral tablet extended release 12 hour 60-120 mg	T1	ST
cvs allergy relief d24 oral tablet extended release 24 hour 180-240 mg	T1	ST
cvs allergy relief-d oral tablet extended release 12 hour 5-120 mg	T1	
cvs allergy relief-d oral tablet extended release 24 hour 10-240 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs allergy relief-d12 oral tablet extended release 12 hour 5-120 mg	T1	
epinephrine hcl (nasal) nasal solution 0.1 %	T1	
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	T1	
eq allergy & congestion relief oral tablet extended release 12 hour 5-120 mg	T1	
eq allergy relief d 12 hour oral tablet extended release 12 hour 60-120 mg	T1	ST
eql allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	T1	
fexofenadine-pseudoephed er oral tablet extended release 12 hour 60-120 mg	T1	
fexofenadine-pseudoephed er oral tablet extended release 24 hour 180-240 mg	T1	ST
ft allergy & congestion-d 12hr oral tablet extended release 12 hour 60-120 mg	T1	ST
gnp all day allergy-d oral tablet extended release 12 hour 5-120 mg	T1	
gnp allergy & congestion oral tablet extended release 24 hour 10-240 mg	T1	
gnp allergy/congestion relief oral tablet extended release 24 hour 10-240 mg	T1	
gnp fexofenadine/pse er oral tablet extended release 12 hour 60-120 mg	T1	ST
KLS ALLERCLEAR D-12HR ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***loratadine-pseudoephedrine***)	T1	
KLS ALLERCLEAR D-24HR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (***loratadine-pseudoephedrine***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLS ALLER-TEC D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***cetirizine-pseudoephedrine***)	T1	
kp pseudoephedrine hcl oral tablet 60 mg	T1	
loratadine-d 12hr oral tablet extended release 12 hour 5-120 mg	T1	
loratadine-d 24hr oral tablet extended release 24 hour 10-240 mg	T1	
meijer allergy relief-d oral tablet extended release 12 hour 5-120 mg	T1	
pseudoephedrine hcl oral tablet 60 mg	T1	
qc loratadine-d oral tablet extended release 24 hour 10-240 mg	T1	
ra allergy/congestion oral tablet extended release 12 hour 60-120 mg	T1	ST
ra allergy/congestion relief oral tablet extended release 12 hour 5-120 mg	T1	
ra cetiri-d oral tablet extended release 12 hour 5-120 mg	T1	
ra lorata-d oral tablet extended release 24 hour 10-240 mg	T1	
SUDOGEST ORAL TABLET 60 MG (***pseudoephedrine hcl***)	T1	
SUDOGEST SINUS/ALLERGY ORAL TABLET 4-60 MG (***chlorpheniramine-pseudoeph***)	T1	
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 12 HOUR 60-120 MG (***fexofenadine-pseudoephedrine***)	T1	ST
WAL-FEX D ALLERGY & CONGESTION ORAL TABLET EXTENDED RELEASE 24 HOUR 180-240 MG (***fexofenadine-pseudoephedrine***)	T1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-ITIN D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-240 MG (***loratadine-pseudoephedrine***)	T1	
WAL-ITIN D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***loratadine-pseudoephedrine***)	T1	
WAL-ZYR D ORAL TABLET EXTENDED RELEASE 12 HOUR 5-120 MG (***cetirizine-pseudoephedrine***)	T1	
Alpha-Adrenergic Agonists (12:12)		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	T1	QL (4 EA per 28 days)
methyldopa oral tablet 250 mg, 500 mg	T1	
midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg	T1	QL (90 EA per 30 days)
Antimuscarinics/Antispasmodics		
atropine sulfate ophthalmic solution 1 %	T1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (***ipratropium bromide hfa***)	T2	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	T2	PA; QL (10.7 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	T2	QL (8 GM per 30 days)
dicyclomine hcl oral capsule 10 mg	T1	
dicyclomine hcl oral tablet 20 mg	T1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
glycopyrrolate oral solution 1 mg/5ml	T1	QL (600 ML per 30 days)
glycopyrrolate oral tablet 1 mg, 2 mg	T1	QL (120 EA per 30 days)
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	T1	QL (240 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydromet oral solution 5-1.5 mg/5ml	T1	QL (240 ML per 30 days)
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	T1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	T1	
hyoscyamine sulfate oral solution 0.125 mg/ml	T1	
hyoscyamine sulfate oral tablet 0.125 mg	T1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	T1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	T1	
hyosyne oral elixir 0.125 mg/5ml	T1	
hyosyne oral solution 0.125 mg/ml	T1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (***umeclidinium bromide***)	T2	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	T1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (***hyoscyamine sulfate***)	T1	
oscimin oral tablet 0.125 mg	T1	
oscimin sublingual tablet sublingual 0.125 mg	T1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (***tiotropium bromide***)	T2	QL (4.2 GM per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (***tiotropium bromide-olodaterol***)	T2	QL (4.2 GM per 30 days)
tiotropium bromide inhalation capsule 18 mcg	T1	QL (30 EA per 30 days)
tiotropium bromide monohydrate inhalation capsule 18 mcg	T1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	T2	PA; QL (60 EA per 30 days)
Antiparkinsonian Agents		
aler-cap oral capsule 25 mg	T1	
allergy relief oral capsule 25 mg	T1	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (***diphenhydramine hcl***)	T1	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	T1	
complete allergy medicine oral capsule 25 mg	T1	
cvs allergy oral capsule 25 mg	T1	
cvs allergy relief oral capsule 25 mg	T1	
diphenhist oral capsule 25 mg	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T1	
eq allergy relief oral capsule 25 mg	T1	
gnp allergy oral capsule 25 mg	T1	
gnp allergy relief oral capsule 25 mg	T1	
pharbedryl oral capsule 25 mg, 50 mg	T1	
ra allergy medication oral capsule 25 mg	T1	
ra allergy relief oral capsule 25 mg	T1	
sb allergy oral capsule 25 mg	T1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	T1	
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	T1	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T1	
Autonomic Drugs, Miscellaneous		
cvs nicotine mouth/throat gum 4 mg	T1	QL (360 EA per 30 days)
cvs nicotine mouth/throat lozenge 2 mg	T1	QL (360 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (360 EA per 30 days)
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (60 EA per 30 days)
eq nicotine mouth/throat lozenge 4 mg	T1	QL (360 EA per 30 days)
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (360 EA per 30 days)
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	T1	QL (60 EA per 30 days)
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	QL (60 EA per 30 days)
gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
gnp nicotine mouth/throat gum 4 mg	T1	QL (360 EA per 30 days)
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (360 EA per 30 days)
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (60 EA per 30 days)
goodsense nicotine mouth/throat gum 2 mg, 4 mg	T1	QL (360 EA per 30 days)
goodsense nicotine mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (60 EA per 30 days)
KLS QUIT2 MOUTH/THROAT GUM 2 MG (***nicotine polacrilex***)	T1	QL (360 EA per 30 days)
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (***nicotine polacrilex***)	T1	QL (360 EA per 30 days)
KLS QUIT4 MOUTH/THROAT GUM 4 MG (***nicotine polacrilex***)	T1	QL (360 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (***nicotine polacrilex***)	T1	QL (360 EA per 30 days)
NICORELIEF MOUTH/THROAT GUM 2 MG (***nicotine polacrilex***)	T1	QL (360 EA per 30 days)
nicotine mini mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
nicotine polacrilex mini mouth/throat lozenge 2 mg	T1	QL (360 EA per 30 days)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (360 EA per 30 days)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	T1	QL (60 EA per 30 days)
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	T1	QL (60 EA per 30 days)
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	T1	QL (60 EA per 30 days)
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (60 EA per 30 days)
NICOTROL INHALATION INHALER 10 MG (***nicotine***)	T2	QL (504 EA per 30 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (***nicotine***)	T2	QL (120 ML per 30 days)
qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	QL (60 EA per 30 days)
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
ra nicotine gum mouth/throat gum 2 mg, 4 mg	T1	QL (360 EA per 30 days)
ra nicotine mouth/throat gum 2 mg, 4 mg	T1	QL (360 EA per 30 days)
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
ra nicotine transdermal patch 24 hour 21 mg/24hr	T1	QL (60 EA per 30 days)
sm nicotine mouth/throat gum 4 mg	T1	QL (360 EA per 30 days)
sm nicotine mouth/throat lozenge 2 mg	T1	QL (360 EA per 30 days)
sm nicotine polacrilex mouth/throat gum 4 mg	T1	QL (360 EA per 30 days)
sm nicotine polacrilex mouth/throat lozenge 4 mg	T1	QL (360 EA per 30 days)
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
varenicline tartrate oral tablet 0.5 mg	T1	
varenicline tartrate oral tablet 1 mg	T1	QL (60 EA per 30 days)
Botulinum Toxins		
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	T2	PA
Centrally Acting Skeletal Muscle Relaxnt		
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	T1	
methocarbamol oral tablet 500 mg, 750 mg	T1	
tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg	T1	QL (120 EA per 30 days)
tizanidine hcl oral tablet 2 mg, 4 mg	T1	QL (120 EA per 30 days)
Gaba-Derivative Skeletal Muscle Relaxant		
baclofen oral tablet 10 mg, 20 mg	T1	
Non-Sel. Beta-Adrenergic Blocking Agents		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	QL (30 EA per 30 days)
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	T1	

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	T1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Non-Sel.Alpha-Adrenergic Blocking Agents		
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (***ergotamine tartrate***)	T2	
ergotamine-caffeine oral tablet 1-100 mg	T1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine-caffeine***)	T2	
phenoxybenzamine hcl oral capsule 10 mg	T1	PA
Non-Selective Beta-Adrenergic Agonists		
isoproterenol hcl injection solution 0.2 mg/ml	T1	
Parasympathomimetic (Cholinergic Agents)		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	T1	
donepezil hcl oral tablet 10 mg, 5 mg	T1	
donepezil hcl oral tablet dispersible 10 mg, 5 mg	T1	
galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg	T1	PA
galantamine hydrobromide oral solution 4 mg/ml	T1	PA
galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg	T1	PA
neostigmine methylsulfate intravenous solution 10 mg/10ml, 3 mg/3ml, 5 mg/10ml, 5 mg/5ml	T1	PA
neostigmine methylsulfate intravenous solution prefilled syringe 3 mg/3ml	T1	PA
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pilocarpine hcl oral tablet 5 mg, 7.5 mg	T1	PA
pyridostigmine bromide er oral tablet extended release 180 mg	T1	PA
pyridostigmine bromide oral solution 60 mg/5ml	T1	PA
pyridostigmine bromide oral tablet 60 mg	T1	PA
REGONOL INTRAVENOUS SOLUTION 10 MG/2ML (***pyridostigmine bromide***)	T2	PA
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	T1	
rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr	T1	PA
Selective Alpha-1-Adrenergic Block.Agent		
alfuzosin hcl er oral tablet extended release 24 hour 10 mg	T1	QL (30 EA per 30 days)
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	T1	
tamsulosin hcl oral capsule 0.4 mg	T1	
Selective Beta-2-Adrenergic Agonists		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	T1	
albuterol sulfate oral syrup 2 mg/5ml	T1	
albuterol sulfate oral tablet 2 mg, 4 mg	T1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	T2	PA; QL (10.7 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	T1	QL (30.6 GM per 30 days)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	T2	QL (8 GM per 30 days)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (***mometasone furo-formoterol fum***)	T2	PA
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T1	PA; QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	T1	PA; QL (12 GM per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	QL (1 EA per 30 days)
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	T1	ST
levalbuterol tartrate inhalation aerosol 45 mcg/act	T1	ST
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (***salmeterol xinafoate***)	T2	QL (60 EA per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT (***tiotropium bromide-olodaterol***)	T2	QL (4.2 GM per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	T2	PA; QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	T1	QL (60 EA per 30 days)
Selective Beta-Adrenergic Blocking Agent		
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
Skeletal Muscle Relaxants, Miscellaneous		
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	T2	PA
Smoking Cessation Agents		
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	T1	
cvs nicotine mouth/throat gum 4 mg	T1	QL (360 EA per 30 days)
cvs nicotine mouth/throat lozenge 2 mg	T1	QL (360 EA per 30 days)
cvs nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (360 EA per 30 days)
cvs nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
cvs nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (60 EA per 30 days)
eq nicotine mouth/throat lozenge 4 mg	T1	QL (360 EA per 30 days)
eq nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (360 EA per 30 days)
eq nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
eq nicotine step 3 transdermal patch 24 hour 7 mg/24hr	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	QL (60 EA per 30 days)
gnp nicotine mini mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
gnp nicotine mouth/throat gum 4 mg	T1	QL (360 EA per 30 days)
gnp nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (360 EA per 30 days)
gnp nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
gnp nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (60 EA per 30 days)
goodsense nicotine mouth/throat gum 2 mg, 4 mg	T1	QL (360 EA per 30 days)
goodsense nicotine mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
hm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (60 EA per 30 days)
KLS QUIT2 MOUTH/THROAT GUM 2 MG (***nicotine polacrilex***)	T1	QL (360 EA per 30 days)
KLS QUIT2 MOUTH/THROAT LOZENGE 2 MG (***nicotine polacrilex***)	T1	QL (360 EA per 30 days)
KLS QUIT4 MOUTH/THROAT GUM 4 MG (***nicotine polacrilex***)	T1	QL (360 EA per 30 days)
KLS QUIT4 MOUTH/THROAT LOZENGE 4 MG (***nicotine polacrilex***)	T1	QL (360 EA per 30 days)
naltrexone hcl oral tablet 50 mg	T1	
NICORELIEF MOUTH/THROAT GUM 2 MG (***nicotine polacrilex***)	T1	QL (360 EA per 30 days)
nicotine mini mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
nicotine polacrilex mini mouth/throat lozenge 2 mg	T1	QL (360 EA per 30 days)
nicotine polacrilex mouth/throat gum 2 mg, 4 mg	T1	QL (360 EA per 30 days)
nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
nicotine step 1 transdermal patch 24 hour 21 mg/24hr	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nicotine step 2 transdermal patch 24 hour 14 mg/24hr	T1	QL (60 EA per 30 days)
nicotine step 3 transdermal patch 24 hour 7 mg/24hr	T1	QL (60 EA per 30 days)
nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (60 EA per 30 days)
NICOTROL INHALATION INHALER 10 MG (***nicotine***)	T2	QL (504 EA per 30 days)
NICOTROL NS NASAL SOLUTION 10 MG/ML (***nicotine***)	T2	QL (120 ML per 30 days)
qc nicotine transdermal system transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr	T1	QL (60 EA per 30 days)
ra mini nicotine mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
ra nicotine gum mouth/throat gum 2 mg, 4 mg	T1	QL (360 EA per 30 days)
ra nicotine mouth/throat gum 2 mg, 4 mg	T1	QL (360 EA per 30 days)
ra nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg	T1	QL (360 EA per 30 days)
ra nicotine transdermal patch 24 hour 21 mg/24hr	T1	QL (60 EA per 30 days)
sm nicotine mouth/throat gum 4 mg	T1	QL (360 EA per 30 days)
sm nicotine mouth/throat lozenge 2 mg	T1	QL (360 EA per 30 days)
sm nicotine polacrilex mouth/throat gum 4 mg	T1	QL (360 EA per 30 days)
sm nicotine polacrilex mouth/throat lozenge 4 mg	T1	QL (360 EA per 30 days)
sm nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr, 7 mg/24hr	T1	QL (60 EA per 30 days)
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (***varenicline tartrate***)	T2	PA
varenicline tartrate oral tablet 0.5 mg	T1	
varenicline tartrate oral tablet 1 mg	T1	QL (60 EA per 30 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	T2	
Blood Formation, Coagulation, Thrombosis		
Antianemia Drugs		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (***darbepoetin alfa***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (***darbepoetin alfa***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML (***darbepoetin alfa***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (***epoetin alfa***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa-epbx***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Antithrombotic Agents, Miscellaneous		
LODOCO ORAL TABLET 0.5 MG (***colchicine***)	T2	PA
Coumarin Derivatives		
warfarin sodium (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	T1	
warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK) ORAL TABLET SOLUBLE 3 X 0.5 MG (***apixaban***)	T2	
ELIQUIS (2 MG PACK) ORAL TABLET SOLUBLE 4 X 0.5 MG (***apixaban***)	T2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG (***apixaban***)	T2	QL (74.1 EA per 30 days)
ELIQUIS ORAL CAPSULE SPRINKLE 0.15 MG (***apixaban***)	T2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (***apixaban***)	T2	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE 0.5 MG (***apixaban***)	T2	
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML (***rivaroxaban***)	T2	QL (600 ML per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (***rivaroxaban***)	T2	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG (***rivaroxaban***)	T2	QL (60 EA per 30 days)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG (***rivaroxaban***)	T2	QL (51 EA per 30 days)
Direct Thrombin Inhibitors		
dabigatran etexilate mesylate oral capsule 110 mg, 150 mg, 75 mg	T1	QL (60 EA per 30 days)
Hematopoietic Agents		
ALVAIZ ORAL TABLET 18 MG, 36 MG, 54 MG, 9 MG (***eltrombopag choline***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML (***darbepoetin alfa***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 40 MCG/0.4ML, 500 MCG/ML, 60 MCG/0.3ML (***darbepoetin alfa***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML (***darbepoetin alfa***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
DOPTELET ORAL TABLET 20 MG (***avatrombopag maleate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
DOPTELET SPRINKLE ORAL CAPSULE SPRINKLE 10 MG (***avatrombopag maleate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
eltrombopag olamine oral tablet 12.5 mg, 25 mg, 50 mg, 75 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
EPOGEN INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML (***epoetin alfa***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-jmdb***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-pbbk***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULPLETA ORAL TABLET 3 MG (***lusutrombopag***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6ML (***filgrastim-aafi***)	T2	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***filgrastim-aafi***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG (***romiplostim***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (***romiplostim***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
NYPOZI INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***filgrastim-txid***)	T2	PA
PROCRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
releuko subcutaneous solution prefilled syringe 300 mcg/0.5ml, 480 mcg/0.8ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (***epoetin alfa-epbx***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-fpgk***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
UDENYCA ONBODY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-cbqv***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML (***pegfilgrastim-cbqv***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-cbqv***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
VAFSEO ORAL TABLET 150 MG, 300 MG (***vadadustat***)	T2	PA
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML (***filgrastim-sndz***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML (***pegfilgrastim-bmez***)	T2	PA
Hemorrheologic Agents		
pentoxifylline er oral tablet extended release 400 mg	T1	
Hemostatics		
desmopressin ace spray refrig nasal solution 0.01 %	T1	
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	T1	
desmopressin acetate spray nasal solution 0.01 %	T1	
tranexamic acid oral tablet 650 mg	T1	PA; QL (30 EA per 5 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Heparins		
enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml	T1	
heparin sodium (porcine) injection solution 5000 unit/ml	T1	
Iron Preparations		
classic prenatal oral tablet 28-0.8 mg	T1	AL (Max 50 Years)
complete natal dha oral 29-1-200 & 200 mg	T1	AL (Max 50 Years)
completenate oral tablet chewable 29-1 mg	T1	AL (Max 50 Years)
ferrous gluconate oral tablet 324 (37.5 fe) mg	T1	
gnp prenatal oral tablet 28-0.8 mg	T1	AL (Max 50 Years)
INFED INJECTION SOLUTION 50 MG/ML (***iron dextran***)	T2	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
kp ferrous gluconate oral tablet 324 (37.5 fe) mg	T1	
kpn prenatal oral tablet 0.1 mg	T1	AL (Max 50 Years)
m-natal plus oral tablet 27-1 mg	T1	AL (Max 50 Years)
multi-vit/iron/fluoride oral solution 0.25-10 mg/ml	T1	AL (Max 5 Years)
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	T1	AL (Max 5 Years)
pnv prenatal plus multivitamin oral tablet 27-1 mg	T1	AL (Max 50 Years)
prenatabs fa oral tablet 29-1 mg	T1	AL (Max 50 Years)
prenatal (w/iron & fa) oral tablet 27-0.8 mg	T1	AL (Max 50 Years)
prenatal 19 oral tablet chewable 29-1 mg	T1	AL (Max 50 Years)
prenatal one daily oral tablet 27-0.8 mg	T1	AL (Max 50 Years)
prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg	T1	AL (Max 50 Years)
prenatal plus oral tablet 27-1 mg	T1	
prenatal vitamin and mineral oral tablet 28-0.8 mg	T1	AL (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prenatal vitamins oral tablet 28-0.8 mg	T1	AL (Max 50 Years)
prenatal/iron oral tablet , 28-0.8 mg	T1	AL (Max 50 Years)
qc prenatal oral tablet 28-0.8 mg	T1	
ra prenatal oral tablet 28-0.8 mg	T1	AL (Max 50 Years)
right step prenatal oral tablet 27-0.8 mg	T1	
thrivite rx oral tablet 29-1 mg	T1	AL (Max 50 Years)
trinatal rx 1 oral tablet 60-1 mg	T1	AL (Max 50 Years)
westab plus oral tablet 27-1 mg	T1	AL (Max 50 Years)
Liver And Stomach Preparations		
b-12 oral tablet extended release 1000 mcg	T1	
b-12 tr oral tablet extended release 1000 mcg	T1	
cvs vitamin b12 oral tablet extended release 1000 mcg	T1	
cyanocobalamin injection solution 1000 mcg/ml	T1	
eql vitamin b-12 tr oral tablet extended release 1000 mcg	T1	
gnp vitamin b-12 oral tablet extended release 1000 mcg	T1	
ra vitamin b-12 tr oral tablet extended release 1000 mcg	T1	
sv vitamin b-12 er oral tablet extended release 1000 mcg	T1	
vitamin b-12 er oral tablet extended release 1000 mcg	T1	
Platelet-Aggregation Inhibitors		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	T1	QL (60 EA per 30 days); AL (Min 21 Years)
cilostazol oral tablet 100 mg, 50 mg	T1	QL (60 EA per 30 days)
clopidogrel bisulfate oral tablet 75 mg	T1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T1	
prasugrel hcl oral tablet 10 mg, 5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ticagrelor oral tablet 60 mg, 90 mg	T1	PA
Cardiovascular Drugs		
Acl Inhibitors		
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	T2	PA; QL (30 EA per 30 days)
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid-ezetimibe***)	T2	PA; QL (30 EA per 30 days)
Alpha-Adrenergic Blocking Agents (24:16)		
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	T1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Alpha-Adrenergic Blocking Agt.(Hypoten)		
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	T1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	T1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Angiotensin Ii Recep Antagonist/Neprolys		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (***sacubitril-valsartan***)	T2	QL (240 EA per 30 days)
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	T1	QL (60 EA per 30 days)
Angiotensin Ii Receptor Antagon.(Hypotn)		
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EDARBI ORAL TABLET 40 MG, 80 MG (***azilsartan medoxomil***)	T2	PA
irbesartan oral tablet 150 mg, 300 mg, 75 mg	T1	QL (30 EA per 30 days)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	T1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	T1	
telmisartan oral tablet 20 mg, 40 mg, 80 mg	T1	
valsartan oral tablet 160 mg, 40 mg, 80 mg	T1	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	T1	QL (30 EA per 30 days)
Angiotensin Ii Receptor Antagonists		
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	T1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	T1	PA
candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T1	PA
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	T1	PA
EDARBI ORAL TABLET 40 MG, 80 MG (***azilsartan medoxomil***)	T2	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan-chlorthalidone***)	T2	PA
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (***sacubitril-valsartan***)	T2	QL (240 EA per 30 days)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	T1	QL (30 EA per 30 days)
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T1	QL (30 EA per 30 days)
losartan potassium oral tablet 100 mg, 25 mg, 50 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T1	
olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg	T1	
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	T1	PA
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	T1	QL (60 EA per 30 days)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	T1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	T1	PA
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T1	PA
valsartan oral tablet 160 mg, 40 mg, 80 mg	T1	QL (60 EA per 30 days)
valsartan oral tablet 320 mg	T1	QL (30 EA per 30 days)
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T1	QL (30 EA per 30 days)
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	T1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	T1	QL (60 EA per 30 days)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	T1	
Angiotensin-Converting Enzyme Inhibitors		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T1	
benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	T1	
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	T1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	T1	
fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg	T1	
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	T1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	T1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	T1	QL (60 EA per 30 days)
trandolapril oral tablet 1 mg, 2 mg, 4 mg	T1	
Antiarrhythmics, Miscellaneous		
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	T1	
digoxin oral solution 0.05 mg/ml	T1	
digoxin oral tablet 125 mcg, 250 mcg	T1	
Antilipemic Agents, Miscellaneous		
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG (***niacin***)	T1	
icosapent ethyl oral capsule 0.5 gm, 1 gm	T1	PA
NEXLETOL ORAL TABLET 180 MG (***bempedoic acid***)	T2	PA; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid-ezetimibe***)	T2	PA; QL (30 EA per 30 days)
niacin er oral tablet extended release 1000 mg, 250 mg, 500 mg, 750 mg	T1	
NIAVASC 750 ORAL TABLET EXTENDED RELEASE 750 MG (***niacin***)	T1	
NIAVASC ORAL TABLET EXTENDED RELEASE 500 MG (***niacin***)	T1	
omega-3-acid ethyl esters oral capsule 1 gm	T1	QL (120 EA per 30 days)
Beta-Adrenergic Blocking Agents (24:20)		
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	T1	
doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	T1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T1	
prazosin hcl oral capsule 1 mg, 2 mg, 5 mg	T1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	QL (30 EA per 30 days)
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	T1	
Bile Acid Sequestrants		
cholestyramine light oral powder 4 gm/dose	T1	
cholestyramine oral powder 4 gm/dose	T1	
colestipol hcl oral packet 5 gm	T1	
cholestyramine light (Prevalite Oral Powder 4 Gm/Dose)	T1	
Calcium-Channel Block.Agt,Misc(Hypoten)		
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	T1	QL (60 EA per 30 days)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	T1	QL (60 EA per 30 days)
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	T1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl er oral tablet extended release 24 hour 300 mg	T1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	T1	
verapamil hcl er oral capsule extended release 24 hour 360 mg	T1	QL (30 EA per 30 days)
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	T1	
Calcium-Channel Blocking Agents		
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	T1	QL (60 EA per 30 days)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	T1	QL (60 EA per 30 days)
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	T1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl er oral tablet extended release 24 hour 300 mg	T1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	T1	
verapamil hcl er oral capsule extended release 24 hour 360 mg	T1	QL (30 EA per 30 days)
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	T1	
Calcium-Channel Blocking Agents, Misc.		
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	T1	QL (60 EA per 30 days)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	T1	QL (60 EA per 30 days)
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	T1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl er oral tablet extended release 24 hour 300 mg	T1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	T1	
verapamil hcl er oral capsule extended release 24 hour 360 mg	T1	QL (30 EA per 30 days)
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	T1	
Carbonic Anhydrase Inhibitors (24:36)		
acetazolamide er oral capsule extended release 12 hour 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
methazolamide oral tablet 25 mg, 50 mg	T1	
Carbonic Anhydrase Inhibitors(Hypoten)		
acetazolamide er oral capsule extended release 12 hour 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
methazolamide oral tablet 25 mg, 50 mg	T1	
Cardiac Drugs, Miscellaneous		
CORLANOR ORAL SOLUTION 5 MG/5ML (***ivabradine hcl***)	T2	PA
ivabradine hcl oral tablet 5 mg, 7.5 mg	T1	PA
ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg	T1	PA
Cardiotonic Agents		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORLANOR ORAL SOLUTION 5 MG/5ML (***ivabradine hcl***)	T2	PA
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	T1	
digoxin oral solution 0.05 mg/ml	T1	
digoxin oral tablet 125 mcg, 250 mcg	T1	
ivabradine hcl oral tablet 5 mg, 7.5 mg	T1	PA
Central Alpha-Agonists		
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	T1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	T1	QL (4 EA per 28 days)
guanfacine hcl oral tablet 1 mg, 2 mg	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
methyldopa oral tablet 250 mg, 500 mg	T1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
Cgmp Synthesis Agent		
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (***vericiguat***)	T2	PA; QL (30 EA per 30 days)
Cholesterol Absorption Inhibitors		
ezetimibe oral tablet 10 mg	T1	ST
NEXLIZET ORAL TABLET 180-10 MG (***bempedoic acid-ezetimibe***)	T2	PA; QL (30 EA per 30 days)
Class Ia Antiarrhythmics		
quinidine sulfate oral tablet 200 mg, 300 mg	T1	
Class Ib Antiarrhythmics		
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	T2	
mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg	T1	
phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	T1	
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	T1	
phenytoin oral tablet chewable 50 mg	T1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	T1	
phenytoin sodium injection solution 50 mg/ml	T1	
Class Ic Antiarrhythmics		
flecainide acetate oral tablet 100 mg, 150 mg, 50 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg	T1	
propafenone hcl oral tablet 150 mg, 225 mg, 300 mg	T1	
Class Ii Antiarrhythmics		
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg, 400 mg	T1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
pindolol oral tablet 10 mg, 5 mg	T1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	QL (30 EA per 30 days)
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	T1	
Class Iii Antiarrhythmics		
amiodarone hcl oral tablet 200 mg	T1	
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	T1	
MULTAQ ORAL TABLET 400 MG (***dronedarone hcl***)	T2	PA
amiodarone hcl (Pacerone Oral Tablet 200 Mg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
Class Iv Antiarrhythmics		
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	T1	QL (60 EA per 30 days)
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	T1	QL (60 EA per 30 days)
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	T1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl er oral tablet extended release 24 hour 300 mg	T1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	T1	
verapamil hcl er oral capsule extended release 24 hour 360 mg	T1	QL (30 EA per 30 days)
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	T1	
Dihydropyridines		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	T1	
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	T1	
amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	T1	
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	T1	PA
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	T1	
nicardipine hcl oral capsule 20 mg, 30 mg	T1	
nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg	T1	QL (30 EA per 30 days)
nifedipine er oral tablet extended release 24 hour 60 mg	T1	QL (60 EA per 30 days)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg	T1	QL (30 EA per 30 days)
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg	T1	QL (60 EA per 30 days)
nifedipine oral capsule 10 mg, 20 mg	T1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	T1	PA
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	T1	PA
Dihydropyridines (Antihypertensive)		
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	T1	
felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nicardipine hcl oral capsule 20 mg, 30 mg	T1	
nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg	T1	QL (30 EA per 30 days)
nifedipine er oral tablet extended release 24 hour 60 mg	T1	QL (60 EA per 30 days)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg	T1	QL (30 EA per 30 days)
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg	T1	QL (60 EA per 30 days)
nifedipine oral capsule 10 mg, 20 mg	T1	
Direct Vasodilators		
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	T1	
clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr	T1	QL (4 EA per 28 days)
guanfacine hcl oral tablet 1 mg, 2 mg	T1	
hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T1	
methyldopa oral tablet 250 mg, 500 mg	T1	
minoxidil oral tablet 10 mg, 2.5 mg	T1	
Diuretics, Miscellaneous (Hypotensive)		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	
theophylline oral elixir 80 mg/15ml	T1	
Fibric Acid Derivatives		
fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg	T1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fenofibrate oral capsule 134 mg, 200 mg, 67 mg	T1	QL (30 EA per 30 days)
fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg	T1	QL (30 EA per 30 days)
gemfibrozil oral tablet 600 mg	T1	
Hmg-Coa Reductase Inhibitors		
atorvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	T1	AL (Min 21 Years)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	T1	
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg	T1	
rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	T1	
simvastatin oral tablet 80 mg	T1	QL (30 EA per 30 days)
Kallikrein Inhibitors (24:48:08)		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hcl***)	T2	PA
Loop Diuretics (24:36)		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T1	ST
ethacrynic acid oral tablet 25 mg	T1	PA
furosemide oral solution 10 mg/ml	T1	PA
furosemide oral tablet 20 mg, 40 mg, 80 mg	T1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	T1	
Loop Diuretics (Hypotensive Agents)		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T1	ST
ethacrynic acid oral tablet 25 mg	T1	PA
furosemide oral solution 10 mg/ml	T1	PA
furosemide oral tablet 20 mg, 40 mg, 80 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	T1	
Mineralocorticoid (Aldosterone) Antagnts		
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
spironolactone-hctz oral tablet 25-25 mg	T1	
Mineralocorticoid(Aldoster.)Antag(Hypot)		
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
Nitrates And Nitrites		
atenolol oral tablet 100 mg, 25 mg, 50 mg	T1	
bisoprolol fumarate oral tablet 10 mg, 5 mg	T1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	T1	
carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg	T1	
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	T1	
isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg	T1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	T1	
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1	
metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg	T1	
metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg	T1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1	
NITRO-BID TRANSDERMAL OINTMENT 2 % (***nitroglycerin***)	T2	
nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg	T1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG (***nitroglycerin***)	T2	
pindolol oral tablet 10 mg, 5 mg	T1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	QL (30 EA per 30 days)
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg	T1	
sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg	T1	
Omega-3-Mediated Antilipemics		
icosapent ethyl oral capsule 0.5 gm, 1 gm	T1	PA
omega-3-acid ethyl esters oral capsule 1 gm	T1	QL (120 EA per 30 days)
Osmotic Diuretics (24:36)		
urea external cream 40 %	T1	QL (200 GM per 30 days)
Pcsk9 Inhibitors		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 75 MG/ML (***alirocumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (2 ML per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML (***evolocumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (7 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML (***evolocumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (6 ML per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML (***evolocumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (6 ML per 28 days)
Phosphodiesterase Type 5 Inhibitors		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	T1	QL (60 EA per 30 days); AL (Min 21 Years)
cilostazol oral tablet 100 mg, 50 mg	T1	QL (60 EA per 30 days)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T1	
sildenafil citrate oral suspension reconstituted 10 mg/ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
sildenafil citrate oral tablet 20 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
tadalafil (pah) oral tablet 20 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TADLIQ ORAL SUSPENSION 20 MG/5ML (***tadalafil (pah)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Potassium-Sparing Diuretics (24:36)		
amiloride hcl oral tablet 5 mg	T1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
spironolactone-hctz oral tablet 25-25 mg	T1	
Potassium-Sparing Diuretics (Hypoten)		
amiloride hcl oral tablet 5 mg	T1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
Renin Inhibitors		
aliskiren fumarate oral tablet 150 mg, 300 mg	T1	PA
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
ENTRESTO ORAL CAPSULE SPRINKLE 15-16 MG, 6-6 MG (***sacubitril-valsartan***)	T2	QL (240 EA per 30 days)
sacubitril-valsartan oral tablet 24-26 mg, 49-51 mg, 97-103 mg	T1	QL (60 EA per 30 days)
Steroidal Mineralocorticoid Receptor Ant		
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
spironolactone-hctz oral tablet 25-25 mg	T1	
Thiazide Diuretics (24:36)		
hydrochlorothiazide oral capsule 12.5 mg	T1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	T1	
Thiazide Diuretics(Hypotensive Agents)		
hydrochlorothiazide oral capsule 12.5 mg	T1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	T1	

