



Full Medi-Cal Formulary

February 2020

Alameda MCAL Formulary

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Alameda Alliance for Health

MEDI-CAL FORMULARY

Last updated

February 24, 2020

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 The formulary is subject to change and all previous versions of the formulary are no longer in effect.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

<https://alamedaalliance.org/members/pharmacy-and-medication-benefits/medication-formulary/>

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

HOW TO USE THE DRUG FORMULARY

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

DEFINITIONS

ENROLLEE

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

PRESCRIPTION

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

PRESCRIPTION DRUG

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

PRESCRIBING PROVIDER

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

SUBSCRIBER

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

CO-INSURANCE

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

OUT-OF-POCKET COST

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

COPAYMENT

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

DEDUCTIBLE

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

under the terms of the policy.

DRUG TIER

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

EXCEPTION REQUEST

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

PRIOR AUTHORIZATION

Health plan's requirement that the enrollee or the enrollee's prescribing provider obtain the health plan's authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

EXIGENT CIRCUMSTANCES

An exigent circumstance is when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health or ability to regain maximum function, or when an enrollee is undergoing a current course of treatment using a non-formulary drug.

GENERIC DRUG

The same drug as its brand name equivalent in dosage, safety, strength, how it is taken, quality, performance and intended use. A generic drug is listed in bold and italicized lowercase letters.

INTRAVENOUS SOLUTIONS OF UNLISTED ANTIBIOTICS ml

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

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

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

INTRAVENOUS SOLUTIONS OF OTHER UNLISTED DRUGS ml

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

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

EXCEPTION REQUEST

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

Drug Coverage Requirements or Limits

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

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

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

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

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

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

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

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

NON-FORMULARY MEDICATIONS

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

Authorization and Billing Instructions

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

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

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

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

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

Filling your Prescription at a Network Pharmacy

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

Process for Obtaining Specialty Drugs from Diplomat

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

Refer to the attached list of available drugs from Diplomat.

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

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

Authorization process for Diplomat Drugs:

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

Contacts for Additional Information:

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

CURRENT AS OF 2/24/2020

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

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	T1	
<i>cyproheptadine oral tablet 4 mg</i>	T1	
DAYHIST ALLERGY ORAL TABLET 1.34 MG (<i>clemastine</i>)	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	T1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	T1	AL (Min 2 Years)
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML (<i>chlorpheniramine</i>)	T1	
MOTION SICKNESS RELIEF ORAL TABLET 50 MG (<i>dimenhydrinate</i>)	T1	
SILPHEN COUGH ORAL SYRUP 12.5 MG/5 ML (<i>diphenhydramine</i>)	T1	AL (Min 2 Years)
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (<i>diphenhydramine</i>)	T1	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG (<i>doxylamine</i>)	T1	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG (<i>diphenhydramine</i>)	T1	
Phenothiazine Derivatives - Drugs For Allergy		
<i>promethazine oral syrup 6.25 mg/5 ml</i>	T1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	T1	
<i>phenylephrine</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 MI)	T1	
<i>promethazine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 MI)	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 4 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine</i> (Promethegan Rectal Suppository 50 Mg)	T1	
Piperazine Derivatives - Drugs For Allergy		
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	T1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	T1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T1	
<i>meclizine oral tablet, chewable 25 mg</i>	T1	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG (<i>meclizine</i>)	T1	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET,CHEWABLE 25 MG (<i>meclizine</i>)	T1	
Propylamine Derivatives - Drugs For Allergy		
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET EXTENDED RELEASE 12 MG (<i>chlorpheniramine</i>)	T1	AL (Min 2 Years)
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG (<i>pseudoephedrine</i>)	T1	
BROTAPP ORAL LIQUID 1-15 MG/5 ML (<i>brompheniramine</i>)	T1	AL (Min 2 Years)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	T1	AL (Min 2 Years)
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML (<i>chlorpheniramine</i>)	T1	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (<i>chlorpheniramine</i>)	T1	AL (Min 2 Years)
NOHIST-LQ ORAL LIQUID 4-10 MG/5 ML (<i>chlorpheniramine</i>)	T1	AL (Min 2 Years)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML (<i>triprolidine</i>)	T1	
SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG (<i>chlorpheniramine</i>)	T1	AL (Min 2 Years)
TRIACTING ORANGE ORAL SYRUP 1-15 MG/5 ML (<i>chlorpheniramine</i>)	T1	
Second Generation Antihistamines - Drugs For Allergy		
<i>cetirizine oral solution 1 mg/ml</i>	T1	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	T1	
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	T1	
<i>desloratadine oral tablet 5 mg</i>	T1	
<i>fexofenadine oral suspension 30 mg/5 ml</i>	T1	
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	T1	

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	T1	ST
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	T1	
<i>levocetirizine oral tablet 5 mg</i>	T1	
<i>loratadine oral solution 5 mg/5 ml</i>	T1	
<i>loratadine oral tablet 10 mg</i>	T1	
<i>loratadine oral tablet, disintegrating 10 mg</i>	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (<i>loratadine</i>)	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (<i>loratadine</i>)	T1	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG (<i>fexofenadine</i>)	T1	ST
Anti-Infective Agents - Drugs For Infections		
1St Generation Cephalosporin Antibiotics - Antibiotics		
<i>cefazolin injection recon soln 1 gram</i>	T1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1	
<i>cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	T1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	T1	
2Nd Generation Cephalosporin Antibiotics - Antibiotics		
<i>cefaclor oral capsule 250 mg, 500 mg</i>	T1	
<i>cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml</i>	T1	
<i>cefuroxime axetil oral tablet 500 mg</i>	T1	
3Rd Generation Cephalosporin Antibiotics - Antibiotics		
<i>cefdinir oral capsule 300 mg</i>	T1	
<i>cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml</i>	T1	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (<i>cefixime</i>)	T1	
Allylamine Antifungals - Drugs For Fungus		
<i>terbinafine hcl oral tablet 250 mg</i>	T1	QL (30 EA per 30 days)
Amebicides - Drugs For The Mouth And Throat		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
Aminoglycoside Antibiotics - Antibiotics		
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (<i>amikacin</i>)	T1	PA
<i>neomycin oral tablet 500 mg</i>	T1	QL (10 EA per 1 fill)
TOBI PODHALER INHALATION CAPSULE 28 MG (<i>tobramycin</i>)	T1	PA
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (<i>tobramycin</i>)	T1	PA
<i>tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml</i>	T1	PA
<i>tobramycin with nebulizer inhalation solution for nebulization 300 mg/5 ml</i>	T1	PA
Aminopenicillin Antibiotics - Antibiotics		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	T1	
<i>amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml</i>	T1	
<i>amoxicillin oral tablet 875 mg</i>	T1	
<i>amoxicillin oral tablet, chewable 125 mg, 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet, chewable 200-28.5 mg, 400-57 mg</i>	T1	
<i>ampicillin oral capsule 250 mg, 500 mg</i>	T1	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (<i>amoxicillin</i>)	T1	
<i>lansoprazole</i> (Prevpac Oral Combo Pack 500-500-30 Mg)	T1	PA
Anthelmintics - Drugs For Parasites		
<i>ivermectin oral tablet 3 mg</i>	T1	QL (30 EA per 365 days)
PIN-X ORAL SUSPENSION 50 MG/ML (<i>pyrantel</i>)	T1	
PIN-X ORAL TABLET, CHEWABLE 250 MG (<i>pyrantel</i>)	T1	
Antifungals, Miscellaneous - Drugs For Fungus		

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

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>griseofulvin microsize oral suspension 125 mg/5 ml</i>	T1	AL (Max 12 Years)
<i>griseofulvin microsize oral tablet 500 mg</i>	T1	ST
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	T1	ST
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	T1	
Antimalarials - Drugs For The Mouth And Throat		
<i>atovaquone-proguanil oral tablet 250-100 mg, 62.5-25 mg</i>	T1	PA
<i>chloroquine phosphate oral tablet 250 mg</i>	T1	
<i>chloroquine phosphate oral tablet 500 mg</i>	T1	
DARAPRIM ORAL TABLET 25 MG (<i>pyrimethamine</i>)	T1	
<i>hydroxychloroquine oral tablet 200 mg</i>	T1	
<i>mefloquine oral tablet 250 mg</i>	T1	
<i>primaquine oral tablet 26.3 mg</i>	T1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	T1	
Antimycobacterials, Miscellaneous - Antibiotics		
<i>dapsone oral tablet 100 mg, 25 mg</i>	T1	
Antiprotozoals, Miscellaneous - Drugs For The Mouth And Throat		
<i>dapsone oral tablet 100 mg, 25 mg</i>	T1	
MEPRON ORAL SUSPENSION 750 MG/5 ML (<i>atovaquone</i>)	T1	QL (300 ML per 30 days); AL (Min 21 Years)
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
Antituberculosis Agents - Antibiotics		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	T1	QL (60 EA per 30 days)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	T1	
<i>cycloserine oral capsule 250 mg</i>	T1	ST
<i>ethambutol oral tablet 100 mg</i>	T1	
<i>isoniazid oral solution 50 mg/5 ml</i>	T1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	T1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>moxifloxacin oral tablet 400 mg</i>	T1	ST
MYAMBUTOL ORAL TABLET 400 MG (<i>ethambutol</i>)	T1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (<i>aminosalicylic acid</i>)	T1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	T1	QL (24 EA per 28 DYs)
<i>pyrazinamide oral tablet 500 mg</i>	T1	
<i>rifabutin oral capsule 150 mg</i>	T1	PA
<i>rifampin oral capsule 150 mg, 300 mg</i>	T1	
SIRTURO ORAL TABLET 100 MG (<i>bedaquiline</i>)	T1	ST
TRECTOR ORAL TABLET 250 MG (<i>ethionamide</i>)	T1	ST
Azole Antifungals - Drugs For Fungus		
<i>fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml</i>	T1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	T1	
<i>itraconazole oral capsule 100 mg</i>	T1	PA
<i>ketoconazole oral tablet 200 mg</i>	T1	
SPORANOX ORAL SOLUTION 10 MG/ML (<i>itraconazole</i>)	T1	
<i>voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)</i>	T1	PA
<i>voriconazole oral tablet 200 mg, 50 mg</i>	T1	PA
Erythromycin Antibiotics - Antibiotics		
<i>erythromycin base</i> (Erythrocin (As Stearate) Oral Tablet 250 Mg)	T1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	T1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	T1	
<i>erythromycin oral capsule, delayed release (dr/ec) 250 mg</i>	T1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	T1	
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	T1	
Glycopeptide Antibiotics - Antibiotics		
FIRVANQ ORAL RECON SOLN 25 MG/ML (<i>vancomycin</i>)	T1	QL (200 ML per 28 days)
<i>vancomycin oral capsule 125 mg</i>	T1	QL (40 EA per 28 days)
<i>vancomycin oral capsule 250 mg</i>	T1	QL (80 EA per 28 days)
<i>vancomycin oral recon soln 50 mg/ml</i>	T1	QL (400 ML per 28 days)
Hcv Polymerase Inhibitor Antivirals - Drugs For Viral Infections		
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ledipasvir-sofosbuvir 90-400 mg 90-400 mg</i>	T1	PA
<i>sofosbuvir-velpatasvir 400-100 400-100 mg</i>	T1	PA
SOVALDI ORAL TABLET 200 MG (<i>sofosbuvir</i>)	T1	PA
Hcv Protease Inhibitor Antivirals - Drugs For Viral Infections		
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir</i>)	T1	PA
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir</i>)	T1	PA
Hcv Replication Complex Inhibitors - Drugs For Viral Infections		
HARVONI ORAL TABLET 45-200 MG (<i>ledipasvir</i>)	T1	PA
<i>ledipasvir-sofosbuvir 90-400 mg 90-400 mg</i>	T1	PA
MAVYRET ORAL TABLET 100-40 MG (<i>glecaprevir</i>)	T1	PA
<i>sofosbuvir-velpatasvir 400-100 400-100 mg</i>	T1	PA
ZEPATIER ORAL TABLET 50-100 MG (<i>elbasvir</i>)	T1	PA
Hiv Nucleoside, Nucleotide Rt Inhibitors - Drugs For Viral Infections		
<i>didanosine oral capsule, delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg</i>	T1	
VIDEX 4 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL) (<i>didanosine</i>)	T1	
<i>zidovudine oral capsule 100 mg</i>	T1	
<i>zidovudine oral syrup 10 mg/ml</i>	T1	
<i>zidovudine oral tablet 300 mg</i>	T1	
Lincomycin Antibiotics - Antibiotics		
<i>clindamycin hcl oral capsule 150 mg, 300 mg</i>	T1	
<i>clindamycin</i> (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	T1	AL (Max 12 Years)
Macrolide Antibiotics - Antibiotics		
<i>erythromycin base</i> (Erythrocin (As Stearate) Oral Tablet 250 Mg)	T1	
<i>erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml</i>	T1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	T1	
<i>erythromycin oral capsule, delayed release(dr/ec) 250 mg</i>	T1	
<i>erythromycin oral tablet 250 mg, 500 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>erythromycin oral tablet, delayed release (dr/ec) 250 mg, 333 mg, 500 mg</i>	T1	
Monobactam Antibiotics - Antibiotics		
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (<i>aztreonam</i>)	T1	PA
Natural Penicillin Antibiotics - Antibiotics		
<i>penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml</i>	T1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	T1	
Neuraminidase Inhibitor Antivirals - Drugs For Viral Infections		
<i>oseltamivir oral capsule 30 mg</i>	T1	QL (28 EA per 30 DYs)
<i>oseltamivir oral capsule 45 mg</i>	T1	QL (16 EA per 30 DYs)
<i>oseltamivir oral capsule 75 mg</i>	T1	QL (14 EA per 30 DYs)
<i>oseltamivir oral suspension for reconstitution 6 mg/ml</i>	T1	QL (120 ML per 30 days)
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (<i>zanamivir</i>)	T1	
Nucleoside And Nucleotide Antivirals - Drugs For Viral Infections		
<i>acyclovir oral capsule 200 mg</i>	T1	
<i>acyclovir oral suspension 200 mg/5 ml</i>	T1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	T1	
<i>adefovir oral tablet 10 mg</i>	T1	PA
BARACLUDE ORAL SOLUTION 0.05 MG/ML (<i>entecavir</i>)	T1	PA
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	T1	PA
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	T1	
<i>ganciclovir sodium intravenous recon soln 500 mg</i>	T1	
<i>ribavirin oral tablet 200 mg</i>	T1	
<i>valacyclovir oral tablet 1 gram, 500 mg</i>	T1	
<i>valganciclovir oral recon soln 50 mg/ml</i>	T1	QL (60 ML per 30 days); AL (Min 21 Years)
<i>valganciclovir oral tablet 450 mg</i>	T1	QL (60 EA per 30 days); AL (Min 21 Years)
Other Macrolide Antibiotics - Antibiotics		
<i>azithromycin oral packet 1 gram</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg</i>	T1	
<i>azithromycin oral tablet 600 mg</i>	T1	AL (Min 21 Years)
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	T1	
<i>lansoprazole</i> (Prevpac Oral Combo Pack 500-500-30 Mg)	T1	PA
Oxazolidinone Antibiotics - Antibiotics		
<i>linezolid oral suspension for reconstitution 100 mg/5 ml</i>	T1	ST
<i>linezolid oral tablet 600 mg</i>	T1	ST
Penicillinase-Resistant Penicillins - Antibiotics		
<i>dicloxacillin oral capsule 250 mg, 500 mg</i>	T1	
Polyene Antifungals - Drugs For Fungus		
<i>nystatin oral suspension 100,000 unit/ml</i>	T1	
<i>nystatin oral tablet 500,000 unit</i>	T1	
Quinolone Antibiotics - Antibiotics		
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	T1	QL (60 EA per 30 days)
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>moxifloxacin oral tablet 400 mg</i>	T1	ST
<i>ofloxacin oral tablet 300 mg</i>	T1	
Rifamycin Antibiotics - Antibiotics		
PRIFTIN ORAL TABLET 150 MG (<i>rifapentine</i>)	T1	QL (24 EA per 28 DYs)
<i>rifabutin oral capsule 150 mg</i>	T1	PA
<i>rifampin oral capsule 150 mg, 300 mg</i>	T1	
XIFAXAN ORAL TABLET 200 MG, 550 MG (<i>rifaximin</i>)	T1	ST
Sulfonamide Antibiotics (Systemic) - Antibiotics		
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml</i>	T1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	T1	
<i>sulfasalazine oral tablet 500 mg</i>	T1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	T1	
Tetracycline Antibiotics - Antibiotics		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>doxycycline monohydrate oral tablet 100 mg</i>	T1	
<i>minocycline oral capsule 100 mg</i>	T1	ST; QL (60 QY per 30 DYs)
<i>tetracycline oral capsule 250 mg, 500 mg</i>	T1	
Urinary Anti-Infectives - Drugs For The Urinary System		
<i>methenamine mandelate oral tablet 0.5 g, 1 gram</i>	T1	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	T1	
<i>nitrofurantoin monohyd/m-cryst oral capsule 100 mg</i>	T1	
<i>nitrofurantoin oral suspension 25 mg/5 ml</i>	T1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML (<i>trimethoprim</i>)	T1	
<i>trimethoprim oral tablet 100 mg</i>	T1	
Antineoplastic Agents - Drugs For Cancer		
Antineoplastic Agents - Drugs For Cancer		
<i>abiraterone oral tablet 250 mg</i>	T1	PA; AL (Min 21 Years)
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (<i>everolimus</i>)	T1	PA
AFINITOR ORAL TABLET 10 MG (<i>everolimus</i>)	T1	PA
<i>anastrozole oral tablet 1 mg</i>	T1	
<i>bexarotene oral capsule 75 mg</i>	T1	
<i>bicalutamide oral tablet 50 mg</i>	T1	
BOSULIF ORAL TABLET 100 MG, 500 MG (<i>bosutinib</i>)	T1	PA
<i>capecitabine oral tablet 150 mg, 500 mg</i>	T1	PA; AL (Min 21 Years)
CAPRELSA ORAL TABLET 100 MG, 300 MG (<i>vandetanib</i>)	T1	PA; AL (Min 21 Years)
<i>diclofenac sodium topical gel 3 %</i>	T1	PA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (<i>hydroxyurea</i>)	T1	
EMCYT ORAL CAPSULE 140 MG (<i>estramustine</i>)	T1	
<i>erlotinib oral tablet 100 mg, 150 mg, 25 mg</i>	T1	PA; AL (Min 21 Years)
ERWINAZE INJECTION RECON SOLN 10,000 UNIT (<i>asparaginase (erwinia chrysanthemi)</i>)	T1	PA
<i>everolimus (antineoplastic) oral tablet 2.5 mg, 5 mg, 7.5 mg</i>	T1	PA
<i>exemestane oral tablet 25 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluorouracil topical cream 5 %</i>	T1	
<i>fluorouracil topical solution 2 %, 5 %</i>	T1	
<i>flutamide oral capsule 125 mg</i>	T1	
HEXALEN ORAL CAPSULE 50 MG (<i>altretamine</i>)	T1	AL (Min 21 Years)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (<i>topotecan</i>)	T1	PA
<i>hydroxyurea oral capsule 500 mg</i>	T1	AL (Min 21 Years)
ICLUSIG ORAL TABLET 15 MG, 45 MG (<i>ponatinib</i>)	T1	PA
<i>imatinib oral tablet 100 mg, 400 mg</i>	T1	PA; AL (Min 21 Years)
KYPROLIS INTRAVENOUS RECON SOLN 60 MG (<i>carfilzomib</i>)	T1	PA
<i>letrozole oral tablet 2.5 mg</i>	T1	
LEUKERAN ORAL TABLET 2 MG (<i>chlorambucil</i>)	T1	AL (Min 21 Years)
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	T1	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG (<i>leuprolide</i>)	T1	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide</i>)	T1	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide</i>)	T1	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG (<i>leuprolide</i>)	T1	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide</i>)	T1	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (<i>leuprolide</i>)	T1	PA
LYSODREN ORAL TABLET 500 MG (<i>mitotane</i>)	T1	
MATULANE ORAL CAPSULE 50 MG (<i>procarbazine</i>)	T1	AL (Min 21 Years)
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	T1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	T1	
<i>melphalan hcl intravenous recon soln 50 mg</i>	T1	
<i>melphalan oral tablet 2 mg</i>	T1	AL (Min 21 Years)
<i>mercaptapurine oral tablet 50 mg</i>	T1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MYLERAN ORAL TABLET 2 MG (<i>busulfan</i>)	T1	
NEXAVAR ORAL TABLET 200 MG (<i>sorafenib</i>)	T1	PA; AL (Min 21 Years)
NILANDRON ORAL TABLET 150 MG (<i>nilutamide</i>)	T1	
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (<i>methotrexate</i>)	T1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (<i>methotrexate</i>)	T1	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	T1	PA; AL (Min 21 Years)
SOLTAMOX ORAL SOLUTION 10 MG/5 ML (<i>tamoxifen</i>)	T1	
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (<i>dasatinib</i>)	T1	PA; AL (Min 21 Years)
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (<i>sunitinib</i>)	T1	PA
TABLOID ORAL TABLET 40 MG (<i>thioguanine</i>)	T1	
<i>tamoxifen oral tablet 10 mg, 20 mg</i>	T1	
TARGRETIN TOPICAL GEL 1 % (<i>bexarotene</i>)	T1	
TASIGNA ORAL CAPSULE 150 MG (<i>nilotinib</i>)	T1	PA; AL (Min 20 Years)
TASIGNA ORAL CAPSULE 200 MG (<i>nilotinib</i>)	T1	PA
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	T1	PA; AL (Min 21 Years)
<i>toremifene oral tablet 60 mg</i>	T1	AL (Min 21 Years)
<i>tretinoin (chemotherapy) oral capsule 10 mg</i>	T1	AL (Min 21 Years)
TYKERB ORAL TABLET 250 MG (<i>lapatinib</i>)	T1	PA; AL (Min 21 Years)
VOTRIENT ORAL TABLET 200 MG (<i>pazopanib</i>)	T1	PA; AL (Min 21 Years)
XALKORI ORAL CAPSULE 200 MG, 250 MG (<i>crizotinib</i>)	T1	PA; AL (Min 21 Years)
ZOLINZA ORAL CAPSULE 100 MG (<i>vorinostat</i>)	T1	PA
ZYTIGA ORAL TABLET 500 MG (<i>abiraterone</i>)	T1	PA
Antitoxins, Immune Glob, Toxoids, Vaccines - Drugs For The Immune System		
Toxoids - Vaccines		

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ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (<i>diphtheria,pertussis (acellular),tetanus vaccine</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis (acellular),tetanus vaccine</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (<i>diphtheria,pertussis (acellular),tetanus vaccine</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (<i>tetanus and diphtheria toxoids</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (<i>tetanus and diphtheria toxoids</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
<i>tetanus-diphtheria toxoids-td intramuscular suspension 2-2 lf unit/0.5 ml</i>	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
Vaccines - Vaccines		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (<i>haemophilus b polysaccharide conj w/tetanus toxoid</i>)	T1	QL (0.5 EA per 1 fill); AL (Min 19 Years)
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine qv 2019-20 (36 months up)</i>)	T1	AL (Min 19 Years and Max 64 Years)
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quad 2019-20 (6 months up)</i>)	T1	AL (Min 19 Years and Max 64 Years)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (<i>neisseria meningitidis group b, nhba recombinant</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
CERVARIX VACCINE (PF) INTRAMUSCULAR SYRINGE 20-20 MCG/0.5 ML (<i>human papillomavirus vaccine, bivalent</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (<i>hepatitis b virus vaccine</i>)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (<i>hepatitis b virus vaccine</i>)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quad 2019-20 (6 months up)</i>)	T1	AL (Min 19 Years and Max 64 Years)

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FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vac qv 19-20 (4 yrs up)cell deriv.</i>)	T1	AL (Min 19 Years and Max 64 Years)
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vac qv 19-20 (4 yrs up)cell deriv.</i>)	T1	AL (Min 19 Years and Max 64 Years)
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quad 2019-20 (6 months up)</i>)	T1	AL (Min 19 Years and Max 64 Years)
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quad 2019-20 (6 months up)</i>)	T1	AL (Min 19 Years and Max 64 Years)
FLUMIST QUAD 2019-2020 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (<i>influenza virus vaccine qval 2019-2020 (2-49 yrs)</i>)	T1	AL (Min 19 Years and Max 64 Years)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quad 2019-20 (6 months up)</i>)	T1	AL (Min 19 Years and Max 64 Years)
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quad 2019-20 (6 months up)</i>)	T1	AL (Min 19 Years and Max 64 Years)
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (<i>influenza virus vaccine quad 2019-20 (6 months up)</i>)	T1	AL (Min 19 Years and Max 64 Years)
GARDASIL (PF) INTRAMUSCULAR SUSPENSION 20-40-40-20 MCG/0.5 ML (<i>human papillomavirus vaccine, quadrivalent</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
GARDASIL (PF) INTRAMUSCULAR SYRINGE 20-40-40-20 MCG/0.5 ML (<i>human papillomavirus vaccine, quadrivalent</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (<i>human papillomavirus vaccine, 9-valent</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>human papillomavirus vaccine, 9-valent</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML (<i>hepatitis a virus vaccine</i>)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (<i>hepatitis a virus vaccine</i>)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML (<i>hepatitis b virus vaccine</i>)	T1	QL (1 EA per 1 FILL)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (<i>hepatitis b virus vaccine</i>)	T1	QL (1 EA per 1 Fill)
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT (<i>rabies vaccine, human diploid cell</i>)	T1	
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML (<i>meningococcal vaccine a,c,y and w-135, dip tox con</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
MENOMUNE - A/C/Y/W-135 SUBCUTANEOUS RECON SOLN 50 MCG (<i>meningococcal vaccine a,c,y and w-135</i>)	T1	QL (0.5 EA per 1 fill); AL (Min 19 Years)
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (<i>meningococcal vaccine a,c,y and w-135, dip tox con</i>)	T1	QL (0.5 EA per 1 fill); AL (Min 19 Years)
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (<i>measles, mumps, and rubella vaccine live</i>)	T1	QL (0.5 EA per 1 fill); AL (Min 19 Years)
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML (<i>pneumococcal vaccine</i>)	T1	QL (1 QY per 1 fill); AL (Min 19 Years)
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML (<i>pneumococcal vaccine</i>)	T1	QL (1 QY per 1 fill); AL (Min 19 Years)
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (<i>pneumococcal vaccine</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
RABAERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT (<i>rabies vaccine, purified chick-embryo cell (pcec)</i>)	T1	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (<i>hepatitis b virus vaccine</i>)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (<i>hepatitis b virus vaccine</i>)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (<i>varicella-zoster virus glycoprotein e, recombinant</i>)	T1	QL (1 EA per 1 fill); AL (Min 50 Years)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (<i>neisseria meningitidis grp b, lipidated fhbp, rec.</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
TWINRIX (PF) INTRAMUSCULAR SUSPENSION 720 ELISA UNIT- 20 MCG/ML (<i>hepatitis a virus vaccine</i>)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (<i>hepatitis a virus vaccine</i>)	T1	QL (1 ML per 1 fill); AL (Min 19 Years)
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (<i>hepatitis a virus vaccine</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (<i>hepatitis a virus vaccine</i>)	T1	QL (0.5 ML per 1 fill); AL (Min 19 Years)
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (<i>varicella virus vaccine live</i>)	T1	QL (0.5 EA per 1 fill); AL (Min 19 Years)
VIVOTIF ORAL CAPSULE, DELAYED RELEASE (DR/EC) 2 BILLION UNIT (<i>typhoid vaccine</i>)	T1	QL (4 EA per 1 Fill); AL (Min 6 Years)
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML (<i>varicella virus vaccine live</i>)	T1	PA; QL (0.65 ML per 1 fill); AL (Min 19 Years)