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Thiazide-Like Diuretics (24:36)		
chlorthalidone oral tablet 25 mg, 50 mg	T1	
indapamide oral tablet 1.25 mg, 2.5 mg	T1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	T1	ST; QL (30 EA per 30 days)
Thiazide-Like Diuretics(Hypotensive Agt)		
chlorthalidone oral tablet 25 mg, 50 mg	T1	
indapamide oral tablet 1.25 mg, 2.5 mg	T1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	T1	ST; QL (30 EA per 30 days)
Vasodilating Agents, Misc (24:08)		
phenoxybenzamine hcl oral capsule 10 mg	T1	PA
Vasodilating Agents, Miscellaneous		
ambrisentan oral tablet 10 mg, 5 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg	T1	
bosentan oral tablet 125 mg, 62.5 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 240 Mg, 300 Mg)	T1	
diltiazem hcl coated beads (Cartia Xt Oral Capsule Extended Release 24 Hour 180 Mg)	T1	QL (60 EA per 30 days)
CORLANOR ORAL SOLUTION 5 MG/5ML (***ivabradine hcl***)	T2	PA
diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	T1	

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 240 mg, 300 mg	T1	
diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg	T1	QL (60 EA per 30 days)
diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg	T1	
diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
diltiazem hcl er oral tablet extended release 24 hour 300 mg	T1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	T1	
dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg	T1	
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T1	
ivabradine hcl oral tablet 5 mg, 7.5 mg	T1	PA
nicardipine hcl oral capsule 20 mg, 30 mg	T1	
nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg	T1	QL (30 EA per 30 days)
nifedipine er oral tablet extended release 24 hour 60 mg	T1	QL (60 EA per 30 days)
nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 90 mg	T1	QL (30 EA per 30 days)
nifedipine er osmotic release oral tablet extended release 24 hour 60 mg	T1	QL (60 EA per 30 days)
nifedipine oral capsule 10 mg, 20 mg	T1	
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (***treprostinil diolamine***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (***treprostinil diolamine***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (***treprostinil diolamine***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
diltiazem hcl er beads (Tiadylt Er Oral Capsule Extended Release 24 Hour 180 Mg, 240 Mg, 300 Mg, 360 Mg)	T1	
TRACLEER ORAL TABLET SOLUBLE 32 MG (***bosentan***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TYVASO INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (***iloprost***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg	T1	
verapamil hcl er oral capsule extended release 24 hour 360 mg	T1	QL (30 EA per 30 days)
verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg	T1	
verapamil hcl oral tablet 120 mg, 40 mg, 80 mg	T1	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG (***vericiguat***)	T2	PA; QL (30 EA per 30 days)
Central Nervous System Agents		
Adamantanes (Cns)		
amantadine hcl oral capsule 100 mg	T1	
amantadine hcl oral tablet 100 mg	T1	
Amphetamine Derivatives		
phentermine hcl oral capsule 15 mg, 30 mg	T1	PA
phentermine hcl oral tablet 37.5 mg	T1	PA

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Amphetamines		
amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	T1	PA; QL (60 EA per 30 days); AL (Min 4 Years and Max 18 Years)
amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg	T1	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 18 Years)
amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg	T1	PA; QL (60 EA per 30 days); AL (Max 18 Years)
amphetamine-dextroamphetamine oral tablet 5 mg, 7.5 mg	T1	QL (60 EA per 30 days)
dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg	T1	
dextroamphetamine sulfate oral tablet 10 mg, 5 mg	T1	QL (120 EA per 30 days)
lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 70 mg	T1	PA
lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	T1	PA
Analgesics And Antipyretics, Misc.		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	T1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	T1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	T1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral solution 250 mg/5ml	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	T1	QL (1770 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	
oxycodone-acetaminophen oral solution 5-325 mg/5ml	T1	QL (450 ML per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	T1	PA
Anorexigenic Agents		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (***naltrexone-bupropion hcl***)	T2	PA
phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	T1	PA
Anorexigenic Agents And Stimulants, Misc		
phentermine-topiramate er oral capsule extended release 24 hour 11.25-69 mg, 15-92 mg, 3.75-23 mg, 7.5-46 mg	T1	PA
Anorexigenic Agents, Miscellaneous		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG (***naltrexone-bupropion hcl***)	T2	PA
liraglutide subcutaneous solution pen-injector 18 mg/3ml	T1	PA; QL (9 ml per 30 days)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (***liraglutide -weight management***)	T2	PA; QL (15 ml per 30 days)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG (***semaglutide-weight management***)	T2	PA; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML (***semaglutide-weight management***)	T2	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML (***semaglutide-weight management***)	T2	PA; QL (3 ML per 28 days)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (***tirzepatide-weight management***)	T2	PA; QL (2 ML per 28 days)
Anticholinergic Agents (Cns)		
aler-cap oral capsule 25 mg	T1	
allergy relief oral capsule 25 mg	T1	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (***diphenhydramine hcl***)	T1	
benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg	T1	
complete allergy medicine oral capsule 25 mg	T1	
cvs allergy oral capsule 25 mg	T1	
cvs allergy relief oral capsule 25 mg	T1	
diphenhist oral capsule 25 mg	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T1	
eq allergy relief oral capsule 25 mg	T1	
gnp allergy oral capsule 25 mg	T1	
gnp allergy relief oral capsule 25 mg	T1	
pharbedryl oral capsule 25 mg, 50 mg	T1	
ra allergy medication oral capsule 25 mg	T1	
ra allergy relief oral capsule 25 mg	T1	
sb allergy oral capsule 25 mg	T1	
trihexyphenidyl hcl oral solution 0.4 mg/ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
trihexyphenidyl hcl oral tablet 2 mg, 5 mg	T1	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T1	
Anticonvulsants, Miscellaneous		
acetazolamide er oral capsule extended release 12 hour 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
APTIOM ORAL TABLET 200 MG, 400 MG (***eslicarbazepine acetate***)	T2	PA; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG (***eslicarbazepine acetate***)	T2	PA; QL (60 EA per 30 days)
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	T1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	T1	
carbamazepine oral suspension 100 mg/5ml	T1	
carbamazepine oral tablet 200 mg	T1	
carbamazepine oral tablet chewable 100 mg, 200 mg	T1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	T1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	T1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	T1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
carbamazepine (Epitol Oral Tablet 200 Mg)	T1	
felbamate oral tablet 400 mg, 600 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral solution 250 mg/5ml	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
lacosamide intravenous solution 200 mg/20ml	T1	
lacosamide oral solution 10 mg/ml	T1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T1	QL (60 EA per 30 days)
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	T1	PA
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	T1	
lamotrigine oral tablet chewable 25 mg	T1	
lamotrigine oral tablet chewable 5 mg	T1	QL (150 EA per 30 days)
lamotrigine oral tablet dispersible 100 mg, 25 mg, 50 mg	T1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	T1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	T1	
levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg	T1	QL (120 EA per 30 days)
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	T1	
levetiracetam intravenous solution 500 mg/5ml	T1	
levetiracetam oral solution 100 mg/ml, 500 mg/5ml	T1	QL (900 ML per 30 days)
levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg	T1	
oxcarbazepine er oral tablet extended release 24 hour 300 mg, 600 mg	T1	
oxcarbazepine oral suspension 300 mg/5ml	T1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	T1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T1	QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregabalin oral solution 20 mg/ml	T1	
levetiracetam (Roweepra Oral Tablet 500 Mg)	T1	
rufinamide oral suspension 40 mg/ml	T1	PA
rufinamide oral tablet 200 mg, 400 mg	T1	PA
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	T1	
lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)	T1	
lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)	T1	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	T1	PA
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	T1	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	
valproate sodium intravenous solution 100 mg/ml	T1	
valproic acid oral capsule 250 mg	T1	
valproic acid oral solution 250 mg/5ml	T1	
vigabatrin oral packet 500 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
vigabatrin oral tablet 500 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
vigabatrin (Vigadrone Oral Packet 500 Mg)	T1	PA
zonisamide oral capsule 100 mg	T1	QL (180 EA per 30 days)
zonisamide oral capsule 25 mg, 50 mg	T1	
Antidepressants, Miscellaneous		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg	T1	
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg	T1	
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg	T1	
bupropion hcl oral tablet 100 mg, 75 mg	T1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	T1	
mirtazapine oral tablet dispersible 15 mg, 45 mg	T1	
mirtazapine oral tablet dispersible 30 mg	T1	QL (30 EA per 30 days)
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (***esketamine hcl***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (***esketamine hcl***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Antimanic Agents		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (***aripiprazole***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (***aripiprazole***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (1 EA per 28 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg	T1	
carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg	T1	
carbamazepine oral suspension 100 mg/5ml	T1	
carbamazepine oral tablet 200 mg	T1	
carbamazepine oral tablet chewable 100 mg, 200 mg	T1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	T1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	T1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	T1	
carbamazepine (Epitol Oral Tablet 200 Mg)	T1	
lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	T1	PA
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	T1	
lamotrigine oral tablet chewable 25 mg	T1	
lamotrigine oral tablet chewable 5 mg	T1	QL (150 EA per 30 days)
lamotrigine oral tablet dispersible 100 mg, 25 mg, 50 mg	T1	
lamotrigine starter kit-blue oral kit 35 x 25 mg	T1	
lamotrigine starter kit-orange oral kit 42 x 25 mg & 7 x 100 mg	T1	
lithium carbonate er oral tablet extended release 300 mg, 450 mg	T1	
lithium carbonate oral capsule 150 mg, 300 mg, 600 mg	T1	
lithium carbonate oral tablet 300 mg	T1	
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	T1	QL (30 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1	QL (60 EA per 30 days)
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	T1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	QL (60 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	QL (60 EA per 30 days)
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	T1	
lamotrigine (Subvenite Starter Kit-Blue Oral Kit 35 X 25 Mg)	T1	
lamotrigine (Subvenite Starter Kit-Orange Oral Kit 42 X 25 Mg & 7 X 100 Mg)	T1	
valproate sodium intravenous solution 100 mg/ml	T1	
valproic acid oral capsule 250 mg	T1	
valproic acid oral solution 250 mg/5ml	T1	
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	T1	QL (60 EA per 30 days)
Antimigraine Agents, Miscellaneous		
butorphanol tartrate nasal solution 10 mg/ml	T1	PA
childrens ibuprofen 100 oral suspension 100 mg/5ml	T1	
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	T1	

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs childrens ibuprofen oral suspension 100 mg/5ml	T1	
cvs ibuprofen childrens oral suspension 100 mg/5ml	T1	
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	T1	
divalproex sodium oral capsule delayed release sprinkle 125 mg	T1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	T1	
eq ibuprofen childrens oral suspension 100 mg/5ml	T1	
eql childrens ibuprofen oral suspension 100 mg/5ml	T1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG (***ergotamine tartrate***)	T2	
ergotamine-caffeine oral tablet 1-100 mg	T1	
gnp childrens ibuprofen oral suspension 100 mg/5ml	T1	
goodsense ibuprofen childrens oral suspension 100 mg/5ml	T1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	T1	
ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml	T1	
ibuprofen oral suspension 100 mg/5ml	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
ketoprofen oral capsule 25 mg, 50 mg	T1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine-caffeine***)	T2	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	
propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg	T1	QL (30 EA per 30 days)
propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	T1	
ra ibuprofen childrens oral suspension 100 mg/5ml	T1	
topiramate oral capsule sprinkle 15 mg, 25 mg, 50 mg	T1	PA
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	
valproate sodium intravenous solution 100 mg/ml	T1	
valproic acid oral capsule 250 mg	T1	
valproic acid oral solution 250 mg/5ml	T1	
Antipsychotics, Miscellaneous		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	T1	
pimozide oral tablet 1 mg, 2 mg	T1	
Anxiolytics,Sedatives,And Hypnotics,Misc		
aler-cap oral capsule 25 mg	T1	
allergy relief oral capsule 25 mg	T1	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (***diphenhydramine hcl***)	T1	
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	T1	
complete allergy medicine oral capsule 25 mg	T1	
cvs allergy oral capsule 25 mg	T1	
cvs allergy relief oral capsule 25 mg	T1	
cvs sleep-aid (doxylamine) oral tablet 25 mg	T1	
cvs ultra sleep oral tablet 25 mg	T1	
diphenhist oral capsule 25 mg	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T1	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (***zolpidem tartrate***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eq allergy relief oral capsule 25 mg	T1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	T1	QL (30 EA per 30 days)
gnp allergy oral capsule 25 mg	T1	
gnp allergy relief oral capsule 25 mg	T1	
gnp sleep aid oral tablet 25 mg	T1	
hydroxyzine hcl oral syrup 10 mg/5ml	T1	
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	T1	
kls sleep aid oral tablet 25 mg	T1	
meprobamate oral tablet 200 mg, 400 mg	T1	PA
pharbedryl oral capsule 25 mg, 50 mg	T1	
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral syrup 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T2	
ra allergy medication oral capsule 25 mg	T1	
ra allergy relief oral capsule 25 mg	T1	
ra sleep aid oral tablet 25 mg	T1	
ramelteon oral tablet 8 mg	T1	PA
sb allergy oral capsule 25 mg	T1	
sleep aid (doxylamine) oral tablet 25 mg	T1	
sleep aid oral tablet 25 mg	T1	
sleep-aid oral tablet 25 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T1	
zaleplon oral capsule 10 mg, 5 mg	T1	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	T1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg	T1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 5 mg	T1	QL (60 EA per 30 days)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	T1	PA
Atypical Antipsychotics		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE 300 MG, 400 MG (***aripiprazole***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 300 MG, 400 MG (***aripiprazole***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (1 EA per 28 days)
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	T1	
clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	T1	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML (***paliperidone palmitate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (0.75 ml per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML (***paliperidone palmitate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (1 ml per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML (***paliperidone palmitate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (1.5 ml per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML (***paliperidone palmitate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (0.25 mL per 28 days)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML (***paliperidone palmitate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (0.5 mL per 28 days)
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T1	QL (30 EA per 30 days)
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg	T1	QL (30 EA per 30 days)
quetiapine fumarate oral tablet 100 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg	T1	QL (60 EA per 30 days)
risperidone microspheres er intramuscular suspension reconstituted er 12.5 mg, 25 mg, 37.5 mg, 50 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (2 EA per 28 days)
risperidone oral solution 1 mg/ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	QL (60 EA per 30 days)
risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	T1	QL (60 EA per 30 days)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	T1	QL (60 EA per 30 days)
Barbiturates (Anticonvulsants)		
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	T1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	T1	
primidone oral tablet 250 mg, 50 mg	T1	
Barbiturates (Anxiolytic, Sedative/Hyp)		
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	
phenobarbital oral elixir 20 mg/5ml, 30 mg/7.5ml, 60 mg/15ml	T1	
phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg	T1	
Benzodiazepines (Anticonvulsants)		
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	QL (90 EA per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	T1	QL (90 EA per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	T1	QL (2 EA per 365 days)
lorazepam injection solution 2 mg/ml	T1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	T1	
lorazepam oral concentrate 2 mg/ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	QL (120 EA per 30 days)
Benzodiazepines (Anxiolytic,Sedativ/Hyp)		
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	T1	QL (120 EA per 30 days)
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	QL (90 EA per 30 days)
clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	T1	QL (90 EA per 30 days)
diazepam oral tablet 10 mg, 2 mg, 5 mg	T1	QL (90 EA per 30 days)
diazepam rectal gel 10 mg, 2.5 mg, 20 mg	T1	QL (2 EA per 365 days)
lorazepam injection solution 2 mg/ml	T1	
lorazepam (Lorazepam Intensol Oral Concentrate 2 Mg/Ml)	T1	
lorazepam oral concentrate 2 mg/ml	T1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	T1	QL (120 EA per 30 days)
temazepam oral capsule 15 mg, 30 mg	T1	QL (30 EA per 30 days)
temazepam oral capsule 22.5 mg, 7.5 mg	T1	PA
triazolam oral tablet 0.125 mg, 0.25 mg	T1	QL (30 EA per 30 days)
Butyrophenones		
haloperidol lactate oral concentrate 2 mg/ml	T1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	T1	
Calcitonin Gene-Related Peptide Antag.		
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 225 MG/1.5ML (***fremanezumab-vfrm***)	T2	PA; QL (1.5 ml per 28 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 225 MG/1.5ML (***fremanezumab-vfrm***)	T2	PA; QL (1.5 ml per 28 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***galcanezumab-gnlm***)	T2	PA; QL (3 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	T2	PA; QL (1 ML per 30 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	T2	PA; QL (1 ML per 30 days)
UBRELVY ORAL TABLET 100 MG, 50 MG (***ubrogepant***)	T2	PA; QL (16 EA per 30 days)
ZAVZPRET NASAL SOLUTION 10 MG/ACT (***zavegepant hcl***)	T2	PA; QL (8 EA per 30 days)
Catechol-O-Methyltransferase(Comt)Inhib.		
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	T1	ST
entacapone oral tablet 200 mg	T1	ST
ONGENTYS ORAL CAPSULE 25 MG, 50 MG (***opicapone***)	T2	PA
tolcapone oral tablet 100 mg	T1	PA
Central Nervous System Agents, Misc.		
acamprosate calcium oral tablet delayed release 333 mg	T1	
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	T1	QL (30 EA per 30 days)
guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg	T1	QL (30 EA per 30 days)
guanfacine hcl oral tablet 1 mg, 2 mg	T1	
memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg	T1	ST
memantine hcl oral tablet 10 mg, 28 x 5 mg & 21 x 10 mg, 5 mg	T1	
NUEDEXTA ORAL CAPSULE 20-10 MG (***dextromethorphan-quinidine***)	T2	PA; QL (60 EA per 30 days)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (***viloxazine hcl***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium oxybate oral solution 500 mg/ml	T1	PA
Cyclooxygenase-2 (Cox-2) Inhibitors		
celecoxib oral capsule 100 mg, 200 mg, 50 mg	T1	
celecoxib oral capsule 400 mg	T1	QL (30 EA per 30 days)
Dibenzoxapines		
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	T1	
Diphenylbutylperidines		
pimozide oral tablet 1 mg, 2 mg	T1	
Dopamine Precursors		
carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg	T1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	T1	
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	T1	ST
Ergot-Deriv. Dopamine Receptor Agonists		
bromocriptine mesylate oral tablet 2.5 mg	T1	
cabergoline oral tablet 0.5 mg	T1	AL (Min 21 Years)
Fibromyalgia Agents		
duloxetine hcl oral capsule delayed release particles 20 mg	T1	
duloxetine hcl oral capsule delayed release particles 30 mg, 60 mg	T1	QL (60 EA per 30 days)
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T1	QL (90 EA per 30 days)
pregabalin oral solution 20 mg/ml	T1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	T2	ST; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (***milnacipran hcl***)	T2	ST; QL (55 EA per 28 days)
Gaba-Mediated Anticonvulsants		
divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg	T1	
divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg	T1	
gabapentin oral capsule 100 mg, 300 mg, 400 mg	T1	
gabapentin oral solution 250 mg/5ml	T1	
gabapentin oral tablet 600 mg, 800 mg	T1	
pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg	T1	PA
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T1	QL (90 EA per 30 days)
pregabalin oral solution 20 mg/ml	T1	
tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg	T1	PA
valproate sodium intravenous solution 100 mg/ml	T1	
valproic acid oral solution 250 mg/5ml	T1	
vigabatrin oral packet 500 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vigabatrin oral tablet 500 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
vigabatrin (Vigadrone Oral Packet 500 Mg)	T1	PA
VIGAFYDE ORAL SOLUTION 100 MG/ML (***vigabatrin***)	T2	PA
Hydantoins		
DILANTIN ORAL CAPSULE 30 MG (***phenytoin sodium extended***)	T2	
fosphenytoin sodium injection solution 100 mg pe/2ml, 500 mg pe/10ml	T1	
phenytoin (Phenytoin Infatabs Oral Tablet Chewable 50 Mg)	T1	
phenytoin oral suspension 100 mg/4ml, 125 mg/5ml	T1	
phenytoin oral tablet chewable 50 mg	T1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	T1	
phenytoin sodium injection solution 50 mg/ml	T1	
Ion Channel Inhibition Agents		
APTIOM ORAL TABLET 200 MG, 400 MG (***eslicarbazepine acetate***)	T2	PA; QL (30 EA per 30 days)
APTIOM ORAL TABLET 600 MG, 800 MG (***eslicarbazepine acetate***)	T2	PA; QL (60 EA per 30 days)
lacosamide intravenous solution 200 mg/20ml	T1	
lacosamide oral solution 10 mg/ml	T1	
lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg	T1	QL (60 EA per 30 days)
oxcarbazepine er oral tablet extended release 24 hour 300 mg, 600 mg	T1	
oxcarbazepine oral suspension 300 mg/5ml	T1	

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	T1	
rufinamide oral suspension 40 mg/ml	T1	PA
rufinamide oral tablet 200 mg, 400 mg	T1	PA
zonisamide oral capsule 100 mg	T1	QL (180 EA per 30 days)
zonisamide oral capsule 25 mg, 50 mg	T1	
Melatonin Receptor Agonists		
ramelteon oral tablet 8 mg	T1	PA
Monoamine Oxidase B Inhibitors		
rasagiline mesylate oral tablet 0.5 mg, 1 mg	T1	PA
selegiline hcl oral capsule 5 mg	T1	
selegiline hcl oral tablet 5 mg	T1	
Monoamine Oxidase Inhibitors		
phenelzine sulfate oral tablet 15 mg	T1	
rasagiline mesylate oral tablet 0.5 mg, 1 mg	T1	PA
selegiline hcl oral capsule 5 mg	T1	
selegiline hcl oral tablet 5 mg	T1	
tranylcypromine sulfate oral tablet 10 mg	T1	PA
Nmda Antagonists		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (***esketamine hcl***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE (***esketamine hcl***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Non-Benzodiazepine Anxiolytics		

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	T1	
meprobamate oral tablet 200 mg, 400 mg	T1	PA
Non-Benzodiazepine Hypnotics		
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG (***zolpidem tartrate***)	T2	PA
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	T1	QL (30 EA per 30 days)
zaleplon oral capsule 10 mg, 5 mg	T1	QL (30 EA per 30 days)
zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg	T1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 10 mg	T1	QL (30 EA per 30 days)
zolpidem tartrate oral tablet 5 mg	T1	QL (60 EA per 30 days)
zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg	T1	PA
Nonergot-Deriv.Dopamine Receptor Agonist		
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR (***rotigotine***)	T2	PA
pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	T1	
ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	T1	
Non-Opioid Analgesics		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	T1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	T1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	T1	
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	T1	QL (1770 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	
oxycodone-acetaminophen oral solution 5-325 mg/5ml	T1	QL (450 ML per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	
Nonsteroidal Anti-Inflamm. Agents, Misc		
childrens ibuprofen 100 oral suspension 100 mg/5ml	T1	
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	T1	
cvs childrens ibuprofen oral suspension 100 mg/5ml	T1	
cvs ibuprofen childrens oral suspension 100 mg/5ml	T1	
diclofenac epolamine external patch 1.3 %	T1	PA
diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg	T1	
eq ibuprofen childrens oral suspension 100 mg/5ml	T1	
eql childrens ibuprofen oral suspension 100 mg/5ml	T1	
etodolac oral capsule 200 mg, 300 mg	T1	
etodolac oral tablet 400 mg, 500 mg	T1	
gnp childrens ibuprofen oral suspension 100 mg/5ml	T1	
goodsense ibuprofen childrens oral suspension 100 mg/5ml	T1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	T1	
ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml	T1	
ibuprofen oral suspension 100 mg/5ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
indomethacin oral capsule 25 mg, 50 mg	T1	
ketoprofen oral capsule 25 mg, 50 mg	T1	
ketorolac tromethamine oral tablet 10 mg	T1	QL (20 EA per 5 days)
meloxicam oral tablet 15 mg, 7.5 mg	T1	
nabumetone oral tablet 500 mg, 750 mg	T1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	
piroxicam oral capsule 10 mg, 20 mg	T1	
ra ibuprofen childrens oral suspension 100 mg/5ml	T1	
sulindac oral tablet 150 mg, 200 mg	T1	
Opioid Agonists (28:08)		
acetaminophen-codeine oral solution 120-12 mg/5ml, 300-30 mg/12.5ml	T1	
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	T1	
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 5-325 Mg, 7.5-325 Mg)	T1	
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	T1	PA; QL (10 EA per 30 days)
hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml	T1	QL (1770 ML per 30 days)
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	
hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg	T1	
hydromorphone hcl rectal suppository 3 mg	T1	QL (6 EA per 30 days)
methadone hcl oral solution 10 mg/5ml, 5 mg/5ml	T1	PA
methadone hcl oral tablet 10 mg, 5 mg	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
morphine sulfate (concentrate) oral solution 10 mg/0.5ml	T1	PA; QL (90 EA per 30 days)
morphine sulfate (concentrate) oral solution 100 mg/5ml, 20 mg/ml	T1	PA; QL (90 ML per 30 days)
morphine sulfate er oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	T1	PA; QL (90 EA per 30 days)
morphine sulfate oral solution 10 mg/5ml	T1	QL (450 ML per 30 days)
morphine sulfate oral tablet 15 mg, 30 mg	T1	QL (90 EA per 30 days)
oxycodone-acetaminophen oral solution 5-325 mg/5ml	T1	QL (450 ML per 30 days)
oxycodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	
tramadol hcl oral tablet 50 mg	T1	QL (120 EA per 30 days)
Opioid Antagonists (28:10)		
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	T1	PA
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	T1	QL (180 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	T1	QL (90 EA per 30 days)
gnp naloxone hcl nasal liquid 4 mg/0.1ml	T1	
KLOXXADO NASAL LIQUID 8 MG/0.1ML (***naloxone hcl***)	T2	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	T1	
naloxone hcl injection solution cartridge 0.4 mg/ml	T1	
naloxone hcl injection solution prefilled syringe 2 mg/2ml	T1	
naloxone hcl nasal liquid 4 mg/0.1ml	T1	
naltrexone hcl oral tablet 50 mg	T1	
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***)	T2	PA; QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (***methylnaltrexone bromide***)	T2	PA; QL (18 ml per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (***methylnaltrexone bromide***)	T2	PA; QL (12 ml per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML (***methylnaltrexone bromide***)	T2	PA
REXTOVY NASAL LIQUID 4 MG/0.25ML (***naloxone hcl***)	T2	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	T2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (***naloxone hcl***)	T2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (***buprenorphine hcl-naloxone hcl***)	T2	PA
Opioid Partial Agonists		
buprenorphine hcl sublingual tablet sublingual 2 mg, 8 mg	T1	
buprenorphine hcl-naloxone hcl sublingual film 12-3 mg, 2-0.5 mg, 4-1 mg, 8-2 mg	T1	PA
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg	T1	QL (180 EA per 30 days)
buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg	T1	QL (90 EA per 30 days)
butorphanol tartrate nasal solution 10 mg/ml	T1	PA
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.5ML, 300 MG/1.5ML (***buprenorphine***)	T2	
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG, 1.4-0.36 MG, 11.4-2.9 MG, 2.9-0.71 MG, 5.7-1.4 MG, 8.6-2.1 MG (***buprenorphine hcl-naloxone hcl***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Phenothiazines		
chlorpromazine hcl oral concentrate 100 mg/ml	T1	
chlorpromazine hcl oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	T1	
prochlorperazine (Compro Rectal Suppository 25 Mg)	T1	
fluphenazine hcl oral concentrate 5 mg/ml	T1	
fluphenazine hcl oral elixir 2.5 mg/5ml	T1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	T1	
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	T1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	T1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	T1	
prochlorperazine rectal suppository 25 mg	T1	
thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg	T1	
trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg	T1	
Respiratory And Cns Stimulants		
atomoxetine hcl oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	T1	QL (30 EA per 30 days)
butalbital-apap-caff-cod oral capsule 50-325-40-30 mg	T1	
butalbital-apap-caffeine oral tablet 50-325-40 mg	T1	
dexmethylphenidate hcl oral tablet 10 mg	T1	QL (60 EA per 30 days)
dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg	T1	
ergotamine-caffeine oral tablet 1-100 mg	T1	
methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg	T1	QL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg	T1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	T1	QL (30 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg	T1	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 18 Years)
methylphenidate hcl er (osm) oral tablet extended release 36 mg	T1	QL (60 EA per 30 days)
methylphenidate hcl er (osm) oral tablet extended release 54 mg	T1	
methylphenidate hcl er oral tablet extended release 10 mg	T1	QL (90 EA per 30 days)
methylphenidate hcl er oral tablet extended release 20 mg	T1	PA; QL (90 EA per 30 days); AL (Max 18 Years)
methylphenidate hcl er oral tablet extended release 24 hour 18 mg, 27 mg	T1	PA; QL (30 EA per 30 days); AL (Min 4 Years and Max 18 Years)
methylphenidate hcl er oral tablet extended release 24 hour 36 mg	T1	QL (60 EA per 30 days)
methylphenidate hcl er oral tablet extended release 24 hour 54 mg	T1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	T1	QL (90 EA per 30 days)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (***ergotamine-caffeine***)	T2	
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG, 200 MG (***viloxazine hcl***)	T2	PA
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
theophylline oral elixir 80 mg/15ml	T1	
Reversible Cox-1/Cox-2 Inhibitors		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (***ketorolac tromethamine***)	T2	PA
childrens ibuprofen 100 oral suspension 100 mg/5ml	T1	
childrens ibuprofen oral suspension 100 mg/5ml, 200 mg/10ml	T1	
cvs childrens ibuprofen oral suspension 100 mg/5ml	T1	
cvs ibuprofen childrens oral suspension 100 mg/5ml	T1	
diclofenac sodium external gel 3 %	T1	PA
eq ibuprofen childrens oral suspension 100 mg/5ml	T1	
eql childrens ibuprofen oral suspension 100 mg/5ml	T1	
etodolac oral capsule 200 mg, 300 mg	T1	
etodolac oral tablet 400 mg, 500 mg	T1	
flurbiprofen sodium ophthalmic solution 0.03 %	T1	
gnp childrens ibuprofen oral suspension 100 mg/5ml	T1	
goodsense ibuprofen childrens oral suspension 100 mg/5ml	T1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	T1	
ibuprofen childrens oral suspension 100 mg/5ml, 200 mg/10ml	T1	
ibuprofen oral suspension 100 mg/5ml	T1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	T1	
indomethacin oral capsule 25 mg, 50 mg	T1	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	T1	
ketorolac tromethamine oral tablet 10 mg	T1	QL (20 EA per 5 days)
meloxicam oral tablet 15 mg, 7.5 mg	T1	

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nabumetone oral tablet 500 mg, 750 mg	T1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	
piroxicam oral capsule 10 mg, 20 mg	T1	
ra ibuprofen childrens oral suspension 100 mg/5ml	T1	
sulindac oral tablet 150 mg, 200 mg	T1	
Salicylates		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	T1	QL (60 EA per 30 days); AL (Min 21 Years)
salsalate oral tablet 500 mg, 750 mg	T1	
Sel.Serotonin,Norepi Reuptake Inhibitor		
desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg	T1	
duloxetine hcl oral capsule delayed release particles 20 mg	T1	
duloxetine hcl oral capsule delayed release particles 30 mg, 60 mg	T1	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran hcl***)	T2	ST; QL (60 EA per 30 days)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG (***milnacipran hcl***)	T2	ST; QL (55 EA per 28 days)
venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg	T1	
venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	T1	
Selective Serotonin Agonists		
naratriptan hcl oral tablet 1 mg, 2.5 mg	T1	QL (9 EA per 30 days)
rizatriptan benzoate oral tablet 10 mg, 5 mg	T1	QL (12 EA per 30 days)
rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg	T1	QL (12 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sumatriptan nasal solution 20 mg/act, 5 mg/act	T1	ST; QL (6 EA per 30 days)
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	T1	QL (18 EA per 30 days)
sumatriptan succinate refill subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml	T1	PA
sumatriptan succinate subcutaneous solution 6 mg/0.5ml	T1	PA; QL (6 ml per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml	T1	PA; QL (6 ml per 30 days)
sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml	T1	PA
zolmitriptan oral tablet 2.5 mg, 5 mg	T1	ST; QL (6 EA per 30 days)
zolmitriptan oral tablet dispersible 2.5 mg, 5 mg	T1	ST; QL (6 EA per 30 days)
Selective-Serotonin Reuptake Inhibitors		
citalopram hydrobromide oral solution 10 mg/5ml, 20 mg/10ml	T1	
citalopram hydrobromide oral tablet 10 mg, 20 mg	T1	
citalopram hydrobromide oral tablet 40 mg	T1	QL (30 EA per 30 days)
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	T1	
fluoxetine hcl (pmdd) oral tablet 10 mg	T1	
fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg	T1	
fluoxetine hcl oral solution 20 mg/5ml	T1	
fluoxetine hcl oral tablet 10 mg	T1	
fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg	T1	
paroxetine hcl oral suspension 10 mg/5ml	T1	AL (Max 5 Years)
paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg	T1	
sertraline hcl oral concentrate 20 mg/ml	T1	
sertraline hcl oral tablet 100 mg, 25 mg, 50 mg	T1	
Serotonin Modulators		