Autonomic Drugs - Drugs For The Nervous System

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

12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE 120 MG (<i>pseudoephedrine</i>)	T1	AL (Min 2 Years)
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG (<i>pseudoephedrine</i>)	T1	
BRONCHIAL MIST INHALATION AEROSOL 0.22 MG/ACTUATION (<i>epinephrine</i>)	T1	QL (30 ML per 1 fill)
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML (<i>brompheniramine</i>)	T1	
BROTAPP ORAL LIQUID 1-15 MG/5 ML (<i>brompheniramine</i>)	T1	AL (Min 2 Years)
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	T1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	T1	
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	T1	ST
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (<i>chlorpheniramine</i>)	T1	AL (Min 2 Years)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (<i>loratadine</i>)	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (<i>loratadine</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET 30 MG (<i>pseudoephedrine</i>)	T1	AL (Min 2 Years)
PEDIA RELIEF INFANT NASAL ORAL DROPS 7.5 MG/0.8 ML (<i>pseudoephedrine</i>)	T1	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T1	AL (Min 2 Years)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML (<i>triprolidine</i>)	T1	
SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG (<i>chlorpheniramine</i>)	T1	AL (Min 2 Years)
SUPHEDRIN ORAL LIQUID 15 MG/5 ML (<i>pseudoephedrine</i>)	T1	AL (Min 2 Years)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (<i>epinephrine</i>)	T1	
TRIACTING ORANGE ORAL SYRUP 1-15 MG/5 ML (<i>chlorpheniramine</i>)	T1	
TUSNEL PEDIATRIC ORAL DROPS 7.5-50 MG/ML (<i>guaifenesin</i>)	T1	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG (<i>fexofenadine</i>)	T1	ST
Alpha-Adrenergic Agonists - Drugs For Heart And Lungs		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	T1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	T1	ST; QL (4 QY per 30 DYs)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	T1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	T1	
<i>midodrine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	QL (90 EA per 30 days)
NOHIST-LQ ORAL LIQUID 4-10 MG/5 ML (<i>chlorpheniramine</i>)	T1	AL (Min 2 Years)
<i>phenylephrine</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 MI)	T1	
<i>promethazine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 MI)	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
Antimuscarinics/Antispasmodics - Drugs For Parkinson		
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (<i>ipratropium</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium</i>)	T1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) (<i>glycopyrrolate</i>)	T1	QL (600 ML per 30 days)
<i>dicyclomine oral capsule 10 mg</i>	T1	
<i>dicyclomine oral tablet 20 mg</i>	T1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	QL (120 EA per 30 days)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 6 Years)
<i>hyoscyamine sulfate oral drops 0.125 mg/ml</i>	T1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5 ml</i>	T1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	T1	
<i>hyoscyamine sulfate oral tablet, disintegrating 0.125 mg</i>	T1	
<i>hyoscyamine sulfate sublingual tablet 0.125 mg</i>	T1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (<i>umeclidinium</i>)	T1	QL (30 EA per 30 DYs)
<i>ipratropium bromide inhalation solution 0.02 %</i>	T1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	T1	
LEVBIID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (<i>hyoscyamine</i>)	T1	
<i>propantheline oral tablet 15 mg</i>	T1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (<i>tiotropium</i>)	T1	QL (4 GM per 30 DYs)
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (<i>tiotropium</i>)	T1	QL (4 GM per 30 DYs)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (<i>fluticasone furoate</i>)	T1	PA
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (<i>aclidinium</i>)	T1	QL (1 EA per 30 DYs)
Autonomic Drugs, Miscellaneous - Drugs For The Nervous System		
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (<i>varenicline</i>)	T1	QL (60 EA per 30 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (<i>varenicline</i>)	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) (<i>varenicline</i>)	T1	QL (60 EA per 30 days)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR (<i>nicotine</i>)	T1	QL (84 EA per 365 days)
<i>nicotine (polacrilex) buccal gum 2 mg, 4 mg</i>	T1	QL (360 EA per 30 days)
<i>nicotine (polacrilex) buccal lozenge 2 mg, 4 mg</i>	T1	QL (360 EA per 30 days)
<i>nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr</i>	T1	QL (84 EA per 365 days)
NICOTROL INHALATION CARTRIDGE 10 MG (<i>nicotine</i>)	T1	QL (504 EA per 30 days)
NICOTROL NS NASAL SPRAY, NON-AEROSOL 10 MG/ML (<i>nicotine</i>)	T1	QL (120 ML per 30 days)
Centrally Acting Skeletal Muscle Relaxant - Drugs For Relaxing Muscles		
<i>cyclobenzaprine oral tablet 10 mg, 5 mg</i>	T1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	T1	
<i>tizanidine oral capsule 2 mg, 4 mg, 6 mg</i>	T1	QL (120 EA per 30 days)
<i>tizanidine oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>tizanidine oral tablet 4 mg</i>	T1	QL (4 QY per 1 DY)
Gaba-Derivative Skeletal Muscle Relaxant - Drugs For Relaxing Muscles		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1	
Non-Sel. Beta-Adrenergic Blocking Agents - Drugs For The Heart		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	T1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>sotalol</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
Non-Sel.Alpha-1-Adrenergic Blocking Agts - Drugs For The Heart		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	
Non-Sel.Alpha-Adrenergic Blocking Agents - Drugs For The Heart		
ERGOMAR SUBLINGUAL TABLET 2 MG (<i>ergotamine</i>)	T1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine</i>)	T1	
Non-Selective Beta-Adrenergic Agonists - Drugs For Heart And Lungs		
ISUPREL INJECTION SOLUTION 0.2 MG/ML (<i>isoproterenol</i>)	T1	
Parasympathomimetic (Cholinergic Agents) - Drugs For Bladder Incontinence		
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	T1	
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML (<i>neostigmine</i>)	T1	PA
<i>donepezil oral tablet 10 mg, 5 mg</i>	T1	
<i>donepezil oral tablet,disintegrating 10 mg, 5 mg</i>	T1	
<i>galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg</i>	T1	PA
<i>galantamine oral solution 4 mg/ml</i>	T1	PA
<i>galantamine oral tablet 12 mg, 4 mg, 8 mg</i>	T1	PA
<i>physostigmine salicylate injection solution 1 mg/ml</i>	T1	PA
<i>pyridostigmine bromide oral syrup 60 mg/5 ml</i>	T1	PA
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	PA
<i>pyridostigmine bromide oral tablet extended release 180 mg</i>	T1	PA
REGONOL INJECTION SOLUTION 5 MG/ML (<i>pyridostigmine</i>)	T1	PA
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	T1	PA
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Selective Alpha-1-Adrenergic Block.Agent - Drugs For The Heart		
<i>alfuzosin oral tablet extended release 24 hr 10 mg</i>	T1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>tamsulosin oral capsule 0.4 mg</i>	T1	
Selective Beta-2-Adrenergic Agonists - Drugs For Heart And Lungs		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (<i>fluticasone</i>)	T1	PA
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	T1	QL (2 INH per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	T1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	T1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	T1	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (<i>fluticasone furoate</i>)	T1	PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium</i>)	T1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION (<i>mometasone furoate</i>)	T1	PA
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (<i>mometasone furoate</i>)	T1	PA; AL (Max 12 Years)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	T1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	T1	
<i>levabuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	T1	ST
<i>levabuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	T1	ST
<i>metaproterenol oral syrup 10 mg/5 ml</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	T1	
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (<i>salmeterol</i>)	T1	
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (<i>tiotropium</i>)	T1	QL (4 GM per 30 DYs)
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (<i>budesonide</i>)	T1	PA
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	T1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (<i>fluticasone furoate</i>)	T1	PA
<i>fluticasone</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Selective Beta-Adrenergic Blocking Agent - Drugs For The Heart		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 25 mg</i>	T1	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol</i>)	T1	
Blood Formation, Coagulation, Thrombosis - Drugs For The Blood		
Coumarin Derivatives - Drugs To Prevent Blood Clots		
<i>warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	T1	
Direct Factor Xa Inhibitors - Drugs To Prevent Blood Clots		
ELIQUIS DVT-PE TREAT 30D START ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (<i>apixaban</i>)	T1	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (<i>apixaban</i>)	T1	QL (60 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	T1	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG, 2.5 MG (<i>rivaroxaban</i>)	T1	QL (60 EA per 30 days)
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (<i>rivaroxaban</i>)	T1	QL (51 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Direct Thrombin Inhibitors - Drugs To Prevent Blood Clots		
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (<i>dabigatran etexilate</i>)	T1	QL (60 EA per 30 days)
Hematopoietic Agents - Drugs For Anemia		
ARANESP (IN POLYSORBATE) INJECTION SOLUTION 100 MCG/ML, 150 MCG/0.75 ML, 200 MCG/ML, 25 MCG/ML, 300 MCG/ML, 40 MCG/ML, 60 MCG/ML (<i>darbepoetin alfa</i>)	T1	PA
ARANESP (IN POLYSORBATE) INJECTION SYRINGE 10 MCG/0.4 ML, 100 MCG/0.5 ML, 150 MCG/0.3 ML, 200 MCG/0.4 ML, 25 MCG/0.42 ML, 300 MCG/0.6 ML, 40 MCG/0.4 ML, 500 MCG/ML, 60 MCG/0.3 ML (<i>darbepoetin alfa</i>)	T1	PA
EPOGEN INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML (<i>epoetin alfa</i>)	T1	PA
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-jmdb</i>)	T1	PA
LEUKINE INJECTION RECON SOLN 250 MCG (<i>sargramostim</i>)	T1	PA
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (<i>plerixafor</i>)	T1	PA
MULPLETA ORAL TABLET 3 MG (<i>lusutrombopag</i>)	T1	PA
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-aafi</i>)	T1	PA
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa</i>)	T1	PA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (<i>eltrombopag</i>)	T1	PA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (<i>epoetin alfa-epbx</i>)	T1	PA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (<i>pegfilgrastim-cbqv</i>)	T1	PA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (<i>filgrastim-sndz</i>)	T1	PA
Hemorrhologic Agents - Drugs For Blood Flow		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pentoxifylline oral tablet extended release 400 mg</i>	T1	
Hemostatics - Drugs To Prevent Bleeding		
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i>	T1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	T1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	T1	
Heparins - Drugs To Prevent Blood Clots		
<i>enoxaparin subcutaneous syringe 100 mg/ml, 150 mg/ml</i>	T1	QL (20 ML per 1 fill)
<i>enoxaparin subcutaneous syringe 120 mg/0.8 ml, 80 mg/0.8 ml</i>	T1	QL (16 ML per 1 fill)
<i>enoxaparin subcutaneous syringe 30 mg/0.3 ml</i>	T1	QL (6 ML per 1 fill)
<i>enoxaparin subcutaneous syringe 40 mg/0.4 ml</i>	T1	QL (8 ML per 1 fill)
<i>enoxaparin subcutaneous syringe 60 mg/0.6 ml</i>	T1	QL (12 ML per 1 fill)
<i>heparin (porcine) injection solution 5,000 unit/ml</i>	T1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML (<i>heparin (porcine)</i>)	T1	
Iron Preparations - Vitamins And Minerals		
CERTA PLUS ORAL TABLET 18-0.4-250 MG-MG-MCG (<i>folic acid</i>)	T1	
COMPLETE MULTIVITAMIN ORAL TABLET (<i>multivitamin with iron,other minerals</i>)	T1	
<i>ferrous gluconate oral tablet 240 mg (27 mg iron)</i>	T1	
<i>ferrous gluconate oral tablet 324 mg (37.5 mg iron), 324 mg (38 mg iron)</i>	T1	
<i>ferrous sulfate oral drops 15 mg iron (75 mg)/ml</i>	T1	
<i>ferrous sulfate oral solution 220 mg (44 mg iron)/5 ml</i>	T1	
<i>ferrous sulfate oral tablet 325 mg (65 mg iron)</i>	T1	
<i>ferrous sulfate oral tablet,delayed release (dr/ec) 324 mg (65 mg iron)</i>	T1	
<i>ferrous sulfate oral tablet,delayed release (dr/ec) 325 mg (65 mg iron)</i>	T1	
INFED INJECTION SOLUTION 50 MG/ML (<i>iron</i>)	T1	AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (<i>pediatric multivitamin no.45</i>)	T1	AL (Max 5 Years)
MYNATAL ADVANCE TABLET 90-1-50 MG (<i>prenatal vitamins with calcium no.15</i>)	T1	AL (Max 50 Years)
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
O-CAL FA ORAL TABLET 66 MG IRON- 1 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.76</i>)	T1	AL (Max 50 Years)
PRENATABS FA ORAL TABLET 29-1 MG (<i>prenatal vitamins with calcium no.78</i>)	T1	AL (Max 50 Years)
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (<i>prenatal vitamins with calcium no.115</i>)	T1	AL (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.74</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	T1	AL (Max 50 Years)
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	T1	AL (Max 50 Years)
RIGHT STEP PRENATAL VITAMINS ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
SE-NATAL 19 CHEWABLE TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.118</i>)	T1	AL (Max 50 Years)
THERA-M ORAL TABLET 9 MG IRON-400 MCG (<i>multivitamin with calcium and minerals</i>)	T1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.103</i>)	T1	AL (Max 50 Years)
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (<i>prenatal vitamins with calcium no.27</i>)	T1	AL (Max 50 Years)
TRINATE TABLET 28 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.73</i>)	T1	AL (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VINATE M ORAL TABLET 27 MG IRON-1 MG (<i>prenatal vitamins with calcium no.136</i>)	T1	AL (Max 50 Years)
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.73</i>)	T1	AL (Max 50 Years)
VOL-TAB RX ORAL TABLET 29 MG IRON- 1 MG (<i>multivitamin with minerals combination no.50</i>)	T1	AL (Max 50 Years)
Platelet-Aggregation Inhibitors - Drugs To Prevent Blood Clots		
<i>aspirin oral tablet,chewable 81 mg</i>	T1	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i>	T1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	T1	QL (60 EA per 30 DYs); AL (Min 21 Years)
BRILINTA ORAL TABLET 60 MG, 90 MG (<i>ticagrelor</i>)	T1	PA
<i>cilostazol oral tablet 100 mg, 50 mg</i>	T1	QL (60 EA per 30 days)
<i>clopidogrel oral tablet 75 mg</i>	T1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	T1	
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG (<i>aspirin</i>)	T1	
LITE COAT ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	T1	
<i>prasugrel oral tablet 10 mg, 5 mg</i>	T1	
Platelet-Reducing Agents - Drugs To Prevent Blood Clots		
<i>anagrelide oral capsule 1 mg</i>	T1	
Thrombolytic Agents - Drugs To Prevent Blood Clots		
<i>aspirin oral tablet,chewable 81 mg</i>	T1	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i>	T1	
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG (<i>aspirin</i>)	T1	
LITE COAT ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	T1	
Cardiovascular Drugs - Drugs For The Heart		
Alpha-Adrenergic Blocking Agents - Drugs For High Blood Pressure		
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	
Alpha-Adrenergic Blocking Agt.(Hypoten) - Drugs For High Blood Pressure & Angina		
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>prazosin oral capsule 1 mg, 2 mg, 5 mg</i>	T1	
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	
Angiotensin li Receptor Antagon.(Hypotn) - Drugs For High Blood Pressure & Angina		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T1	PA
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T1	PA
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T1	PA
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan</i>)	T1	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan</i>)	T1	PA
<i>eprosartan oral tablet 600 mg</i>	T1	PA; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	T1	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	T1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	T1	PA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	T1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	T1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T1	QL (30 EA per 30 days)
Angiotensin li Receptor Antagonists - Drugs For The Heart		
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T1	PA
<i>candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	T1	PA
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T1	PA
EDARBI ORAL TABLET 40 MG, 80 MG (<i>azilsartan</i>)	T1	PA
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan</i>)	T1	PA
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril</i>)	T1	PA
<i>eprosartan oral tablet 600 mg</i>	T1	PA; QL (30 EA per 30 days)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	T1	QL (30 EA per 30 days)
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	QL (30 EA per 30 days)
<i>losartan oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T1	
<i>olmesartan oral tablet 20 mg, 40 mg, 5 mg</i>	T1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	T1	PA
<i>valsartan oral tablet 160 mg, 40 mg, 80 mg</i>	T1	QL (60 EA per 30 days)
<i>valsartan oral tablet 320 mg</i>	T1	QL (30 EA per 30 days)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T1	QL (30 EA per 30 days)
Angiotensin-Convert.Enzyme Inhib(Hypotn) - Drugs For High Blood Pressure & Angina		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	PA
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	T1	
<i>fosinopril oral tablet 10 mg</i>	T1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	T1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	T1	QL (60 EA per 30 days)
<i>ramipril oral capsule 10 mg</i>	T1	QL (60 QY per 30 DYs)
VASERETIC ORAL TABLET 10-25 MG (<i>enalaprilat</i>)	T1	
Angiotensin-Converting Enzyme Inhibitors - Drugs For The Heart		
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	PA
<i>benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	T1	
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fosinopril oral tablet 10 mg</i>	T1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	T1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	T1	QL (60 EA per 30 days)
<i>ramipril oral capsule 10 mg</i>	T1	QL (60 QY per 30 DYs)
VASERETIC ORAL TABLET 10-25 MG (<i>enalaprilat</i>)	T1	
Antiarrhythmics, Miscellaneous - Drugs For Angina		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	T1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	T1	
Antilipemic Agents, Miscellaneous - Drugs For Cholesterol		
FISH OIL ORAL CAPSULE 340-1,000 MG (<i>omega-3 fatty acids</i>)	T1	QL (160 QY per 30 DYs)
<i>niacin oral capsule, extended release 125 mg, 250 mg, 500 mg</i>	T1	
<i>niacin oral tablet 100 mg, 50 mg, 500 mg</i>	T1	
<i>niacin oral tablet 250 mg</i>	T1	
<i>niacin oral tablet extended release 1,000 mg</i>	T1	
<i>niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg</i>	T1	PA
<i>niacin oral tablet extended release 250 mg, 500 mg, 750 mg</i>	T1	
<i>omega 3-dha-epa-fish oil oral capsule 1,000 mg (120 mg-180 mg)</i>	T1	QL (160 QY per 30 DYs)
<i>omega-3 acid ethyl esters oral capsule 1 gram</i>	T1	PA
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM (<i>icosapent ethyl</i>)	T1	PA
Beta-Adrenergic Blocking Agents - Drugs For Abnormal Heart Rhythms		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>sotalol</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol</i>)	T1	
Bile Acid Sequestrants - Drugs For Cholesterol		
<i>cholestyramine (with sugar) oral powder 4 gram</i>	T1	
<i>cholestyramine</i> (Cholestyramine Light Oral Powder 4 Gram)	T1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM (<i>colestipol</i>)	T1	
Calcium-Channel Block.Agt,Misc(Hypoten) - Drugs For High Blood Pressure & Angina		
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)
<i>verapamil oral tablet extended release 240 mg</i>	T1	
Calcium-Channel Blocking Agents - Drugs For High Blood Pressure & Angina		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	PA
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T1	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA
TEKAMLO ORAL TABLET 300-10 MG (<i>aliskiren</i>)	T1	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)
<i>verapamil oral tablet extended release 240 mg</i>	T1	
Carbonic Anhydrase Inhibitors(Hypoten) - Drugs For High Blood Pressure & Angina		
<i>acetazolamide oral capsule, extended release 500 mg</i>	T1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T1	
Cardiac Drugs, Miscellaneous - Drugs For Angina		
CORLANOR ORAL TABLET 5 MG, 7.5 MG (<i>ivabradine</i>)	T1	PA
<i>ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg</i>	T1	PA
Cardiotonic Agents - Drugs For Angina		
<i>digoxin oral solution 50 mcg/ml (0.05 mg/ml)</i>	T1	
<i>digoxin oral tablet 125 mcg (0.125 mg), 250 mcg (0.25 mg)</i>	T1	
Central Alpha-Agonists - Drugs For High Blood Pressure & Angina		
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	T1	
<i>clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr</i>	T1	ST; QL (4 QY per 30 DYs)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	T1	
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	T1	QL (30 EA per 30 days)
<i>methyldopa oral tablet 250 mg, 500 mg</i>	T1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	T1	
Cholesterol Absorption Inhibitors - Drugs For Cholesterol		
<i>ezetimibe oral tablet 10 mg</i>	T1	ST
Class Ia Antiarrhythmics - Drugs For Angina		
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	T1	
Class Ib Antiarrhythmics - Drugs For Angina		
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin</i>)	T1	
<i>mexiletine oral capsule 150 mg, 200 mg, 250 mg</i>	T1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	T1	
<i>phenytoin oral tablet,chewable 50 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	T1	
<i>phenytoin sodium intravenous solution 50 mg/ml</i>	T1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	T1	
Class Ic Antiarrhythmics - Drugs For Angina		
<i>flecainide oral tablet 100 mg, 150 mg, 50 mg</i>	T1	
<i>propafenone oral capsule, extended release 12 hr 225 mg, 325 mg, 425 mg</i>	T1	
<i>propafenone oral tablet 150 mg, 225 mg, 300 mg</i>	T1	
Class Ii Antiarrhythmics - Drugs For Angina		
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (<i>nadolol</i>)	T1	
<i>labetalol oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 50 mg</i>	T1	
<i>metoprolol tartrate oral tablet 25 mg</i>	T1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	T1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>sotalol</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Class Iii Antiarrhythmics - Drugs For Angina		
<i>amiodarone oral tablet 200 mg</i>	T1	
MULTAQ ORAL TABLET 400 MG (<i>dronedarone</i>)	T1	PA
<i>sotalol</i> (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
Class Iv Antiarrhythmics - Drugs For Angina		
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)
<i>verapamil oral tablet extended release 240 mg</i>	T1	
Dihydropyridines - Drugs For High Blood Pressure & Angina		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	PA
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T1	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA
TEKAMLO ORAL TABLET 300-10 MG (<i>aliskiren</i>)	T1	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
Dihydropyridines (Antihypertensive) - Drugs For High Blood Pressure & Angina		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	PA
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>amlodipine-valsartan-hcthiazyd oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T1	PA
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA
TEKAMLO ORAL TABLET 300-10 MG (<i>aliskiren</i>)	T1	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Direct Vasodilators - Drugs For High Blood Pressure & Angina		
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorbide</i>)	T1	
<i>hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	T1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	T1	
Diuretics, Miscellaneous (Hypotensive) - Drugs For High Blood Pressure & Angina		
THEO-24 ORAL CAPSULE, EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	T1	
<i>theophylline oral elixir 80 mg/15 ml</i>	T1	
<i>theophylline oral solution 80 mg/15 ml</i>	T1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	T1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	T1	
Fibric Acid Derivatives - Drugs For Cholesterol		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	T1	QL (30 EA per 30 days)
<i>fenofibrate nanocrystallized oral tablet 145 mg, 48 mg</i>	T1	QL (30 EA per 30 days)
<i>fenofibrate oral tablet 160 mg, 54 mg</i>	T1	QL (30 EA per 30 days)
<i>gemfibrozil oral tablet 600 mg</i>	T1	
Hmg-Coa Reductase Inhibitors - Drugs For Cholesterol		
<i>atorvastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T1	AL (Min 21 Years)
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	T1	
<i>pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	T1	
<i>rosuvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	T1	
<i>simvastatin oral tablet 80 mg</i>	T1	QL (30 EA per 30 days)
Hypotensive Agents, Miscellaneous - Drugs For High Blood Pressure & Angina		
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	PA
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxazosin oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	T1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)
<i>pindolol oral tablet 10 mg, 5 mg</i>	T1	
<i>propranolol oral capsule, extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>sotalol (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)</i>	T1	QL (60 EA per 30 days)
<i>sotalol oral tablet 120 mg, 160 mg, 80 mg</i>	T1	
<i>sotalol oral tablet 240 mg</i>	T1	QL (60 EA per 30 days)
<i>terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	T1	
Loop Diuretics (Hypotensive Agents) - Drugs For High Blood Pressure & Angina		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	ST
<i>furosemide oral solution 10 mg/ml</i>	T1	PA
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>toremide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	T1	
Mineralocorticoid (Aldosterone) Antagnts - Drugs For The Heart		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	
Mineralocorticoid(Aldoster.)Antag(Hypot) - Drugs For High Blood Pressure & Angina		
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	
Nitrates And Nitrites - Drugs For The Heart		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BIDIL ORAL TABLET 20-37.5 MG (<i>isosorbide</i>)	T1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1	
<i>isosorbide dinitrate oral tablet extended release 40 mg</i>	T1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	T1	
<i>isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg</i>	T1	
<i>nitroglycerin</i> (Minitran Transdermal Patch 24 Hour 0.2 Mg/Hr, 0.4 Mg/Hr)	T1	
<i>nitroglycerin</i> (Nitro-Bid Transdermal Ointment 2 %)	T1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	T1	
<i>nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg</i>	T1	
<i>nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg</i>	T1	
Pcsk9 Inhibitors - Drugs For Cholesterol		
PRALUENT PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML, 75 MG/ML (<i>alirocumab</i>)	T1	PA
REPATHA PUSHTRONEX SUBCUTANEOUS WEARABLE INJECTOR 420 MG/3.5 ML (<i>evolocumab</i>)	T1	PA
REPATHA SURECLICK SUBCUTANEOUS PEN INJECTOR 140 MG/ML (<i>evolocumab</i>)	T1	PA
REPATHA SYRINGE SUBCUTANEOUS SYRINGE 140 MG/ML (<i>evolocumab</i>)	T1	PA
Phosphodiesterase Type 5 Inhibitors - Drugs For The Heart		
<i>cilostazol oral tablet 100 mg, 50 mg</i>	T1	QL (60 EA per 30 days)
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	T1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	T1	PA; QL (90 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	T1	PA
Potassium-Sparing Diuretics (Hypoten) - Drugs For High Blood Pressure & Angina		
<i>amiloride oral tablet 5 mg</i>	T1	QL (30 EA per 30 days)
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	T1	
Renin Inhibitors - Drugs For The Heart		
<i>aliskiren oral tablet 150 mg, 300 mg</i>	T1	PA
TEKAMLO ORAL TABLET 300-10 MG (<i>aliskiren</i>)	T1	PA
TEKURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren</i>)	T1	PA
Renin-Angioten.-Aldost. Sys. Inhib, Misc - Drugs For The Heart		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (<i>sacubitril</i>)	T1	PA
Thiazide Diuretics(Hypotensive Agents) - Drugs For High Blood Pressure & Angina		
<i>amlodipine-valsartan-hcthiiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T1	PA
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T1	PA
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	T1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	T1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	T1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	T1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	T1	
<i>olmesartan-amlodipin-hcthiiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren</i>)	T1	PA
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	T1	PA
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	T1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T1	QL (30 EA per 30 days)
VASERETIC ORAL TABLET 10-25 MG (<i>enalaprilat</i>)	T1	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol</i>)	T1	
Thiazide-Like Diuretics(Hypotensive Agt) - Drugs For High Blood Pressure & Angina		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan</i>)	T1	PA
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	T1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	ST; QL (30 EA per 30 days)
Vasodilating Agents, Miscellaneous - Drugs For The Heart		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	T1	PA
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG (<i>aspirin</i>)	T1	QL (60 EA per 30 days); AL (Min 21 Years)
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	T1	PA
<i>amlodipine oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	T1	PA
<i>amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	T1	QL (60 EA per 30 DYs); AL (Min 21 Years)
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	T1	PA
<i>diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg</i>	T1	
<i>diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	T1	
<i>diltiazem hcl oral tablet extended release 24 hr 300 mg</i>	T1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	T1	
<i>felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>nicardipine oral capsule 20 mg, 30 mg</i>	T1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	T1	
<i>nifedipine oral tablet extended release 24hr 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 24hr 60 mg</i>	T1	QL (60 EA per 30 days)
<i>nifedipine oral tablet extended release 30 mg, 90 mg</i>	T1	QL (30 EA per 30 days)
<i>nifedipine oral tablet extended release 60 mg</i>	T1	QL (60 EA per 30 days)
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	T1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG (<i>treprostinil</i>)	T1	PA
TEKAMLO ORAL TABLET 300-10 MG (<i>aliskiren</i>)	T1	PA
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	T1	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (<i>bosentan</i>)	T1	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	T1	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil</i>)	T1	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil</i>)	T1	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	T1	PA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (<i>selexipag</i>)	T1	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	T1	PA
<i>verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg</i>	T1	
<i>verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 360 mg</i>	T1	QL (30 EA per 30 days)
<i>verapamil oral capsule,ext rel. pellets 24 hr 240 mg</i>	T1	
<i>verapamil oral tablet 120 mg, 40 mg, 80 mg</i>	T1	
<i>verapamil oral tablet extended release 120 mg, 180 mg</i>	T1	QL (30 QY per 30 DYs)
<i>verapamil oral tablet extended release 240 mg</i>	T1	
Central Nervous System Agents - Drugs For The Nervous System		
Amphetamine Derivatives - Drugs For The Nervous System		
<i>phentermine oral capsule 15 mg, 30 mg</i>	T1	PA
<i>phentermine oral tablet 37.5 mg</i>	T1	PA
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine</i>)	T1	PA
Amphetamines - Drugs For The Nervous System		
<i>dextroamphetamine oral tablet 10 mg, 5 mg</i>	T1	QL (120 EA per 30 days); AL (Min 3 Years and Max 18 Years)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 5 mg</i>	T1	QL (60 EA per 30 days); AL (Min 4 Years and Max 18 Years)
<i>dextroamphetamine-amphetamine oral capsule,extended release 24hr 20 mg, 25 mg, 30 mg</i>	T1	QL (30 EA per 30 days); AL (Min 4 Years and Max 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	T1	QL (60 EA per 30 days); AL (Min 3 Years and Max 18 Years)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine</i>)	T1	PA
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine</i>)	T1	PA
Analgesics And Antipyretics, Misc. - Drugs For Pain		
ACEPHEN RECTAL SUPPOSITORY 325 MG (<i>acetaminophen</i>)	T1	
<i>acetaminophen oral liquid 160 mg/5 ml, 500 mg/5 ml</i>	T1	
<i>acetaminophen oral tablet 500 mg</i>	T1	
<i>acetaminophen rectal suppository 650 mg</i>	T1	
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	T1	QL (1350 ML per 30 days); AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	T1	QL (90 QY per 30 DYs); AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	T1	QL (90 EA per 30 days); AL (Min 12 Years)
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG (<i>pseudoephedrine</i>)	T1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	T1	AL (Min 12 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T1	
CHILDREN'S FEVER REDUCING RECTAL SUPPOSITORY 120 MG (<i>acetaminophen</i>)	T1	
<i>oxycodone</i> (Endocet Oral Tablet 10-325 Mg)	T1	QL (90 Qty per 30 DYs)
FEVERALL RECTAL SUPPOSITORY 80 MG (<i>acetaminophen</i>)	T1	
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	T1	
<i>gabapentin oral solution 250 mg/5 ml</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG (<i>aspirin</i>)	T1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	T1	QL (1350 ML per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg	T1	QL (90 QY per 30 DYs)
INFANT PAIN RELIEVER ORAL SUSPENSION 160 MG/5 ML (acetaminophen)	T1	
isometh-dichloral-acetaminophen oral capsule 65-100-325 mg	T1	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG (pregabalin)	T1	PA
MAPAP (ACETAMINOPHEN) ORAL CAPSULE 500 MG (acetaminophen)	T1	
NON-ASPIRIN EXTRA STRENGTH ORAL LIQUID 500 MG/15 ML (acetaminophen)	T1	
NON-ASPIRIN JR STRENGTH ORAL TABLET, CHEWABLE 160 MG (acetaminophen)	T1	
NON-ASPIRIN ORAL ELIXIR 160 MG/5 ML (acetaminophen)	T1	
NORTEMP ORAL DROPS 80 MG/0.8 ML (acetaminophen)	T1	
oxycodone-acetaminophen oral tablet 10-325 mg	T1	QL (90 Qty per 30 DYs)
oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg	T1	QL (90 QY per 30 DYs)
PAIN RELIEF ORAL TABLET EXTENDED RELEASE 650 MG (acetaminophen)	T1	
PAIN RELIEVER ORAL TABLET 325 MG (acetaminophen)	T1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	T1	ST; QL (60 EA per 30 days)
pregabalin oral solution 20 mg/ml	T1	PA
Anticonvulsants, Miscellaneous - Drugs For Seizures		
BANZEL ORAL SUSPENSION 40 MG/ML (rufinamide)	T1	PA
BANZEL ORAL TABLET 200 MG, 400 MG (rufinamide)	T1	PA
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	T1	
carbamazepine oral suspension 100 mg/5 ml	T1	
carbamazepine oral tablet 200 mg	T1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>carbamazepine oral tablet, chewable 100 mg</i>	T1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	T1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (<i>cannabidiol</i>)	T1	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	T1	
<i>gabapentin oral solution 250 mg/5 ml</i>	T1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	T1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	T1	
<i>lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	T1	PA
<i>lamotrigine oral tablet, chewable dispersible 25 mg</i>	T1	
<i>lamotrigine oral tablet, chewable dispersible 5 mg</i>	T1	QL (150 EA per 30 days)
<i>levetiracetam in nacl (iso-os) intravenous piggyback 1,000 mg/100 ml, 1,500 mg/100 ml, 500 mg/100 ml</i>	T1	