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg	T1	
mirtazapine oral tablet dispersible 15 mg, 45 mg	T1	
mirtazapine oral tablet dispersible 30 mg	T1	QL (30 EA per 30 days)
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	T1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine hbr***)	T2	PA; QL (30 EA per 30 days)
Succinimides		
ethosuximide oral capsule 250 mg	T1	
ethosuximide oral solution 250 mg/5ml	T1	
Thioxanthenes		
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	T1	
Tricyclics, Other Norepi-Ru Inhibitors		
amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	T1	PA
clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg	T1	
desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
doxepin hcl oral concentrate 10 mg/ml	T1	
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	T1	
nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	T1	
nortriptyline hcl oral solution 10 mg/5ml	T1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	T1	
protriptyline hcl oral tablet 10 mg, 5 mg	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Wakefulness-Promoting Agents		
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	T1	PA
diclofenac sodium oral tablet delayed release 75 mg	T1	
modafinil oral tablet 100 mg, 200 mg	T1	PA
sodium oxybate oral solution 500 mg/ml	T1	PA
Dental Agents		
Dental Agents		
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	T1	AL (Max 5 Years)
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	T1	AL (Max 5 Years)
multivitamin/fluoride oral suspension 0.25 mg/ml	T1	AL (Max 5 Years)
multivitamin/fluoride oral tablet chewable 0.5 mg	T1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	T1	
Nutritional Supplements		
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	T1	AL (Max 5 Years)
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	T1	AL (Max 5 Years)
multivitamin/fluoride oral suspension 0.25 mg/ml	T1	AL (Max 5 Years)
multivitamin/fluoride oral tablet chewable 0.5 mg	T1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	T1	
Devices		
Devices		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK FASTCLIX LANCETS (***lancets***)	T2	QL (200 EA per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (***lancets***)	T2	QL (200 EA per 30 days)
ACE AEROSOL CLOUD ENHANCER (***respiratory therapy supplies***)	T2	QL (2 EA per 365 days)
adult mask device	T1	QL (1 EA per 365 days)
adult mask large	T1	QL (2 EA per 365 days)
ADVOCATE ALCOHOL PREP PADS PAD 70 % (***alcohol swabs***)	T2	
ADVOCATE INSULIN SYRINGE 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
ADVOCATE LANCETS (***lancets***)	T2	QL (200 EA per 30 days)
AEROCHAMBER MINI CHAMBER DEVICE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
AEROCHAMBER MV (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU LARGE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU MEDIUM (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLO-VU SMALL (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
AEROCHAMBER PLUS FLOW VU (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS CHAMBR (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/LARGE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROCHAMBER Z-STAT PLUS/MEDIUM (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
AEROCHAMBER Z-STAT PLUS/SMALL (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
AEROECLIPSE II NEBULIZER (***nebulizers***)	T2	QL (1 EA per 365 days)
AEROTRACH PLUS (***respiratory therapy supplies***)	T2	QL (2 EA per 365 days)
AEROVENT PLUS DEVICE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
AGAMATRIX ULTRA-THIN LANCETS (***lancets***)	T2	QL (200 EA per 30 days)
AIRS DISPOSABLE NEBULIZER KIT (***respiratory therapy supplies***)	T2	QL (1 EA per 365 days)
AIRZONE PEAK FLOW METER DEVICE (***peak flow meter***)	T2	QL (1 EA per 365 days)
alcohol pads pad 70 %	T1	
alcohol prep pad , 70 %	T1	
alcohol swabs pad , 70 %	T1	
ASSURE LANCE LANCETS (***lancets***)	T2	QL (200 EA per 30 days)
BD INS SYR ULTRAFINE 1/2UNIT 31G X 5/16" 0.3 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
BD INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
BD INSULIN SYRINGE HALF-UNIT 31G X 5/16" 0.3 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
BD INSULIN SYRINGE MICROFINE 27G X 5/8" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
BD INSULIN SYRINGE U/F 30G X 1/2" 1 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE ULTRAFINE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 5/16" 0.5 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
BD LUER-LOK SYRINGE 21G X 1-1/2" 3 ML (***syringe/needle (disp)***)	T2	QL (30 EA per 30 days)
BD PEN NEEDLE MINI U/F 31G X 5 MM (***insulin pen needle***)	T2	QL (200 EA per 30 days)
BD PEN NEEDLE MINI ULTRAFINE 31G X 5 MM (***insulin pen needle***)	T2	QL (200 EA per 30 days)
BD PEN NEEDLE NANO 2ND GEN 32G X 4 MM (***insulin pen needle***)	T2	QL (200 EA per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE 29G X 1/2" 0.5 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT 31G X 15/64" 0.3 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
BD VEO INSULIN SYRINGE U/F 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
BREATHERITE VALVED MDI CHAMBER DEVICE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
CARETOUCH ALCOHOL PREP PAD 70 % (***alcohol swabs***)	T2	
CLEVER CHOICE HOLDING CHAMBER DEVICE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
CLEVER CHOICE LANCETS 28G (***lancets***)	T2	QL (200 EA per 30 days)
comfort assured lancets 33g	T1	QL (200 EA per 30 days)
COMPACT SPACE CHAMBER DEVICE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPACT SPACE CHAMBER/LG MASK DEVICE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/MED MASK DEVICE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
COMPACT SPACE CHAMBER/SM MASK DEVICE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
CURITY ALCOHOL PREPS PAD 70 % (***alcohol swabs***)	T2	
cvs alcohol prep pads pad 70 %	T1	
cvs nyplex gloves	T1	QL (50 EA per 30 days)
cvs prep pad 70 %	T1	
cvs super-soft vinyl gloves	T1	QL (50 EA per 30 days)
cvs ultra thin lancets	T1	QL (200 EA per 30 days)
DROPSAFE ALCOHOL PREP PAD 70 % (***alcohol swabs***)	T2	
EASIVENT (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
EASIVENT MASK LARGE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
EASIVENT MASK MEDIUM (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
EASIVENT MASK SMALL (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
easy comfort alcohol pads pad	T1	
easy comfort lancets	T1	QL (200 EA per 30 days)
EASY TOUCH ALCOHOL PREP MEDIUM PAD 70 % (***alcohol swabs***)	T2	
EASY TOUCH INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
EASY TOUCH LANCETS 30G/TWIST (***lancets***)	T2	QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBECTA AUTOSHIELD DUO 30G X 5 MM (***insulin pen needle***)	T2	QL (200 EA per 30 days)
EMBECTA INS SYR U/F 1/2 UNIT 31G X 15/64" 0.3 ML, 31G X 5/16" 0.3 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
EMBECTA INSULIN SYR ULTRAFINE 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
EMBECTA INSULIN SYRINGE U-100 27G X 5/8" 1 ML, 28G X 1/2" 1 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO 2 GEN 32G X 4 MM (***insulin pen needle***)	T2	QL (200 EA per 30 days)
EMBECTA PEN NEEDLE NANO 32G X 4 MM (***insulin pen needle***)	T2	
EMBECTA PEN NEEDLE ULTRAFINE 29G X 12.7MM , 31G X 8 MM , 32G X 6 MM (***insulin pen needle***)	T2	
EMBECTA PEN NEEDLE ULTRAFINE 31G X 5 MM (***insulin pen needle***)	T2	QL (200 EA per 30 days)
eq space chamber anti-static device	T1	QL (2 EA per 365 days)
eq space chamber anti-static l device	T1	QL (2 EA per 365 days)
eq space chamber anti-static m device	T1	QL (2 EA per 365 days)
eq space chamber anti-static s device	T1	QL (2 EA per 365 days)
eql alcohol swabs pad 70 %	T1	
FIFTY50 ALCOHOL PREP PAD 70 % (***alcohol swabs***)	T2	
FINGERSTIX LANCETS (***lancets***)	T2	QL (200 EA per 30 days)
FLEXICHAMBER ADULT MASK/SMALL (***spacer/aero-hold chamber mask***)	T2	QL (2 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLEXICHAMBER CHILD MASK/LARGE (***spacer/aero-hold chamber mask***)	T2	QL (2 EA per 365 days)
FLEXICHAMBER CHILD MASK/SMALL (***spacer/aero-hold chamber mask***)	T2	QL (2 EA per 365 days)
FLEXICHAMBER DEVICE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
FORA LANCETS (***lancets***)	T2	QL (200 EA per 30 days)
FREESTYLE FREEDOM LITE KIT W/DEVICE (***blood glucose monitoring suppl***)	T2	QL (1 EA per 365 days)
FREESTYLE LANCETS (***lancets***)	T2	QL (200 EA per 30 days)
FREESTYLE LITE DEVICE (***blood glucose monitoring suppl***)	T2	QL (1 EA per 365 days)
FREESTYLE LITE KIT W/DEVICE (***blood glucose monitoring suppl***)	T2	
global alcohol prep ease pad 70 %	T1	
global inject ease lancets 30g	T1	QL (200 EA per 30 days)
gnp alcohol swabs pad 70 %	T1	
gnp insulin syringe 31g x 5/16" 0.5 ml	T1	QL (200 EA per 30 days)
h-e-b incontrol alcohol pad	T1	
INNOSPIRE ELEGANCE NEBULIZER (***nebulizers***)	T2	QL (1 EA per 365 days)
INNOSPIRE ESSENCE NEBULIZER (***nebulizers***)	T2	QL (1 EA per 365 days)
insulin syringe 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 1 ml	T1	QL (200 EA per 30 days)
insulin syringe-needle u-100 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	T1	QL (200 EA per 30 days)
lancets	T1	QL (200 EA per 30 days)
lancets 28g thin	T2	QL (200 EA per 30 days)
lancets thin	T1	QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANCETS ULTRA THIN (***lancets***)	T2	QL (200 EA per 30 days)
lancets ultra thin 30g	T2	QL (200 EA per 30 days)
lite touch lancets	T1	QL (200 EA per 30 days)
LITETOUCH MASK LARGE (***respiratory therapy supplies***)	T2	QL (2 EA per 365 days)
LITETOUCH MASK MEDIUM (***respiratory therapy supplies***)	T2	QL (2 EA per 365 days)
LITETOUCH MASK SMALL (***respiratory therapy supplies***)	T2	QL (2 EA per 365 days)
MICROCHAMBER (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
MICROCHAMBER DEVICE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
MICROLET LANCETS (***lancets***)	T2	QL (200 EA per 30 days)
MICROSPACER (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
MINI WRIGHT PEAK FLOW METER DEVICE (***peak flow meter***)	T2	QL (1 EA per 365 days)
MONOJECT INSULIN SYRINGE 28G X 1/2" 0.5 ML, 30G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
MONOJECT ULTRA COMFORT SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 0.5 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
nebulizer air tube/plugs	T1	QL (1 EA per 365 days)
nebulizer/tubing/mouthpiece kit	T1	QL (1 EA per 365 days)
one-way valved expiratory mouthpiece	T1	QL (2 EA per 365 days)
one-way valved inspiratory mouthpiece	T1	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-LG MASK DEVICE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPTICHAMBER DIAMOND-MD MASK (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
OPTICHAMBER DIAMOND-SM MASK (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
PANDA MASK LARGE (***spacer/aero-hold chamber mask***)	T2	QL (2 EA per 365 days)
PANDA MASK MEDIUM (***spacer/aero-hold chamber mask***)	T2	QL (2 EA per 365 days)
PANDA MASK SMALL (***spacer/aero-hold chamber mask***)	T2	QL (2 EA per 365 days)
PARI LC PLUS NEBULIZER (***nebulizers***)	T2	QL (1 EA per 365 days)
PARI VORTEX ADULT MASK (***spacer/aero-hold chamber mask***)	T2	QL (2 EA per 365 days)
PEAK AIR PEAK FLOW METER DEVICE (***peak flow meter***)	T2	QL (1 EA per 365 days)
pediatric medium mask	T1	QL (2 EA per 365 days)
pediatric mouthpiece	T1	QL (2 EA per 365 days)
PEDIATRIC PANDA MASK (***spacer/aero-hold chamber mask***)	T2	QL (2 EA per 365 days)
pediatric small mask	T1	QL (2 EA per 365 days)
PERSONAL BEST FULL RANGE DEVICE (***peak flow meter***)	T2	QL (2 EA per 365 days)
PHARMACIST CHOICE ALCOHOL PAD (***alcohol swabs***)	T2	
PHARMACIST CHOICE LANCETS (***lancets***)	T2	QL (200 EA per 30 days)
POCKET CHAMBER DEVICE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
POCKET PEAK FLOW METER DEVICE (***peak flow meter***)	T2	QL (1 EA per 365 days)
PRECISION XTRA-GLUCOSE/KETONE DEVICE (***blood glucose/ketone monitor***)	T2	QL (1 EA per 365 days)
pro comfort alcohol pad 70 %	T1	
pro comfort spacer adult	T1	QL (2 EA per 365 days)