<i>levetiracetam intravenous solution 500 mg/5 ml</i>	T1	
<i>levetiracetam oral solution 100 mg/ml</i>	T1	QL (900 ML per 30 days)
<i>levetiracetam oral solution 500 mg/5 ml (5 ml)</i>	T1	
<i>levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg</i>	T1	
<i>levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg</i>	T1	QL (120 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	T1	PA
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	T1	
POTIGA ORAL TABLET 200 MG, 300 MG, 400 MG, 50 MG (<i>ezogabine</i>)	T1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	T1	ST; QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	T1	PA
QSYMIA ORAL CAPSULE, ER MULTIPHASE 24 HR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG (<i>phentermine</i>)	T1	PA
SABRIL ORAL POWDER IN PACKET 500 MG (<i>vigabatrin</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	T1	PA
<i>topiramate oral capsule, sprinkle 15 mg, 25 mg</i>	T1	PA
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	T1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	T1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	T1	
<i>valproic acid oral capsule 250 mg</i>	T1	
<i>vigabatrin oral tablet 500 mg</i>	T1	PA
VIMPAT ORAL SOLUTION 10 MG/ML (<i>lacosamide</i>)	T1	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (<i>lacosamide</i>)	T1	PA
<i>zonisamide oral capsule 100 mg</i>	T1	QL (180 EA per 30 days)
<i>zonisamide oral capsule 25 mg, 50 mg</i>	T1	
Antidepressants, Miscellaneous - Drugs For Depression & Psychosis		
<i>bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg</i>	T1	
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	T1	
<i>bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg</i>	T1	
<i>bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg</i>	T1	
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg</i>	T1	
<i>mirtazapine oral tablet 7.5 mg</i>	T1	
<i>mirtazapine oral tablet, disintegrating 15 mg, 45 mg</i>	T1	
<i>mirtazapine oral tablet, disintegrating 30 mg</i>	T1	QL (30 EA per 30 days)
SPRAVATO NASAL SPRAY, NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) (<i>esketamine</i>)	T1	PA
Antimanic Agents - Drugs For Personality Disorder		
<i>carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg</i>	T1	
<i>carbamazepine oral suspension 100 mg/5 ml</i>	T1	
<i>carbamazepine oral tablet 200 mg</i>	T1	
<i>carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg</i>	T1	PA
<i>carbamazepine oral tablet, chewable 100 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	T1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	T1	
<i>lamotrigine oral tablet, chewable dispersible 25 mg</i>	T1	
<i>lamotrigine oral tablet, chewable dispersible 5 mg</i>	T1	QL (150 EA per 30 days)
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	T1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	T1	
<i>valproic acid oral capsule 250 mg</i>	T1	
Antimigraine Agents, Miscellaneous - Migraine Treatment		
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	T1	PA
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	T1	PA
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	T1	PA
<i>aspirin oral tablet, chewable 81 mg</i>	T1	
<i>aspirin oral tablet, delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i>	T1	
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	T1	AL (Min 12 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T1	
<i>divalproex oral capsule, delayed rel sprinkle 125 mg</i>	T1	
<i>divalproex oral tablet extended release 24 hr 250 mg, 500 mg</i>	T1	
<i>divalproex oral tablet, delayed release (dr/ec) 125 mg, 250 mg, 500 mg</i>	T1	
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	T1	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (<i>galcanezumab-gnlm</i>)	T1	PA
ERGOMAR SUBLINGUAL TABLET 2 MG (<i>ergotamine</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG (<i>aspirin</i>)	T1	
LITE COAT ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	T1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG (<i>ergotamine</i>)	T1	
<i>propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg</i>	T1	ST; QL (30 EA per 30 days)
<i>propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)</i>	T1	
<i>propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	T1	
<i>valproate sodium intravenous solution 500 mg/5 ml (100 mg/ml)</i>	T1	
<i>valproic acid (as sodium salt) oral solution 250 mg/5 ml</i>	T1	
<i>valproic acid oral capsule 250 mg</i>	T1	
Anxiolytics,Sedatives,And Hypnotics,Misc - Drugs For Anxiety & Sleep Disorder		
<i>bupirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	T1	
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG (<i>zolpidem</i>)	T1	PA
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	T1	QL (30 EA per 30 days)
<i>hydroxyzine hcl oral solution 10 mg/5 ml</i>	T1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	T1	
INTERMEZZO SUBLINGUAL TABLET 1.75 MG, 3.5 MG (<i>zolpidem</i>)	T1	PA
<i>promethazine oral syrup 6.25 mg/5 ml</i>	T1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	T1	
<i>promethazine</i> (Promethegan Rectal Suppository 50 Mg)	T1	
ROZEREM ORAL TABLET 8 MG (<i>ramelteon</i>)	T1	PA
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (<i>diphenhydramine</i>)	T1	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG (<i>doxylamine</i>)	T1	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG (<i>diphenhydramine</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>zaleplon oral capsule 10 mg, 5 mg</i>	T1	QL (30 EA per 30 days)
<i>zolpidem oral tablet 10 mg, 5 mg</i>	T1	QL (30 QY per 30 DYs)
<i>zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg</i>	T1	PA
ZOLPIMIST ORAL SPRAY, NON-AEROSOL 5 MG/SPRAY (0.1 ML) (<i>zolpidem</i>)	T1	PA
Barbiturates (Anticonvulsants) - Drugs For Seizures		
MYSOLINE ORAL TABLET 250 MG, 50 MG (<i>primidone</i>)	T1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	T1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	T1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	T1	
Barbiturates (Anxiolytic, Sedative/Hyp) - Drugs For Anxiety & Sleep Disorder		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	T1	AL (Min 12 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T1	
<i>phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)</i>	T1	
<i>phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg</i>	T1	
<i>phenobarbital oral tablet 15 mg, 30 mg, 60 mg</i>	T1	
Benzodiazepines (Anticonvulsants) - Drugs For Seizures		
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	QL (90 EA per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	T1	QL (90 QY per 30 DYs)
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	T1	QL (2 QY per 365 DYs)
<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i>	T1	QL (2 kits per 365 days)
<i>lorazepam injection solution 2 mg/ml</i>	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	QL (120 EA per 30 days)
Benzodiazepines (Anxiolytic, Sedativ/Hyp) - Drugs For Anxiety & Sleep Disorder		
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	T1	QL (120 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	QL (90 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clonazepam oral tablet, disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	QL (90 EA per 30 days)
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	T1	QL (90 QY per 30 DYs)
<i>diazepam rectal kit 12.5-15-17.5-20 mg</i>	T1	QL (2 QY per 365 DYs)
<i>diazepam rectal kit 2.5 mg, 5-7.5-10 mg</i>	T1	QL (2 kits per 365 days)
<i>flurazepam oral capsule 15 mg, 30 mg</i>	T1	QL (30 EA per 30 days); AL (Max 64 Years)
<i>lorazepam injection solution 2 mg/ml</i>	T1	
<i>lorazepam oral concentrate 2 mg/ml</i>	T1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	QL (120 EA per 30 days)
<i>temazepam oral capsule 15 mg, 30 mg</i>	T1	QL (30 EA per 30 days)
<i>temazepam oral capsule 22.5 mg, 7.5 mg</i>	T1	PA
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	T1	QL (30 EA per 30 days)
Calcitonin Gene-Related Peptide Antag. - Migraine Treatment		
AIMOVIG AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 70 MG/ML (<i>erenumab-aooe</i>)	T1	PA
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (<i>erenumab-aooe</i>)	T1	PA
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (<i>fremanezumab-vfrm</i>)	T1	PA
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (<i>galcanezumab-gnlm</i>)	T1	PA
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML, 300 MG/3 ML (100 MG/ML X 3) (<i>galcanezumab-gnlm</i>)	T1	PA
Catechol-O-Methyltransferase(Comt)Inhib. - Drugs For Parkinson		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1	ST
<i>entacapone oral tablet 200 mg</i>	T1	ST
<i>tolcapone oral tablet 100 mg</i>	T1	PA
Central Nervous System Agents, Misc. - Drugs For Attention Deficit Disorder		
<i>atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg</i>	T1	QL (30 EA per 30 days)
<i>guanfacine oral tablet 1 mg, 2 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg</i>	T1	QL (30 EA per 30 days)
<i>memantine oral capsule, sprinkle, er 24hr 14 mg, 21 mg, 28 mg, 7 mg</i>	T1	ST
<i>memantine oral tablet 10 mg, 5 mg</i>	T1	
<i>memantine oral tablets, dose pack 5-10 mg</i>	T1	
NAMENDA XR ORAL CAP, SPRINKLE, ER 24HR DOSE PACK 7-14-21-28 MG (<i>memantine</i>)	T1	ST
NUDEXTA ORAL CAPSULE 20-10 MG (<i>dextromethorphan</i>)	T1	PA
<i>riluzole oral tablet 50 mg</i>	T1	QL (60 EA per 30 days)
Cyclooxygenase-2 (Cox-2) Inhibitors - Drugs For Pain		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	T1	QL (60 EA per 30 days)
<i>celecoxib oral capsule 400 mg</i>	T1	QL (30 EA per 30 days)
Dopamine Precursors - Drugs For Parkinson		
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	T1	
<i>carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg</i>	T1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	T1	ST
Ergot-Deriv. Dopamine Receptor Agonists - Drugs For Parkinson		
<i>cabergoline oral tablet 0.5 mg</i>	T1	AL (Min 21 Years)
PARLODEL ORAL TABLET 2.5 MG (<i>bromocriptine</i>)	T1	
Fibromyalgia Agents - Drugs For Nerve Pain		
<i>duloxetine oral capsule, delayed release(dr/ec) 20 mg, 30 mg</i>	T1	QL (60 EA per 30 days)
<i>duloxetine oral capsule, delayed release(dr/ec) 60 mg</i>	T1	QL (30 EA per 30 days)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG (<i>pregabalin</i>)	T1	PA
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	T1	ST; QL (60 EA per 30 days)
<i>pregabalin oral solution 20 mg/ml</i>	T1	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran</i>)	T1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran</i>)	T1	ST
Hydantoins - Drugs For Seizures		
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin</i>)	T1	
<i>fosphephenytoin injection solution 100 mg pe/2 ml, 500 mg pe/10 ml</i>	T1	
<i>phenytoin oral suspension 125 mg/5 ml</i>	T1	
<i>phenytoin oral tablet,chewable 50 mg</i>	T1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	T1	
<i>phenytoin sodium intravenous syringe 50 mg/ml</i>	T1	
Monoamine Oxidase B Inhibitors - Drugs For Parkinson		
<i>selegiline hcl oral capsule 5 mg</i>	T1	
<i>selegiline hcl oral tablet 5 mg</i>	T1	
Monoamine Oxidase Inhibitors - Drugs For Depression & Psychosis		
<i>selegiline hcl oral capsule 5 mg</i>	T1	
<i>selegiline hcl oral tablet 5 mg</i>	T1	
Nonergot-Deriv.Dopamine Receptor Agonist - Drugs For Parkinson		
<i>pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	T1	
<i>ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	T1	
Opiate Agonists - Drugs For Pain		
<i>acetaminophen-codeine oral solution 120-12 mg/5 ml</i>	T1	QL (1350 ML per 30 days); AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-60 mg</i>	T1	QL (90 QY per 30 DYs); AL (Min 12 Years)
<i>acetaminophen-codeine oral tablet 300-30 mg</i>	T1	QL (90 EA per 30 days); AL (Min 12 Years)
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	T1	AL (Min 12 Years)
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	T1	QL (480 ML per 30 days); AL (Min 6 Years)
<i>oxycodone</i> (Endocet Oral Tablet 10-325 Mg)	T1	QL (90 Qty per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr</i>	T1	ST; QL (10 QY per 30 DYs)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr</i>	T1	ST; QL (10 EA per 30 days)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml</i>	T1	QL (1350 ML per 30 DYs)
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	QL (90 QY per 30 DYs)
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 6 Years)
<i>hydromorphone oral tablet 2 mg, 4 mg, 8 mg</i>	T1	QL (90 EA per 30 DYs)
<i>hydromorphone rectal suppository 3 mg</i>	T1	QL (6 QY per 30 DYs)
<i>methadone oral solution 10 mg/5 ml, 5 mg/5 ml</i>	T1	PA
<i>methadone oral tablet 10 mg, 5 mg</i>	T1	PA
<i>methadone oral tablet, soluble 40 mg</i>	T1	PA
<i>morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)</i>	T1	QL (90 ML per 30 DYs)
<i>morphine oral capsule, er multiphase 24 hr 30 mg, 60 mg</i>	T1	PA
<i>morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)</i>	T1	QL (450 ML per 30 DYs)
<i>morphine oral tablet 15 mg, 30 mg</i>	T1	QL (90 QTY per 30 DYs)
<i>morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg</i>	T1	PA; QL (90 EA per 30 days)
<i>oxycodone oral tablet, oral only, ext. rel. 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	T1	PA
<i>oxycodone-acetaminophen oral tablet 10-325 mg</i>	T1	QL (90 Qty per 30 DYs)
<i>oxycodone-acetaminophen oral tablet 5-325 mg, 7.5-325 mg</i>	T1	QL (90 QY per 30 DYs)
<i>promethazine (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 MI)</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>tramadol oral tablet 50 mg</i>	T1	QL (120 QY per 30 DYs); AL (Min 18 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Opiate Partial Agonists - Drugs For Pain		
<i>butorphanol tartrate nasal spray,non-aerosol 10 mg/ml</i>	T1	PA
<i>pentazocine-naloxone oral tablet 50-0.5 mg</i>	T1	
Other Nonsteroidal Anti-Inflam. Agents - Drugs For Pain		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	T1	PA
<i>diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg</i>	T1	
<i>diclofenac sodium topical drops 1.5 %</i>	T1	PA
<i>diclofenac sodium topical gel 1 %</i>	T1	QL (200 GM per 30 days)
<i>etodolac oral capsule 200 mg, 300 mg</i>	T1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	T1	
IBUPROFEN JR STRENGTH ORAL TABLET,CHEWABLE 100 MG (<i>ibuprofen</i>)	T1	
<i>ibuprofen oral capsule 200 mg</i>	T1	
<i>ibuprofen oral suspension 100 mg/5 ml</i>	T1	
<i>ibuprofen oral tablet 200 mg, 400 mg, 600 mg, 800 mg</i>	T1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
INFANT'S IBUPROFEN ORAL DROPS,SUSPENSION 50 MG/1.25 ML (<i>ibuprofen</i>)	T1	
<i>ketoprofen oral capsule 25 mg, 50 mg, 75 mg</i>	T1	
<i>ketorolac oral tablet 10 mg</i>	T1	QL (20 EA per 5 days)
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	T1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	T1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	T1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) (<i>diclofenac</i>)	T1	PA
<i>piroxicam oral capsule 10 mg, 20 mg</i>	T1	
<i>sulindac oral tablet 150 mg, 200 mg</i>	T1	
WAL-PROFEN ORAL TABLET 200 MG (<i>ibuprofen</i>)	T1	
Phenothiazines - Drugs For Depression & Psychosis		
<i>prochlorperazine</i> (Compazine Rectal Suppository 25 Mg)	T1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	T1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Respiratory And Cns Stimulants - Drugs For The Nervous System		
<i>butalbital-acetaminop-caf-cod oral capsule 50-325-40-30 mg</i>	T1	AL (Min 12 Years)
<i>butalbital-acetaminophen-caff oral tablet 50-325-40 mg</i>	T1	
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR (<i>methylphenidate</i>)	T1	PA
<i>dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	QL (60 EA per 30 days); AL (Min 6 Years and Max 18 Years)
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG (<i>aspirin</i>)	T1	
<i>methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg</i>	T1	AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral capsule, er biphasic 30-70 40 mg, 50 mg, 60 mg</i>	T1	QL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg</i>	T1	ST; QL (30 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	T1	QL (90 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 10 mg</i>	T1	QL (90 EA per 30 days); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 20 mg</i>	T1	QL (90 QY per 30 DYs); AL (Min 6 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 54 mg</i>	T1	ST; QL (30 QY per 30 DYs); AL (Min 4 Years and Max 18 Years)
<i>methylphenidate hcl oral tablet extended release 24hr 36 mg</i>	T1	ST; QL (60 QY per 30 DYs); AL (Min 4 Years and Max 18 Years)
Salicylates - Drugs For Pain		
AGGRENEX ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG (<i>aspirin</i>)	T1	QL (60 EA per 30 days); AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANALGESIC RUB (TROLAMINE SALI) TOPICAL CREAM 10 % (<i>salicylates</i>)	T1	
ARTHRITIS RELIEF WITH ALOE TOPICAL AEROSOL,SPRAY 10 % (<i>salicylates</i>)	T1	
<i>aspirin oral tablet,chewable 81 mg</i>	T1	
<i>aspirin oral tablet,delayed release (dr/ec) 325 mg, 500 mg, 650 mg, 81 mg</i>	T1	
<i>aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg</i>	T1	QL (60 EA per 30 DYs); AL (Min 21 Years)
<i>choline,magnesium salicylate oral liquid 500 mg/5 ml</i>	T1	
HEADACHE RELIEF (ASA-ACET-CAF) ORAL TABLET 250-250-65 MG (<i>aspirin</i>)	T1	
LITE COAT ASPIRIN ORAL TABLET 325 MG (<i>aspirin</i>)	T1	
<i>salsalate oral tablet 500 mg, 750 mg</i>	T1	
Sel.Serotonin,Norepi Reuptake Inhibitor - Drugs For Depression & Psychosis		
<i>desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg</i>	T1	PA
<i>duloxetine oral capsule,delayed release(dr/ec) 20 mg, 30 mg</i>	T1	QL (60 EA per 30 days)
<i>duloxetine oral capsule,delayed release(dr/ec) 60 mg</i>	T1	QL (30 EA per 30 days)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (<i>milnacipran</i>)	T1	ST
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (<i>milnacipran</i>)	T1	ST
<i>venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg, 75 mg</i>	T1	
<i>venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	T1	
Selective Serotonin Agonists - Migraine Treatment		
<i>naratriptan oral tablet 1 mg, 2.5 mg</i>	T1	QL (9 EA per 30 days)
<i>rizatriptan oral tablet 10 mg, 5 mg</i>	T1	QL (12 EA per 30 days)
<i>rizatriptan oral tablet,disintegrating 10 mg, 5 mg</i>	T1	QL (12 EA per 30 days)
<i>sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation</i>	T1	ST; QL (6 QY per 30 DYs)
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	QL (12 QY per 30 DYs)