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pro comfort spacer child	T1	QL (2 EA per 365 days)
pro comfort spacer infant device	T1	QL (2 EA per 365 days)
procare spacer/adult mask device	T1	QL (2 EA per 365 days)
procare spacer/child mask device	T1	QL (2 EA per 365 days)
PRODIGY SAFETY LANCETS 26G (***lancets***)	T2	QL (200 EA per 30 days)
PRODIGY TWIST TOP LANCETS 28G (***lancets***)	T2	QL (200 EA per 30 days)
pure comfort alcohol prep pad	T1	
pure comfort spacer chamber device	T1	QL (2 EA per 365 days)
qc alcohol swabs pad 70 %	T1	
qc lancets super thin 30g	T1	QL (200 EA per 30 days)
ra alcohol swabs pad 70 %	T1	
ra extended cuff nitrile glove	T1	QL (50 EA per 30 days)
ra vinyl gloves	T1	QL (50 EA per 30 days)
RELION ALCOHOL SWABS PAD 70 % (***alcohol swabs***)	T2	
RELION INSULIN SYRINGE 29G X 1/2" 0.5 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
RELION LANCETS THIN 26G (***lancets***)	T2	QL (200 EA per 30 days)
RELION LANCETS ULTRA-THIN 30G (***lancets***)	T2	QL (200 EA per 30 days)
RITEFLO DEVICE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
SAMI THE SEAL NEBULIZER SYSTEM KIT (***respiratory therapy supplies***)	T2	QL (1 EA per 365 days)
saps care alcohol prep pad 70 %	T1	
saps health alcohol prep pad , 70 %	T1	
saps health care alcohol prep pad 70 %	T1	
SIDESTREAM PEDIATRIC FACE MASK (***respiratory therapy supplies***)	T2	QL (2 EA per 365 days)
silicone mask/infant	T1	QL (2 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
silicone mask/pediatric	T1	QL (2 EA per 365 days)
sure comfort alcohol prep pad 70 %	T1	
sure comfort insulin syringe 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 29g x 1/2" 0.3 ml, 29g x 1/2" 0.5 ml, 29g x 1/2" 1 ml, 30g x 1/2" 0.5 ml, 30g x 1/2" 1 ml, 30g x 5/16" 0.3 ml, 30g x 5/16" 0.5 ml, 30g x 5/16" 1 ml, 31g x 5/16" 0.3 ml, 31g x 5/16" 0.5 ml, 31g x 5/16" 1 ml	T1	QL (200 EA per 30 days)
sure comfort lancets 30g	T1	QL (200 EA per 30 days)
TECHLITE LANCETS (***lancets***)	T2	QL (200 EA per 30 days)
true comfort alcohol prep pads pad 70 %	T1	
true comfort pro alcohol prep pad 70 %	T1	
TRUEPLUS INSULIN SYRINGE 28G X 1/2" 0.5 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
TRUEPLUS LANCETS 28G (***lancets***)	T2	QL (200 EA per 30 days)
TRUEPLUS LANCETS 30G (***lancets***)	T2	QL (200 EA per 30 days)
TRUEPLUS LANCETS 33G (***lancets***)	T2	QL (200 EA per 30 days)
TRUEPLUS SAFETY LANCETS 28G (***lancets***)	T2	QL (200 EA per 30 days)
TRUZONE PEAK FLOW METER DEVICE (***peak flow meter***)	T2	QL (1 EA per 365 days)
tubing/wing tip	T1	QL (1 EA per 365 days)
ULTICARE ALCOHOL SWABS PAD , 70 % (***alcohol swabs***)	T2	
ULTICARE INSULIN SYRINGE 28G X 1/2" 0.5 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (***insulin syringe-needle u-100***)	T2	QL (200 EA per 30 days)
ultilet alcohol swabs pad	T1	
ULTILET CLASSIC LANCETS (***lancets***)	T2	QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTILET LANCETS (***lancets***)	T2	QL (200 EA per 30 days)
ultra-care alcohol prep pads pad 70 %	T1	
ultra-soft gloves	T1	QL (50 EA per 30 days)
UNILET COMFORTOUCH LANCET (***lancets***)	T2	QL (200 EA per 30 days)
UNILET EXCELITE II (***lancets***)	T2	QL (200 EA per 30 days)
vinyl gloves	T1	QL (50 EA per 30 days)
vinyl gloves one size	T1	QL (50 EA per 30 days)
VIOS AEROSOL DELIVERY SYSTEM (***nebulizers***)	T2	QL (1 EA per 365 days)
VIOS LC PLUS (***nebulizers***)	T2	QL (1 EA per 365 days)
VIOS LC SPRINT (***nebulizers***)	T2	QL (1 EA per 365 days)
VORTEX VALVED HOLDING CHAMBER DEVICE (***spacer/aero-holding chambers***)	T2	QL (2 EA per 365 days)
WEBCOL ALCOHOL PREP LARGE PAD 70 % (***alcohol swabs***)	T2	
WEBCOL ALCOHOL PREP MEDIUM PAD 70 % (***alcohol swabs***)	T2	
Diagnostic Agents		
Adrenocortical Insufficiency		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (***corticotropin***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
CORTROPHIN INJECTION GEL 80 UNIT/ML (***corticotropin***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Cardiac Function		
aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg	T1	QL (60 EA per 30 days); AL (Min 21 Years)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	T1	
Diabetes Mellitus		
FREESTYLE INSULINX TEST IN VITRO STRIP (***glucose blood***)	T2	QL (200 EA per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP (***glucose blood***)	T2	QL (200 EA per 30 days)
FREESTYLE TEST IN VITRO STRIP (***glucose blood***)	T2	QL (200 EA per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (***glucose blood***)	T2	QL (200 EA per 30 days)
Diagnostic Agents		
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT (***covid-19 at home test***)	T2	QL (8 EA per 30 days)
CARESTART COVID-19 HOME TEST IN VITRO KIT (***covid-19 at home test***)	T2	QL (8 EA per 30 days)
ellume covid-19 home test in vitro kit	T1	QL (8 EA per 30 days)
fastep covid-19 antigen test kit in vitro	T1	QL (8 EA per 30 days)
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT (***covid-19 at home test***)	T2	QL (8 EA per 30 days)
IHEALTH COVID-19 RAPID TEST IN VITRO KIT (***covid-19 at home test***)	T2	QL (8 EA per 30 days)
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT (***covid-19 at home test***)	T2	QL (8 EA per 30 days)
LUCIRA CHECK IT COVID-19 TEST IN VITRO KIT (***covid-19 at home test***)	T2	QL (8 EA per 30 days)
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT (***covid-19 at home test***)	T2	QL (8 EA per 30 days)
Ketones		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ketone test in vitro strip	T1	QL (100 EA per 30 days)
KETOSTIX IN VITRO STRIP (***acetone (urine) test***)	T2	QL (100 EA per 30 days)
RELION KETONE TEST IN VITRO STRIP (***acetone (urine) test***)	T2	QL (100 EA per 30 days)
Myasthenia Gravis		
neostigmine methylsulfate intravenous solution 10 mg/10ml, 3 mg/3ml, 5 mg/10ml, 5 mg/5ml	T1	PA
neostigmine methylsulfate intravenous solution prefilled syringe 3 mg/3ml	T1	PA
Sugar		
DIASTIX IN VITRO STRIP (***glucose urine test-glucose ox***)	T2	
Urine And Feces Contents		
CVS KETONE CARE IN VITRO STRIP (***urine glucose-ketones test***)	T2	QL (100 EA per 30 days)
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
potassium citrate er oral tablet extended release 10 meq (1080 mg)	T1	QL (180 EA per 30 days)
potassium citrate er oral tablet extended release 5 meq (540 mg)	T1	QL (60 EA per 30 days)
Ammonia Detoxicants		
constulose oral solution 10 gm/15ml	T1	
enulose oral solution 10 gm/15ml	T1	
generlac oral solution 10 gm/15ml	T1	
lactulose encephalopathy oral solution 10 gm/15ml	T1	
lactulose oral solution 10 gm/15ml	T1	
Carbonic Anhydrase Inhibitors (40:28)		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acetazolamide er oral capsule extended release 12 hour 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
Diuretics, Miscellaneous		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	
theophylline oral elixir 80 mg/15ml	T1	
Irrigating Solutions		
ARGYLE STERILE SALINE IRRIGATION SOLUTION 0.9 % (***sodium chloride (gu irrigant)***)	T1	QL (20000 ML per 30 days)
sodium chloride irrigation solution 0.9 %	T1	SP (Quantity limit of 20,000 ml per 30 days); QL (20000 ML per 30 days)
Loop Diuretics (40:28)		
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	T1	ST
ethacrynic acid oral tablet 25 mg	T1	PA
furosemide oral solution 10 mg/ml	T1	PA
furosemide oral tablet 20 mg, 40 mg, 80 mg	T1	
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	T1	
Osmotic Diuretics (40:28)		
urea external cream 40 %	T1	QL (200 GM per 30 days)
Phosphate-Removing Agents		
calcium acetate (phos binder) oral capsule 667 mg	T1	
calcium acetate (phos binder) oral tablet 667 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium acetate oral tablet 667 mg	T1	
ferric citrate oral tablet 1 gm 210 mg(fe)	T1	PA
FOSRENOL ORAL PACKET 1000 MG, 750 MG (***lanthanum carbonate***)	T2	PA
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	T1	PA
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	T1	PA
sevelamer carbonate oral tablet 800 mg	T1	
sevelamer hcl oral tablet 400 mg, 800 mg	T1	PA
VELPHORO ORAL TABLET CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	T2	PA
Potassium-Removing Agents		
LOKELMA ORAL PACKET 10 GM, 5 GM (***sodium zirconium cyclosilicate***)	T2	QL (34 EA per 30 days)
VELTASSA ORAL PACKET 1 GM (***patiromer sorbitex calcium***)	T2	ST; QL (60 EA per 30 days)
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM (***patiromer sorbitex calcium***)	T2	ST; QL (30 EA per 30 days)
Potassium-Sparing Diuretics (40:28)		
amiloride hcl oral tablet 5 mg	T1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	T1	
spironolactone-hctz oral tablet 25-25 mg	T1	
triamterene-hctz oral capsule 37.5-25 mg	T1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	T1	
Replacement Preparations		
calcium acetate (phos binder) oral capsule 667 mg	T1	
calcium acetate (phos binder) oral tablet 667 mg	T1	
calcium acetate oral tablet 667 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
complete natal dha oral 29-1-200 & 200 mg	T1	AL (Max 50 Years)
cvs daily multiple for men oral tablet	T1	
cvs one daily essential oral tablet	T1	
essential one daily multivit oral tablet	T1	
potassium chloride crys er (Klor-Con M10 Oral Tablet Extended Release 10 Meq)	T1	
potassium chloride crys er (Klor-Con M20 Oral Tablet Extended Release 20 Meq)	T1	
potassium chloride (Klor-Con Oral Packet 20 Meq)	T1	
kp mag-oxide magnesium oral tablet 200 mg	T1	
K-PHOS ORAL TABLET 500 MG (***potassium phosphate monobasic***)	T2	
kpn prenatal oral tablet 0.1 mg	T1	AL (Max 50 Years)
levetiracetam in nacl intravenous solution 1000 mg/100ml, 1500 mg/100ml, 500 mg/100ml	T1	
magnesium oral tablet 400 mg	T1	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	T1	
MAGNESIUM-OXIDE ORAL TABLET 400 (240 MG) MG (***magnesium oxide***)	T1	
MAG-OXIDE ORAL TABLET 200 MG (***magnesium oxide***)	T1	
mgo oral tablet 400 (240 mg) mg	T1	
PHOSPHO-TRIN K500 ORAL TABLET 500 MG (***potassium phosphate monobasic***)	T2	
potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq	T1	
potassium chloride er oral capsule extended release 10 meq, 8 meq	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq	T1	
potassium chloride oral packet 20 meq	T1	
potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)	T1	
prenatal (w/iron & fa) oral tablet 27-0.8 mg	T1	AL (Max 50 Years)
prenatal/iron oral tablet	T1	AL (Max 50 Years)
Thiazide Diuretics (40:28)		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	T1	PA
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	T1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	T1	
candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	T1	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan-chlorthalidone***)	T2	PA
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	T1	
hydrochlorothiazide oral capsule 12.5 mg	T1	
hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg	T1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	T1	QL (30 EA per 30 days)
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	T1	
losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	T1	
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	T1	PA
quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg	T1	
spironolactone-hctz oral tablet 25-25 mg	T1	
telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	T1	PA
triamterene-hctz oral capsule 37.5-25 mg	T1	
triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg	T1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	T1	QL (30 EA per 30 days)
Thiazide-Like Diuretics (40:28)		
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	T1	
chlorthalidone oral tablet 25 mg, 50 mg	T1	
indapamide oral tablet 1.25 mg, 2.5 mg	T1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	T1	ST; QL (30 EA per 30 days)
Uricosuric Agents		
colchicine-probenecid oral tablet 0.5-500 mg	T1	
probenecid oral tablet 500 mg	T1	
Enzymes		
Enzymes		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5ML (***laronidase***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (***pancrelipase (lip-prot-amyl)***)	T2	AL (Min 21 Years)
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (***dornase alfa***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (***collagenase***)	T2	PA
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (***pancrelipase (lip-prot-amyl)***)	T2	AL (Min 21 Years)
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (52:40)		
apraclonidine hcl ophthalmic solution 0.5 %	T1	
brimonidine tartrate ophthalmic solution 0.2 %	T1	
Antiallergic Agents		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	T1	
azelastine hcl ophthalmic solution 0.05 %	T1	
bepotastine besilate ophthalmic solution 1.5 %	T1	PA
cromolyn sodium inhalation nebulization solution 20 mg/2ml	T1	
cromolyn sodium ophthalmic solution 4 %	T1	
cromolyn sodium oral concentrate 100 mg/5ml	T1	
cvs allergy eye drops ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
cvs eye itch relief ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs olopatadine hcl ophthalmic solution 0.1 %	T1	QL (5 ML per 30 days)
cvs olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 30 days)
epinastine hcl ophthalmic solution 0.05 %	T1	PA
eq eye itch relief ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
eye allergy itch relief ophthalmic solution 0.2 %	T1	QL (2.5 ML per 30 days)
eye allergy itch/redness rel ophthalmic solution 0.1 %	T1	QL (5 ML per 30 days)
eye itch relief ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
gnp olopatadine hcl ophthalmic solution 0.1 %	T1	QL (5 ML per 30 days)
gnp olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 30 days)
ketotifen fumarate ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
olopatadine hcl ophthalmic solution 0.1 %	T1	QL (5 ML per 30 days)
olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 30 days)
PATADAY OPHTHALMIC SOLUTION 0.7 % (***olopatadine hcl***)	T2	PA
qc olopatadine hcl ophthalmic solution 0.2 %	T1	QL (2.5 ML per 30 days)
ra eye itch relief ophthalmic solution 0.035 %	T1	QL (10 ML per 30 days)
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (***cetirizine hcl***)	T2	PA
Antibacterials (52:04)		
AZASITE OPHTHALMIC SOLUTION 1 % (***azithromycin***)	T2	PA
bacitracin ophthalmic ointment 500 unit/gm	T1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	T1	
CILOXAN OPHTHALMIC OINTMENT 0.3 % (***ciprofloxacin hcl***)	T2	ST
ciprofloxacin hcl ophthalmic solution 0.3 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ciprofloxacin hcl otic solution 0.2 %	T1	PA
double antibiotic external ointment 500-10000 unit/gm	T1	
ery external pad 2 %	T1	
erythromycin external gel 2 %	T1	
erythromycin external solution 2 %	T1	
erythromycin ophthalmic ointment 5 mg/gm	T1	
gatifloxacin ophthalmic solution 0.5 %	T1	PA
gentamicin sulfate external cream 0.1 %	T1	
gentamicin sulfate external ointment 0.1 %	T1	
gentamicin sulfate ophthalmic solution 0.3 %	T1	
minocycline hcl oral capsule 100 mg	T1	ST; QL (180 EA per 365 days)
moxifloxacin hcl (2x day) ophthalmic solution 0.5 %	T1	PA
moxifloxacin hcl ophthalmic solution 0.5 %	T1	
neomycin sulfate oral tablet 500 mg	T1	QL (10 EA per 1 day)
neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000	T1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	T1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	T1	
neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025	T1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	T1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	T1	
bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)	T1	
neomycin-bacitracin zn-polymyx (Neo-Polycin Ophthalmic Ointment 3.5-400-10000)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ofloxacin ophthalmic solution 0.3 %	T1	
ofloxacin otic solution 0.3 %	T1	
poly bacitracin external ointment 500-10000 unit/gm	T1	
bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	T1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	T1	
ra double antibiotic external ointment 500-10000 unit/gm	T1	
sulfacetamide sodium ophthalmic ointment 10 %	T1	
sulfacetamide sodium ophthalmic solution 10 %	T1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	T1	
TOBI PODHALER INHALATION CAPSULE 28 MG (***tobramycin***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (***tobramycin-dexamethasone***)	T2	PA; QL (2 fills per 12 months)
tobramycin inhalation nebulization solution 300 mg/5ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
tobramycin ophthalmic solution 0.3 %	T1	
wal-sporin external ointment 500-100000 unit/gm	T1	
Anti-Infectives, Miscellaneous (52:04)		
artificial tears ophthalmic solution 0.5-0.6 %, 5-6 mg/ml	T1	QL (60 ML per 30 days)
chlorhexidine gluconate mouth/throat solution 0.12 %	T1	
CLEAR EYES NATURAL TEARS OPHTHALMIC SOLUTION 5-6 MG/ML (***polyvinyl alcohol-povidone***)	T2	QL (60 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FRESHKOTE OPHTHALMIC SOLUTION 2.7-2 % (***polyvinyl alcohol-povidone***)	T2	QL (60 ML per 30 days)
gnp artificial tears ophthalmic solution 5-6 mg/ml	T1	QL (60 ML per 30 days)
goodsense artificial tears ophthalmic solution 0.5-0.6 %	T1	QL (60 ML per 30 days)
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	T1	
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 % (***polyvinyl alcohol-povidone***)	T2	QL (60 EA per 30 days)
STYE OPHTHALMIC SOLUTION 0.5-0.6 % (***polyvinyl alcohol-povidone***)	T2	QL (60 ML per 30 days)
Anti-Inflammatory Agents (Eent)		
CEQUA OPHTHALMIC SOLUTION 0.09 % (***cyclosporine***)	T2	PA
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	AL (Min 21 Years)
cyclosporine modified oral solution 100 mg/ml	T1	AL (Min 21 Years)
cyclosporine ophthalmic emulsion 0.05 %	T1	ST; QL (60 EA per 30 days)
cyclosporine oral capsule 100 mg, 25 mg	T1	AL (Min 21 Years)
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	AL (Min 21 Years)
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	T1	AL (Min 21 Years)
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (***perfluorohexyloctane***)	T2	PA
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (***cyclosporine***)	T2	PA
XIIDRA OPHTHALMIC SOLUTION 5 % (***lifitegrast***)	T2	PA; QL (60 EA per 30 days)
Antivirals (Eent)		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ganciclovir sodium intravenous solution reconstituted 500 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
trifluridine ophthalmic solution 1 %	T1	
Astringents (52:04)		
chlorhexidine gluconate mouth/throat solution 0.12 %	T1	
chlorhexidine gluconate solution , 20 %	T1	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	T1	
Beta-Adrenergic Blocking Agents (52:40)		
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	T1	
levobunolol hcl ophthalmic solution 0.5 %	T1	
timolol maleate ophthalmic solution 0.25 %, 0.5 %	T1	
Carbonic Anhydrase Inhibitors (52:40)		
acetazolamide er oral capsule extended release 12 hour 500 mg	T1	
acetazolamide oral tablet 125 mg, 250 mg	T1	
dorzolamide hcl ophthalmic solution 2 %	T1	
dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %	T1	
methazolamide oral tablet 25 mg, 50 mg	T1	
Contact Lens Solutions		
REFRESH CONTACTS DROPS SOLUTION (***soft lens products***)	T2	QL (60 ML per 30 days)
Corticosteroids (Eent)		
ala-cort external cream 1 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
allergy spray 24 hour nasal aerosol 55 mcg/act	T1	
anti-itch maximum strength external cream 1 %	T1	
AQUAPHOR ITCH RELIEF MAX STR EXTERNAL OINTMENT 1 % (***hydrocortisone***)	T1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	T1	
budesonide nasal suspension 32 mcg/act	T1	
CORTIFOAM EXTERNAL FOAM 10 % (***hydrocortisone acetate***)	T2	PA
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 ECZEMA EXTERNAL LOTION 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 EXTERNAL OINTMENT 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 OVERNIGHT ITCH EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 PLUS EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 PSORIASIS EXTERNAL LOTION 1 % (***hydrocortisone***)	T1	
CORTIZONE-10/ALOE EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
cvs budesonide nasal suspension 32 mcg/act	T1	
cvs cortisone maximum strength external cream 1 %	T1	
cvs cortisone maximum strength external lotion 1 %	T1	
cvs cortisone maximum strength external ointment 1 %	T1	
cvs nasal allergy spray nasal aerosol 55 mcg/act	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexamethasone oral elixir 0.5 mg/5ml	T1	
dexamethasone oral solution 0.5 mg/5ml	T1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	T1	
dexamethasone oral tablet therapy pack 1.5 mg (51)	T1	
dexamethasone sodium phosphate ophthalmic solution 0.1 %	T1	
difluprednate ophthalmic emulsion 0.05 %	T1	PA
eq hydrocortisone max st external cream 1 %	T1	
eq nasal allergy nasal aerosol 55 mcg/act	T1	
eql anti-itch intensive heal external cream 1 %	T1	
eql anti-itch maximum strength external cream 1 %	T1	
eql anti-itch maximum strength external ointment 1 %	T1	
FLONASE SENSIMIST CHILDRENS NASAL SUSPENSION 27.5 MCG/SPRAY (***fluticasone furoate***)	T2	
FLONASE SENSIMIST NASAL SUSPENSION 27.5 MCG/SPRAY (***fluticasone furoate***)	T2	
flunisolide nasal solution 25 mcg/act (0.025%)	T1	ST
fluocinolone acetonide external cream 0.025 %	T1	
fluocinolone acetonide external ointment 0.025 %	T1	
fluorometholone ophthalmic suspension 0.1 %	T1	
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	T1	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T1	PA; QL (60 EA per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone propionate hfa inhalation aerosol 110 mcg/act	T1	QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	T1	QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	T1	QL (10.6 GM per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	T1	
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	T1	PA; QL (12 GM per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	QL (1 EA per 30 days)
gnp 24 hour nasal allergy nasal aerosol 55 mcg/act	T1	
gnp budesonide nasal spray nasal suspension 32 mcg/act	T1	
gnp hydrocortisone max st external ointment 1 %	T1	
gnp hydrocortisone plus external cream 1 %	T1	
goodsense nasal allergy spray nasal aerosol 55 mcg/act	T1	
hydrocortisone (perianal) external cream 1 %, 2.5 %	T1	
hydrocortisone acetate rectal suppository 25 mg	T1	
hydrocortisone acetate rectal suppository 30 mg	T1	PA
hydrocortisone anti-itch external cream 1 %	T1	
hydrocortisone external cream 0.5 %, 1 %, 2.5 %	T1	
hydrocortisone external lotion 1 %, 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone max st external cream 1 %	T1	
hydrocortisone max st external ointment 1 %	T1	
hydrocortisone max st/12 moist external cream 1 %	T1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	T1	
hydrocortisone rectal enema 100 mg/60ml	T1	
hydrocortisone/aloe max str external cream 1 %	T1	
hydrocortisone-acetic acid otic solution 1-2 %	T1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (***dexamethasone***)	T2	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
mometasone furoate external cream 0.1 %	T1	
mometasone furoate external ointment 0.1 %	T1	
mometasone furoate nasal suspension 50 mcg/act	T1	ST; QL (17 GM per 30 days)
nasal allergy 24 hour nasal aerosol 55 mcg/act	T1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	T1	
neomycin-polymyxin-dexameth ophthalmic suspension 0.1 %, 3.5-10000-0.1	T1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	T1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	T1	
bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)	T1	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (***prednisolone acetate***)	T2	
prednisolone acetate ophthalmic suspension 1 %	T1	
prednisolone oral solution 15 mg/5ml	T1	
prednisolone sodium phosphate ophthalmic solution 1 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml	T1	
PREPARATION H EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (***hydrocortisone ace-pramoxine***)	T2	PA
hydrocortisone (Procto-Med Hc External Cream 2.5 %)	T1	
hydrocortisone (Proctosol Hc External Cream 2.5 %)	T1	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	T1	
qc hydrocortisone max st external cream 1 %	T1	
ra anti-itch maximum strength external cream 1 %	T1	
ra anti-itch maximum strength external ointment 1 %	T1	
ra budesonide nasal suspension 32 mcg/act	T1	
ra nasal allergy nasal aerosol 55 mcg/act	T1	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	T1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (***tobramycin-dexamethasone***)	T2	PA; QL (2 fills per 12 months)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	T2	PA; QL (60 EA per 30 days)
triamcinolone acetonide nasal aerosol 55 mcg/act	T1	
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	T1	QL (60 EA per 30 days)
Eent Anti-Inflammatory Agents, Misc.		
CEQUA OPHTHALMIC SOLUTION 0.09 % (***cyclosporine***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclosporine ophthalmic emulsion 0.05 %	T1	ST; QL (60 EA per 30 days)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (***cyclosporine***)	T2	PA
XIIDRA OPHTHALMIC SOLUTION 5 % (***lifitegrast***)	T2	PA; QL (60 EA per 30 days)
Eent Drugs, Miscellaneous		
acetic acid otic solution 2 %	T1	
ADVANCED EYE RELIEF OPHTHALMIC SOLUTION 1-0.3 % (***propylene glycol-glycerin***)	T2	QL (60 ML per 30 days)
ALCON TEARS OPHTHALMIC SOLUTION 0.5 % (***hypromellose***)	T2	QL (60 ML per 30 days)
apraclonidine hcl ophthalmic solution 0.5 %	T1	
artificial tears ophthalmic solution 0.1-0.3 %	T1	QL (60 EA per 30 days)
artificial tears ophthalmic solution 0.2-0.2-1 %, 0.5-0.6 %, 1-0.3 %, 5-6 mg/ml	T1	QL (60 ML per 30 days)
artificial tears pf ophthalmic solution 0.1-0.3 %	T1	QL (60 EA per 30 days)
carboxymethylcellulose sod pf ophthalmic gel 1 %	T1	QL (60 EA per 30 days)
carboxymethylcellulose sod pf ophthalmic solution 0.5 %	T1	QL (60 EA per 30 days)
carboxymethylcellulose sodium ophthalmic gel 1 %	T1	QL (60 ML per 30 days)
carboxymethylcellulose sodium ophthalmic solution 0.5 %	T1	QL (60 ML per 30 days)
CLEAR EYES NATURAL TEARS OPHTHALMIC SOLUTION 5-6 MG/ML (***polyvinyl alcohol-povidone***)	T2	QL (60 ML per 30 days)
cromolyn sodium inhalation nebulization solution 20 mg/2ml	T1	
cromolyn sodium ophthalmic solution 4 %	T1	
cromolyn sodium oral concentrate 100 mg/5ml	T1	
cvs artificial tears ophthalmic solution 1-0.3 %	T1	QL (60 ML per 30 days)
cvs dry eye relief ophthalmic solution 0.2-0.2-1 %	T1	QL (60 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs dry-eye relief nighttime ophthalmic ointment 42.5-57.3 %	T1	QL (15 GM per 30 days)
cvs eye lubricant ophthalmic ointment	T1	QL (15 GM per 30 days)
cvs lubricant drops fast act ophthalmic solution 0.4-0.3 %	T1	QL (60 ML per 30 days)
cvs lubricant drops ophthalmic gel 0.25-0.3 %, 1 %	T1	QL (60 ML per 30 days)
cvs lubricant drops ophthalmic solution 0.6 %	T1	QL (60 ML per 30 days)
cvs lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %, 0.5 %	T1	QL (60 EA per 30 days)
cvs lubricant eye drops ophthalmic solution 0.25 %, 0.4-0.3 %, 0.5 %, 0.6 %	T1	QL (60 ML per 30 days)
cvs lubricating eye/overnight ophthalmic ointment	T1	QL (15 GM per 30 days)
cvs natural tears pf ophthalmic solution 0.1-0.3 %	T1	QL (60 EA per 30 days)
cvs nighttime dry-eye relief ophthalmic ointment	T1	QL (15 GM per 30 days)
dry eye relief drops ophthalmic solution 0.2-0.2-1 %	T1	QL (60 ML per 30 days)
eq artificial tears ophthalmic solution 1-0.3 %	T1	QL (60 ML per 30 days)
eq lubricant eye drops ophthalmic solution 0.4-0.3 %	T1	QL (60 ML per 30 days)
eq restore plus lubricant eye ophthalmic solution 0.5 %	T1	QL (60 EA per 30 days)
EQ RESTORE PM OPHTHALMIC OINTMENT (***white petrolatum-mineral oil***)	T2	QL (15 GM per 30 days)
eq restore tears ophthalmic solution 0.5 %	T1	QL (60 ML per 30 days)
eye lubricant ophthalmic ointment	T1	QL (15 GM per 30 days)
for sty relief ophthalmic ointment 31.9-57.7 %	T1	QL (15 GM per 30 days)
FRESHKOTE OPHTHALMIC SOLUTION 2.7-2 % (***polyvinyl alcohol-povidone***)	T2	QL (60 ML per 30 days)
GENTEAL SEVERE OPHTHALMIC GEL 0.3 % (***hypromellose***)	T2	QL (60 GM per 30 days)
GENTEAL TEARS MODERATE PF OPHTHALMIC SOLUTION 0.1-0.3 % (***dextran 70-hypromellose***)	T2	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.2-0.3 % (***artificial tear solution***)	T2	QL (60 ML per 30 days)
GENTEAL TEARS OPHTHALMIC SOLUTION 0.1-0.3 % (***dextran 70-hypromellose***)	T2	QL (60 ML per 30 days)
GENTEAL TEARS PF OPHTHALMIC SOLUTION 0.1-0.3 % (***dextran 70-hypromellose***)	T2	QL (60 EA per 30 days)
GENTEAL TEARS SEVERE DAY/NIGHT OPHTHALMIC GEL 0.4-0.3 % (***polyethyl glycol-propyl glycol***)	T2	QL (60 ML per 30 days)
gnp artificial tears ophthalmic solution 5-6 mg/ml	T1	QL (60 ML per 30 days)
goodsense artificial tears ophthalmic solution 0.5-0.6 %	T1	QL (60 ML per 30 days)
goodsense ultra lubricant drop ophthalmic solution 0.4-0.3 %	T1	QL (60 ML per 30 days)
hydrocortisone-acetic acid otic solution 1-2 %	T1	
lubricant drops/dual-action ophthalmic solution 0.5-0.9 %	T1	QL (60 ML per 30 days)
lubricant eye drops (pf) ophthalmic solution 0.4-0.3 %	T1	QL (60 EA per 30 days)
lubricant eye drops ophthalmic solution 0.4-0.3 %	T1	QL (60 EA per 30 days)
lubricant eye drops ophthalmic solution 0.5 %, 0.6 %	T1	QL (60 ML per 30 days)
lubricant eye drops pf ophthalmic solution 0.5 %	T1	QL (60 EA per 30 days)
lubricant eye fast acting ophthalmic ointment	T1	QL (15 GM per 30 days)
lubricant eye nighttime ophthalmic ointment	T1	QL (15 GM per 30 days)
lubricant eye ophthalmic ointment	T1	QL (15 GM per 30 days)
lubricating eye drops ophthalmic solution 0.4-0.3 %	T1	QL (60 ML per 30 days)
lubrifresh p.m. ophthalmic ointment	T1	QL (15 GM per 30 days)
MIEBO OPHTHALMIC SOLUTION 1.338 GM/ML (***perfluorohexyloctane***)	T2	PA
MOISTURE EYES OPHTHALMIC SOLUTION 1-0.3 % (***propylene glycol-glycerin***)	T2	QL (60 ML per 30 days)
moisturizing lubricant eye ophthalmic solution 0.25 %	T1	QL (60 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
polyvinyl alcohol ophthalmic solution 1.4 %	T1	QL (60 ML per 30 days)
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML (***hypromellose***)	T2	QL (60 ML per 30 days)
ra artificial tears ophthalmic solution 1-0.3 %	T1	QL (60 ML per 30 days)
ra lubricant eye drops ophthalmic solution 0.5 %, 0.6 %	T1	QL (60 ML per 30 days)
ra lubricant eye ophthalmic solution 0.4-0.3 %, 1-0.3 %	T1	QL (60 ML per 30 days)
REFRESH CELLUVISC OPHTHALMIC GEL 1 % (***carboxymethylcellulose sodium***)	T2	QL (60 EA per 30 days)
REFRESH DIGITAL OPHTHALMIC SOLUTION 0.5-1-0.5 % (***carboxymeth-glycerin-polysorb***)	T2	QL (60 ML per 30 days)
REFRESH DIGITAL PF OPHTHALMIC SOLUTION 0.5-1-0.5 % (***carboxymeth-glycerin-polysorb***)	T2	QL (60 EA per 30 days)
REFRESH LACRI-LUBE OPHTHALMIC OINTMENT (***white petrolatum-mineral oil***)	T2	QL (15 GM per 30 days)
REFRESH LIQUIGEL OPHTHALMIC GEL 1 % (***carboxymethylcellulose sodium***)	T2	QL (60 ML per 30 days)
REFRESH OPHTHALMIC SOLUTION 1.4-0.6 % (***polyvinyl alcohol-povidone***)	T2	QL (60 EA per 30 days)
REFRESH OPTIVE ADVANCED OPHTHALMIC SOLUTION 0.5-1-0.5 % (***carboxymeth-glycerin-polysorb***)	T2	QL (60 ML per 30 days)
REFRESH OPTIVE ADVANCED PF OPHTHALMIC SOLUTION 0.5-1-0.5 % (***carboxymeth-glycerin-polysorb***)	T2	QL (60 EA per 30 days)
REFRESH OPTIVE MEGA-3 OPHTHALMIC SOLUTION 0.5-1-0.5 % (***carboxymeth-glycerin-polysorb***)	T2	QL (60 EA per 30 days)
REFRESH OPTIVE OPHTHALMIC GEL 1-0.9 % (***carboxymethylcellul-glycerin***)	T2	QL (60 ML per 30 days)
REFRESH OPTIVE OPHTHALMIC SOLUTION 0.5-0.9 % (***carboxymethylcellul-glycerin***)	T2	QL (60 ML per 30 days)
REFRESH OPTIVE PF OPHTHALMIC SOLUTION 0.5-0.9 % (***carboxymethylcellul-glycerin***)	T2	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REFRESH RELIEVA OPHTHALMIC SOLUTION 0.5-0.9 % (***carboxymethylcellul-glycerin***)	T2	QL (60 ML per 30 days)
RETAINE PM OPHTHALMIC OINTMENT (***white petrolatum-mineral oil***)	T2	QL (15 GM per 30 days)
SOOTHE HYDRATION OPHTHALMIC SOLUTION 1.25 % (***artificial tear solution***)	T2	QL (60 ML per 30 days)
SOOTHE NIGHTTIME OPHTHALMIC OINTMENT (***white petrolatum-mineral oil***)	T2	QL (15 GM per 30 days)
SOOTHE OPHTHALMIC SOLUTION 0.6-0.6 % (***propylene glycol-glycerin***)	T2	QL (60 EA per 30 days)
STERILE LUBRICANT OPHTHALMIC LIQUID 0.7 % (***carboxymethylcellulose sodium***)	T2	QL (60 ML per 30 days)
STYE OPHTHALMIC OINTMENT 31.9-57.7 % (***white petrolatum-mineral oil***)	T2	QL (15 GM per 30 days)
STYE OPHTHALMIC SOLUTION 0.5-0.6 % (***polyvinyl alcohol-povidone***)	T2	QL (60 ML per 30 days)
SYSTANE BALANCE OPHTHALMIC SOLUTION 0.6 % (***propylene glycol***)	T2	QL (60 ML per 30 days)
SYSTANE COMPLETE OPHTHALMIC SOLUTION 0.6 % (***propylene glycol***)	T2	QL (60 ML per 30 days)
SYSTANE NIGHTTIME OPHTHALMIC OINTMENT (***white petrolatum-mineral oil***)	T2	QL (15 GM per 30 days)
SYSTANE OPHTHALMIC GEL 0.4-0.3 % (***polyethyl glycol-propyl glycol***)	T2	QL (60 ML per 30 days)
SYSTANE OPHTHALMIC SOLUTION 0.4-0.3 % (***polyethyl glycol-propyl glycol***)	T2	QL (60 ML per 30 days)
SYSTANE PRESERVATIVE FREE OPHTHALMIC SOLUTION 0.4-0.3 % (***polyethyl glycol-propyl glycol***)	T2	QL (60 EA per 30 days)
THERATEARS NIGHTTIME OPHTHALMIC GEL 1 % (***carboxymethylcellulose sodium***)	T2	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRYPTYR OPHTHALMIC SOLUTION 0.003 % (***acoltremon***)	T2	PA
TYRVAYA NASAL SOLUTION 0.03 MG/ACT (***varenicline tartrate***)	T2	PA
ULTRA FRESH OPHTHALMIC SOLUTION 0.5 % (***carboxymethylcellulose sodium***)	T2	QL (60 ML per 30 days)
ULTRA FRESH PM OPHTHALMIC OINTMENT (***white petrolatum-mineral oil***)	T2	QL (15 GM per 30 days)
ultra lubricating eye drops ophthalmic solution 0.4-0.3 %	T1	QL (60 ML per 30 days)
ultra lubricating eye drops pf ophthalmic solution 0.4-0.3 %	T1	QL (60 EA per 30 days)
VISINE TIRED EYE RELIEF OPHTHALMIC SOLUTION 1 % (***polyethylene glycol 400***)	T2	QL (60 ML per 30 days)
Eent Nonsteroidal Anti-Inflam. Agents		
ACUVAIL OPHTHALMIC SOLUTION 0.45 % (***ketorolac tromethamine***)	T2	PA
bromfenac sodium (once-daily) ophthalmic solution 0.09 %	T1	
BROMSITE OPHTHALMIC SOLUTION 0.075 % (***bromfenac sodium***)	T2	PA
diclofenac sodium ophthalmic solution 0.1 %	T1	
flurbiprofen sodium ophthalmic solution 0.03 %	T1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % (***nepafenac***)	T2	
ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %	T1	
ketorolac tromethamine oral tablet 10 mg	T1	QL (20 EA per 5 days)
NEVANAC OPHTHALMIC SUSPENSION 0.1 % (***nepafenac***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PROLENSA OPHTHALMIC SOLUTION 0.07 % (***bromfenac sodium***)	T2	
Local Anesthetics (Eent)		
ALTACAINE OPHTHALMIC SOLUTION 0.5 % (***tetracaine hcl***)	T1	
lidocaine viscous hcl mouth/throat solution 2 %	T1	
proparacaine hcl ophthalmic solution 0.5 %	T1	
tetracaine hcl ophthalmic solution 0.5 %	T1	
Miotics		
pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %	T1	
pilocarpine hcl oral tablet 5 mg, 7.5 mg	T1	PA
Mydriatics		
atropine sulfate ophthalmic solution 1 %	T1	
cyclopentolate hcl ophthalmic solution 1 %	T1	
phenylephrine hcl ophthalmic solution 10 %	T1	
tropicamide ophthalmic solution 0.5 %, 1 %	T1	
Osmotic Agents		
urea external cream 40 %	T1	QL (200 GM per 30 days)
Prostaglandin Analogs		
latanoprost ophthalmic solution 0.005 %	T1	
travoprost (bak free) ophthalmic solution 0.004 %	T1	ST
Vasoconstrictors		
epinephrine hcl (nasal) nasal solution 0.1 %	T1	
phenylephrine hcl ophthalmic solution 10 %	T1	
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANZEMET ORAL TABLET 50 MG (***dolasetron mesylate***)	T2	PA
granisetron hcl intravenous solution 1 mg/ml, 4 mg/4ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
granisetron hcl oral tablet 1 mg	T1	PA
ondansetron hcl oral tablet 4 mg, 8 mg	T1	QL (60 EA per 30 days)
ondansetron oral tablet dispersible 4 mg, 8 mg	T1	QL (60 EA per 30 days)
palonosetron hcl intravenous solution 0.25 mg/2ml	T1	PA
palonosetron hcl intravenous solution 0.25 mg/5ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
palonosetron hcl intravenous solution prefilled syringe 0.25 mg/5ml	T1	PA
Antacids And Adsorbents		
bismuth oral tablet chewable 262 mg	T1	
bismuth subsalicylate oral tablet chewable 262 mg	T1	
cvs stomach relief oral tablet chewable 262 mg	T1	
eq stomach relief oral tablet chewable 262 mg	T1	
ft stomach relief oral tablet chewable 262 mg	T1	
gnp pink bismuth oral tablet chewable 262 mg	T1	
goodsense stomach relief oral tablet chewable 262 mg	T1	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	T1	
magnesium oxide oral tablet 400 mg	T1	
medi-bismuth oral tablet chewable 262 mg	T1	
qc stomach relief oral tablet chewable 262 mg	T1	
stomach relief oral tablet chewable 262 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Antidiarrhea Agents		
anti-diarrheal oral tablet 2 mg	T1	
bismuth oral tablet chewable 262 mg	T1	
bismuth subsalicylate oral tablet chewable 262 mg	T1	
cvs anti-diarrheal oral tablet 2 mg	T1	
cvs stomach relief oral tablet chewable 262 mg	T1	
diamode oral tablet 2 mg	T1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml	T1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	T1	
eq anti-diarrheal oral tablet 2 mg	T1	
eq stomach relief oral tablet chewable 262 mg	T1	
eql anti-diarrheal oral tablet 2 mg	T1	
ft stomach relief oral tablet chewable 262 mg	T1	
gnp anti-diarrheal oral tablet 2 mg	T1	
gnp pink bismuth oral tablet chewable 262 mg	T1	
goodsense stomach relief oral tablet chewable 262 mg	T1	
loperamide hcl oral tablet 2 mg	T1	
medi-bismuth oral tablet chewable 262 mg	T1	
meijer anti-diarrheal oral tablet 2 mg	T1	
qc anti-diarrheal oral tablet 2 mg	T1	
qc stomach relief oral tablet chewable 262 mg	T1	
ra anti-diarrheal oral tablet 2 mg	T1	
sb anti-diarrhea oral tablet 2 mg	T1	
stomach relief oral tablet chewable 262 mg	T1	
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	T2	PA
Antiemetics, Miscellaneous		
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	T1	PA; QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	T1	QL (30 EA per 30 days)
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral syrup 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T2	
Antihistamines (Gi Drugs)		
prochlorperazine (Compro Rectal Suppository 25 Mg)	T1	
cvs motion sickness ii oral tablet 25 mg	T1	
DRAMAMINE LESS DROWSY ORAL TABLET 25 MG (***meclizine hcl***)	T1	
DRAMAMINE ORAL TABLET 25 MG (***meclizine hcl***)	T1	
eql motion sickness relief oral tablet 25 mg	T1	
gnp motion sickness relief oral tablet 25 mg	T1	
meclizine hcl oral tablet 12.5 mg, 25 mg	T1	
motion sickness relief oral tablet 25 mg	T1	
prochlorperazine maleate oral tablet 10 mg, 5 mg	T1	
prochlorperazine rectal suppository 25 mg	T1	
travel-ease oral tablet 25 mg	T1	
trimethobenzamide hcl oral capsule 300 mg	T1	PA
Anti-Inflammatory Agents (Gi Drugs)		
alosetron hcl oral tablet 0.5 mg, 1 mg	T1	PA
balsalazide disodium oral capsule 750 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mesalamine er oral capsule extended release 24 hour 0.375 gm	T1	ST; QL (120 EA per 30 days)
mesalamine oral capsule delayed release 400 mg	T1	ST; QL (180 EA per 30 days)
mesalamine oral tablet delayed release 1.2 gm	T1	ST; QL (120 EA per 30 days)
mesalamine oral tablet delayed release 800 mg	T1	PA; QL (180 EA per 30 days)
mesalamine rectal enema 4 gm	T1	
mesalamine rectal suppository 1000 mg	T1	
mesalamine-cleanser rectal kit 4 gm	T1	
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (***mesalamine***)	T2	PA
SFROWASA RECTAL ENEMA 4 GM/60ML (***mesalamine***)	T2	
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet delayed release 500 mg	T1	
Antiulcer Agents And Acid Suppress.,Misc		
TALICIA ORAL CAPSULE DELAYED RELEASE 250-12.5-10 MG (***amoxicill-rifabutin-omeprazole***)	T2	PA
Antiulcer Agents And Acid Suppressants		
amoxicillin oral capsule 250 mg, 500 mg	T1	
amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml	T1	
amoxicillin oral tablet 875 mg	T1	
amoxicillin oral tablet chewable 125 mg, 250 mg	T1	
bismuth oral tablet chewable 262 mg	T1	
bismuth subsalicylate oral tablet chewable 262 mg	T1	
clarithromycin oral tablet 250 mg, 500 mg	T1	
cvs stomach relief oral tablet chewable 262 mg	T1	
eq stomach relief oral tablet chewable 262 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ft stomach relief oral tablet chewable 262 mg	T1	
gnp pink bismuth oral tablet chewable 262 mg	T1	
goodsense stomach relief oral tablet chewable 262 mg	T1	
magnesium oxide -mg supplement oral tablet 400 (240 mg) mg	T1	
magnesium oxide oral tablet 400 mg	T1	
medi-bismuth oral tablet chewable 262 mg	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
qc stomach relief oral tablet chewable 262 mg	T1	
stomach relief oral tablet chewable 262 mg	T1	
tetracycline hcl oral capsule 250 mg, 500 mg	T1	QL (180 EA per 365 days)
Cathartics And Laxatives		
CLEARLAX ORAL POWDER 17 GM/SCOOP (***polyethylene glycol 3350***)	T1	
cvs daily fiber oral capsule 0.52 gm	T1	
cvs fiber oral capsule 0.52 gm	T1	
cvs natural daily fiber oral powder 43 %, 51.7 %, 58.6 %	T1	
CVS PURELAX ORAL POWDER 17 GM/SCOOP (***polyethylene glycol 3350***)	T1	
daily fiber oral capsule 400 mg	T1	
daily fiber oral packet 51.7 %	T1	
EQ CLEARLAX ORAL POWDER 17 GM/SCOOP (***polyethylene glycol 3350***)	T1	
eq daily fiber oral capsule 400 mg	T1	
eq daily fiber oral powder 25 %	T1	
eq fiber therapy oral capsule 0.52 gm	T1	
EQL CLEARLAX ORAL POWDER 17 GM/SCOOP (***polyethylene glycol 3350***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eql fiber therapy oral powder 28.3 %, 43 %	T1	
eql smooth texture fiber oral powder 51.7 %	T1	
gavilax oral packet 8.5 gm	T1	
gavilax oral powder 17 gm/scoop	T1	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED 240 GM (***peg 3350-kcl-nabcb-nacl-nasulf***)	T2	
peg 3350-kcl-nabcb-nacl-nasulf (Gavilyte-G Oral Solution Reconstituted 236 Gm)	T1	
geri-mucil oral powder 25 %, 51.7 %	T1	
GLYCOLAX ORAL POWDER 17 GM/SCOOP (***polyethylene glycol 3350***)	T1	
GNP CLEARLAX ORAL POWDER 17 GM/SCOOP (***polyethylene glycol 3350***)	T1	
GOODSENSE CLEARLAX ORAL POWDER 17 GM/SCOOP (***polyethylene glycol 3350***)	T1	
KLS LAXACLEAR ORAL POWDER 17 GM/SCOOP (***polyethylene glycol 3350***)	T1	
METAMUCIL ORAL CAPSULE 0.36 GM (***psyllium***)	T2	
METAMUCIL SMOOTH TEXTURE ORAL POWDER 28.3 % (***psyllium***)	T1	
natural fiber laxative oral powder 58.6 %	T1	
peg 3350 oral powder 17 gm/scoop	T1	
peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm	T1	
peg-3350/electrolytes oral solution reconstituted 236 gm	T1	
polyethylene glycol 3350 oral powder 17 gm/scoop	T1	
polyethylene glycol 3350 powder	T1	
psyllium fiber oral capsule 0.52 gm	T1	

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
qc fiber laxative oral capsule 0.52 gm	T1	
qc natural vegetable oral powder 95 %	T1	
qc natura-lax oral powder 17 gm/scoop	T1	
ra laxative oral powder 17 gm/scoop	T1	
ra multihealth fiber oral powder 43 %, 58.6 %	T1	
SMOOTH LAX ORAL POWDER 17 GM/SCOOP (***polyethylene glycol 3350***)	T1	
sorbitol oral solution 70 %	T1	
sorbitol rectal solution 70 %	T1	
sorbitol solution 70 %	T1	
WAL-MUCIL ORAL CAPSULE 0.52 GM (***psyllium***)	T1	
WAL-MUCIL ORAL POWDER 28.3 %, 43 %, 58.6 % (***psyllium***)	T1	
Chloride Channel Activators		
lubiprostone oral capsule 24 mcg, 8 mcg	T1	PA; QL (60 EA per 30 days)
Cholelitholytic Agents		
ursodiol oral capsule 300 mg	T1	
Digestants		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT (***pancrelipase (lip-prot-amyl)***)	T2	AL (Min 21 Years)
GATTEX SUBCUTANEOUS KIT 5 MG (***teduglutide (rdna)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT, 60000-189600 UNIT (***pancrelipase (lip-prot-amyl)***)	T2	AL (Min 21 Years)
Dopamine Receptor Antagonists		
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T2	
Gi Drugs, Miscellaneous		
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T2	QL (4 EA per 28 days)
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	T2	QL (2 EA per 28 days)
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T2	QL (2 EA per 28 days)
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	T2	QL (2 EA per 28 days)
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	T2	QL (2 EA per 28 days)
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	T2	QL (4 EA per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	T2	QL (4 EA per 28 days)
ALLI ORAL CAPSULE 60 MG (***orlistat***)	T2	PA
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T2	PA
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	T1	PA; QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***vedolizumab***)	T2	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (***vedolizumab***)	T2	PA; QL (1.36 ml per 28 days)
GATTEX SUBCUTANEOUS KIT 5 MG (***teduglutide (rdna)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T2	QL (1.6 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T2	QL (3.2 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T2	QL (1.6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T2	QL (3.2 ML per 28 days)
IBSRELA ORAL TABLET 50 MG (***tenapanor hcl***)	T2	PA
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
infliximab intravenous solution reconstituted 100 mg	T1	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	T2	PA; QL (30 EA per 30 days)
lubiprostone oral capsule 24 mcg, 8 mcg	T1	PA; QL (60 EA per 30 days)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***)	T2	PA
orlistat oral capsule 120 mg	T1	PA
prucalopride succinate oral tablet 1 mg, 2 mg	T1	PA
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***)	T2	PA; QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (***methylnaltrexone bromide***)	T2	PA; QL (18 ml per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (***methylnaltrexone bromide***)	T2	PA; QL (12 ml per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML (***methylnaltrexone bromide***)	T2	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T2	QL (4 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T2	QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T2	QL (4 syr per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (1 ml per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (0.5 mL per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (1 ml per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (0.5 mL per 28 days)
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	T2	PA; QL (30 EA per 30 days)
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	T2	PA; QL (30 EA per 30 days)
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	T2	PA
Guanylate Cyclase C (Gcc) Recept Agonist		
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	T2	PA; QL (30 EA per 30 days)
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	T2	PA; QL (30 EA per 30 days)
Histamine H2-Antagonists		
acid controller max st oral tablet 20 mg	T1	
acid controller oral tablet 10 mg	T1	
acid reducer maximum strength oral tablet 20 mg	T1	
acid reducer oral tablet 10 mg	T1	
cimetidine 200 oral tablet 200 mg	T1	ST
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	T1	ST
cvs acid controller max st oral tablet 20 mg	T1	
cvs acid controller oral tablet 10 mg	T1	
cvs heartburn relief oral tablet 200 mg	T1	ST
eq acid reducer oral tablet 200 mg	T1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eq cimetidine oral tablet 200 mg	T1	ST
eq famotidine max st oral tablet 20 mg	T1	
eql heartburn prevention oral tablet 10 mg, 20 mg	T1	
famotidine maximum strength oral tablet 20 mg	T1	
famotidine oral tablet 10 mg, 20 mg, 40 mg	T1	
famotidine orig st oral tablet 10 mg	T1	
gnp acid reducer max st oral tablet 20 mg	T1	
gnp acid reducer oral tablet 10 mg	T1	
heartburn relief max st oral tablet 20 mg	T1	
heartburn relief oral tablet 10 mg	T1	
kls acid controller max st oral tablet 20 mg	T1	
qc acid controller max st oral tablet 20 mg	T1	
qc acid controller oral tablet 10 mg	T1	
ra acid reducer max st oral tablet 20 mg	T1	
ra acid reducer oral tablet 10 mg	T1	
ZANTAC 360 MAX ST ORAL TABLET 20 MG (***famotidine***)	T1	
ZANTAC 360 ORAL TABLET 10 MG (***famotidine***)	T1	
Immunomodulatory Agents (56:44)		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***vedolizumab***)	T2	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (***vedolizumab***)	T2	PA; QL (1.36 ml per 28 days)
Neurokinin-1 Receptor Antagonists		
aprepitant oral 80 & 125 mg	T1	PA
aprepitant oral capsule 125 mg, 40 mg, 80 & 125 mg, 80 mg	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fosaprepitant dimeglumine intravenous solution reconstituted 150 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Opioid Antagonists (56:18)		
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol oxalate***)	T2	PA
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone bromide***)	T2	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML (***methylnaltrexone bromide***)	T2	PA; QL (18 ml per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML (***methylnaltrexone bromide***)	T2	PA; QL (12 ml per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML, 8 MG/0.4ML (***methylnaltrexone bromide***)	T2	PA
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine tosylate***)	T2	PA; QL (30 EA per 30 days)
Potassium-Competitive Acid Blockers		
VOQUEZNA DUAL PAK ORAL THERAPY PACK 500-20 MG (***amoxicillin-vonoprazan***)	T2	PA
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK 500-500-20 MG (***amoxicill-clarithro-vonoprazan***)	T2	PA
Prokinetic Agents		
metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml	T1	
metoclopramide hcl oral tablet 10 mg, 5 mg	T1	
Prostaglandins		
misoprostol oral tablet 100 mcg, 200 mcg	T1	
Protectants		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sucralfate oral suspension 1 gm/10ml	T1	
sucralfate oral tablet 1 gm	T1	
Proton-Pump Inhibitors		
cvs esomeprazole magnesium oral capsule delayed release 20 mg	T1	ST; QL (60 EA per 30 days)
dexlansoprazole oral capsule delayed release 30 mg, 60 mg	T1	PA
eq lansoprazole oral capsule delayed release 15 mg	T1	
eql lansoprazole oral capsule delayed release 15 mg	T1	
esomeprazole magnesium oral capsule delayed release 20 mg	T1	ST; QL (60 EA per 30 days)
esomeprazole magnesium oral capsule delayed release 40 mg	T1	ST
gnp esomeprazole magnesium oral capsule delayed release 20 mg	T1	ST; QL (60 EA per 30 days)
gnp lansoprazole oral capsule delayed release 15 mg	T1	
GOODSENSE ESOMEPRAZOLE ORAL CAPSULE DELAYED RELEASE 20 MG (***esomeprazole magnesium***)	T1	ST; QL (60 EA per 30 days)
goodsense lansoprazole oral capsule delayed release 15 mg	T1	
kls esomeprazole magnesium oral capsule delayed release 20 mg	T1	ST; QL (60 EA per 30 days)
kls lansoprazole oral capsule delayed release 15 mg	T1	
lansoprazole oral capsule delayed release 15 mg, 30 mg	T1	
omeprazole magnesium oral capsule delayed release 20.6 (20 base) mg	T1	
omeprazole oral capsule delayed release 20 mg, 40 mg	T1	QL (60 EA per 30 days)
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
qc esomeprazole magnesium oral capsule delayed release 20 mg	T1	ST; QL (60 EA per 30 days)
ra esomeprazole magnesium oral capsule delayed release 20 mg	T1	ST; QL (60 EA per 30 days)
rabeprazole sodium oral tablet delayed release 20 mg	T1	QL (60 EA per 30 days)
Heavy Metal Antagonists		
Heavy Metal Antagonists		
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	T1	PA
deferasirox oral packet 180 mg, 360 mg, 90 mg	T1	PA
deferasirox oral tablet 180 mg, 360 mg, 90 mg	T1	PA
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	T1	PA; AL (Min 21 Years)
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
penicillamine oral capsule 250 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
penicillamine oral tablet 250 mg	T1	PA
trientine hcl oral capsule 250 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
Hormones And Synthetic Substitutes		
Adrenals		
ala-cort external cream 1 %	T1	
anti-itch maximum strength external cream 1 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AQUAPHOR ITCH RELIEF MAX STR EXTERNAL OINTMENT 1 % (***hydrocortisone***)	T1	
betamethasone dipropionate aug external cream 0.05 %	T1	
betamethasone dipropionate external cream 0.05 %	T1	
betamethasone dipropionate external lotion 0.05 %	T1	
betamethasone dipropionate external ointment 0.05 %	T1	
betamethasone valerate external cream 0.1 %	T1	
betamethasone valerate external lotion 0.1 %	T1	
betamethasone valerate external ointment 0.1 %	T1	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT (***budeson-glycopyrrol-formoterol***)	T2	PA; QL (10.7 GM per 30 days)
budesonide er oral tablet extended release 24 hour 9 mg	T1	PA
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	T1	PA
budesonide oral capsule delayed release particles 3 mg	T1	QL (540 EA per 365 days)
budesonide-formoterol fumarate inhalation aerosol 160-4.5 mcg/act, 80-4.5 mcg/act	T1	QL (30.6 GM per 30 days)
CORTIFOAM EXTERNAL FOAM 10 % (***hydrocortisone acetate***)	T2	PA
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 ECZEMA EXTERNAL LOTION 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 EXTERNAL OINTMENT 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 OVERNIGHT ITCH EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTIZONE-10 PLUS EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 PSORIASIS EXTERNAL LOTION 1 % (***hydrocortisone***)	T1	
CORTIZONE-10/ALOE EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
cvs cortisone maximum strength external cream 1 %	T1	
cvs cortisone maximum strength external lotion 1 %	T1	
cvs cortisone maximum strength external ointment 1 %	T1	
deflazacort oral suspension 22.75 mg/ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
deflazacort oral tablet 18 mg, 30 mg, 36 mg, 6 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
dexamethasone oral elixir 0.5 mg/5ml	T1	
dexamethasone oral solution 0.5 mg/5ml	T1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg	T1	
dexamethasone oral tablet therapy pack 1.5 mg (51)	T1	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT, 50-5 MCG/ACT (***mometasone furo-formoterol fum***)	T2	PA
eq hydrocortisone max st external cream 1 %	T1	
eql anti-itch intensive heal external cream 1 %	T1	
eql anti-itch maximum strength external cream 1 %	T1	
eql anti-itch maximum strength external ointment 1 %	T1	

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLONASE SENSIMIST CHILDRENS NASAL SUSPENSION 27.5 MCG/SPRAY (***fluticasone furoate***)	T2	
FLONASE SENSIMIST NASAL SUSPENSION 27.5 MCG/SPRAY (***fluticasone furoate***)	T2	
fludrocortisone acetate oral tablet 0.1 mg	T1	
flunisolide nasal solution 25 mcg/act (0.025%)	T1	ST
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	T1	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T1	PA; QL (60 EA per 30 days)
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	T1	QL (60 EA per 30 days)
fluticasone propionate external cream 0.05 %	T1	
fluticasone propionate external ointment 0.005 %	T1	
fluticasone propionate hfa inhalation aerosol 110 mcg/act	T1	QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	T1	QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	T1	QL (10.6 GM per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	T1	
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	T1	PA; QL (12 GM per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	QL (1 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp hydrocortisone max st external ointment 1 %	T1	
gnp hydrocortisone plus external cream 1 %	T1	
hydrocortisone (perianal) external cream 1 %, 2.5 %	T1	
hydrocortisone acetate rectal suppository 25 mg	T1	
hydrocortisone acetate rectal suppository 30 mg	T1	PA
hydrocortisone anti-itch external cream 1 %	T1	
hydrocortisone external cream 0.5 %, 1 %, 2.5 %	T1	
hydrocortisone external lotion 1 %, 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone max st external cream 1 %	T1	
hydrocortisone max st external ointment 1 %	T1	
hydrocortisone max st/12 moist external cream 1 %	T1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	T1	
hydrocortisone rectal enema 100 mg/60ml	T1	
hydrocortisone/aloe max str external cream 1 %	T1	
hydrocortisone-acetic acid otic solution 1-2 %	T1	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
MEDROL ORAL TABLET 2 MG (***methylprednisolone***)	T2	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T1	
methylprednisolone oral tablet therapy pack 4 mg	T1	
mometasone furoate external cream 0.1 %	T1	
mometasone furoate external ointment 0.1 %	T1	
mometasone furoate nasal suspension 50 mcg/act	T1	ST; QL (17 GM per 30 days)
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (***prednisolone acetate***)	T2	
prednisolone acetate ophthalmic suspension 1 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
prednisolone oral solution 15 mg/5ml	T1	
prednisolone sodium phosphate ophthalmic solution 1 %	T1	
prednisolone sodium phosphate oral solution 15 mg/5ml, 5 mg/5ml	T1	
PREDNISONE INTENSOL ORAL CONCENTRATE 5 MG/ML (***prednisone***)	T2	
prednisone oral solution 5 mg/5ml	T1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	T1	
prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)	T1	
PREPARATION H EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (***hydrocortisone ace-pramoxine***)	T2	PA
hydrocortisone (Procto-Med Hc External Cream 2.5 %)	T1	
hydrocortisone (Proctosol Hc External Cream 2.5 %)	T1	
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	T1	
qc hydrocortisone max st external cream 1 %	T1	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (***beclomethasone diprop hfa***)	T2	QL (10.6 GM per 30 days)
ra anti-itch maximum strength external cream 1 %	T1	
ra anti-itch maximum strength external ointment 1 %	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	T2	PA; QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	T1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide (Triderm External Cream 0.5 %)	T1	
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	T1	QL (60 EA per 30 days)
Alpha-Glucosidase Inhibitors		
acarbose oral tablet 100 mg, 25 mg, 50 mg	T1	
Amylinomimetics		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML (***pramlintide acetate***)	T2	PA
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML (***pramlintide acetate***)	T2	PA
Androgens		
COVARYX HS ORAL TABLET 0.625-1.25 MG (***est estrogens-methyltest***)	T1	
COVARYX ORAL TABLET 1.25-2.5 MG (***est estrogens-methyltest***)	T1	
danazol oral capsule 100 mg, 200 mg, 50 mg	T1	PA
EEMT HS ORAL TABLET 0.625-1.25 MG (***est estrogens-methyltest***)	T1	
EEMT ORAL TABLET 1.25-2.5 MG (***est estrogens-methyltest***)	T1	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	T1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	T1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methyltestosterone oral capsule 10 mg	T1	PA
testosterone cypionate injection solution 200 mg/ml	T1	QL (5 ML per 30 days)
testosterone cypionate intramuscular solution 100 mg/ml	T1	QL (10 ML per 30 days)
testosterone cypionate intramuscular solution 200 mg/ml	T1	QL (5 ML per 30 days)
testosterone enanthate intramuscular solution 200 mg/ml	T1	QL (5 ML per 30 days)
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	T1	QL (150 GM per 30 days)
testosterone transdermal gel 12.5 mg/act (1%)	T1	QL (300 GM per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	T1	PA
testosterone transdermal solution 30 mg/act	T1	PA
Antiestrogens		
anastrozole oral tablet 1 mg	T1	
exemestane oral tablet 25 mg	T1	
letrozole oral tablet 2.5 mg	T1	
Antigonadtropins		
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
AFTERPILL ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (***levonorgestrel***)	T2	
levonorgestrel oral tablet 1.5 mg	T1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (***levonorgestrel***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (***levonorgestrel***)	T2	
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (***etonogestrel***)	T2	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
OPTION 2 ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (***elagolix-estradiol-norethind***)	T2	PA
ORILISSA ORAL TABLET 150 MG, 200 MG (***elagolix sodium***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T2	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (***levonorgestrel***)	T2	
SLYND ORAL TABLET 4 MG (***drospirenone***)	T2	
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
testosterone cypionate injection solution 200 mg/ml	T1	QL (5 ML per 30 days)
testosterone cypionate intramuscular solution 100 mg/ml	T1	QL (10 ML per 30 days)
testosterone cypionate intramuscular solution 200 mg/ml	T1	QL (5 ML per 30 days)
testosterone enanthate intramuscular solution 200 mg/ml	T1	QL (5 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	T1	QL (150 GM per 30 days)
testosterone transdermal gel 12.5 mg/act (1%)	T1	QL (300 GM per 30 days)
testosterone transdermal gel 25 mg/2.5gm (1%), 50 mg/5gm (1%)	T1	PA
testosterone transdermal solution 30 mg/act	T1	PA
Antiparathyroid Agents		
calcitonin (salmon) nasal solution 200 unit/act	T1	
cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg	T1	
Antithyroid Agents		
methimazole oral tablet 10 mg, 5 mg	T1	
propylthiouracil oral tablet 50 mg	T1	
Biguanides		
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	T1	ST; QL (60 EA per 30 days)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	T1	
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (***sitagliptin phos-metformin hcl***)	T2	ST; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (***sitagliptin phos-metformin hcl***)	T2	ST; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (***sitagliptin phos-metformin hcl***)	T2	ST; QL (60 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (***linagliptin-metformin hcl***)	T2	PA; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (***linagliptin-metformin hcl***)	T2	PA; QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (***linagliptin-metformin hcl***)	T2	PA; QL (30 EA per 30 days)
metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg	T1	
metformin hcl oral tablet 1000 mg, 500 mg, 850 mg	T1	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	T1	
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	T1	PA
SEGLUROMET ORAL TABLET 2.5-1000 MG, 7.5-1000 MG, 7.5-500 MG (***ertugliflozin-metformin hcl***)	T2	ST; QL (60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG (***ertugliflozin-metformin hcl***)	T2	ST; QL (120 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (***empagliflozin-linaglip-metform***)	T2	PA; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (***empagliflozin-linaglip-metform***)	T2	PA; QL (60 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (***dapagliflozin prop-metformin***)	T2	ST; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (***dapagliflozin prop-metformin***)	T2	ST; QL (60 EA per 30 days)
Contraceptives		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	T1	
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
AFTERPILL ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	T1	
alyacen 1/35 oral tablet 1-35 mg-mcg	T1	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	T1	
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	T1	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (***segesterone-ethinyl estradiol***)	T2	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	T1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (***norethin-eth estrad triphasic***)	T2	
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
AVERI ORAL TABLET 0.15-0.03 MG (***desogestrel-eth estrad-fe***)	T2	
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
briellyn oral tablet 0.4-35 mg-mcg	T1	
norethindrone (Camila Oral Tablet 0.35 Mg)	T1	
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	T1	
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	T2	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone-eth estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
norethindrone (Deblitane Oral Tablet 0.35 Mg)	T1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (***medroxyprogesterone acetate***)	T2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
levonorgestrel-ethinyl estrad (Dolishale Oral Tablet 90-20 Mcg)	T1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	T1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	T1	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	T2	
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	T2	
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone (Errin Oral Tablet 0.35 Mg)	T1	
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	T1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	T1	

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	T1	
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (***norethindrone acet-ethinyl est***)	T2	
norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	
norethin-eth estradiol-fe (Galbriela Oral Tablet Chewable 0.8-25 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	T1	
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
etonogestrel-ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
norethindrone (Heather Oral Tablet 0.35 Mg)	T1	
HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone (Incassia Oral Tablet 0.35 Mg)	T1	
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	T1	
norethindrone (Jencycla Oral Tablet 0.35 Mg)	T1	
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	T1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (***levonorgestrel***)	T2	
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	T2	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	T1	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	T1	
levonorgestrel oral tablet 1.5 mg	T1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	T1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (***levonorgestrel***)	T2	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (***norethin-eth estrad-fe biphas***)	T2	
levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	T1	
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	T1	
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	T2	
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone (Lyleq Oral Tablet 0.35 Mg)	T1	
norethindrone (Lyza Oral Tablet 0.35 Mg)	T1	
marlissa oral tablet 0.15-30 mg-mcg	T1	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	T1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	T1	
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	T1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (***levonorgestrel***)	T2	
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	T1	
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (***estradiol valerate-dienogest***)	T2	
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T2	
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (***etonogestrel***)	T2	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (***drospirenone-estetrol***)	T2	
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	T1	
norethindrone (Nora-Be Oral Tablet 0.35 Mg)	T1	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	T1	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	T1	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	T1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	T1	
norethindrone oral tablet 0.35 mg	T1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	T1	
norethindrone (Norlyda Oral Tablet 0.35 Mg)	T1	
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T2	
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)	T1	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
OPILL ORAL TABLET 0.075 MG (***norgestrel***)	T2	
OPTION 2 ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T2	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	T1	
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone (Sharobel Oral Tablet 0.35 Mg)	T1	
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (***levonorgestrel***)	T2	
SLYND ORAL TABLET 4 MG (***drospirenone***)	T2	
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	T1	
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	T1	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (***levonorgestrel-eth estradiol***)	T2	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (***levonorgestrel-ethinyl estrad***)	T2	
ethynodiol diac-eth estradiol (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)	T1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (***desogestrel-ethinyl estradiol***)	T2	
drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	T1	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	T1	
norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	T2	
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	T1	
norethin-eth estradiol-fe (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	T1	
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	T1	
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
alogliptin benzoate oral tablet 12.5 mg, 25 mg, 6.25 mg	T1	ST; QL (30 EA per 30 days)
alogliptin-metformin hcl oral tablet 12.5-1000 mg, 12.5-500 mg	T1	ST; QL (60 EA per 30 days)
alogliptin-pioglitazone oral tablet 12.5-30 mg	T1	ST; QL (60 EA per 30 days)
alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg, 25-45 mg	T1	ST; QL (30 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin-linagliptin***)	T2	PA; QL (30 EA per 30 days)
JANUMET ORAL TABLET 50-1000 MG, 50-500 MG (***sitagliptin phos-metformin hcl***)	T2	ST; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (***sitagliptin phos-metformin hcl***)	T2	ST; QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG (***sitagliptin phos-metformin hcl***)	T2	ST; QL (60 EA per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin phosphate***)	T2	ST; QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG (***linagliptin-metformin hcl***)	T2	PA; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (***linagliptin-metformin hcl***)	T2	PA; QL (60 EA per 30 days)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (***linagliptin-metformin hcl***)	T2	PA; QL (30 EA per 30 days)
saxagliptin hcl oral tablet 2.5 mg, 5 mg	T1	PA
saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg, 5-1000 mg, 5-500 mg	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (***ertugliflozin-sitagliptin***)	T2	PA; QL (30 EA per 30 days)
TRADJENTA ORAL TABLET 5 MG (***linagliptin***)	T2	PA; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (***empagliflozin-linaglip-metform***)	T2	PA; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (***empagliflozin-linaglip-metform***)	T2	PA; QL (60 EA per 30 days)
Estrogen Agonist-Antagonists		
raloxifene hcl oral tablet 60 mg	T1	QL (30 EA per 30 days)
SOLTAMOX ORAL SOLUTION 10 MG/5ML (***tamoxifen citrate***)	T2	
tamoxifen citrate oral tablet 10 mg, 20 mg	T1	
toremifene citrate oral tablet 60 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
Estrogens		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	T1	
alyacen 1/35 oral tablet 1-35 mg-mcg	T1	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	T1	
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	T1	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (***segesterone-ethinyl estradiol***)	T2	

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	T1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (***norethin-eth estrad triphasic***)	T2	
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
AVERI ORAL TABLET 0.15-0.03 MG (***desogestrel-eth estrad-fe***)	T2	
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	T1	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (***estradiol-progesterone***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
briellyn oral tablet 0.4-35 mg-mcg	T1	
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	T1	
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
COVARYX HS ORAL TABLET 0.625-1.25 MG (***est estrogens-methyltest***)	T1	
COVARYX ORAL TABLET 1.25-2.5 MG (***est estrogens-methyltest***)	T1	
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	T2	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone-eth estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Dolishale Oral Tablet 90-20 Mcg)	T1	
estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.05 Mg/24Hr, 0.1 Mg/24Hr)	T2	QL (8.7 EA per 30 days); AL (Min 40 Years)
estradiol (Dotti Transdermal Patch Twice Weekly 0.075 Mg/24Hr)	T1	QL (8.7 EA per 30 days); AL (Min 40 Years)
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	T1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	T1	
EEMT HS ORAL TABLET 0.625-1.25 MG (***est estrogens-methyltest***)	T1	
EEMT ORAL TABLET 1.25-2.5 MG (***est estrogens-methyltest***)	T1	
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	T2	
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	T1	
est estrogens-methyltest ds oral tablet 1.25-2.5 mg	T1	
est estrogens-methyltest hs oral tablet 0.625-1.25 mg	T1	
est estrogens-methyltest oral tablet 1.25-2.5 mg	T1	
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	T1	
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	T1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	T1	QL (8.7 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	T1	QL (4 EA per 28 days)
estradiol vaginal cream 0.01 %, 0.1 mg/gm	T1	
estradiol vaginal tablet 10 mcg	T1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	T1	QL (5.1 ML per 30 days)
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	T1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	T1	
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (***norethindrone acet-ethinyl est***)	T2	
norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	
norethindrone-eth estradiol (Fyavolv Oral Tablet 1-5 Mg-Mcg)	T1	
norethin-eth estradiol-fe (Galbriela Oral Tablet Chewable 0.8-25 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	T1	
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
etonogestrel-ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	T1	
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	T1	
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	T2	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	T1	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	T1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	T1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	T1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (***norethin-eth estrad-fe biphas***)	T2	
levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	T1	
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	T1	
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	T2	
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	T1	
estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.05 Mg/24Hr, 0.1 Mg/24Hr)	T2	QL (8.7 EA per 30 days); AL (Min 40 Years)
estradiol (Lyllana Transdermal Patch Twice Weekly 0.075 Mg/24Hr)	T1	QL (8.7 EA per 30 days); AL (Min 40 Years)
marlissa oral tablet 0.15-30 mg-mcg	T1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (***esterified estrogens***)	T2	
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	T1	
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	T1	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (***estradiol valerate-dienogest***)	T2	
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T2	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (***drospirenone-estetrol***)	T2	
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	T1	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	T1	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	T1	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	T1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	T1	
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	T1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T2	
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)	T1	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (***elagolix-estradiol-norethind***)	T2	PA
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	T1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens conjugated***)	T2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (***estrogens, conjugated***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMPHASE ORAL TABLET 0.625-5 MG (***conj estrog-medroxyprogest ace***)	T2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***conj estrog-medroxyprogest ace***)	T2	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	T1	
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	T1	
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	T1	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (***levonorgestrel-eth estradiol***)	T2	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (***levonorgestrel-ethinyl estrad***)	T2	
ethynodiol diac-eth estradiol (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (***desogestrel-ethinyl estradiol***)	T2	
drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	T1	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	T1	
norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	T2	
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	T1	
norethin-eth estradiol-fe (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	T1	
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	T1	
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	T1	
Glycogenolytic Agents		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T2	QL (1 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T2	QL (1 EA per 30 days)
glucagon emergency injection kit 1 mg	T1	QL (1 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glucagon emergency injection solution reconstituted 1 mg	T1	QL (1 EA per 30 days)
Gonadotropins		
leuprolide acetate injection kit 1 mg/0.2ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (***leuprolide acetate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (***leuprolide acetate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT 11.25 MG, 22.5 MG (***leuprolide acetate (3 month)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT 30 MG (***leuprolide acetate (4 month)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT 45 MG (***leuprolide acetate (6 month)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (***leuprolide acetate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (***leuprolide acetate (3 month)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SYNAREL NASAL SOLUTION 2 MG/ML (***nafarelin acetate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Incretin Mimetics		
liraglutide subcutaneous solution pen-injector 18 mg/3ml	T1	PA; QL (9 ml per 30 days)
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (***tirzepatide***)	T2	ST; QL (2 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML (***semaglutide***)	T2	ST; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML (***semaglutide***)	T2	ST; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML (***semaglutide***)	T2	ST; QL (3 ML per 28 days)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG (***semaglutide***)	T2	ST; QL (30 EA per 30 days)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML (***liraglutide -weight management***)	T2	PA; QL (15 ml per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML, 3 MG/0.5ML, 4.5 MG/0.5ML (***dulaglutide***)	T2	ST; QL (2 ML per 28 days)
WEGOVY ORAL TABLET 1.5 MG, 25 MG, 4 MG, 9 MG (***semaglutide-weight management***)	T2	PA; QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML (***semaglutide-weight management***)	T2	PA; QL (2 ML per 28 days)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.7 MG/0.75ML, 2.4 MG/0.75ML (***semaglutide-weight management***)	T2	PA; QL (3 ML per 28 days)
ZEPBOUND SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML (***tirzepatide-weight management***)	T2	PA; QL (2 ML per 28 days)
Intermediate-Acting Insulins		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T2	QL (30 ML per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T2	QL (30 ML per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML (***insulin nph human (isophane)***)	T2	QL (30 ML per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin nph human (isophane)***)	T2	QL (30 ML per 30 days)
Long-Acting Insulins		
insulin glargine-yfgn subcutaneous solution 100 unit/ml	T1	QL (30 ML per 30 days)
insulin glargine-yfgn subcutaneous solution pen-injector 100 unit/ml	T1	QL (30 ML per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glargine***)	T2	QL (30 ML per 30 days)
LANTUS SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine***)	T2	QL (30 ML per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin glargine-aglr***)	T1	QL (30 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (***insulin glargine***)	T2	PA
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML (***insulin glargine***)	T2	PA
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (***insulin degludec***)	T2	PA
Meglitinides		
nateglinide oral tablet 120 mg, 60 mg	T1	
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	T1	
Parathyroid Agents		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	T1	PA
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (***abaloparatide***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (1.56 ML per 30 days)
Pituitary		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
CORTROPHIN GEL SUBCUTANEOUS PREFILLED SYRINGE 40 UNIT/0.5ML, 80 UNIT/ML (***corticotropin***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
CORTROPHIN INJECTION GEL 80 UNIT/ML (***corticotropin***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
desmopressin ace spray refrig nasal solution 0.01 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desmopressin acetate oral tablet 0.1 mg, 0.2 mg	T1	
desmopressin acetate spray nasal solution 0.01 %	T1	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (***somatropin***)	T2	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (***somatropin***)	T2	PA
Progestins		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	T1	
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
AFTERPILL ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgestrel-ethinyl estrad (Altavera Oral Tablet 0.15-30 Mg-Mcg)	T1	
alyacen 1/35 oral tablet 1-35 mg-mcg	T1	
alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg	T1	
levonorgestrel-ethinyl estrad (Amethyst Oral Tablet 90-20 Mcg)	T1	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR (***segesterone-ethinyl estradiol***)	T2	
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-30 Mg-Mcg)	T1	
ARANELLE ORAL TABLET 0.5/1/0.5-35 MG-MCG (***norethin-eth estrad triphasic***)	T2	
levonorgest-eth estrad 91-day (Ashlyna Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Aurovela 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone acet-ethinyl est (Aurovela 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Aurovela Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
AVERI ORAL TABLET 0.15-0.03 MG (***desogestrel-eth estrad-fe***)	T2	
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Azurette Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethindrone-eth estradiol (Balziva Oral Tablet 0.4-35 Mg-Mcg)	T1	
BIJUVA ORAL CAPSULE 0.5-100 MG, 1-100 MG (***estradiol-progesterone***)	T2	
norethin ace-eth estrad-fe (Blisovi 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Blisovi Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
briellyn oral tablet 0.4-35 mg-mcg	T1	
norethindrone (Camila Oral Tablet 0.35 Mg)	T1	
levonorgest-eth estrad 91-day (Camrese Lo Oral Tablet 0.1-0.02 & 0.01 Mg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgest-eth estrad 91-day (Camrese Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
norethin ace-eth estrad-fe (Charlotte 24 Fe Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	
levonorgestrel-ethinyl estrad (Chateal Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
norgestrel-ethinyl estradiol (Cryselle-28 Oral Tablet 0.3-30 Mg-Mcg)	T2	
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone-eth estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Dasetta 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Daysee Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
norethindrone (Deblitane Oral Tablet 0.35 Mg)	T1	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML (***medroxyprogesterone acetate***)	T2	
desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
levonorgestrel-ethinyl estrad (Dolishale Oral Tablet 90-20 Mcg)	T1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	T1	
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	T1	
ECONTRA ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	T2	
ELLA ORAL TABLET 30 MG (***ulipristal acetate***)	T2	
etonogestrel-ethinyl estradiol (Eluryng Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
levonorg-eth estrad triphasic (Enpresse-28 Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone (Errin Oral Tablet 0.35 Mg)	T1	
norgestimate-eth estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	T1	
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	T1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr	T1	
levonorgestrel-ethinyl estrad (Falmina Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Feirza 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Feirza 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
FEMLYV ORAL TABLET DISPERSIBLE 1-0.02 MG (***norethindrone acet-ethinyl est***)	T2	
norethin ace-eth estrad-fe (Finzala Oral Tablet Chewable 1-20 Mg-Mcg(24))	T1	
norethindrone-eth estradiol (Fyavolv Oral Tablet 1-5 Mg-Mcg)	T1	
norethin-eth estradiol-fe (Galbriela Oral Tablet Chewable 0.8-25 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Gemmily Oral Capsule 1-20 Mg-Mcg(24))	T1	
norethindrone acet-ethinyl est (Hailey 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Hailey Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Hailey Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
etonogestrel-ethinyl estradiol (Haloette Vaginal Ring 0.12-0.015 Mg/24Hr)	T1	
norethindrone (Heather Oral Tablet 0.35 Mg)	T1	
HER STYLE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
levonorgest-eth estrad 91-day (Iclevia Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone (Incassia Oral Tablet 0.35 Mg)	T1	
levonorgest-eth estrad 91-day (Introvale Oral Tablet 0.15-0.03 Mg)	T1	
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-30 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Jaimiess Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
drospirenone-ethinyl estradiol (Jasmiel Oral Tablet 3-0.02 Mg)	T1	
norethindrone (Jencycla Oral Tablet 0.35 Mg)	T1	
norethindrone-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Jolessa Oral Tablet 0.15-0.03 Mg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Junel 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Junel Fe 24 Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin-eth estradiol-fe (Kaitlib Fe Oral Tablet Chewable 0.8-25 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-30 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Kariva Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
ethynodiol diac-eth estradiol (Kelnor 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
ethynodiol diac-eth estradiol (Kelnor 1/50 Oral Tablet 1-50 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Kurvelo Oral Tablet 0.15-30 Mg-Mcg)	T1	
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE 19.5 MG (***levonorgestrel***)	T2	
norethindrone acet-ethinyl est (Larin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Larin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin ace-eth estrad-fe (Larin 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Larin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Larin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Leena Oral Tablet 0.5/1/0.5-35 Mg-Mcg)	T2	
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorg-eth estrad triphasic (Levonest Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
levonorgest-eth estrad 91-day oral tablet 0.1-0.02 & 0.01 mg, 0.15-0.03 &0.01 mg, 0.15-0.03 mg	T1	
levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)	T1	
levonorgestrel oral tablet 1.5 mg	T1	
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg	T1	
levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg	T1	
levonorgestrel-ethinyl estrad (Levora 0.15/30 (28) Oral Tablet 0.15-30 Mg-Mcg)	T1	
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20.1 MCG/DAY (***levonorgestrel***)	T2	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (***norethin-eth estrad-fe biphas***)	T2	
levonorgest-eth estrad 91-day (Lojaimiess Oral Tablet 0.1-0.02 & 0.01 Mg)	T1	
drospirenone-ethinyl estradiol (Loryna Oral Tablet 3-0.02 Mg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestrel-ethinyl estradiol (Low-Ogestrel Oral Tablet 0.3-30 Mg-Mcg)	T2	
drospirenone-ethinyl estradiol (Lo-Zumandimine Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Lutera Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone (Lyleq Oral Tablet 0.35 Mg)	T1	
norethindrone (Lyza Oral Tablet 0.35 Mg)	T1	
marlissa oral tablet 0.15-30 mg-mcg	T1	
medroxyprogesterone acetate intramuscular suspension 150 mg/ml	T1	
medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml	T1	
medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg	T1	
megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml	T1	
megestrol acetate oral tablet 20 mg, 40 mg	T1	
norethindrone acet-ethinyl est (Microgestin 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone acet-ethinyl est (Microgestin 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1.5/30 Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethin ace-eth estrad-fe (Microgestin Fe 1/20 Oral Tablet 1-20 Mg-Mcg)	T1	
norgestimate-eth estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	T1	
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE 20 MCG/DAY (***levonorgestrel***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-eth estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	T1	
MY CHOICE ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
MY WAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (***estradiol valerate-dienogest***)	T2	
norethindrone-eth estradiol (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T2	
NEW DAY ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
NEXPLANON SUBCUTANEOUS IMPLANT 68 MG (***etonogestrel***)	T2	
NEXTSTELLIS ORAL TABLET 3-14.2 MG (***drospirenone-estetrol***)	T2	
drospirenone-ethinyl estradiol (Nikki Oral Tablet 3-0.02 Mg)	T1	
norethindrone (Nora-Be Oral Tablet 0.35 Mg)	T1	
norelgestromin-eth estradiol transdermal patch weekly 150-35 mcg/24hr	T1	
norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)	T1	
norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg	T1	
norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)	T1	
norethindrone acetate oral tablet 5 mg	T1	
norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg	T1	
norethindrone oral tablet 0.35 mg	T1	
norethindrone-eth estradiol oral tablet 1-5 mg-mcg	T1	
norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestim-eth estrad triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg	T1	
norethindrone (Norlyda Oral Tablet 0.35 Mg)	T1	
norethindrone-eth estradiol (Nortrel 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T2	
norethindrone-eth estradiol (Nortrel 1/35 (21) Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nortrel 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Nylia 1/35 Oral Tablet 1-35 Mg-Mcg)	T1	
norethin-eth estrad triphasic (Nylia 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Ocella Oral Tablet 3-0.03 Mg)	T1	
OPCICON ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
OPILL ORAL TABLET 0.075 MG (***norgestrel***)	T2	
OPTION 2 ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG (***elagolix-estradiol-norethind***)	T2	PA
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	T1	
norethindrone-eth estradiol (Philith Oral Tablet 0.4-35 Mg-Mcg)	T1	
desogestrel-ethinyl estradiol (Pimtrea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethin-eth estrad triphasic (Pirmella 7/7/7 Oral Tablet 0.5/0.75/1-35 Mg-Mcg)	T1	
PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	T2	
levonorgestrel-ethinyl estrad (Portia-28 Oral Tablet 0.15-30 Mg-Mcg)	T1	
PREMPHASE ORAL TABLET 0.625-5 MG (***conj estrog-medroxyprogest ace***)	T2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***conj estrog-medroxyprogest ace***)	T2	
progesterone oral capsule 100 mg, 200 mg	T1	
desogestrel-ethinyl estradiol (Reclipsen Oral Tablet 0.15-30 Mg-Mcg)	T1	
levonorgest-eth estrad 91-day (Rivelsa Oral Tablet 42-21-21-7 Days)	T1	
levonorgest-eth estrad 91-day (Setlakin Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone (Sharobel Oral Tablet 0.35 Mg)	T1	
desogestrel-ethinyl estradiol (Simliya Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
levonorgest-eth estrad 91-day (Simpesse Oral Tablet 0.15-0.03 &0.01 Mg)	T1	
SKYLA INTRAUTERINE INTRAUTERINE DEVICE 13.5 MG (***levonorgestrel***)	T2	
SLYND ORAL TABLET 4 MG (***drospirenone***)	T2	
norgestimate-eth estradiol (Sprintec 28 Oral Tablet 0.25-35 Mg-Mcg)	T1	
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	T1	
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	T1	
norethin ace-eth estrad-fe (Tarina 24 Fe Oral Tablet 1-20 Mg-Mcg(24))	T1	
norethin ace-eth estrad-fe (Tarina Fe 1/20 Eq Oral Tablet 1-20 Mg-Mcg)	T1	
norethindron-ethinyl estrad-fe (Tilia Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norethindron-ethinyl estrad-fe (Tri-Legest Fe Oral Tablet 1-20/1-30/1-35 Mg-Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Trinessa (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30/75-40/ 125-30 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
norgestim-eth estrad triphasic (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg)	T1	
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (***levonorgestrel-eth estradiol***)	T2	
TYBLUME ORAL TABLET CHEWABLE 0.1-20 MG-MCG (***levonorgestrel-ethinyl estrad***)	T2	
ethynodiol diac-eth estradiol (Valtya 1/50 Oral Tablet 1-50 Mg-Mcg)	T1	
VELIVET ORAL TABLET 0.1/0.125/0.15 -0.025 MG (***desogestrel-ethinyl estradiol***)	T2	
drospirenone-ethinyl estradiol (Vestura Oral Tablet 3-0.02 Mg)	T1	
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	T1	
viorele oral tablet 0.15-0.02/0.01 mg (21/5)	T1	
desogestrel-ethinyl estradiol (Volnea Oral Tablet 0.15-0.02/0.01 Mg (21/5))	T1	
norethindrone-eth estradiol (Vyfemla Oral Tablet 0.4-35 Mg-Mcg)	T1	
norgestimate-eth estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	T1	
norethindrone-eth estradiol (Wera Oral Tablet 0.5-35 Mg-Mcg)	T2	
norethin-eth estradiol-fe (Wymzya Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	T1	
norethin-eth estradiol-fe (Xelria Fe Oral Tablet Chewable 0.4-35 Mg-Mcg)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethynodiol diac-eth estradiol (Zovia 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
drospirenone-ethinyl estradiol (Zumandimine Oral Tablet 3-0.03 Mg)	T1	
Rapid-Acting Insulins		
ADMELOG INJECTION SOLUTION 100 UNIT/ML (***insulin lispro***)	T2	QL (30 ML per 30 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (***insulin lispro***)	T2	QL (30 ML per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML (***insulin lispro prot & lispro***)	T2	QL (30 ML per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML (***insulin lispro prot & lispro***)	T2	QL (30 ML per 30 days)
insulin asp prot & asp flexpen subcutaneous suspension pen-injector (70-30) 100 unit/ml	T1	QL (30 ML per 30 days)
insulin aspart prot & aspart subcutaneous suspension (70-30) 100 unit/ml	T1	QL (30 ML per 30 days)
insulin lispro (1 unit dial) subcutaneous solution pen-injector 100 unit/ml	T1	QL (30 ML per 30 days)
insulin lispro injection solution 100 unit/ml	T1	QL (30 ML per 30 days)
insulin lispro junior kwikpen subcutaneous solution pen-injector 100 unit/ml	T1	QL (30 ML per 30 days)
insulin lispro prot & lispro subcutaneous suspension pen-injector (75-25) 100 unit/ml	T1	QL (30 ML per 30 days)
Short-Acting Insulins		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T2	QL (30 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML (***insulin nph isophane & regular***)	T2	QL (30 ML per 30 days)
HUMULIN R INJECTION SOLUTION 100 UNIT/ML (***insulin regular human***)	T2	QL (30 ML per 30 days)
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular human***)	T2	QL (20 ML per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML (***insulin regular human***)	T2	QL (15 ML per 30 days)
Sodium-Gluc Cotransport 2 (Sglt2) Inhib		
FARXIGA ORAL TABLET 10 MG, 5 MG (***dapagliflozin propanediol***)	T2	ST; QL (30 EA per 30 days)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin-linagliptin***)	T2	PA; QL (30 EA per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	T2	PA; QL (30 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-1000 MG, 7.5-1000 MG, 7.5-500 MG (***ertugliflozin-metformin hcl***)	T2	ST; QL (60 EA per 30 days)
SEGLUROMET ORAL TABLET 2.5-500 MG (***ertugliflozin-metformin hcl***)	T2	ST; QL (120 EA per 30 days)
STEGLATRO ORAL TABLET 15 MG, 5 MG (***ertugliflozin l-pyroglutamicac***)	T2	ST; QL (30 EA per 30 days)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (***ertugliflozin-sitagliptin***)	T2	PA; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (***empagliflozin-linaglip-metform***)	T2	PA; QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (***empagliflozin-linaglip-metform***)	T2	PA; QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (***dapagliflozin prop-metformin***)	T2	ST; QL (30 EA per 30 days)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG (***dapagliflozin prop-metformin***)	T2	ST; QL (60 EA per 30 days)
Somatotropin Agonists		
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE 10 MG/1.5ML, 5 MG/1.5ML (***somatropin***)	T2	PA
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED 5.8 MG (***somatropin***)	T2	PA
Sulfonylureas		
glimepiride oral tablet 1 mg, 2 mg, 4 mg	T1	
glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg	T1	
glipizide oral tablet 10 mg, 5 mg	T1	
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	T1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	T1	AL (Max 65 Years)
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	T1	
Thiazolidinediones		
alogliptin-pioglitazone oral tablet 12.5-30 mg	T1	ST; QL (60 EA per 30 days)
alogliptin-pioglitazone oral tablet 25-15 mg, 25-30 mg, 25-45 mg	T1	ST; QL (30 EA per 30 days)
pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg	T1	
pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg	T1	
Thyroid Agents		