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clomipramine oral capsule 25 mg, 50 mg, 75 mg</i>	T1	
<i>desipramine oral tablet 10 mg, 100 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>doxepin oral concentrate 10 mg/ml</i>	T1	
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	T1	
<i>nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	T1	
<i>nortriptyline oral solution 10 mg/5 ml</i>	T1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	T1	
Wakefulness-Promoting Agents - Drugs For The Nervous System		
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg</i>	T1	PA
<i>modafinil oral tablet 100 mg, 200 mg</i>	T1	PA
Contraceptives (E.G. Foams, Devices) - Drugs For Women		
Contraceptives (E.G. Foams, Devices) - Drugs For Women		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (<i>diaphragms, contoured</i>)	T1	
CONCEPTROL VAGINAL GEL 4 % (<i>nonoxynol 9</i>)	T1	
CONDOMS-PREM LUBRICATED DEVICE (<i>condoms, latex, lubricated</i>)	T1	
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	T1	
GYNOL II VAGINAL GEL 3 % (<i>nonoxynol 9</i>)	T1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (<i>nonoxynol 9</i>)	T1	
VAGINAL CONTRACEPTIVE FILM VAGINAL FILM 28 % (<i>nonoxynol 9</i>)	T1	
VAGINAL CONTRACEPTIVE FOAM VAGINAL FOAM 12.5 % (<i>nonoxynol 9</i>)	T1	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (<i>diaphragms, wide seal</i>)	T1	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 65 MM (<i>diaphragms, wide seal</i>)	T1	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 70 MM (<i>diaphragms, wide seal</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 75 MM (<i>diaphragms, wide seal</i>)	T1	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 80 MM (<i>diaphragms, wide seal</i>)	T1	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 85 MM (<i>diaphragms, wide seal</i>)	T1	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 90 MM (<i>diaphragms, wide seal</i>)	T1	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 95 MM (<i>diaphragms, wide seal</i>)	T1	
Devices - Medical Supplies And Durable Medical Equipment		
Devices - Medical Supplies And Durable Medical Equipment		
ACCU-CHEK MULTICLIX LANCET (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
ADVANCED TRAVEL LANCETS 28 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
ADVOCATE LANCET 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
ADVOCATE SYRINGES SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
AEROCHAMBER PLUS FLOW-VU,M MSK SPACER (<i>inhaler, assist device with medium mask</i>)	T1	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT LG MSK SPACER (<i>inhaler, assist device with large mask</i>)	T1	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT MD MSK SPACER (<i>inhaler, assist device with medium mask</i>)	T1	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT SM MSK SPACER (<i>inhaler, assist device with small mask</i>)	T1	QL (2 QY per 365 DYs)
AEROCHAMBER PLUS Z STAT SPACER (<i>inhaler, assist devices</i>)	T1	QL (2 QY per 365 DYs)
AEROCHAMBER Z-STAT PLUS-FLW SG SPACER (<i>inhaler, assist devices</i>)	T1	QL (2 QY per 365 DYs)
AIR TUBE WITH AIR PLUGS (<i>nebulizer accessories</i>)	T1	QL (1 QY per 365 DYs)
AIRS ADULT AEROSOL MASK (<i>nebulizer accessories</i>)	T1	QL (1 QY per 365 DYs)
AIRS DISPOSABLE NEBULIZER (<i>nebulizer</i>)	T1	QL (1 QY per 365 DYs)
ALTERNATE SITE LANCET 26 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
ASSURE HAEMOLANCE PLUS 25 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE LANCE 28 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
BD AUTOSHIELD DUO PEN NEEDLE NEEDLE 30 GAUGE X 3/16" (<i>pen needle, dual safety, diabetic</i>)	T1	
BD INSULIN SYRINGE HALF UNIT SYRINGE 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE MICRO-FINE SYRINGE 1 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE SAFETY-LOK SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 EA per 30 days)
BD INSULIN SYRINGE SYRINGE 1 ML 25 GAUGE X 5/8", 1 ML 25 X 1" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
BD INSULIN SYRINGE ULTRA-FINE SYRINGE 0.3 ML 30 GAUGE X 1/2", 0.3 ML 31 GAUGE X 15/64", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 31 GAUGE X 15/64", 1 ML 31 GAUGE X 5/16, 1/2 ML 31 GAUGE X 15/64" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
BD LO-DOSE MICRO-FINE IV SYRINGE 0.3 ML 28 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
BD LUER-LOK SYRINGE SYRINGE 3 ML 21 GAUGE X 1 1/2" (<i>syringe with needle,disposable</i>)	T1	QL (30 QY per 30 DYs)
BD NANO 2 GEN PEN NDL 32GX4MM 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	T1	
BD SAFETYGLIDE INSULIN SYRINGE SYRINGE 1 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
BD UF MICRO PEN NEEDLE 6MMX32G 32 GAUGE X 1/4" (<i>pen needle, diabetic</i>)	T1	
BD UF NANO PEN NEEDLE 4MMX32G 32 GAUGE X 5/32" (<i>pen needle, diabetic</i>)	T1	
BD ULTRA FINE LANCETS 33 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
BD ULTRA-FINE II LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
BD ULTRA-FINE MINI PEN NEEDLE NEEDLE 31 GAUGE X 3/16" (<i>pen needle, diabetic</i>)	T1	
BD ULTRA-FINE ORIG PEN NEEDLE NEEDLE 29 GAUGE X 1/2" (<i>pen needle, diabetic</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BUBBLES THE FISH PEDI MASK (<i>nebulizer accessories</i>)	T1	QL (1 QY per 365 DYs)
COMP-AIR ELITE COMP NEB SYSTEM DEVICE (<i>nebulizer</i>)	T1	QL (1 QY per 365 DYs)
COMP-AIR XLT COMPRESSOR NEB DEVICE (<i>nebulizer</i>)	T1	QL (1 QY per 365 DYs)
DEVILBISS COMPACT COMPRESSOR DEVICE (<i>compressor, for nebulizer</i>)	T1	QL (1 QY per 365 DYs)
DEVILBISS PULMO-AIDE COMPRESSR DEVICE (<i>compressor, for nebulizer</i>)	T1	QL (1 QY per 365 DYs)
DEVILBISS TRAVELER COMPRESSOR DEVICE (<i>nebulizer</i>)	T1	QL (1 QY per 365 DYs)
EASY COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
EASY TOUCH INSULIN SYRINGE SYRINGE 0.3 ML 31 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 29 GAUGE X 1/2", 1 ML 31 GAUGE X 5/16 (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
EASY TOUCH TWIST LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
EUFLEXXA INTRA-ARTICULAR SYRINGE 10 MG/ML(MW 2.4 -3.6 MILLION) (<i>hyaluronic acid</i>)	T1	PA
E-Z JECT LANCETS 26 GAUGE, 30 GAUGE, 32 GAUGE, 33 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
E-Z JECT THIN LANCETS 28 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM (<i>cervical cap</i>)	T1	
FINGERSTIX LANCETS (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
FORACARE LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
FREESTYLE FREEDOM LITE KIT (<i>blood-glucose meter</i>)	T1	
FREESTYLE INSULINX (<i>blood-glucose meter</i>)	T1	
FREESTYLE LANCETS 28 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
FREESTYLE LIBRE 10 DAY READER (<i>flash glucose scanning reader</i>)	T1	PA
FREESTYLE LIBRE 10 DAY SENSOR KIT (<i>flash glucose sensor</i>)	T1	PA
FREESTYLE LIBRE 14 DAY READER (<i>flash glucose scanning reader</i>)	T1	PA
FREESTYLE LIBRE 14 DAY SENSOR KIT (<i>flash glucose sensor</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE LITE METER KIT (<i>blood-glucose meter</i>)	T1	
HEPARIN LOCK FLUSH INTRAVENOUS SYRINGE 10 UNIT/ML (<i>heparin (porcine)</i>)	T1	
INJECT EASE LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
INNOSPIRE ELEGANCE DEVICE (<i>nebulizer</i>)	T1	QL (1 QY per 365 DYs)
INNOSPIRE ESSENCE DEVICE (<i>nebulizer</i>)	T1	QL (1 QY per 365 DYs)
INSULIN SYRINGE MICROFINE SYRINGE 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
INSULIN SYRINGE ULTRAFINE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
<i>insulin syringe-needle u-100 syringe 0.3 ml 29 gauge, 0.3 ml 29 gauge x 1/2", 0.3 ml 30, 0.3 ml 30 gauge x 5/16", 0.3 ml 31 gauge x 5/16", 0.5 ml 29 gauge x 1/2", 0.5 ml 30 gauge x 1/2", 0.5 ml 30 gauge x 5/16", 0.5 ml 31 gauge x 5/16", 1 ml 28 gauge x 1/2", 1 ml 29 gauge x 1/2", 1 ml 29 gauge x 7/16", 1 ml 30 gauge x 5/16, 1 ml 30 gauge x 7/16", 1 ml 31 gauge x 5/16, 1/2 ml 28 gauge x 1/2", 1/2 ml 29 , 1/2 ml 30 gauge</i>	T1	QL (200 QY per 30 DYs)
<i>insulin syringe-needle u-100 syringe 1 ml 30 gauge x 1/2"</i>	T1	QL (200 EA per 30 days)
<i>insulin syringes (disposable) syringe 1 ml</i>	T1	QL (200 QY per 30 DYs)
<i>lancets , 26 gauge</i>	T1	QL (200 EA per 30 days)
<i>lancets 30 gauge, 33 gauge</i>	T1	QL (200 QY per 30 DYs)
LANCETS,THIN 23 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
LANCETS,ULTRA THIN (<i>lancets</i>)	T1	QL (200 EA per 30 days)
LANCETS,ULTRA THIN 26 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
LC PLUS (<i>nebulizer</i>)	T1	QL (1 QY per 365 DYs)
LITE TOUCH LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
MICRO THIN LANCETS 33 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
MICROCHAMBER SPACER (<i>inhaler, assist devices</i>)	T1	QL (2 QY per 365 days)
MICROLET LANCET (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MONOJECT INSULIN SYRINGE SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
MONOJECT ULTRA COMFORT INSULIN SYRINGE 1/2 ML 28 GAUGE (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
ONETOUCH DELICA LANCETS 30 GAUGE, 33 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
ONETOUCH ULTRASOFT LANCETS (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
PEAK AIR PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	T1	QL (1 QY per 365 DYs)
PERSONAL BEST FULL RANGE DEVICE (<i>peak flow meter</i>)	T1	QL (1 QY per 365 DYs)
POCKET PEAK FLOW METER DEVICE (<i>peak flow meter</i>)	T1	QL (1 QY per 365 DYs)
PRECISION XTRA MONITOR (<i>blood-glucose meter</i>)	T1	
PROCHAMBER SPACER (<i>inhaler, assist devices</i>)	T1	QL (2 QY per 365 DYs)
PRODIGY TWIST TOP LANCET 28 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
PRONEB ULTRA II DEVICE (<i>nebulizer</i>)	T1	QL (1 QY per 365 DYs)
PULMO-AIDE COMPRESSOR DEVICE (<i>compressor, for nebulizer</i>)	T1	QL (1 QY per 365 DYs)
REUSABLE NEBULIZER KIT KIT (<i>nebulizer accessories</i>)	T1	QL (1 QY per 365 DYs)
SAFETY SEAL LANCETS 28 GAUGE, 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
SAFETY-LET LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
SAMI THE SEAL DEVICE (<i>nebulizer</i>)	T1	QL (1 QY per 365 DYs)
<i>sodium chloride inhalation solution for nebulization 0.9 %</i>	T1	
SOFT TOUCH LANCETS (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
SUNRISE COMPRESSOR-NEBULIZER DEVICE (<i>compressor, for nebulizer</i>)	T1	QL (1 QY per 365 DYs)
SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
SURE COMFORT INS. SYR. U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SURE COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 30 GAUGE X 5/16", 0.3 ML 31 GAUGE X 5/16", 0.5 ML 30 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 EA per 30 days)
SURE COMFORT LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
TECHLITE LANCETS 28 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
THIN LANCETS 26 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
THINPRO INSULIN SYRINGE SYRINGE 0.3 ML 31 X 3/8" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
TOPCARE UNIVERSAL1 LANCET (<i>lancets</i>)	T1	QL (200 EA per 30 days)
TRUEPLUS INSULIN SYRINGE 0.5 ML 31 GAUGE X 5/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
TRUEPLUS LANCETS 28 GAUGE, 30 GAUGE, 33 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
ULTICARE SYRINGE 0.5 ML 30 GAUGE X 1/2", 1 ML 30 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
ULTILET CLASSIC LANCETS 28 GAUGE (<i>lancets</i>)	T1	QL (1 QY per 365 DYs)
ULTILET CLASSIC LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
ULTILET LANCETS 28 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 29 GAUGE X 1/2", 0.3 ML 31 GAUGE X 5/16" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
ULTRA CMFT INS SYR HALF UNIT SYRINGE 0.3 ML 30 GAUGE X 5/16" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 EA per 30 days)