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (***thyroid***)	T2	
levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	T1	
liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg	T1	
thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	T1	
Immunomodulatory Agents (90:00)		
Amino Acid Polymers		
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (12 ML per 30 days)
Antimetabolites		
cladribine (10 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (4 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (5 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (6 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (7 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (8 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (9 tabs) oral tablet therapy pack 10 mg	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
teriflunomide oral tablet 14 mg, 7 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Antimetabolites, Immunosupp Therapy Misc		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	T1	AL (Min 21 Years)
mycophenolate mofetil oral capsule 250 mg	T1	AL (Min 21 Years)
Bone-Modifying Agents		
BILDYOS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (***denosumab-nxxp***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
BILPREVDA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (***denosumab-nxxp***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (***denosumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (***denosumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Calcineurin Inhibitors, Misc (90:28)		
CEQUA OPHTHALMIC SOLUTION 0.09 % (***cyclosporine***)	T2	PA
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	AL (Min 21 Years)
cyclosporine modified oral solution 100 mg/ml	T1	AL (Min 21 Years)
cyclosporine ophthalmic emulsion 0.05 %	T1	ST; QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclosporine oral capsule 100 mg, 25 mg	T1	AL (Min 21 Years)
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	AL (Min 21 Years)
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	T1	AL (Min 21 Years)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (***cyclosporine***)	T2	PA
tacrolimus external ointment 0.03 %	T1	ST; QL (30 GM per 30 days)
tacrolimus external ointment 0.1 %	T1	ST; QL (30 GM per 30 days); AL (Min 16 Years)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	T1	AL (Min 21 Years)
Disease-Modifying Antirheumat Drugs Misc		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED 300 MG (***vedolizumab***)	T2	PA
ENTYVIO PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 108 MG/0.68ML (***vedolizumab***)	T2	PA; QL (1.36 ml per 28 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (4 ml per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (4 ml per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (1.6 ml per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (2.8 ml per 28 days)
Disease-Modifying Antirheumatic Drugs		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T2	PA
hydroxychloroquine sulfate oral tablet 200 mg	T1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
infliximab intravenous solution reconstituted 100 mg	T1	PA
methotrexate sodium (pf) injection solution 1 gm/40ml, 50 mg/2ml	T1	
methotrexate sodium (pf) injection solution 250 mg/10ml	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium injection solution 250 mg/10ml	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium injection solution 50 mg/2ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML (***methotrexate (anti-rheumatic)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 7.5 MG/0.15ML (***methotrexate (anti-rheumatic)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet delayed release 500 mg	T1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	T2	
Fumarates		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (***monomethyl fumarate***)	T2	PA
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (***diroximel fumarate***)	T2	PA; QL (120 EA per 30 days)
Immunomodulatory Agents (90:00)		
cyclophosphamide oral capsule 25 mg, 50 mg	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclophosphamide oral tablet 50 mg	T1	AL (Min 21 Years)
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	T1	AL (Min 21 Years)
everolimus oral tablet 10 mg	T1	PA
everolimus oral tablet 2.5 mg, 5 mg, 7.5 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
everolimus oral tablet soluble 2 mg, 3 mg, 5 mg	T1	PA
mercaptopurine oral tablet 50 mg	T1	
Interferons		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (***interferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (***interferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	T2	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (***peginterferon alfa-2a***)	T2	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (***interferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (***interferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (***interferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (***interferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Interleukin Inhibitor Agents, Misc		
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (***omalizumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (***omalizumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (***omalizumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Interleukin-Mediated Agents, Misc		
AVTOZMA INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab-anoh***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
IMULDOSA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML, 90 MG/ML (***ustekinumab-srlf***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (***sarilumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (2.28 ml per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (***sarilumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (2.28 ml per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (***anakinra***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
OTULFI SUBCUTANEOUS SOLUTION 45 MG/0.5ML (***ustekinumab-aauz***)	T2	PA; QL (0.5 ml per 84 days)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (***ustekinumab-aauz***)	T2	PA; QL (0.5 ml per 84 days)
OTULFI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (***ustekinumab-aauz***)	T2	PA; QL (1 ml per 56 days)
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab-bavi***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab-aazg***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
TYENNE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML (***tocilizumab-aazg***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (3.6 ml per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYENNE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML (***tocilizumab-aazg***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (3.6 ml per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION 45 MG/0.5ML (***ustekinumab-kfce***)	T2	PA; QL (0.5 mL per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (***ustekinumab-kfce***)	T2	PA; QL (0.5 mL per 28 days)
YESINTEK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (***ustekinumab-kfce***)	T2	PA; QL (1 ml per 28 days)
Janus Kinase Inhibitors, Miscellaneous		
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	T2	PA; QL (30 EA per 30 days)
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (600 ml per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (***tofacitinib citrate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (30 EA per 30 days)
Monocarboxylic Acid Amide Agents		
leflunomide oral tablet 10 mg, 20 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Mtor Inhibitors, Miscellaneous		
sirolimus oral solution 1 mg/ml	T1	AL (Min 21 Years)
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	T1	AL (Min 21 Years)
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (***apremilast***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (55 EA per 28 days)
OTEZLA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 75 MG (***apremilast***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (30 EA per 30 days)
OTEZLA/OTEZLA XR INITIATION PK ORAL TABLET THERAPY PACK 10&20&30&(ER)75 MG (***apremilast***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (41 EA per 30 days)
Sphingosine 1-Phosphate (S1p) Agents		
fingolimod hcl oral capsule 0.5 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (***siponimod fumarate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG (***siponimod fumarate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG (***fingolimod lauryl sulfate***)	T2	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG (***fingolimod lauryl sulfate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
T-Cell Blockers (90:24)		
LUPKYNIS ORAL CAPSULE 7.9 MG (***voclosporin***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Tumor Necrosis Factor Inhibitors, Misc		
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T2	QL (4 EA per 28 days)
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	T2	QL (2 EA per 28 days)
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T2	QL (2 EA per 28 days)
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	T2	QL (2 EA per 28 days)
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	T2	QL (2 EA per 28 days)

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lowercase bold italics = Generic drugs **UPPERCASE** = Brand name drugs	**Drug Tier** **NF** = Non-Formulary **T1** = Formulary Generic Drugs **T2** = Formulary Brand Drugs	**Coverage Requirements and Limits** **AL** = Age Limit Applies **PA** = Prior Authorization **QL** = Quantity Limit **SP** = Specialty Product **ST** = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	T2	QL (4 EA per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	T2	QL (4 EA per 28 days)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T2	PA
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (***etanercept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (8 ml per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (***etanercept***)	T2	PA; QL (4 ml per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (***etanercept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (4 ml per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (***etanercept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (8 ml per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (***etanercept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (8 ml per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T2	QL (1.6 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T2	QL (3.2 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T2	QL (1.6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T2	QL (3.2 ML per 28 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
infliximab intravenous solution reconstituted 100 mg	T1	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T2	QL (4 EA per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 80 MG/0.8ML (***adalimumab-ryvk***)	T2	QL (2 EA per 28 days)
SIMLANDI (1 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML (***adalimumab-ryvk***)	T2	QL (2 syr per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T2	QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 20 MG/0.2ML, 40 MG/0.4ML (***adalimumab-ryvk***)	T2	QL (4 syr per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (1 ml per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (0.5 mL per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (1 ml per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (0.5 mL per 28 days)
Local Anesthetics		
Local Anesthetics		
ALTACAINE OPHTHALMIC SOLUTION 0.5 % (***tetracaine hcl***)	T1	
tetracaine hcl ophthalmic solution 0.5 %	T1	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
dutasteride oral capsule 0.5 mg	T1	
finasteride oral tablet 5 mg	T1	
5-Alpha-Reductase Inhibitors (92:04)		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
disulfiram oral tablet 250 mg, 500 mg	T1	
dutasteride oral capsule 0.5 mg	T1	
finasteride oral tablet 5 mg	T1	
naltrexone hcl oral tablet 50 mg	T1	
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	T2	
Antidotes (92:12)		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T2	QL (1 EA per 30 days)
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE (***glucagon***)	T2	QL (1 EA per 30 days)
deferoxamine mesylate injection solution reconstituted 2 gm, 500 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
FOSRENOL ORAL PACKET 1000 MG, 750 MG (***lanthanum carbonate***)	T2	PA
glucagon emergency injection kit 1 mg	T1	QL (1 EA per 30 days)
glucagon emergency injection solution reconstituted 1 mg	T1	QL (1 EA per 30 days)
lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg	T1	PA
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (***leucovorin calcium***)	T1	AL (Min 21 Years)
leucovorin calcium oral tablet 10 mg, 5 mg	T1	AL (Min 21 Years)
leucovorin calcium oral tablet 15 mg, 25 mg	T1	
naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml	T1	
naloxone hcl injection solution cartridge 0.4 mg/ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naloxone hcl injection solution prefilled syringe 2 mg/2ml	T1	
naltrexone hcl oral tablet 50 mg	T1	
phytonadione oral tablet 5 mg	T1	
sevelamer carbonate oral packet 0.8 gm, 2.4 gm	T1	PA
sevelamer carbonate oral tablet 800 mg	T1	
sevelamer hcl oral tablet 400 mg, 800 mg	T1	PA
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED 380 MG (***naltrexone***)	T2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML (***naloxone hcl***)	T2	
Antigout Agents		
allopurinol oral tablet 100 mg, 300 mg	T1	
colchicine oral capsule 0.6 mg	T1	PA
colchicine oral tablet 0.6 mg	T1	QL (30 EA per 30 days)
colchicine-probenecid oral tablet 0.5-500 mg	T1	
febuxostat oral tablet 40 mg, 80 mg	T1	PA
indomethacin oral capsule 25 mg, 50 mg	T1	
naproxen oral tablet 250 mg, 375 mg, 500 mg	T1	
probenecid oral tablet 500 mg	T1	
Antisense Oligonucleotides		
sodium oxybate oral solution 500 mg/ml	T1	PA
Bone Anabolic Agents		
teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML (***abaloparatide***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (1.56 ML per 30 days)
Bone Resorption Inhibitors		
alendronate sodium oral solution 70 mg/75ml	T1	QL (300 ML per 30 days)
alendronate sodium oral tablet 10 mg	T1	QL (30 EA per 30 days)
alendronate sodium oral tablet 35 mg, 70 mg	T1	
calcitonin (salmon) nasal solution 200 unit/act	T1	
estradiol (Dotti Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.05 Mg/24Hr, 0.1 Mg/24Hr)	T2	QL (8.7 EA per 30 days); AL (Min 40 Years)
estradiol (Dotti Transdermal Patch Twice Weekly 0.075 Mg/24Hr)	T1	QL (8.7 EA per 30 days); AL (Min 40 Years)
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	T1	
estradiol transdermal patch twice weekly 0.025 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	T1	QL (8.7 EA per 30 days)
estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr	T1	QL (4 EA per 28 days)
estradiol vaginal cream 0.01 %, 0.1 mg/gm	T1	
estradiol vaginal tablet 10 mcg	T1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	T1	QL (5.1 ML per 30 days)
ibandronate sodium intravenous solution 3 mg/3ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ibandronate sodium oral tablet 150 mg	T1	
estradiol (Lyllana Transdermal Patch Twice Weekly 0.025 Mg/24Hr, 0.05 Mg/24Hr, 0.1 Mg/24Hr)	T2	QL (8.7 EA per 30 days); AL (Min 40 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol (Lyllana Transdermal Patch Twice Weekly 0.075 Mg/24Hr)	T1	QL (8.7 EA per 30 days); AL (Min 40 Years)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (***esterified estrogens***)	T2	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens conjugated***)	T2	
PREMARIN VAGINAL CREAM 0.625 MG/GM (***estrogens, conjugated***)	T2	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 60 MG/ML (***denosumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
raloxifene hcl oral tablet 60 mg	T1	QL (30 EA per 30 days)
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7ML (***denosumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
estradiol (Yuvafem Vaginal Tablet 10 Mcg)	T1	
zoledronic acid intravenous concentrate 4 mg/5ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
zoledronic acid intravenous solution 5 mg/100ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Cariostatic Agents		
multi-vit/iron/fluoride oral solution 0.25-10 mg/ml	T1	AL (Max 5 Years)
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	T1	AL (Max 5 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	T1	AL (Max 5 Years)
multivitamin/fluoride oral suspension 0.25 mg/ml	T1	AL (Max 5 Years)
multivitamin/fluoride oral tablet chewable 0.5 mg	T1	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	T1	AL (Max 5 Years)
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	
sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg	T1	
Complement Inhibitors (92:32)		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hcl***)	T2	PA
Disease-Modifying Antirheumatic Agents		
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T2	QL (4 EA per 28 days)
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	T2	QL (2 EA per 28 days)
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T2	QL (2 EA per 28 days)
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	T2	QL (2 EA per 28 days)
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	T2	QL (2 EA per 28 days)
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	T2	QL (4 EA per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	T2	QL (4 EA per 28 days)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T2	PA
azathioprine oral tablet 100 mg, 50 mg, 75 mg	T1	AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	AL (Min 21 Years)
cyclosporine modified oral solution 100 mg/ml	T1	AL (Min 21 Years)
cyclosporine oral capsule 100 mg, 25 mg	T1	AL (Min 21 Years)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (***etanercept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (8 ml per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (***etanercept***)	T2	PA; QL (4 ml per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (***etanercept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (4 ml per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (***etanercept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (8 ml per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (***etanercept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (8 ml per 28 days)
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	AL (Min 21 Years)
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	T1	AL (Min 21 Years)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T2	QL (1.6 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T2	QL (3.2 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T2	QL (1.6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T2	QL (3.2 ML per 28 days)
hydroxychloroquine sulfate oral tablet 200 mg	T1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
infliximab intravenous solution reconstituted 100 mg	T1	PA
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML (***sarilumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (2.28 ml per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML (***sarilumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (2.28 ml per 28 days)
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (***anakinra***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
leflunomide oral tablet 10 mg, 20 mg	T1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 50 mg/2ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methotrexate sodium (pf) injection solution 250 mg/10ml	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium injection solution 250 mg/10ml	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium injection solution 50 mg/2ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
OLUMIANT ORAL TABLET 1 MG, 2 MG, 4 MG (***baricitinib***)	T2	PA; QL (30 EA per 30 days)
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (4 ml per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (4 ml per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (1.6 ml per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (2.8 ml per 28 days)
OTEZLA ORAL TABLET 30 MG (***apremilast***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG (***apremilast***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (55 EA per 28 days)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.4ML, 15 MG/0.4ML, 20 MG/0.4ML, 25 MG/0.4ML (***methotrexate (anti-rheumatic)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.4ML, 17.5 MG/0.4ML, 22.5 MG/0.4ML (***methotrexate (anti-rheumatic)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
penicillamine oral capsule 250 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
penicillamine oral tablet 250 mg	T1	PA
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML, 12.5 MG/0.25ML, 15 MG/0.3ML, 17.5 MG/0.35ML, 20 MG/0.4ML, 22.5 MG/0.45ML, 25 MG/0.5ML, 30 MG/0.6ML, 7.5 MG/0.15ML (***methotrexate (anti-rheumatic)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T2	QL (4 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T2	QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T2	QL (4 syr per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (1 ml per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (0.5 mL per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (1 ml per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (0.5 mL per 28 days)
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet delayed release 500 mg	T1	
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab-bavi***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	T2	
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab-aazg***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
XELJANZ ORAL SOLUTION 1 MG/ML (***tofacitinib citrate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (600 ml per 30 days)
XELJANZ ORAL TABLET 10 MG, 5 MG (***tofacitinib citrate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (60 EA per 30 days)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG, 22 MG (***tofacitinib citrate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Immunomodulatory Agents		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5ML (***interferon gamma-1b***)	T2	PA
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T2	QL (4 EA per 28 days)
adalimumab-aaty (1 pen) subcutaneous auto-injector kit 80 mg/0.8ml	T2	QL (2 EA per 28 days)
adalimumab-aaty (2 pen) subcutaneous auto-injector kit 40 mg/0.4ml	T2	QL (2 EA per 28 days)
adalimumab-aaty (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.2ml, 40 mg/0.4ml	T2	QL (2 EA per 28 days)
adalimumab-aaty cd/uc/hs start subcutaneous auto-injector kit 80 mg/0.8ml	T2	QL (2 EA per 28 days)
adalimumab-fkjp (2 pen) subcutaneous auto-injector kit 40 mg/0.8ml	T2	QL (4 EA per 28 days)
adalimumab-fkjp (2 syringe) subcutaneous prefilled syringe kit 20 mg/0.4ml, 40 mg/0.8ml	T2	QL (4 EA per 28 days)
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML (***interferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML (***interferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T2	PA
azathioprine oral tablet 100 mg, 50 mg, 75 mg	T1	AL (Min 21 Years)
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG (***monomethyl fumarate***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
cladribine (10 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (4 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (5 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (6 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (7 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (8 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (9 tabs) oral tablet therapy pack 10 mg	T1	PA
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	AL (Min 21 Years)
cyclosporine modified oral solution 100 mg/ml	T1	AL (Min 21 Years)
cyclosporine oral capsule 100 mg, 25 mg	T1	AL (Min 21 Years)
dimethyl fumarate oral capsule delayed release 120 mg, 240 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 & 240 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML (***etanercept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (8 ml per 28 days)
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML (***etanercept***)	T2	PA; QL (4 ml per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (***etanercept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (4 ml per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (***etanercept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (8 ml per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML (***etanercept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (8 ml per 28 days)
fingolimod hcl oral capsule 0.5 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	AL (Min 21 Years)
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	T1	AL (Min 21 Years)
glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (30 ML per 30 days)
glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (12 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML (***adalimumab-bwwd***)	T2	QL (1.6 ML per 28 days)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML (***adalimumab-bwwd***)	T2	QL (3.2 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (***adalimumab-bwwd***)	T2	QL (1.6 ML per 28 days)
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML (***adalimumab-bwwd***)	T2	QL (3.2 ML per 28 days)
hydroxychloroquine sulfate oral tablet 200 mg	T1	
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
infliximab intravenous solution reconstituted 100 mg	T1	PA
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML (***ofatumumab***)	T2	PA
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (***anakinra***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
leflunomide oral tablet 10 mg, 20 mg	T1	
lenalidomide oral capsule 10 mg, 2.5 mg, 5 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (28 EA per 28 days); AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lenalidomide oral capsule 15 mg, 20 mg, 25 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (21 EA per 28 days); AL (Min 21 Years)
MAYZENT ORAL TABLET 0.25 MG, 1 MG, 2 MG (***siponimod fumarate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG, 7 X 0.25 MG (***siponimod fumarate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
methotrexate sodium (pf) injection solution 1 gm/40ml, 50 mg/2ml	T1	
methotrexate sodium (pf) injection solution 250 mg/10ml	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium injection solution 250 mg/10ml	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium injection solution 50 mg/2ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (4 ml per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED 250 MG (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (4 ml per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (1.6 ml per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML (***abatacept***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (2.8 ml per 28 days)
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (***apremilast***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (55 EA per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	T2	PA
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML (***peginterferon alfa-2a***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (***peginterferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 63 & 94 MCG/0.5ML (***peginterferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML (***peginterferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
PLEGRIDY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MCG/0.5ML (***peginterferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML (***peginterferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	T2	PA
PONVORY ORAL TABLET 20 MG (***ponesimod***)	T2	PA
PONVORY STARTER PACK ORAL TABLET THERAPY PACK 2-3-4-5-6-7-8-9 & 10 MG (***ponesimod***)	T2	PA
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22 MCG/0.5ML, 44 MCG/0.5ML (***interferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6X8.8 & 6X22 MCG (***interferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 22 MCG/0.5ML, 44 MCG/0.5ML (***interferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6X8.8 & 6X22 MCG (***interferon beta-1a***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (***lenalidomide***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T2	QL (4 EA per 28 days)
SIMLANDI (2 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T2	QL (4 EA per 28 days)
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML (***adalimumab-ryvk***)	T2	QL (4 syr per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 50 MG/4ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (1 ml per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (0.5 mL per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (1 ml per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML (***golimumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (0.5 mL per 28 days)
sulfasalazine oral tablet 500 mg	T1	
sulfasalazine oral tablet delayed release 500 mg	T1	
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.25 MG (***fingolimod lauryl sulfate***)	T2	PA
TASCENSO ODT ORAL TABLET DISPERSIBLE 0.5 MG (***fingolimod lauryl sulfate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
teriflunomide oral tablet 14 mg, 7 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
THALOMID ORAL CAPSULE 100 MG (***thalidomide***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THALOMID ORAL CAPSULE 50 MG (***thalidomide***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TOFIDENCE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab-bavi***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	T2	
TYENNE INTRAVENOUS SOLUTION 200 MG/10ML, 400 MG/20ML, 80 MG/4ML (***tocilizumab-aazg***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
VUMERITY ORAL CAPSULE DELAYED RELEASE 231 MG (***diroximel fumarate***)	T2	PA; QL (120 EA per 30 days)
Immunosuppressive Agents		
azathioprine oral tablet 100 mg, 50 mg, 75 mg	T1	AL (Min 21 Years)
cladribine (10 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (4 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (5 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (6 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (7 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (8 tabs) oral tablet therapy pack 10 mg	T1	PA
cladribine (9 tabs) oral tablet therapy pack 10 mg	T1	PA
cyclophosphamide oral capsule 25 mg, 50 mg	T1	PA
cyclophosphamide oral tablet 50 mg	T1	AL (Min 21 Years)
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	T1	AL (Min 21 Years)
cyclosporine modified oral solution 100 mg/ml	T1	AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cyclosporine oral capsule 100 mg, 25 mg	T1	AL (Min 21 Years)
everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg	T1	AL (Min 21 Years)
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	T1	AL (Min 21 Years)
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	T1	AL (Min 21 Years)
leflunomide oral tablet 10 mg, 20 mg	T1	
LUPKYNIS ORAL CAPSULE 7.9 MG (***voclosporin***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
mercaptopurine oral tablet 50 mg	T1	
methotrexate sodium (pf) injection solution 1 gm/40ml, 50 mg/2ml	T1	
methotrexate sodium (pf) injection solution 250 mg/10ml	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium injection solution 250 mg/10ml	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
methotrexate sodium injection solution 50 mg/2ml	T1	
methotrexate sodium oral tablet 2.5 mg	T1	
mycophenolate mofetil oral capsule 250 mg	T1	AL (Min 21 Years)
mycophenolate mofetil oral suspension reconstituted 200 mg/ml	T1	AL (Min 21 Years)
mycophenolate mofetil oral tablet 500 mg	T1	AL (Min 21 Years)
mycophenolate sodium oral tablet delayed release 180 mg, 360 mg	T1	AL (Min 21 Years)
pimecrolimus external cream 1 %	T1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sirolimus oral solution 1 mg/ml	T1	AL (Min 21 Years)
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	T1	AL (Min 21 Years)
tacrolimus external ointment 0.03 %	T1	ST; QL (30 GM per 30 days)
tacrolimus external ointment 0.1 %	T1	ST; QL (30 GM per 30 days); AL (Min 16 Years)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	T1	AL (Min 21 Years)
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate sodium***)	T2	
Kallikrein Inhibitors		
ORLADEYO ORAL CAPSULE 110 MG, 150 MG (***berotralstat hcl***)	T2	PA
Other Miscellaneous Therapeutic Agents		
complete natal dha oral 29-1-200 & 200 mg	T1	AL (Max 50 Years)
cvs melatonin oral capsule 10 mg	T1	
cvs melatonin oral tablet 3 mg, 5 mg	T1	
cvs natural fish oil oral capsule 1000 mg	T1	
cvs quality sleep oral capsule 10 mg	T1	
dalfampridine er oral tablet extended release 12 hour 10 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	T2	QL (90 EA per 30 days); AL (Min 16 Years)
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 20 MG/2ML (***sodium hyaluronate (viscosup)***)	T2	PA
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir-cobicistat***)	T2	QL (30 EA per 30 days)
fish oil oral capsule 1000 mg	T1	QL (160 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GENVISC 850 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (***sodium hyaluronate (viscosup)***)	T2	PA
gnp melatonin maximum strength oral tablet 5 mg	T1	
gnp melatonin oral tablet 3 mg	T1	
kp melatonin oral tablet 3 mg	T1	
levocarnitine oral solution 1 gm/10ml	T1	
levocarnitine sf oral solution 1 gm/10ml	T1	
LODOCO ORAL TABLET 0.5 MG (***colchicine***)	T2	PA
melatonin maximum strength oral tablet 5 mg	T1	
melatonin oral capsule 10 mg	T1	
melatonin oral liquid 1 mg/ml	T1	
melatonin oral tablet 1 mg, 3 mg, 3-10 mg, 5 mg	T1	
omega iii epa+dha oral capsule 1000 mg	T1	QL (160 EA per 30 days)
omega-3 fish oil oral capsule 1000 mg	T1	QL (160 EA per 30 days)
omega-3 oral capsule 1000 mg	T1	QL (160 EA per 30 days)
PREZCOBIX ORAL TABLET 675-150 MG, 800-150 MG (***darunavir-cobicistat***)	T2	QL (30 EA per 30 days)
qc melatonin max st oral tablet 5 mg	T1	
ra melatonin oral tablet 3 mg, 3-2 mg, 5 mg	T1	
STRIBILD ORAL TABLET 150-150-200-300 MG (***elviteg-cobic-emtricit-tenofdf***)	T2	QL (30 EA per 30 days)
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (***sodium hyaluronate (viscosup)***)	T2	PA
sv melatonin oral tablet 5 mg	T1	
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darun-cobic-emtricit-tenofaf***)	T2	QL (30 EA per 30 days)
TRIVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (***sodium hyaluronate (viscosup)***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VISCO-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE 25 MG/2.5ML (***sodium hyaluronate (viscosup)***)	T2	PA
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	T2	PA
ZARBEES SLEEP CHILD/MELATONIN ORAL LIQUID 1 MG/ML (***melatonin***)	T1	
Protective Agents		
adapalene external gel 0.1 %	T1	PA
dalfampridine er oral tablet extended release 12 hour 10 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
DIFFERIN EXTERNAL GEL 0.1 % (***adapalene***)	T2	
mesna oral tablet 400 mg	T1	AL (Min 21 Years)
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
aimsco lubricated	T1	
CAYA VAGINAL DIAPHRAGM (***diaphragm arc-spring***)	T2	
DUREX REALFEEL DEVICE (***condoms non-latex lubricated***)	T2	
ENCARE VAGINAL SUPPOSITORY 100 MG (***nonoxynol-9***)	T1	
FANTASY LUBRICATED (***condoms latex lubricated***)	T2	
FANTASY LUBRICATED/SPERMICIDE (***condoms latex lubricated***)	T2	
FC2 FEMALE CONDOM (***condoms - female***)	T2	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (***cervical caps***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
kimono	T1	
KIMONO COLORS DEVICE (***condoms latex lubricated***)	T1	
KIMONO MAXX-LARGE FLARE (***condoms latex lubricated***)	T1	
kimono micro thin	T1	
kimono micro thin plus	T1	
kimono plus	T1	
kimono sensation	T1	
kimono sensation plus	T1	
KIMONO SPECIAL DEVICE (***condoms latex lubricated***)	T1	
maxx	T1	
maxx plus	T1	
MIUDELLA INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (***copper***)	T2	
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (***diaphragms***)	T2	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % (***nonoxynol-9***)	T2	
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (***copper***)	T2	
PHEXXI VAGINAL GEL 1.8-1-0.4 % (***lactic ac-citric ac-pot bitart***)	T2	
REALITY LATEX CONDOMS (***condoms latex lubricated***)	T1	
TODAY SPONGE VAGINAL 1000 MG (***nonoxynol-9***)	T2	
TRUSTEX LUB/RIBBED/STUDDED (***condoms latex lubricated***)	T2	
TRUSTEX LUB/SPERMICIDE EX ST (***condoms latex lubricated***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRUSTEX LUB/SPERMICIDE XL (***condoms latex lubricated***)	T2	
TRUSTEX LUBRICATED (***condoms latex lubricated***)	T2	
TRUSTEX LUBRICATED EX LARGE (***condoms latex lubricated***)	T2	
TRUSTEX LUBRICATED EXTRA ST (***condoms latex lubricated***)	T2	
TRUSTEX LUBRICATED/SPERMICIDE (***condoms latex lubricated***)	T2	
TRUSTEX NON-LUBRICATED (***condoms latex non-lubricated***)	T2	
TRUSTEX RIA LUB/SPERMICIDE (***condoms latex lubricated***)	T2	
TRUSTEX RIA LUBRICATED (***condoms latex lubricated***)	T2	
TRUSTEX RIA NON-LUBRICATED (***condoms latex non-lubricated***)	T2	
TRUSTEX-NONOXYNOL-9/RIB/STUD (***condoms latex lubricated***)	T2	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % (***nonoxynol-9***)	T2	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL 4 % (***nonoxynol-9***)	T2	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T2	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T2	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T2	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T2	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T2	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T2	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % (***diaphragm wide seal***)	T2	
Oxytocics		
Oxytocics		
methylergonovine maleate (Methergine Oral Tablet 0.2 Mg)	T1	
methylergonovine maleate oral tablet 0.2 mg	T1	
mifepristone oral tablet 200 mg	T1	
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
epinephrine hcl (nasal) nasal solution 0.1 %	T1	
epinephrine injection solution auto-injector 0.15 mg/0.3ml, 0.3 mg/0.3ml	T1	
kp pseudoephedrine hcl oral tablet 60 mg	T1	
pseudoephedrine hcl oral tablet 60 mg	T1	
SUDOGEST ORAL TABLET 60 MG (***pseudoephedrine hcl***)	T1	
Anticholinergic Agents (Respir.Tract)		
atropine sulfate ophthalmic solution 1 %	T1	
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT (***ipratropium bromide hfa***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT (***ipratropium-albuterol***)	T2	QL (8 GM per 30 days)
hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg	T1	
hyoscyamine sulfate oral elixir 0.125 mg/5ml	T1	
hyoscyamine sulfate oral solution 0.125 mg/ml	T1	
hyoscyamine sulfate oral tablet 0.125 mg	T1	
hyoscyamine sulfate oral tablet dispersible 0.125 mg	T1	
hyoscyamine sulfate sublingual tablet sublingual 0.125 mg	T1	
hyosyne oral elixir 0.125 mg/5ml	T1	
hyosyne oral solution 0.125 mg/ml	T1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT (***umeclidinium bromide***)	T2	QL (30 EA per 30 days)
ipratropium bromide inhalation solution 0.02 %	T1	
ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml	T1	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG (***hyoscyamine sulfate***)	T1	
oscimin oral tablet 0.125 mg	T1	
oscimin sublingual tablet sublingual 0.125 mg	T1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT (***tiotropium bromide***)	T2	QL (4.2 GM per 30 days)
tiotropium bromide inhalation capsule 18 mcg	T1	QL (30 EA per 30 days)
tiotropium bromide monohydrate inhalation capsule 18 mcg	T1	QL (30 EA per 30 days)
Antifibrotic Agents		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib esylate***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (60 EA per 30 days)
pirfenidone oral capsule 267 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Anti-Inflammatory Agents (Respiratory)		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML, 40 MG/0.4ML (***mepolizumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED 100 MG (***mepolizumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Antitussives		
aler-cap oral capsule 25 mg	T1	
allergy relief oral capsule 25 mg	T1	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (***diphenhydramine hcl***)	T1	
benzonatate oral capsule 100 mg	T1	QL (180 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
benzonatate oral capsule 200 mg	T1	QL (90 EA per 30 days)
chest congestion relief dm oral syrup 10-100 mg/5ml	T1	
complete allergy medicine oral capsule 25 mg	T1	
cvs allergy oral capsule 25 mg	T1	
cvs allergy relief oral capsule 25 mg	T1	
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	T1	
diphenhist oral capsule 25 mg	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T1	
eq allergy relief oral capsule 25 mg	T1	
g tussin ac oral solution 100-10 mg/5ml	T1	QL (480 ML per 30 days)
gnp allergy oral capsule 25 mg	T1	
gnp allergy relief oral capsule 25 mg	T1	
guaiatussin ac oral syrup 100-10 mg/5ml	T1	QL (480 ML per 30 days)
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	T1	QL (480 ML per 30 days)
guaifenesin-dm oral syrup 100-10 mg/5ml	T1	
hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml	T1	QL (240 ML per 30 days)
hydromet oral solution 5-1.5 mg/5ml	T1	QL (240 ML per 30 days)
maxi-tuss ac oral solution 100-10 mg/5ml	T1	QL (480 ML per 30 days)
pharbedryl oral capsule 25 mg, 50 mg	T1	
promethazine-codeine oral solution 6.25-10 mg/5ml	T1	QL (240 ML per 30 days)
promethazine-codeine oral syrup 6.25-10 mg/5ml	T1	QL (240 ML per 30 days)
promethazine-dm oral syrup 6.25-15 mg/5ml	T1	QL (240 ML per 30 days)
ra allergy medication oral capsule 25 mg	T1	
ra allergy relief oral capsule 25 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml	T1	
ra tussin dm oral liquid 100-10 mg/5ml	T1	
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML (***dextromethorphan-guaifenesin***)	T1	
sb allergy oral capsule 25 mg	T1	
tussin dm oral liquid 100-10 mg/5ml	T1	
tussin dm oral syrup 100-10 mg/5ml	T1	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T1	
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML (***dextromethorphan-guaifenesin***)	T1	
Corticosteroids (Respiratory Tract)		
allergy spray 24 hour nasal aerosol 55 mcg/act	T1	
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	T1	PA
budesonide nasal suspension 32 mcg/act	T1	
cvs budesonide nasal suspension 32 mcg/act	T1	
cvs nasal allergy spray nasal aerosol 55 mcg/act	T1	
eq nasal allergy nasal aerosol 55 mcg/act	T1	
FLONASE SENSIMIST CHILDRENS NASAL SUSPENSION 27.5 MCG/SPRAY (***fluticasone furoate***)	T2	
FLONASE SENSIMIST NASAL SUSPENSION 27.5 MCG/SPRAY (***fluticasone furoate***)	T2	
flunisolide nasal solution 25 mcg/act (0.025%)	T1	ST
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	T1	
fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act	T1	PA; QL (60 EA per 30 days)

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	T1	QL (60 EA per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	T1	QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	T1	QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	T1	QL (10.6 GM per 30 days)
fluticasone propionate nasal suspension 50 mcg/act	T1	
fluticasone-salmeterol inhalation aerosol 115-21 mcg/act, 230-21 mcg/act, 45-21 mcg/act	T1	PA; QL (12 GM per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act	T1	QL (60 EA per 30 days)
fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act	T1	QL (1 EA per 30 days)
gnp 24 hour nasal allergy nasal aerosol 55 mcg/act	T1	
gnp budesonide nasal spray nasal suspension 32 mcg/act	T1	
goodsense nasal allergy spray nasal aerosol 55 mcg/act	T1	
mometasone furoate external cream 0.1 %	T1	
mometasone furoate external ointment 0.1 %	T1	
mometasone furoate nasal suspension 50 mcg/act	T1	ST; QL (17 GM per 30 days)
nasal allergy 24 hour nasal aerosol 55 mcg/act	T1	
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (***beclomethasone diprop hfa***)	T2	QL (10.6 GM per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra budesonide nasal suspension 32 mcg/act	T1	
ra nasal allergy nasal aerosol 55 mcg/act	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT, 200-62.5-25 MCG/ACT (***fluticasone-umeclidin-vilant***)	T2	PA; QL (60 EA per 30 days)
triamcinolone acetonide nasal aerosol 55 mcg/act	T1	
fluticasone-salmeterol (Wixela Inhub Inhalation Aerosol Powder Breath Activated 100-50 Mcg/Act, 250-50 Mcg/Act, 500-50 Mcg/Act)	T1	QL (60 EA per 30 days)
Cystic Fibrosis (Cftr) Correctors		
ALYFTREK ORAL TABLET 10-50-125 MG (***vanzacaft-tezacaft-deutivacaft***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (60 EA per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG (***vanzacaft-tezacaft-deutivacaft***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (90 EA per 30 days)
ORKAMBI ORAL PACKET 100-125 MG (***lumacaftor-ivacaftor***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 150-188 MG, 75-94 MG (***lumacaftor-ivacaftor***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORKAMBI ORAL TABLET 100-125 MG (***lumacaftor-ivacaftor***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (120 EA per 30 days)
ORKAMBI ORAL TABLET 200-125 MG (***lumacaftor-ivacaftor***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (120 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (***tezacaftor-ivacaftor***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (56 EA per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (***elexacaftor-tezacaftor-ivacaft***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (84 EA per 28 days)
Cystic Fibrosis (Cftr) Potentiators		
ALYFTREK ORAL TABLET 10-50-125 MG (***vanzacaft-tezacaft-deutivacaft***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (60 EA per 30 days)
ALYFTREK ORAL TABLET 4-20-50 MG (***vanzacaft-tezacaft-deutivacaft***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KALYDECO ORAL PACKET 13.4 MG, 25 MG, 5.8 MG (***ivacaftor***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (56 EA per 28 days)
KALYDECO ORAL PACKET 50 MG, 75 MG (***ivacaftor***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (56 EA per 28 days)
KALYDECO ORAL TABLET 150 MG (***ivacaftor***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (56 EA per 28 days)
ORKAMBI ORAL PACKET 100-125 MG (***lumacaftor-ivacaftor***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (60 EA per 30 days)
ORKAMBI ORAL PACKET 150-188 MG, 75-94 MG (***lumacaftor-ivacaftor***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (60 EA per 30 days)
ORKAMBI ORAL TABLET 100-125 MG (***lumacaftor-ivacaftor***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (120 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORKAMBI ORAL TABLET 200-125 MG (***lumacaftor-ivacaftor***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (120 EA per 30 days)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG, 50-75 & 75 MG (***tezacaftor-ivacaftor***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (56 EA per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG, 50-25-37.5 & 75 MG (***elexacaftor-tezacaftor-ivacaft***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (84 EA per 28 days)
Endothelin Receptor Antagonists (48:48)		
ambrisentan oral tablet 10 mg, 5 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
bosentan oral tablet 125 mg, 62.5 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRACLEER ORAL TABLET SOLUBLE 32 MG (***bosentan***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Expectorants		
chest congestion relief dm oral syrup 10-100 mg/5ml	T1	
chest congestion relief oral tablet 400 mg	T1	
cvs chest congestion relief oral tablet 400 mg	T1	
cvs tussin adult chest congest oral liquid 100 mg/5ml	T1	
dextromethorphan-guaifenesin oral syrup 10-100 mg/5ml	T1	
g tussin ac oral solution 100-10 mg/5ml	T1	QL (480 ML per 30 days)
geri-tussin oral liquid 100 mg/5ml	T1	
gnp mucus relief oral tablet 400 mg	T1	
gnp tab tussin oral tablet 400 mg	T1	
guaiatussin ac oral syrup 100-10 mg/5ml	T1	QL (480 ML per 30 days)
guaifenesin oral liquid 100 mg/5ml	T1	
guaifenesin oral tablet 200 mg, 400 mg	T1	
guaifenesin-codeine oral solution 100-10 mg/5ml, 200-20 mg/10ml	T1	QL (480 ML per 30 days)
guaifenesin-dm oral syrup 100-10 mg/5ml	T1	
kls mucus relief chest oral tablet 400 mg	T1	
maxi-tuss ac oral solution 100-10 mg/5ml	T1	QL (480 ML per 30 days)
MUCINEX FAST-MAX CHEST CONG MS ORAL LIQUID 400 MG/20ML (***guaifenesin***)	T1	
mucosa oral tablet 400 mg	T1	
mucus relief chest congestion oral tablet 400 mg	T1	
mucus relief oral tablet 400 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
qc medifin 400 oral tablet 400 mg	T1	
ra tussin cgh/chest congest dm oral liquid 100-10 mg/5ml	T1	
ra tussin chest congestion oral liquid 100 mg/5ml	T1	
ra tussin dm oral liquid 100-10 mg/5ml	T1	
ra tussin oral liquid 100 mg/5ml	T1	
refenesen 400 oral tablet 400 mg	T1	
ROBAFEN DM CGH/CHEST CONGEST ORAL LIQUID 10-100 MG/5ML (***dextromethorphan-guaifenesin***)	T1	
ROBAFEN MUCUS/CHEST CONGESTION ORAL LIQUID 200 MG/10ML (***guaifenesin***)	T1	
siltussin sa oral liquid 100 mg/5ml	T1	
TUSNEL-EX ORAL LIQUID 100 MG/5ML (***guaifenesin***)	T1	
tussin dm oral liquid 100-10 mg/5ml	T1	
tussin dm oral syrup 100-10 mg/5ml	T1	
tussin mucus & chest congest oral liquid 100 mg/5ml	T1	
WAL-TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5ML (***guaifenesin***)	T1	
WAL-TUSSIN DM CGH/CHEST CONG ORAL LIQUID 100-10 MG/5ML (***dextromethorphan-guaifenesin***)	T1	
First Generation Antihist.(Respir Tract)		
aler-cap oral capsule 25 mg	T1	
allergy relief oral capsule 25 mg	T1	
BANOPHEN ORAL CAPSULE 25 MG, 50 MG (***diphenhydramine hcl***)	T1	
clemastine fumarate oral syrup 0.67 mg/5ml	T1	
clemastine fumarate oral tablet 2.68 mg	T1	
complete allergy medicine oral capsule 25 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs allergy oral capsule 25 mg	T1	
cvs allergy relief oral capsule 25 mg	T1	
cvs sleep-aid (doxylamine) oral tablet 25 mg	T1	
cvs ultra sleep oral tablet 25 mg	T1	
cyproheptadine hcl oral syrup 2 mg/5ml	T1	
cyproheptadine hcl oral tablet 4 mg	T1	
DAYHIST ALLERGY 12 HOUR RELIEF ORAL TABLET 1.34 MG (***clemastine fumarate***)	T1	
diphenhist oral capsule 25 mg	T1	
diphenhydramine hcl oral capsule 25 mg, 50 mg	T1	
eq allergy relief oral capsule 25 mg	T1	
gnp allergy oral capsule 25 mg	T1	
gnp allergy relief oral capsule 25 mg	T1	
gnp sleep aid oral tablet 25 mg	T1	
kls sleep aid oral tablet 25 mg	T1	
pharbedryl oral capsule 25 mg, 50 mg	T1	
promethazine hcl oral solution 6.25 mg/5ml	T1	
promethazine hcl oral syrup 6.25 mg/5ml	T1	
promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg	T1	
promethazine hcl rectal suppository 12.5 mg, 25 mg	T1	
promethazine hcl (Promethegan Rectal Suppository 12.5 Mg, 25 Mg)	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG (***promethazine hcl***)	T2	
ra allergy medication oral capsule 25 mg	T1	
ra allergy relief oral capsule 25 mg	T1	
ra sleep aid oral tablet 25 mg	T1	
sb allergy oral capsule 25 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sleep aid (doxylamine) oral tablet 25 mg	T1	
sleep aid oral tablet 25 mg	T1	
sleep-aid oral tablet 25 mg	T1	
WAL-DRYL ALLERGY ORAL CAPSULE 25 MG (***diphenhydramine hcl***)	T1	
Interleukin Antagonists		
CINQAIR INTRAVENOUS SOLUTION 100 MG/10ML (***reslizumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (***dupilumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (2.28 ML per 28 days)
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML (***benralizumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 30 MG/ML (***benralizumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Leukotriene Modifiers		
montelukast sodium oral packet 4 mg	T1	QL (30 EA per 30 days); AL (Min 2 Years)
montelukast sodium oral tablet 10 mg	T1	QL (30 EA per 30 days)
montelukast sodium oral tablet chewable 4 mg, 5 mg	T1	QL (30 EA per 30 days); AL (Min 1 Years and Max 5 Years)
Mast-Cell Stabilizers		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cromolyn sodium inhalation nebulization solution 20 mg/2ml	T1	
cromolyn sodium ophthalmic solution 4 %	T1	
cromolyn sodium oral concentrate 100 mg/5ml	T1	
Mucolytic Agents		
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML (***dornase alfa***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
sodium chloride inhalation nebulization solution 0.9 %	T1	
Nasal Preparations (Steroids)		
allergy spray 24 hour nasal aerosol 55 mcg/act	T1	
budesonide nasal suspension 32 mcg/act	T1	
cvs budesonide nasal suspension 32 mcg/act	T1	
cvs nasal allergy spray nasal aerosol 55 mcg/act	T1	
eq nasal allergy nasal aerosol 55 mcg/act	T1	
FLONASE SENSIMIST CHILDRENS NASAL SUSPENSION 27.5 MCG/SPRAY (***fluticasone furoate***)	T2	
FLONASE SENSIMIST NASAL SUSPENSION 27.5 MCG/SPRAY (***fluticasone furoate***)	T2	
flunisolide nasal solution 25 mcg/act (0.025%)	T1	ST
fluticasone propionate nasal suspension 50 mcg/act	T1	
gnp 24 hour nasal allergy nasal aerosol 55 mcg/act	T1	
gnp budesonide nasal spray nasal suspension 32 mcg/act	T1	
goodsense nasal allergy spray nasal aerosol 55 mcg/act	T1	
mometasone furoate nasal suspension 50 mcg/act	T1	ST; QL (17 GM per 30 days)
nasal allergy 24 hour nasal aerosol 55 mcg/act	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra budesonide nasal suspension 32 mcg/act	T1	
ra nasal allergy nasal aerosol 55 mcg/act	T1	
triamcinolone acetonide nasal aerosol 55 mcg/act	T1	
Non-Select.Beta-Adrenergic Agont(Respir)		
isoproterenol hcl injection solution 0.2 mg/ml	T1	
Orally Inhaled Preparations (Steroids)		
budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml, 1 mg/2ml	T1	PA
fluticasone furoate ellipta inhalation aerosol powder breath activated 100 mcg/act, 200 mcg/act, 50 mcg/act	T1	
fluticasone propionate diskus inhalation aerosol powder breath activated 100 mcg/act, 250 mcg/act, 50 mcg/act	T1	QL (60 EA per 30 days)
fluticasone propionate hfa inhalation aerosol 110 mcg/act	T1	QL (12 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 220 mcg/act	T1	QL (24 GM per 30 days)
fluticasone propionate hfa inhalation aerosol 44 mcg/act	T1	QL (10.6 GM per 30 days)
QVAR REDIHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT, 80 MCG/ACT (***beclomethasone diprop hfa***)	T2	QL (10.6 GM per 30 days)
Phosphodiesterase Type 4 Inhibitors		
roflumilast oral tablet 250 mcg, 500 mcg	T1	PA
Phosphodiesterase-5 Inhibitors (Respir)		
sildenafil citrate oral suspension reconstituted 10 mg/ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sildenafil citrate oral tablet 20 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
tadalafil (pah) oral tablet 20 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
TADLIQ ORAL SUSPENSION 20 MG/5ML (***tadalafil (pah)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Prostacyclin & Prostacyclin Derivatives		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (***treprostinil diolamine***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (***treprostinil diolamine***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (***treprostinil diolamine***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TYVASO INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (***iloprost***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Respiratory Tract Agents, Miscellaneous		
BRONCHITOL INHALATION CAPSULE 40 MG (***mannitol (cystic fibrosis)***)	T2	PA
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG (***mannitol (cystic fibrosis)***)	T2	PA
pirfenidone oral capsule 267 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pirfenidone oral tablet 267 mg, 534 mg, 801 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
XOLAIR SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (***omalizumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML, 300 MG/2ML, 75 MG/0.5ML (***omalizumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED 150 MG (***omalizumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
Second Generation Antihist(Respir Tract)		
12hr allergy relief oral tablet 60 mg	T1	
24hr allergy relief oral tablet 180 mg	T1	
all day allergy childrens oral solution 5 mg/5ml	T1	
all day allergy oral tablet 10 mg	T1	
all-day allergy childrens oral solution 5 mg/5ml	T1	
allergy (cetirizine) oral tablet 10 mg	T1	
allergy 24hour indoor/outdoor oral tablet 10 mg	T1	
allergy 24-hr oral tablet 180 mg	T1	
allergy rel child (loratadine) oral solution 5 mg/5ml	T1	
allergy relief (cetirizine) oral tablet 10 mg	T1	
allergy relief (loratadine) oral tablet 10 mg	T1	
allergy relief 24-hr oral tablet 10 mg	T1	
allergy relief cetirizine oral tablet 10 mg, 5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
allergy relief childrens oral solution 1 mg/ml	T1	
allergy relief oral tablet 10 mg, 180 mg, 60 mg	T1	
allergy relief/indoor/outdoor oral tablet 10 mg	T1	
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	T1	
azelastine hcl ophthalmic solution 0.05 %	T1	
cetirizine hcl allergy child oral solution 5 mg/5ml	T1	
cetirizine hcl childrens alrgy oral solution 1 mg/ml	T1	
cetirizine hcl oral solution 1 mg/ml, 5 mg/5ml	T1	
cetirizine hcl oral tablet 10 mg, 5 mg	T1	
cetirizine hcl oral tablet chewable 10 mg, 5 mg	T1	PA
childrens 24 hour allergy oral solution 1 mg/ml	T1	
childrens loratadine oral solution 5 mg/5ml	T1	
cvs allergy relief childrens oral solution 5 mg/5ml	T1	
cvs allergy relief childrens oral suspension 30 mg/5ml	T1	
cvs allergy relief oral tablet 10 mg, 180 mg, 60 mg	T1	
cvs allergy relief oral tablet dispersible 10 mg	T1	QL (30 EA per 30 days)
cvs allergy relief(cetirizine) oral tablet 10 mg	T1	
cvs indoor/outdoor allergy rlf oral tablet 10 mg	T1	
desloratadine oral tablet 5 mg	T1	
eq allergy relief (cetirizine) oral solution 1 mg/ml	T1	
eq allergy relief (cetirizine) oral tablet 10 mg	T1	
eq allergy relief oral tablet 10 mg, 180 mg	T1	
eql all day allergy childrens oral solution 5 mg/5ml	T1	
eql all day allergy oral tablet 10 mg	T1	
eql allergy relief oral tablet 10 mg, 180 mg	T1	
fexofenadine hcl oral tablet 180 mg, 60 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
gnp all day allergy childrens oral solution 1 mg/ml, 5 mg/5ml	T1	
gnp all day allergy oral tablet 10 mg	T1	
gnp allergy relief oral tablet 180 mg	T1	
gnp loratadine childrens oral solution 5 mg/5ml	T1	
gnp loratadine oral tablet 10 mg	T1	
gnp loratadine oral tablet dispersible 10 mg	T1	QL (30 EA per 30 days)
goodsense all day allergy oral solution 5 mg/5ml	T1	
goodsense all day allergy oral tablet 10 mg	T1	
goodsense aller-ease oral tablet 180 mg	T1	
goodsense allergy relief oral tablet 10 mg	T1	
KLS ALLERCLEAR ORAL TABLET 10 MG (***loratadine***)	T1	
KLS ALLER-FEX ORAL TABLET 180 MG (***fexofenadine hcl***)	T1	
KLS ALLER-TEC CHILDRENS ORAL SOLUTION 5 MG/5ML (***cetirizine hcl***)	T1	
KLS ALLER-TEC ORAL TABLET 10 MG (***cetirizine hcl***)	T1	
loradamed oral tablet 10 mg	T1	
loratadine childrens oral solution 5 mg/5ml	T1	
loratadine oral solution 5 mg/5ml	T1	
loratadine oral tablet 10 mg	T1	
loratadine oral tablet dispersible 10 mg	T1	QL (30 EA per 30 days)
mm fexofenadine hcl oral tablet 180 mg	T1	
qc all day allergy oral tablet 10 mg	T1	
qc loratadine allergy relief oral tablet 10 mg	T1	
ra allergy relief (cetirizine) oral tablet 10 mg	T1	
ra allergy relief (loratadine) oral tablet 10 mg	T1	
ra allergy relief childrens oral solution 5 mg/5ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra allergy relief oral tablet 180 mg	T1	
ra loratadine oral tablet 10 mg	T1	
sb allergy oral tablet 10 mg	T1	
sb loratadine oral tablet 10 mg	T1	
sm allergy relief oral tablet dispersible 10 mg	T1	QL (30 EA per 30 days)
sm loratadine oral tablet 10 mg	T1	
WAL-FEX ALLERGY ORAL TABLET 180 MG, 60 MG (***fexofenadine hcl***)	T1	
WAL-ITIN CHILDRENS ORAL SOLUTION 5 MG/5ML (***loratadine***)	T1	
WAL-ITIN ORAL TABLET 10 MG (***loratadine***)	T1	
WAL-ZYR ALL DAY ALLERGY CHILD ORAL SOLUTION 5 MG/5ML (***cetirizine hcl***)	T1	
WAL-ZYR ALLERGY CHILDRENS ORAL SOLUTION 1 MG/ML (***cetirizine hcl***)	T1	
WAL-ZYR CHILDRENS ORAL SOLUTION 1 MG/ML, 5 MG/5ML (***cetirizine hcl***)	T1	
WAL-ZYR CHILDRENS ORAL TABLET CHEWABLE 10 MG (***cetirizine hcl***)	T1	PA
WAL-ZYR ORAL TABLET 10 MG (***cetirizine hcl***)	T1	
ZERVIATE OPHTHALMIC SOLUTION 0.24 % (***cetirizine hcl***)	T2	PA
Select.Beta-2-Adrenergic Agonist(Respir)		
albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act	T1	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, (5 mg/ml) 0.5%, 0.63 mg/3ml, 1.25 mg/3ml	T1	
albuterol sulfate oral syrup 2 mg/5ml	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
albuterol sulfate oral tablet 2 mg, 4 mg	T1	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml	T1	ST
levalbuterol tartrate inhalation aerosol 45 mcg/act	T1	ST
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT (***salmeterol xinafoate***)	T2	QL (60 EA per 30 days)
terbutaline sulfate oral tablet 2.5 mg, 5 mg	T1	
Vasodilating Agents (Respiratory Tract)		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (90 EA per 30 days)
ambrisentan oral tablet 10 mg, 5 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
bosentan oral tablet 125 mg, 62.5 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (30 EA per 30 days)
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (***treprostinil diolamine***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG (***treprostinil diolamine***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 &1 MG (***treprostinil diolamine***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil diolamine***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
sildenafil citrate oral suspension reconstituted 10 mg/ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
sildenafil citrate oral tablet 20 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
tadalafil (pah) oral tablet 20 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
TADLIQ ORAL SUSPENSION 20 MG/5ML (***tadalafil (pah)***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRACLEER ORAL TABLET SOLUBLE 32 MG (***bosentan***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
treprostinil injection solution 100 mg/20ml, 20 mg/20ml, 200 mg/20ml, 50 mg/20ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
TYVASO INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
TYVASO REFILL KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
TYVASO STARTER KIT INHALATION SOLUTION 0.6 MG/ML (***treprostinil***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
UPTRAVI ORAL TABLET 1000 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 1200 MCG, 1400 MCG, 1600 MCG (***selexipag***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (***selexipag***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (200 EA per 365 days)
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML (***iloprost***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
Vasodilating Agents, Misc (48:48)		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (90 EA per 30 days)
UPTRAVI ORAL TABLET 1000 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); QL (60 EA per 30 days)
UPTRAVI ORAL TABLET 1200 MCG, 1400 MCG, 1600 MCG (***selexipag***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (60 EA per 30 days)
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG (***selexipag***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (200 EA per 365 days)
Xanthine Derivatives		
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	
theophylline oral elixir 80 mg/15ml	T1	
Skin And Mucous Membrane Agents		
Adrenergic Agonists		
brimonidine tartrate ophthalmic solution 0.2 %	T1	
Allylamines (Skin And Mucous Membrane)		
athletes foot (terbinafine) external cream 1 %	T1	
cvs athletes foot external cream 1 %	T1	
cvs jock itch external cream 1 %	T1	
eq athletes foot (terbinafine) external cream 1 %	T1	
eql athletes foot(terbinafine) external cream 1 %	T1	
gnp terbinafine hydrochloride external cream 1 %	T1	
ra antifungal foot care external cream 1 %	T1	
terbinafine hcl external cream 1 %	T1	
Antibacterials (84:04)		
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (***sulfacetamide sodium-sulfur***)	T1	
avidoxy oral tablet 100 mg	T1	QL (180 EA per 365 days)
bacitracin ophthalmic ointment 500 unit/gm	T1	
bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm	T1	
bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %	T1	
benzoyl peroxide-erythromycin external gel 5-3 %	T1	
clindamycin phosphate (Clindacin Etz External Swab 1 %)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clindamycin phosphate (Clindacin-P External Swab 1 %)	T1	QL (6 fills per 12 months)
clindamycin hcl oral capsule 150 mg, 300 mg	T1	
clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml	T1	PA
clindamycin phos (once-daily) external gel 1 %	T1	QL (60 ML per 30 days)
clindamycin phos (twice-daily) external gel 1 %	T1	QL (60 GM per 30 days)
clindamycin phosphate external lotion 1 %	T1	
clindamycin phosphate external solution 1 %	T1	
clindamycin phosphate external swab 1 %	T1	
clindamycin phosphate vaginal cream 2 %	T1	
dapsone oral tablet 100 mg, 25 mg	T1	
double antibiotic external ointment 500-10000 unit/gm	T1	
doxycycline monohydrate oral capsule 100 mg, 50 mg	T1	QL (180 EA per 365 days)
doxycycline monohydrate oral tablet 100 mg	T1	QL (180 EA per 365 days)
ery external pad 2 %	T1	
erythromycin external gel 2 %	T1	
erythromycin external solution 2 %	T1	
gentamicin sulfate external cream 0.1 %	T1	
gentamicin sulfate external ointment 0.1 %	T1	
gentamicin sulfate ophthalmic solution 0.3 %	T1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	T1	
metronidazole external cream 0.75 %	T1	
metronidazole external gel 0.75 %	T1	
metronidazole oral tablet 250 mg, 500 mg	T1	
metronidazole vaginal gel 0.75 %	T1	
minocycline hcl oral capsule 100 mg	T1	ST; QL (180 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg)	T1	QL (180 EA per 365 days)
moxifloxacin hcl oral tablet 400 mg	T1	ST
mupirocin external ointment 2 %	T1	QL (30 GM per 30 days)
neomycin sulfate oral tablet 500 mg	T1	QL (10 EA per 1 day)
bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment 1 %)	T1	
poly bacitracin external ointment 500-10000 unit/gm	T1	
bacitracin-polymyxin b (Polycin Ophthalmic Ointment 500-10000 Unit/Gm)	T1	
polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%	T1	
ra double antibiotic external ointment 500-10000 unit/gm	T1	
sulfacetamide sodium (acne) external lotion 10 %	T1	
sulfacetamide sodium-sulfur external liquid 10-5 %	T1	
sulfacetamide sodium-sulfur external lotion 10-5 %	T1	
tetracycline hcl oral capsule 250 mg, 500 mg	T1	QL (180 EA per 365 days)
wal-sporin external ointment 500-100000 unit/gm	T1	
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA EXTERNAL OINTMENT 2 % (***crisaborole***)	T2	PA
Antiproliferants		
bexarotene external gel 1 %	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
bexarotene oral capsule 75 mg	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
fluorouracil external cream 5 %	T1	
fluorouracil external solution 2 %, 5 %	T1	
imiquimod external cream 5 %	T1	
Antipruritics And Local Anesthetics		
doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	T1	
doxepin hcl oral concentrate 10 mg/ml	T1	
lidocaine external ointment 5 %	T1	QL (71 GM per 30 days)
lidocaine external patch 5 %	T1	PA; QL (90 EA per 30 days)
lidocaine hcl external solution 4 %	T1	
lidocaine-prilocaine external cream 2.5-2.5 %	T1	QL (30 GM per 30 days)
phenazopyridine hcl oral tablet 100 mg, 200 mg	T1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (***hydrocortisone ace-pramoxine***)	T2	PA
Antivirals (Skin And Mucous Membrane)		
acyclovir oral capsule 200 mg	T1	
acyclovir oral suspension 200 mg/5ml	T1	
acyclovir oral tablet 400 mg, 800 mg	T1	
Astringents (84:12)		
DRYSOL EXTERNAL SOLUTION 20 % (***aluminum chloride***)	T2	
glycopyrrolate oral solution 1 mg/5ml	T1	QL (600 ML per 30 days)
glycopyrrolate oral tablet 1 mg, 2 mg	T1	QL (120 EA per 30 days)
Astringents, Anti-Infective		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
chlorhexidine gluconate mouth/throat solution 0.12 %	T1	
chlorhexidine gluconate solution , 20 %	T1	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	T1	
selenium sulfide external lotion 2.5 %	T1	
silver sulfadiazine external cream 1 %	T1	
Azoles (Skin And Mucous Membrane)		
7 day vaginal vaginal cream 2 %	T1	
antifungal (clotrimazole) external cream 1 %	T1	
athletes foot (clotrimazole) external cream 1 %	T1	
clotrimazole af external cream 1 %	T1	
clotrimazole anti-fungal external cream 1 %	T1	
clotrimazole athletes foot external cream 1 %	T1	
clotrimazole external cream 1 %	T1	
clotrimazole external solution 1 %	T1	
clotrimazole mouth/throat troche 10 mg	T1	
clotrimazole vaginal cream 1 %	T1	
clotrimazole-betamethasone external cream 1-0.05 %	T1	
cvs clotrimazole external cream 1 %	T1	
cvs clotrimazole external solution 1 %	T1	
cvs itch relief external cream 1 %	T1	
cvs miconazole 7 vaginal cream 2 %	T1	
cvs ringworm external cream 1 %	T1	
econazole nitrate external cream 1 %	T1	QL (30 GM per 30 days)
eq antifungal external cream 1 %	T1	
eq athletes foot external cream 1 %	T1	
eq jock itch external cream 1 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
eql miconazole 7 vaginal cream 2 %	T1	
gnp athletes foot external cream 1 %	T1	
gnp miconazole 7 vaginal cream 2 %	T1	
goodsense athletes foot external cream 1 %	T1	
jock itch external cream 1 %	T1	
jock itch relief external cream 1 %	T1	
ketoconazole external cream 2 %	T1	QL (60 GM per 30 days)
ketoconazole external shampoo 2 %	T1	
miconazole 3 vaginal suppository 200 mg	T1	
miconazole 7 vaginal cream 2 %	T1	
miconazole nitrate vaginal cream 2 %	T1	
MICOTRIN AC EXTERNAL CREAM 1 % (***clotrimazole***)	T1	
qc clotrimazole external cream 1 %	T1	
qc miconazole 7 vaginal cream 2 %	T1	
ra athletes foot external cream 1 %	T1	
ra clotrimazole external cream 1 %	T1	
ra jock itch external cream 1 %	T1	
ra miconazole 7 vaginal cream 2 %	T1	
terconazole vaginal cream 0.4 %, 0.8 %	T1	
Basic Lotions And Liniments		
ammonium lactate external lotion 12 %	T1	
cvs skin treatment external lotion 12 %	T1	
Basic Ointments And Protectants		
calcipotriene external cream 0.005 %	T1	ST
calcipotriene external ointment 0.005 %	T1	ST
calcipotriene external solution 0.005 %	T1	ST
calcipotriene (Calcitrene External Ointment 0.005 %)	T1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 PLUS EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10/ALOE EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
hydrocortisone external cream 0.5 %, 1 %	T1	
hydrocortisone/aloe max str external cream 1 %	T1	
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (***collagenase***)	T2	PA
Cell Stimulants And Proliferants		
finasteride oral tablet 5 mg	T1	
minoxidil oral tablet 10 mg, 2.5 mg	T1	
tretinoin external cream 0.025 %	T1	PA; ST; AL (Max 21 Years)
tretinoin external cream 0.05 %, 0.1 %	T1	PA; ST; QL (45 GM per 30 days); AL (Max 21 Years)
tretinoin external gel 0.01 %, 0.025 %, 0.05 %	T1	PA; ST; QL (45 GM per 30 days); AL (Max 21 Years)
tretinoin oral capsule 10 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); AL (Min 21 Years)
Corticosteroids (Skin, Mucous Membrane)		
ala-cort external cream 1 %	T1	
alclometasone dipropionate external cream 0.05 %	T1	
alclometasone dipropionate external ointment 0.05 %	T1	
anti-itch maximum strength external cream 1 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AQUAPHOR ITCH RELIEF MAX STR EXTERNAL OINTMENT 1 % (***hydrocortisone***)	T1	
betamethasone dipropionate aug external cream 0.05 %	T1	
betamethasone dipropionate external cream 0.05 %	T1	
betamethasone dipropionate external lotion 0.05 %	T1	
betamethasone dipropionate external ointment 0.05 %	T1	
betamethasone valerate external cream 0.1 %	T1	
betamethasone valerate external lotion 0.1 %	T1	
betamethasone valerate external ointment 0.1 %	T1	
budesonide rectal foam 2 mg	T1	PA
clobetasol prop emollient base external cream 0.05 %	T1	
clobetasol propionate external cream 0.05 %	T1	
clobetasol propionate external ointment 0.05 %	T1	
clobetasol propionate external solution 0.05 %	T1	
clotrimazole-betamethasone external cream 1-0.05 %	T1	
CORTIFOAM EXTERNAL FOAM 10 % (***hydrocortisone acetate***)	T2	PA
CORTIZONE-10 DIABETICS SKIN EXTERNAL LOTION 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 ECZEMA EXTERNAL LOTION 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 EXTERNAL OINTMENT 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 INTENSIVE HEALING EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 OVERNIGHT ITCH EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
CORTIZONE-10 PLUS EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTIZONE-10 PSORIASIS EXTERNAL LOTION 1 % (***hydrocortisone***)	T1	
CORTIZONE-10/ALOE EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
cvs cortisone maximum strength external cream 1 %	T1	
cvs cortisone maximum strength external lotion 1 %	T1	
cvs cortisone maximum strength external ointment 1 %	T1	
desonide external cream 0.05 %	T1	
desonide external ointment 0.05 %	T1	
eq hydrocortisone max st external cream 1 %	T1	
eql anti-itch intensive heal external cream 1 %	T1	
eql anti-itch maximum strength external cream 1 %	T1	
eql anti-itch maximum strength external ointment 1 %	T1	
fluocinolone acetonide external cream 0.025 %	T1	
fluocinolone acetonide external ointment 0.025 %	T1	
fluocinonide emulsified base external cream 0.05 %	T1	
fluocinonide external cream 0.05 %	T1	
fluocinonide external gel 0.05 %	T1	
fluocinonide external ointment 0.05 %	T1	
fluocinonide external solution 0.05 %	T1	
fluticasone propionate external cream 0.05 %	T1	
fluticasone propionate external ointment 0.005 %	T1	
gnp hydrocortisone max st external ointment 1 %	T1	
gnp hydrocortisone plus external cream 1 %	T1	
hydrocortisone (perianal) external cream 1 %, 2.5 %	T1	
hydrocortisone acetate rectal suppository 25 mg	T1	
hydrocortisone acetate rectal suppository 30 mg	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone anti-itch external cream 1 %	T1	
hydrocortisone external cream 0.5 %, 1 %, 2.5 %	T1	
hydrocortisone external lotion 1 %, 2.5 %	T1	
hydrocortisone external ointment 1 %, 2.5 %	T1	
hydrocortisone max st external cream 1 %	T1	
hydrocortisone max st external ointment 1 %	T1	
hydrocortisone max st/12 moist external cream 1 %	T1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	T1	
hydrocortisone rectal enema 100 mg/60ml	T1	
hydrocortisone/aloe max str external cream 1 %	T1	
hydrocortisone-acetic acid otic solution 1-2 %	T1	
MEDPURA HYDROCORTISONE EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
mometasone furoate external cream 0.1 %	T1	
mometasone furoate external ointment 0.1 %	T1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	T1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	T1	
triamcinolone acetonide (Oralone Mouth/Throat Paste 0.1 %)	T1	PA
PREPARATION H EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
PREPARATION H SOOTHING RELIEF EXTERNAL CREAM 1 % (***hydrocortisone***)	T1	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % (***hydrocortisone ace-pramoxine***)	T2	PA
hydrocortisone (Procto-Med Hc External Cream 2.5 %)	T1	
hydrocortisone (Proctosol Hc External Cream 2.5 %)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone (Proctozone-Hc External Cream 2.5 %)	T1	
qc hydrocortisone max st external cream 1 %	T1	
ra anti-itch maximum strength external cream 1 %	T1	
ra anti-itch maximum strength external ointment 1 %	T1	
triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide external lotion 0.025 %, 0.1 %	T1	
triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %	T1	
triamcinolone acetonide mouth/throat paste 0.1 %	T1	PA
triamcinolone acetonide (Triderm External Cream 0.5 %)	T1	
Hydroxypyridones (Skin, Mucous Membrane)		
ciclopirox (Ciclodan External Solution 8 %)	T1	
ciclopirox external solution 8 %	T1	
ciclopirox olamine external suspension 0.77 %	T1	
Immunomodulatory Agents (84:06)		
ADBRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (***tralokinumab-ldrm***)	T2	PA; QL (4 ML per 28 days)
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***tralokinumab-ldrm***)	T2	PA; QL (4 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (***dupilumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (2.28 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (***dupilumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (4 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML (***dupilumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (2.28 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***dupilumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (4 ML per 28 days)
pimecrolimus external cream 1 %	T1	ST
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (***brodalumab***)	T2	PA; QL (3 ml per 28 days)
sirolimus oral solution 1 mg/ml	T1	AL (Min 21 Years)
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	T1	AL (Min 21 Years)
tacrolimus external ointment 0.03 %	T1	ST; QL (30 GM per 30 days)
tacrolimus external ointment 0.1 %	T1	ST; QL (30 GM per 30 days); AL (Min 16 Years)
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	T1	AL (Min 21 Years)
Janus Kinase Inhibitors (84:06)		
roflumilast oral tablet 250 mcg, 500 mcg	T1	PA
Keratolytic Agents		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (***isotretinoin micronized***)	T2	PA
isotretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T2	PA
adapalene external gel 0.1 %	T1	PA
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVAR CLEANSER EXTERNAL LIQUID 10-5 % (***sulfacetamide sodium-sulfur***)	T1	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
CONDYLOX EXTERNAL GEL 0.5 % (***podofilox***)	T2	
DIFFERIN EXTERNAL GEL 0.1 % (***adapalene***)	T2	
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	T1	PA
podofilox external solution 0.5 %	T1	
sulfacetamide sodium-sulfur external liquid 10-5 %	T1	
sulfacetamide sodium-sulfur external lotion 10-5 %	T1	
urea external cream 40 %	T1	QL (200 GM per 30 days)
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
Keratoplastic Agents		
BETA CARE BETATAR GEL EXTERNAL SHAMPOO 2.5 % (***coal tar extract***)	T2	
cvs therapeutic external shampoo 0.5 %	T1	
MG217 PSORIASIS MEDICATED EXTERNAL SHAMPOO 3 % (***coal tar extract***)	T2	
MG217 PSORIASIS MULTI-SYMPTOM EXTERNAL OINTMENT 2 % (***coal tar extract***)	T2	
therapeutic external shampoo 0.5 %	T1	
THERAPEUTIC T+PLUS EXTERNAL SHAMPOO 0.5 % (***coal tar extract***)	T1	
Local Anti-Infectives, Miscellaneous		
acne foaming wash external liquid 10 %	T1	
acne medication 10 external gel 10 %	T1	
acne medication 5 external gel 5 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
acne treatment external gel 10 %	T1	
acne-clear external gel 10 %	T1	
advanced hand sanitizer/aloe external liquid 70 %	T1	QL (960 ML per 30 days)
alcohol wipes external 70 %	T1	
benzoyl peroxide external gel 10 %, 2.5 %, 5 %	T1	
benzoyl peroxide external liquid 10 %	T1	
benzoyl peroxide wash external liquid 10 %	T1	
benzoyl peroxide-erythromycin external gel 5-3 %	T1	
bp wash external liquid 10 %	T1	
chlorhexidine gluconate mouth/throat solution 0.12 %	T1	
chlorhexidine gluconate solution , 20 %	T1	
cvs acne control cleanser external cream 10 %	T1	
cvs acne treatment external gel 10 %	T1	
cvs foaming acne face wash external liquid 10 %	T1	
cvs instant hand sanitizer external liquid 62 %	T1	QL (1602 ML per 30 days)
cvs isopropyl alcohol wipes external 70 %	T1	
GERM-X CITRUS HAND SANITIZER EXTERNAL LIQUID 62 % (***ethyl alcohol (skin cleanser)***)	T1	QL (1602 ML per 30 days)
INSTACLEAN EXTERNAL LIQUID (***isopropyl alcohol***)	T2	
instant hand sanitizer external liquid 62 %	T1	QL (1602 ML per 30 days)
isopropyl alcohol external liquid 70 %	T1	QL (960 ML per 30 days)
iv prep wipes external pad 70 %	T1	
MEDI-FIRST ANTISEPTIC CLEANER EXTERNAL GEL 66.5 % (***ethyl alcohol (skin cleanser)***)	T2	QL (168 ML per 30 days)
MEDI-FIRST ISOPROPYL ALCOHOL EXTERNAL LIQUID 70 % (***isopropyl alcohol***)	T1	QL (960 ML per 30 days)
MEDPURA BENZOYL PEROXIDE EXTERNAL GEL 10 %, 5 % (***benzoyl peroxide***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEDPURA BENZOYL PEROXIDE EXTERNAL LIQUID 10 % (***benzoyl peroxide***)	T1	
PANOXYL FOAMING WASH EXTERNAL LIQUID 10 % (***benzoyl peroxide***)	T1	
chlorhexidine gluconate (Periogard Mouth/Throat Solution 0.12 %)	T1	
ra daylogic acne foaming wash external foam 10 %	T1	
ra isopropyl alcohol wipes external 70 %	T1	
selenium sulfide external lotion 2.5 %	T1	
silver sulfadiazine external cream 1 %	T1	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
arthritis pain reliever external gel 1 %	T1	QL (400 GM per 30 days)
ASPERCREME ARTHRITIS PAIN EXTERNAL GEL 1 % (***diclofenac sodium***)	T1	QL (400 GM per 30 days)
cvs diclofenac sodium external gel 1 %	T1	QL (400 GM per 30 days)
diclofenac sodium external gel 1 %	T1	QL (400 GM per 30 days)
diclofenac sodium external gel 3 %	T1	PA
diclofenac sodium external solution 1.5 %, 2 %	T1	PA
eq arthritis pain external gel 1 %	T1	QL (400 GM per 30 days)
gnp arthritis pain external gel 1 %	T1	QL (400 GM per 30 days)
goodsense arthritis pain external gel 1 %	T1	QL (400 GM per 30 days)
kls diclofenac sodium external gel 1 %	T1	QL (400 GM per 30 days)
qc diclofenac sodium external gel 1 %	T1	QL (400 GM per 30 days)
Phosphodiesterase-4 Inhibitors (84:06)		
EUCRISA EXTERNAL OINTMENT 2 % (***crisaborole***)	T2	PA
roflumilast oral tablet 250 mcg, 500 mcg	T1	PA
Pigmenting Agents		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DY-O-DERM VITILIGO STAIN EXTERNAL SOLUTION 6.55 % (***dihydroxyacetone***)	T2	
Polyenes (Skin And Mucous Membrane)		
nystatin (Nyamyc External Powder 100000 Unit/Gm)	T1	
nystatin external cream 100000 unit/gm	T1	
nystatin external ointment 100000 unit/gm	T1	
nystatin external powder 100000 unit/gm	T1	
nystatin mouth/throat suspension 100000 unit/ml	T1	
nystatin-triamcinolone external cream 100000-0.1 unit/gm-%	T1	
nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%	T1	
nystatin (Nystop External Powder 100000 Unit/Gm)	T1	
Scabicides And Pediculicides		
cvs ivermectin lice treatment external lotion 0.5 %	T1	ST
cvs lice killing external shampoo 0.33-4 %	T1	
CVS LICE SOLUTION 3-STEP COMBINATION KIT (***pyreth-pip butox-permeth-nitre***)	T1	
CVS LICE SOLUTION COMBINATION KIT (***pyreth-pip butox-permeth-nitre***)	T1	
cvs lice treatment external liquid 1 %	T1	
eql lice killing max st external shampoo 0.33-4 %	T1	
gnp lice treatment external liquid 1 %	T1	
goodsense lice killing external liquid 1 %	T1	
ivermectin external lotion 0.5 %	T1	ST
lice treatment external liquid 1 %	T1	
malathion external lotion 0.5 %	T1	ST
permethrin external cream 5 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ra lice maximum strength external shampoo 0.33-4 %	T1	
ra lice solution combination kit 0.5-0.33-4 %	T1	
sb lice killing max st external shampoo 0.33-4 %	T1	
spinosad external suspension 0.9 %	T1	ST
stop lice complete treatment combination kit 0.33-4-0.5 %	T1	
Skin And Mucous Membrane Agents, Misc.		
ABSORICA LD ORAL CAPSULE 16 MG, 24 MG, 32 MG, 8 MG (***isotretinoin micronized***)	T2	PA
isotretinoin (Accutane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T2	PA
adapalene external gel 0.1 %	T1	PA
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (***tralokinumab-ldrm***)	T2	PA; QL (4 ML per 28 days)
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
arthritis pain reliever external gel 1 %	T1	QL (400 GM per 30 days)
ASPERCREME ARTHRITIS PAIN EXTERNAL GEL 1 % (***diclofenac sodium***)	T1	QL (400 GM per 30 days)
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-axxq***)	T2	PA
bexarotene external gel 1 %	T1	SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
calcipotriene external cream 0.005 %	T1	ST
calcipotriene external ointment 0.005 %	T1	ST
calcipotriene external solution 0.005 %	T1	ST
calcipotriene (Calcitrene External Ointment 0.005 %)	T1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
CONDYLOX EXTERNAL GEL 0.5 % (***podofilox***)	T2	
cvs diclofenac sodium external gel 1 %	T1	QL (400 GM per 30 days)
dapsone oral tablet 100 mg, 25 mg	T1	
diclofenac sodium external gel 1 %	T1	QL (400 GM per 30 days)
diclofenac sodium external solution 1.5 %, 2 %	T1	PA
DIFFERIN EXTERNAL GEL 0.1 % (***adapalene***)	T2	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/1.14ML (***dupilumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (2.28 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML (***dupilumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (4 ML per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML (***dupilumab***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (4 ML per 28 days)
eq arthritis pain external gel 1 %	T1	QL (400 GM per 30 days)
fluorouracil external cream 5 %	T1	
fluorouracil external solution 2 %, 5 %	T1	
gnp arthritis pain external gel 1 %	T1	QL (400 GM per 30 days)
goodsense arthritis pain external gel 1 %	T1	QL (400 GM per 30 days)
imiquimod external cream 5 %	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-dyyb***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
infliximab intravenous solution reconstituted 100 mg	T1	PA
isotretinoin oral capsule 10 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg	T1	PA
kls diclofenac sodium external gel 1 %	T1	QL (400 GM per 30 days)
ORA-HESIVE BASE PASTE (***carboxymethylcell-petrolatum***)	T2	
OTEZLA ORAL TABLET 20 MG, 30 MG (***apremilast***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (60 EA per 30 days)
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG, 4 X 10 & 51 X20 MG (***apremilast***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.); QL (55 EA per 28 days)
pimecrolimus external cream 1 %	T1	ST
podofilox external solution 0.5 %	T1	
qc diclofenac sodium external gel 1 %	T1	QL (400 GM per 30 days)
REGRANEX EXTERNAL GEL 0.01 % (***becaplermin***)	T2	PA
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED 100 MG (***infliximab-abda***)	T2	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug.)
SANTYL EXTERNAL OINTMENT 250 UNIT/GM (***collagenase***)	T2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 210 MG/1.5ML (***brodalumab***)	T2	PA; QL (3 ml per 28 days)
tacrolimus external ointment 0.03 %	T1	ST; QL (30 GM per 30 days)
tacrolimus external ointment 0.1 %	T1	ST; QL (30 GM per 30 days); AL (Min 16 Years)
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
Smooth Muscle Relaxants		
Antimuscarinics		
darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg	T1	PA
fesoterodine fumarate er oral tablet extended release 24 hour 4 mg, 8 mg	T1	PA
flavoxate hcl oral tablet 100 mg	T1	PA
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg	T1	
oxybutynin chloride oral solution 5 mg/5ml	T1	
oxybutynin chloride oral tablet 5 mg	T1	
solifenacin succinate oral tablet 10 mg, 5 mg	T1	
tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg	T1	ST
tolterodine tartrate oral tablet 1 mg, 2 mg	T1	ST
trospium chloride er oral capsule extended release 24 hour 60 mg	T1	ST
trospium chloride oral tablet 20 mg	T1	ST
Respiratory Smooth Muscle Relaxants		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sildenafil citrate oral suspension reconstituted 10 mg/ml	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug)
sildenafil citrate oral tablet 20 mg	T1	PA; SP (Drug may require distribution through a specialty pharmacy or is a limited distribution drug); AL (Min 21 Years)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	T2	
theophylline er oral tablet extended release 12 hour 300 mg, 450 mg	T1	
theophylline er oral tablet extended release 24 hour 400 mg, 600 mg	T1	
theophylline oral elixir 80 mg/15ml	T1	
Selective Beta-3-Adrenergic Agonists		
mirabegron er oral tablet extended release 24 hour 25 mg, 50 mg	T1	PA; QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER 8 MG/ML (***mirabegron***)	T2	PA
Vitamins		
Multivitamin Preparations		
b complex-c oral tablet	T1	PA
b complex-c-biotin-e-fa oral tablet 0.4 mg	T1	PA
b complex-c-folic acid oral tablet	T1	PA
b-complex/vitamin c oral tablet	T1	PA
b-complex-c oral tablet	T1	PA
classic prenatal oral tablet 28-0.8 mg	T1	AL (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
complete natal dha oral 29-1-200 & 200 mg	T1	AL (Max 50 Years)
completenate oral tablet chewable 29-1 mg	T1	AL (Max 50 Years)
cvs b complex plus c oral tablet	T1	PA
cvs daily multiple for men oral tablet	T1	
cvs one daily essential oral tablet	T1	
cvs super b complex/c oral tablet	T1	PA
daily multiple vitamins oral tablet	T1	
daily value multivitamin oral tablet	T1	
daily vite oral tablet	T1	
daily vites oral tablet	T1	
daily-vite multivitamin oral tablet	T1	
daily-vite oral tablet	T1	
eql super b complex/vitamin c oral tablet	T1	
essential one daily multivit oral tablet	T1	
gnp essential one daily oral tablet	T1	
gnp prenatal oral tablet 28-0.8 mg	T1	AL (Max 50 Years)
kpn prenatal oral tablet 0.1 mg	T1	AL (Max 50 Years)
m-natal plus oral tablet 27-1 mg	T1	AL (Max 50 Years)
multiple vitamins oral tablet	T1	
multi-vit/iron/fluoride oral solution 0.25-10 mg/ml	T1	AL (Max 5 Years)
multivitamin adult oral tablet	T1	
multivitamin oral tablet	T1	
multi-vitamin oral tablet	T1	
multivitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	T1	AL (Max 5 Years)
multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml	T1	AL (Max 5 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
multivitamin/fluoride oral suspension 0.25 mg/ml	T1	AL (Max 5 Years)
multivitamin/fluoride oral tablet chewable 0.5 mg	T1	
multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml	T1	AL (Max 5 Years)
multi-vitamins oral tablet	T1	
once daily oral tablet	T1	
one-daily multi vitamins oral tablet	T1	
one-daily multi-vitamin oral tablet	T1	
pnv prenatal plus multivitamin oral tablet 27-1 mg	T1	AL (Max 50 Years)
prenatabs fa oral tablet 29-1 mg	T1	AL (Max 50 Years)
prenatal (w/iron & fa) oral tablet 27-0.8 mg	T1	AL (Max 50 Years)
prenatal 19 oral tablet chewable 29-1 mg	T1	AL (Max 50 Years)
prenatal one daily oral tablet 27-0.8 mg	T1	AL (Max 50 Years)
prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg	T1	AL (Max 50 Years)
prenatal plus oral tablet 27-1 mg	T1	
prenatal vitamin and mineral oral tablet 28-0.8 mg	T1	AL (Max 50 Years)
prenatal vitamins oral tablet 28-0.8 mg	T1	AL (Max 50 Years)
prenatal/iron oral tablet , 28-0.8 mg	T1	AL (Max 50 Years)
qc prenatal oral tablet 28-0.8 mg	T1	
quintabs oral tablet	T1	
ra prenatal oral tablet 28-0.8 mg	T1	AL (Max 50 Years)
right step prenatal oral tablet 27-0.8 mg	T1	
super b complex/fa/vit c oral tablet	T1	PA
super b-complex + vitamin c oral tablet	T1	PA
super b-complex/vit c/fa oral tablet	T1	PA
TAB-A-VITE ORAL TABLET (***multiple vitamin***)	T1	
TAB-A-VITE/BETA CAROTENE ORAL TABLET (***multiple vitamin***)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
thrivite rx oral tablet 29-1 mg	T1	AL (Max 50 Years)
trinatal rx 1 oral tablet 60-1 mg	T1	AL (Max 50 Years)
vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml	T1	
vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml	T1	
vitamins for hair oral capsule	T1	
westab plus oral tablet 27-1 mg	T1	AL (Max 50 Years)
Vitamin A		
vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml	T1	
vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml	T1	
Vitamin B Complex		
b complex-c oral tablet	T1	PA
b complex-c-biotin-e-fa oral tablet 0.4 mg	T1	PA
b complex-c-folic acid oral tablet	T1	PA
b-1 oral tablet 100 mg	T1	
b-12 oral tablet extended release 1000 mcg	T1	
b-12 tr oral tablet extended release 1000 mcg	T1	
b6 natural oral tablet 100 mg	T1	
b-6 oral tablet 100 mg, 50 mg	T1	
b-complex/vitamin c oral tablet	T1	PA
b-complex-c oral tablet	T1	PA
classic prenatal oral tablet 28-0.8 mg	T1	AL (Max 50 Years)
complete natal dha oral 29-1-200 & 200 mg	T1	AL (Max 50 Years)
completenate oral tablet chewable 29-1 mg	T1	AL (Max 50 Years)
cvs b complex plus c oral tablet	T1	PA
cvs b-1 oral tablet 100 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cvs b6 oral tablet 100 mg	T1	
cvs super b complex/c oral tablet	T1	PA
cvs vitamin b12 oral tablet extended release 1000 mcg	T1	
cyanocobalamin injection solution 1000 mcg/ml	T1	
drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg	T1	
ENDUR-ACIN ORAL TABLET EXTENDED RELEASE 250 MG, 500 MG, 750 MG (***niacin***)	T1	
eql b-6 oral tablet 100 mg	T1	
eql super b complex/vitamin c oral tablet	T1	
eql vitamin b-12 tr oral tablet extended release 1000 mcg	T1	
folic acid oral tablet 1 mg	T1	
gnp prenatal oral tablet 28-0.8 mg	T1	AL (Max 50 Years)
gnp vitamin b-1 oral tablet 100 mg	T1	
gnp vitamin b-12 oral tablet extended release 1000 mcg	T1	
gnp vitamin b-6 oral tablet 100 mg	T1	
kp folic acid oral tablet 1 mg	T1	
kp niacin oral tablet 500 mg	T1	
kp vitamin b-6 oral tablet 100 mg	T1	
kpn prenatal oral tablet 0.1 mg	T1	AL (Max 50 Years)
LEDERLE LEUCOVORIN ORAL TABLET 5 MG (***leucovorin calcium***)	T1	AL (Min 21 Years)
leucovorin calcium oral tablet 10 mg, 5 mg	T1	AL (Min 21 Years)
leucovorin calcium oral tablet 15 mg, 25 mg	T1	
melatonin oral tablet 3-10 mg	T1	
m-natal plus oral tablet 27-1 mg	T1	AL (Max 50 Years)
multivitamin/fluoride oral tablet chewable 0.5 mg	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
niacin er oral capsule extended release 250 mg, 500 mg	T1	
niacin er oral tablet extended release 1000 mg, 250 mg, 500 mg, 750 mg	T1	
niacin oral tablet 100 mg, 250 mg, 50 mg, 500 mg	T1	
NIAVASC 750 ORAL TABLET EXTENDED RELEASE 750 MG (***niacin***)	T1	
NIAVASC ORAL TABLET EXTENDED RELEASE 500 MG (***niacin***)	T1	
pnv prenatal plus multivitamin oral tablet 27-1 mg	T1	AL (Max 50 Years)
prenatabs fa oral tablet 29-1 mg	T1	AL (Max 50 Years)
prenatal (w/iron & fa) oral tablet 27-0.8 mg	T1	AL (Max 50 Years)
prenatal 19 oral tablet chewable 29-1 mg	T1	AL (Max 50 Years)
prenatal one daily oral tablet 27-0.8 mg	T1	AL (Max 50 Years)
prenatal oral tablet 27-0.8 mg, 27-1 mg, 28-0.8 mg	T1	AL (Max 50 Years)
prenatal plus oral tablet 27-1 mg	T1	
prenatal vitamin and mineral oral tablet 28-0.8 mg	T1	AL (Max 50 Years)
prenatal vitamins oral tablet 28-0.8 mg	T1	AL (Max 50 Years)
prenatal/iron oral tablet , 28-0.8 mg	T1	AL (Max 50 Years)
pyridoxine hcl oral tablet 25 mg, 50 mg	T1	
qc prenatal oral tablet 28-0.8 mg	T1	
ra melatonin oral tablet 3-2 mg	T1	
ra niacin oral tablet 100 mg, 500 mg	T1	
ra prenatal oral tablet 28-0.8 mg	T1	AL (Max 50 Years)
ra vitamin b-1 oral tablet 100 mg	T1	
ra vitamin b-12 tr oral tablet extended release 1000 mcg	T1	
ra vitamin b-6 oral tablet 100 mg, 50 mg	T1	
right step prenatal oral tablet 27-0.8 mg	T1	
super b complex/fa/vit c oral tablet	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
super b-complex + vitamin c oral tablet	T1	PA
super b-complex/vit c/fa oral tablet	T1	PA
sv vitamin b-12 er oral tablet extended release 1000 mcg	T1	
thiamine hcl oral tablet 100 mg	T1	
thiamine mononitrate oral tablet 100 mg	T1	
thrivite rx oral tablet 29-1 mg	T1	AL (Max 50 Years)
trinatal rx 1 oral tablet 60-1 mg	T1	AL (Max 50 Years)
vitamin b1 oral tablet 100 mg	T1	
vitamin b-1 oral tablet 100 mg	T1	
vitamin b-12 er oral tablet extended release 1000 mcg	T1	
vitamin b-6 oral tablet 100 mg, 25 mg, 50 mg	T1	
vitamin b6 oral tablet 100 mg, 50 mg	T1	
westab plus oral tablet 27-1 mg	T1	AL (Max 50 Years)
Vitamin C		
b complex-c oral tablet	T1	PA
b complex-c-biotin-e-fa oral tablet 0.4 mg	T1	PA
b complex-c-folic acid oral tablet	T1	PA
b-complex/vitamin c oral tablet	T1	PA
b-complex-c oral tablet	T1	PA
cvs b complex plus c oral tablet	T1	PA
cvs super b complex/c oral tablet	T1	PA
eql super b complex/vitamin c oral tablet	T1	
super b complex/fa/vit c oral tablet	T1	PA
super b-complex + vitamin c oral tablet	T1	PA
super b-complex/vit c/fa oral tablet	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml	T1	
vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml	T1	
Vitamin D		
CALCIDOL ORAL SOLUTION 200 MCG/ML (***ergocalciferol***)	T1	
calcitriol oral capsule 0.25 mcg, 0.5 mcg	T1	
cvs d3 oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	T1	
cvs vitamin d3 oral tablet chewable 25 mcg (1000 ut)	T1	
d 1000 oral capsule 25 mcg (1000 ut)	T1	
d 10000 oral capsule 250 mcg (10000 ut)	T1	
d 5000 oral capsule 125 mcg (5000 ut)	T1	
d2000 ultra strength oral capsule 50 mcg (2000 ut)	T1	
d3 2000 oral capsule 50 mcg (2000 ut)	T1	
d3 5000 oral capsule 125 mcg (5000 ut)	T1	
d3 high potency oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	T1	
d3 high potency oral tablet 10 mcg (400 unit)	T1	
d3 maximum strength oral capsule 125 mcg (5000 ut)	T1	
d3 super strength oral capsule 50 mcg (2000 ut)	T1	
d3-1000 oral capsule 25 mcg (1000 ut)	T1	
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d-3-5 oral capsule 125 mcg (5000 ut)	T1	
d-400 oral tablet 10 mcg (400 unit)	T1	
d-5000 oral tablet 125 mcg (5000 ut)	T1	
delta d3 oral tablet 10 mcg (400 unit)	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; INH = Inhaler; AL = Age Limits; SP = Specialty Product; T1 = Formulary Generic Drugs, T2 = Formulary Brand Drugs; QY = Quantity; QTY = Quantity; DY = Day; EA = Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIALYVITE VITAMIN D 5000 ORAL CAPSULE 125 MCG (5000 UT) (***cholecalciferol***)	T1	
eql vitamin d3 oral capsule 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	T1	
ergocalciferol oral capsule 1.25 mg (50000 ut)	T1	
ergocalciferol oral solution 200 mcg/ml	T1	
gnp d 1000 oral capsule 25 mcg (1000 ut)	T1	
gnp vitamin d3 extra strength oral tablet 25 mcg (1000 ut)	T1	
gnp vitamin d3 oral tablet 10 mcg (400 unit)	T1	
kp vitamin d oral capsule 25 mcg (1000 ut)	T1	
kp vitamin d3 oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)	T1	
ra vitamin d-3 oral capsule 125 mcg (5000 ut), 50 mcg (2000 ut)	T1	
sm vitamin d3 oral tablet 25 mcg (1000 ut)	T1	
vitamin a/c/d/ infant/toddler oral solution 250-10-50 mcg-mg/ml	T1	
vitamin a-c-d infant oral solution 250-10-50 mcg-mg/ml	T1	
vitamin d (cholecalciferol) oral capsule 25 mcg (1000 ut), 50 mcg (2000 ut)	T1	
vitamin d (cholecalciferol) oral tablet 10 mcg (400 unit)	T1	
vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit	T1	
vitamin d high potency oral capsule 1.25 mg (50000 ut), 25 mcg (1000 ut)	T1	
vitamin d oral capsule 50 mcg (2000 ut)	T1	
vitamin d oral liquid 10 mcg/ml	T1	
vitamin d oral tablet 25 mcg (1000 ut), 50 mcg (2000 ut)	T1	