ULTRA COMFORT INSULIN SYRINGE SYRINGE 0.3 ML 30 GAUGE X 5/16", 0.5 ML 29 GAUGE X 1/2", 0.5 ML 30 GAUGE X 5/16", 0.5 ML 31 GAUGE X 5/16", 1 ML 28 GAUGE, 1 ML 28 GAUGE X 1/2", 1 ML 29 GAUGE X 1/2", 1 ML 30 GAUGE X 5/16, 1 ML 30 GAUGE X 7/16", 1 ML 31 GAUGE X 5/16, 1/2 ML 28 GAUGE, 1/2 ML 28 GAUGE X 1/2" (<i>syringe with needle,insulin disposable</i>)	T1	QL (200 QY per 30 DYs)
ULTRA THIN LANCETS 28 GAUGE, 33 GAUGE (<i>lancets</i>)	T1	QL (200 QY per 30 DYs)
ULTRA THIN LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA THIN PLUS LANCETS 33 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
UNILET COMFORTOUCH LANCET (<i>lancets</i>)	T1	QL (200 EA per 30 days)
UNILET EXCELITE II LANCET (<i>lancets</i>)	T1	QL (200 EA per 30 days)
UNILET GP LANCET (<i>lancets</i>)	T1	QL (200 EA per 30 days)
UNILET SUPER THIN LANCETS 30 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
UNIVERSAL 1 LANCETS 21 GAUGE, 26 GAUGE, 30 GAUGE (<i>lancets</i>)	T1	QL (200 EA per 30 days)
VIOS AEROSOL DELIVERY SYSTEM DEVICE (<i>nebulizer</i>)	T1	QL (1 QY per 365 DYs)
VORTEX FROG MASK-CHILD DEVICE (<i>inhaler, assist devices, accessories</i>)	T1	QL (2 EA per 365 days)
VORTEX HOLDING CHAMBER CHILD SPACER (<i>inhaler, assist device with medium mask</i>)	T1	QL (2 QY per 365 DYs)
VORTEX HOLDING CHAMBER SPACER (<i>inhaler, assist devices</i>)	T1	QL (2 QY per 365 DYs)
VORTEX HOLDING CHAMBER TODDLER SPACER (<i>inhaler, assist device with small mask</i>)	T1	QL (2 QY per 365 DYs)
VORTEX LADYBUG MASK-TODDLER DEVICE (<i>inhaler, assist devices, accessories</i>)	T1	QL (2 EA per 365 days)
VORTEX VHC FROG MASK-CHILD SPACER (<i>inhaler, assist device with medium mask</i>)	T1	QL (2 QY per 365 DYs)
VORTEX VHC LADYBUG MASK-TODDLR SPACER (<i>inhaler, assist device with small mask</i>)	T1	QL (2 QY per 365 DYs)
WING TIP TUBING (<i>nebulizer accessories</i>)	T1	QL (1 QY per 365 DYs)
Diagnostic Agents		
Adrenocortical Insufficiency		
ACTHAR H.P. INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	T1	PA
Diabetes Mellitus		
FREESTYLE INSULINX STRIP (<i>blood sugar diagnostic</i>)	T1	
FREESTYLE INSULINX TEST STRIPS STRIP (<i>blood sugar diagnostic</i>)	T1	
FREESTYLE LITE STRIPS STRIP (<i>blood sugar diagnostic</i>)	T1	
FREESTYLE TEST STRIP (<i>blood sugar diagnostic</i>)	T1	
PRECISION XTRA TEST STRIP (<i>blood sugar diagnostic</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Ketones		
KETONE CARE STRIP (<i>urine acetone test,strips</i>)	T1	QL (100 EA per 30 days)
Myasthenia Gravis		
BLOXIVERZ INTRAVENOUS SOLUTION 0.5 MG/ML, 1 MG/ML (<i>neostigmine</i>)	T1	PA
ENLON INJECTION SOLUTION 10 MG/ML (<i>edrophonium</i>)	T1	PA
Electrolytic, Caloric, And Water Balance		
Acidifying Agents		
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (<i>potassium phosphate</i>)	T1	
Alkalinizing Agents		
<i>potassium citrate oral tablet extended release 10 meq (1,080 mg)</i>	T1	QL (180 EA per 30 days)
<i>potassium citrate oral tablet extended release 5 meq (540 mg)</i>	T1	QL (60 EA per 30 days)
Ammonia Detoxicants		
<i>lactulose</i> (Generlac Oral Solution 10 Gram/15 MI)	T1	
<i>lactulose oral solution 10 gram/15 ml</i>	T1	
Caloric Agents - Drugs For Nutrition		
L-CARNITINE (TARTRATE) ORAL CAPSULE 250 MG (<i>levocarnitine</i>)	T1	
<i>levocarnitine tartrate oral capsule 500 mg</i>	T1	
Carbonic Anhydrase Inhibitors - Drugs For Water Balance		
<i>acetazolamide oral capsule, extended release 500 mg</i>	T1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T1	
Diuretics, Miscellaneous - Drugs For Water Balance		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	T1	
<i>theophylline oral elixir 80 mg/15 ml</i>	T1	
<i>theophylline oral solution 80 mg/15 ml</i>	T1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	T1	
<i>theophylline oral tablet extended release 400 mg</i>	T1	
Irrigating Solutions		
STERILE SALINE IRRIGATION SOLUTION 0.9 % (<i>sodium chloride irrigating solution</i>)	T1	
WOUND CLEANSER IRRIGATION SPRAY, NON-AEROSOL (<i>sodium</i>)	T1	
Loop Diuretics - Drugs For Water Balance		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	ST
<i>furosemide oral solution 10 mg/ml</i>	T1	PA
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
Phosphate-Removing Agents		
<i>calcium acetate(phosphat bind) oral capsule 667 mg</i>	T1	
<i>calcium acetate(phosphat bind) oral tablet 667 mg</i>	T1	
FOSRENOL ORAL POWDER IN PACKET 750 MG (<i>lanthanum</i>)	T1	PA
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	T1	PA
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	T1	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	T1	ST
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	T1	PA
Potassium-Removing Agents		
LOKELMA 10 GRAM POWDER PACKET OUTER 10 GRAM (<i>cyclosilicate</i>)	T1	PA
LOKELMA 5 GRAM POWDER PACKET OUTER 5 GRAM (<i>cyclosilicate</i>)	T1	PA
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML (<i>polystyrene sulfonate</i>)	T1	
<i>sodium polystyrene sulfonate oral powder</i>	T1	
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (<i>patiomer</i>)	T1	PA
Potassium-Sparing Diuretics - Drugs For Water Balance		
<i>amiloride oral tablet 5 mg</i>	T1	QL (30 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	T1	
Replacement Preparations		
ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 168 MG CALCIUM (420 MG), 300 MG (750 MG) (<i>calcium carbonate</i>)	T1	
CALCIUM 500 + D (D3) ORAL TABLET 500 MG(1,250MG) -125 UNIT (<i>calcium</i>)	T1	
CALCIUM 500 + D ORAL TABLET 500 MG(1,250MG) -200 UNIT (<i>calcium</i>)	T1	
CALCIUM 500 WITH D ORAL TABLET 500 MG(1,250MG) -400 UNIT (<i>calcium</i>)	T1	
CALCIUM 600 + D(3) ORAL TABLET 600 MG(1,500MG) -200 UNIT, 600 MG(1,500MG) -400 UNIT (<i>calcium</i>)	T1	
CALCIUM 600 ORAL TABLET 600 MG CALCIUM (1,500 MG) (<i>calcium</i>)	T1	
CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG) (<i>calcium carbonate</i>)	T1	
CALCIUM ANTACID ULTRA MAX ST ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG) (<i>calcium carbonate</i>)	T1	
<i>calcium carbonate oral suspension 500 mg/5 ml (1,250 mg/5 ml)</i>	T1	
<i>calcium carbonate oral tablet 260 mg calcium (648 mg)</i>	T1	
<i>calcium carbonate oral tablet 600 mg calcium (1,500 mg)</i>	T1	
<i>calcium carbonate-vitamin d3 oral tablet,chewable 500-100 mg-unit</i>	T1	
<i>calcium citrate-vitamin d2 oral tablet 1,500-200 mg-unit</i>	T1	
<i>calcium citrate-vitamin d3 oral tablet 315 mg- 250 unit, 315-200 mg-unit</i>	T1	
<i>calcium gluconate oral tablet 45 mg (500 mg)</i>	T1	
<i>calcium lactate oral tablet 650 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MG-PLUS-PROTEIN ORAL TABLET 133 MG (<i>magnesium</i>)	T1	PA
MYNATAL ADVANCE TABLET 90-1-50 MG (<i>prenatal vitamins with calcium no.15</i>)	T1	AL (Max 50 Years)
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
O-CAL FA ORAL TABLET 66 MG IRON- 1 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
OYSTER SHELL + D3 ORAL TABLET 250-125 MG-UNIT (<i>calcium</i>)	T1	
OYSTER SHELL CALCIUM 500 ORAL TABLET 500 MG CALCIUM (1,250 MG) (<i>calcium</i>)	T1	
OYSTER SHELL CALCIUM-VIT D2 ORAL TABLET 250 (625)-125 MG-UNIT (<i>calcium</i>)	T1	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG(1,250MG) -200 UNIT (<i>calcium</i>)	T1	
PEDIATRIC ELECTROLYTE ORAL SOLUTION (<i>electrolytes for oral solution</i>)	T1	
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.76</i>)	T1	AL (Max 50 Years)
<i>potassium chloride oral capsule, extended release 10 meq, 8 meq</i>	T1	
<i>potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml</i>	T1	
<i>potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq</i>	T1	
<i>potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq</i>	T1	
PRENATABS FA ORAL TABLET 29-1 MG (<i>prenatal vitamins with calcium no.78</i>)	T1	AL (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.74</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	T1	AL (Max 50 Years)
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	T1	AL (Max 50 Years)
RIGHT STEP PRENATAL VITAMINS ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
RISACAL-D ORAL TABLET 105-120 MG-UNIT (<i>calcium</i>)	T1	
<i>sodium chloride inhalation solution for nebulization 0.9 %</i>	T1	
THERA-M ORAL TABLET 9 MG IRON-400 MCG (<i>multivitamin with calcium and minerals</i>)	T1	
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (<i>prenatal vitamins with calcium no.27</i>)	T1	AL (Max 50 Years)
TRINATE TABLET 28 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.73</i>)	T1	AL (Max 50 Years)
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.73</i>)	T1	AL (Max 50 Years)
Thiazide Diuretics - Drugs For Water Balance		
<i>amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	T1	PA
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	T1	
<i>candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	T1	PA
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	T1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	T1	
<i>hydrochlorothiazide oral tablet 12.5 mg</i>	T1	
<i>hydrochlorothiazide oral tablet 25 mg, 50 mg</i>	T1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	T1	QL (30 EA per 30 days)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	T1	
<i>losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	T1	
<i>methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olmesartan-amlodipin-hcthiazyd oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	T1	PA
<i>olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	T1	
<i>propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg</i>	T1	
<i>spironolacton-hydrochlorothiaz oral tablet 25-25 mg</i>	T1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (<i>aliskiren</i>)	T1	PA
<i>telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	T1	PA
<i>triamterene-hydrochlorothiazid oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg</i>	T1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	T1	QL (30 EA per 30 days)
VASERETIC ORAL TABLET 10-25 MG (<i>enalaprilat</i>)	T1	
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (<i>bisoprolol</i>)	T1	
Thiazide-Like Diuretics - Drugs For Water Balance		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	T1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (<i>azilsartan</i>)	T1	PA
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	T1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	ST; QL (30 EA per 30 days)
Uricosuric Agents		
<i>probenecid oral tablet 500 mg</i>	T1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	T1	
Enzymes		
Enzymes		
ALDURAZYME INTRAVENOUS SOLUTION 2.9 MG/5 ML (<i>laronidase</i>)	T1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent) - Drugs For The Eye		
<i>brimonidine ophthalmic (eye) drops 0.2 %</i>	T1	
Antiallergic Agents - Drugs For Allergy		
<i>azelastine nasal aerosol,spray 137 mcg (0.1 %)</i>	T1	
<i>azelastine ophthalmic (eye) drops 0.05 %</i>	T1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (<i>bepotastine</i>)	T1	PA
<i>cromolyn nasal spray,non-aerosol 5.2 mg/spray (4 %)</i>	T1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	T1	
EMADINE OPHTHALMIC (EYE) DROPS 0.05 % (<i>emedastine</i>)	T1	PA
<i>epinastine ophthalmic (eye) drops 0.05 %</i>	T1	ST; QL (5 ML per 30 days)
<i>ketotifen fumarate ophthalmic (eye) drops 0.025 % (0.035 %)</i>	T1	QL (10 QY per 30 DYs)
LASTACFT OPHTHALMIC (EYE) DROPS 0.25 % (<i>alcaftadine</i>)	T1	PA
<i>olopatadine ophthalmic (eye) drops 0.1 %</i>	T1	ST; QL (5 ML per 30 days)
<i>olopatadine ophthalmic (eye) drops 0.2 %</i>	T1	ST; QL (2.5 ML per 30 days)
PAZEO OPHTHALMIC (EYE) DROPS 0.7 % (<i>olopatadine</i>)	T1	PA
Antibacterials (Eent) - Drugs For Infections		
AZASITE OPHTHALMIC (EYE) DROPS 1 % (<i>azithromycin</i>)	T1	PA
<i>bacitracin ophthalmic (eye) ointment 500 unit/gram</i>	T1	
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (<i>ciprofloxacin</i>)	T1	ST