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lowercase bold italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier NF = Non-Formulary T1 = Formulary Generic Drugs T2 = Formulary Brand Drugs	Coverage Requirements and Limits AL = Age Limit Applies PA = Prior Authorization QL = Quantity Limit SP = Specialty Product ST = Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vitamin d3 adult gummies oral tablet chewable 25 mcg (1000 ut)	T1	
vitamin d3 maximum strength oral capsule 125 mcg (5000 ut)	T1	
vitamin d3 oral capsule 1.25 mg (50000 ut), 125 mcg (5000 ut), 25 mcg (1000 ut), 50 mcg (2000 ut)	T1	
vitamin d-3 oral capsule 25 mcg (1000 ut)	T1	
vitamin d3 oral tablet 10 mcg (400 unit), 25 mcg (1000 ut), 50 mcg (2000 ut)	T1	
vitamin d3 super strength oral capsule 50 mcg (2000 ut)	T1	
vitamin d3 ultra potency oral tablet 1250 mcg	T1	
vitamin d3 ultra strength oral capsule 125 mcg (5000 ut)	T1	
Vitamin E		
b complex-c-biotin-e-fa oral tablet 0.4 mg	T1	PA
Vitamin K Activity		
phytonadione oral tablet 5 mg	T1	

PA = Prior Authorization; ST = Step Therapy; QL = Quantity Limits; INH = Inhaler; AL = Age Limits; SP = Specialty Product; T1 = Formulary Generic Drugs, T2 = Formulary Brand Drugs; QY = Quantity; QTY = Quantity; DY = Day; EA = Each; GM = Gram; ML = Milliliter; MIN = Minimum; MAX = Maximum

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