<i>ciprofloxacin hcl ophthalmic (eye) drops 0.3 %</i>	T1	
<i>erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)</i>	T1	
<i>gatifloxacin ophthalmic (eye) drops 0.5 %</i>	T1	PA
<i>gentamicin ophthalmic (eye) drops 0.3 %</i>	T1	
<i>gentamicin ophthalmic (eye) ointment 0.3 % (3 mg/gram)</i>	T1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 % (<i>moxifloxacin</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>moxifloxacin ophthalmic (eye) drops 0.5 %</i>	T1	PA
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	T1	
<i>neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	T1	
<i>neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml</i>	T1	
<i>neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%</i>	T1	
<i>neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%</i>	T1	
<i>ofloxacin ophthalmic (eye) drops 0.3 %</i>	T1	
<i>ofloxacin otic (ear) drops 0.3 %</i>	T1	
<i>bacitracin (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)</i>	T1	
<i>polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml</i>	T1	
<i>sulfacetamide sodium ophthalmic (eye) drops 10 %</i>	T1	
<i>sulfacetamide sodium ophthalmic (eye) ointment 10 %</i>	T1	
<i>sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)</i>	T1	
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (<i>tobramycin</i>)	T1	
<i>tobramycin ophthalmic (eye) drops 0.3 %</i>	T1	
Antivirals (Eent) - Drugs For Infections		
<i>trifluridine ophthalmic (eye) drops 1 %</i>	T1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (<i>ganciclovir</i>)	T1	QL (5 GM per 1 FILL)
Beta-Adrenergic Blocking Agents (Eent) - Drugs For The Eye		
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	T1	
<i>levobunolol ophthalmic (eye) drops 0.5 %</i>	T1	
<i>metipranolol ophthalmic (eye) drops 0.3 %</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %</i>	T1	
Carbonic Anhydrase Inhibitors (Eent) - Drugs For The Eye		
<i>acetazolamide oral capsule, extended release 500 mg</i>	T1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	T1	
<i>dorzolamide ophthalmic (eye) drops 2 %</i>	T1	
<i>dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml</i>	T1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	T1	
Corticosteroids (Eent) - Drugs For Inflammation		
<i>dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %</i>	T1	
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (<i>difluprednate</i>)	T1	PA; QL (5 ML per 30 days)
<i>flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)</i>	T1	ST
<i>fluorometholone ophthalmic (eye) drops,suspension 0.1 %</i>	T1	
<i>fluticasone propionate nasal spray,suspension 50 mcg/actuation</i>	T1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	T1	
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>dexamethasone</i>)	T1	
<i>mometasone nasal spray,non-aerosol 50 mcg/actuation</i>	T1	ST; QL (17 GM per 30 days)
NASAL ALLERGY NASAL AEROSOL,SPRAY 55 MCG (<i>triamcinolone</i>)	T1	
<i>neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %</i>	T1	
<i>neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %</i>	T1	
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (<i>prednisolone</i>)	T1	
<i>prednisolone acetate ophthalmic (eye) drops,suspension 1 %</i>	T1	
<i>prednisolone sodium phosphate ophthalmic (eye) drops 1 %</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (<i>tobramycin</i>)	T1	
<i>triamcinolone acetonide nasal aerosol,spray 55 mcg</i>	T1	
Eent Anti-Infectives, Miscellaneous - Drugs For Infections		
<i>acetic acid otic (ear) solution 2 %</i>	T1	
<i>chlorhexidine gluconate mucous membrane mouthwash 0.12 %</i>	T1	
<i>hydrocortisone-acetic acid otic (ear) drops 1-2 %</i>	T1	
Eent Anti-Inflammatory Agents, Misc. - Drugs For Inflammation		
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (<i>cyclosporine</i>)	T1	ST
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (<i>cyclosporine</i>)	T1	ST
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (<i>lifitegrast</i>)	T1	ST
Eent Drugs, Miscellaneous		
ALTACHLORE OPHTHALMIC (EYE) DROPS 5 % (<i>sodium chloride</i>)	T1	
ALTACHLORE OPHTHALMIC (EYE) OINTMENT 5 % (<i>sodium chloride</i>)	T1	
<i>apraclonidine ophthalmic (eye) drops 0.5 %</i>	T1	
ARTIFICIAL TEARS (PETRO/MIN) OPHTHALMIC (EYE) OINTMENT 83-15 % (<i>mineral oil</i>)	T1	QL (60 GM per 30 days)
ARTIFICIAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE (<i>dextran 70</i>)	T1	QL (60 EA per 30 days)
ARTIFICIAL TEARS (POLYVIN ALC) OPHTHALMIC (EYE) DROPS 1.4 % (<i>polyvinyl alcohol</i>)	T1	QL (60 ML per 30 days)
ARTIFICIAL TEARS(DEXT70-HYPRO) OPHTHALMIC (EYE) DROPS , 0.1-0.3 % (<i>dextran 70</i>)	T1	QL (60 ML per 30 days)
ARTIFICIAL TEARS(PG-HYPM-GLYC) OPHTHALMIC (EYE) DROPS 1-0.2-0.2 % (<i>polyethylene glycol 400</i>)	T1	QL (60 ML per 30 days)
ARTIFICIAL TEARS(PVALCH-POVID) OPHTHALMIC (EYE) DROPS 0.5-0.6 % (<i>polyvinyl alcohol</i>)	T1	QL (60 ML per 30 days)
AYR SALINE NASAL DROPS 0.65 % (<i>sodium</i>)	T1	
ENUCLENE OPHTHALMIC (EYE) DROPS 0.25 % (<i>tyloxapol</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOR STY RELIEF OPHTHALMIC (EYE) OINTMENT (<i>mineral oil</i>)	T1	QL (60 GM per 30 days)
FRESHKOTE OPHTHALMIC (EYE) DROPS 2-0.9-1.8 % (<i>eye lubricant combination no.1</i>)	T1	QL (60 ML per 30 days)
GENTEAL MILD OPHTHALMIC (EYE) DROPS 0.2 % (<i>hypromellose</i>)	T1	QL (60 ML per 30 days)
GENTEAL SEVERE OPHTHALMIC (EYE) GEL 0.3 % (<i>hypromellose</i>)	T1	QL (60 GM per 30 days)
GENTEAL TEARS MODERATE OPHTHALMIC (EYE) DROPS 0.1-0.3-0.2 % (<i>dextran</i>)	T1	QL (60 ML per 30 days)
HYPOTEARs OPHTHALMIC (EYE) DROPS 1-1 % (<i>polyethylene glycol 400</i>)	T1	QL (60 ML per 30 days)
ISOPTO TEARS OPHTHALMIC (EYE) DROPS 0.5 % (<i>hypromellose</i>)	T1	QL (60 ML per 30 days)
LUBRICANT (P-GLYCOL-GLYCERIN) OPHTHALMIC (EYE) DROPS 1-0.3 % (<i>glycerin</i>)	T1	QL (60 ML per 30 days)
LUBRICANT DRY EYE RELIEF OPHTHALMIC (EYE) DROPS, LIQUID GEL 1 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 ML per 30 days)
LUBRICANT EYE (CMC-GLYCER)(PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-0.9 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 EA per 30 days)
LUBRICANT EYE (CMC-GLYCERIN) OPHTHALMIC (EYE) DROPS 0.5-0.9 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 ML per 30 days)
LUBRICANT EYE (PG-PEG 400) OPHTHALMIC (EYE) DROPS 0.4-0.3 % (<i>propylene glycol</i>)	T1	QL (60 ML per 30 days)
LUBRICANT EYE (PG-PEG 400)(PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 % (<i>propylene glycol</i>)	T1	QL (60 EA per 30 days)
LUBRICANT EYE (PROPYL GLYCOL) OPHTHALMIC (EYE) DROPS 0.6 % (<i>propylene glycol</i>)	T1	QL (60 ML per 30 days)
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPPERETTE 0.5 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 EA per 30 days)
LUBRICANT EYE DROPS OPHTHALMIC (EYE) DROPS 0.5 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 ML per 30 days)
LUBRICANT EYE OPHTHALMIC (EYE) OINTMENT 56.8-41.5 %, 57.3-42.5 %, 57.7-31.9 % (<i>mineral oil</i>)	T1	QL (60 GM per 30 days)
LUBRICANT EYE(DEXTRAN70-HYPML) OPHTHALMIC (EYE) DROPPERETTE (<i>dextran 70</i>)	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUBRICANT GEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.25-0.3 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 ML per 30 days)
NATURAL TEARS (PF) OPHTHALMIC (EYE) DROPPERETTE 0.1-0.3 % (<i>dextran 70</i>)	T1	QL (60 EA per 30 days)
PURALUBE OPHTHALMIC (EYE) OINTMENT 85-15 % (<i>mineral oil</i>)	T1	QL (60 GM per 30 days)
PURE AND GENTLE EYE OPHTHALMIC (EYE) DROPS 0.3 % (<i>hypromellose</i>)	T1	QL (60 ML per 30 days)
REFRESH CELLUVISC OPHTHALMIC (EYE) DROPPERETTE,GEL 1 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 EA per 30 days)
REFRESH CLASSIC (PF) OPHTHALMIC (EYE) DROPPERETTE 1.4-0.6 % (<i>polyvinyl alcohol</i>)	T1	QL (60 EA per 30 days)
REFRESH CONTACTS OPHTHALMIC (EYE) DROPS (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 ML per 30 days)
REFRESH LACRI-LUBE OPHTHALMIC (EYE) OINTMENT 56.8-42.5 % (<i>mineral oil</i>)	T1	QL (60 GM per 30 days)
REFRESH OPTIVE ADVANCED (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 EA per 30 days)
REFRESH OPTIVE ADVANCED OPHTHALMIC (EYE) DROPS 0.5-1-0.5 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 ML per 30 days)
REFRESH OPTIVE MEGA-3 (PF) OPHTHALMIC (EYE) DROPPERETTE 0.5-1-0.5 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 EA per 30 days)
REFRESH OPTIVE OPHTHALMIC (EYE) DROPS,GEL 1-0.9 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 ML per 30 days)
RETAINÉ HPMC (PF) OPHTHALMIC (EYE) DROPS 0.3 % (<i>hypromellose</i>)	T1	QL (60 ML per 30 days)
RETAINÉ PM OPHTHALMIC (EYE) OINTMENT 80-20 % (<i>mineral oil</i>)	T1	QL (60 GM per 30 days)
SALINE MIST NASAL AEROSOL,SPRAY 0.65 % (<i>sodium</i>)	T1	
SOOTHE HYDRATION OPHTHALMIC (EYE) DROPS 1.25 % (<i>povidone</i>)	T1	QL (60 ML per 30 days)
SOOTHE LUBRICANT OPHTHALMIC (EYE) DROPPERETTE 0.6-0.6 % (<i>glycerin</i>)	T1	QL (60 EA per 30 days)
STERILE LUBRICANT OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.7 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYSTANE (PF) OPHTHALMIC (EYE) DROPPERETTE 0.4-0.3 % (<i>propylene glycol</i>)	T1	QL (60 EA per 30 days)
SYSTANE GEL OPHTHALMIC (EYE) DROPS,GEL 0.4-0.3 % (<i>propylene glycol</i>)	T1	QL (60 ML per 30 days)
SYSTANE GEL OPHTHALMIC (EYE) GEL 0.3 % (<i>hypromellose</i>)	T1	QL (60 GM per 30 days)
SYSTANE LIQUID GEL OPHTHALMIC (EYE) DROPS, LIQUID GEL 0.4-0.3 % (<i>propylene glycol</i>)	T1	QL (60 ML per 30 days)
SYSTANE NIGHTTIME OPHTHALMIC (EYE) OINTMENT 94-3 % (<i>mineral oil</i>)	T1	
THERATEARS OPHTHALMIC (EYE) DROPPERETTE 0.25 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 EA per 30 days)
THERATEARS OPHTHALMIC (EYE) DROPPERETTE,GEL 1 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 EA per 30 days)
THERATEARS OPHTHALMIC (EYE) DROPS 0.25 % (<i>carboxymethylcellulose sodium</i>)	T1	QL (60 ML per 30 days)
ULTRA FRESH PM OPHTHALMIC (EYE) OINTMENT (<i>lanolin</i>)	T1	QL (60 GM per 30 days)
VISINE TIRED EYE RELIEF OPHTHALMIC (EYE) DROPS 1-0.36-0.2 % (<i>polyethylene glycol 400</i>)	T1	QL (60 ML per 30 days)
Eent Nonsteroidal Anti-Inflam. Agents - Drugs For Inflammation		
ACUVAIL (PF) OPHTHALMIC (EYE) DROPPERETTE 0.45 % (<i>ketorolac</i>)	T1	PA
<i>bromfenac ophthalmic (eye) drops 0.09 %</i>	T1	PA
<i>diclofenac sodium ophthalmic (eye) drops 0.1 %</i>	T1	
<i>flurbiprofen sodium ophthalmic (eye) drops 0.03 %</i>	T1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (<i>nepafenac</i>)	T1	PA
<i>ketorolac ophthalmic (eye) drops 0.4 %</i>	T1	PA
<i>ketorolac ophthalmic (eye) drops 0.5 %</i>	T1	
NEVANAC OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (<i>nepafenac</i>)	T1	PA
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (<i>bromfenac</i>)	T1	PA
Local Anesthetics (Eent) - Drugs For Numbing		
<i>lidocaine hcl mucous membrane jelly 2 %</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>lidocaine hcl mucous membrane solution 4 % (40 mg/ml)</i>	T1	
<i>lidocaine</i> (Lidocaine Viscous Mucous Membrane Solution 2 %)	T1	
<i>proparacaine ophthalmic (eye) drops 0.5 %</i>	T1	
<i>tetracaine hcl ophthalmic (eye) drops 0.5 %</i>	T1	
Miotics - Drugs For The Eye		
<i>pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %</i>	T1	
Mydriatics - Drugs For The Eye		
<i>atropine ophthalmic (eye) drops 1 %</i>	T1	
<i>atropine ophthalmic (eye) ointment 1 %</i>	T1	
<i>cyclopentolate</i> (Cyclogyl Ophthalmic (Eye) Drops 0.5 %)	T1	
<i>cyclopentolate ophthalmic (eye) drops 1 %, 2 %</i>	T1	
HOMATROPAIRE OPHTHALMIC (EYE) DROPS 5 % (<i>homatropine</i>)	T1	
<i>tropicamide ophthalmic (eye) drops 0.5 %, 1 %</i>	T1	
Prostaglandin Analogs - Drugs For The Eye		
<i>latanoprost ophthalmic (eye) drops 0.005 %</i>	T1	
<i>travoprost ophthalmic (eye) drops 0.004 %</i>	T1	
Vasoconstrictors		
ADRENALIN NASAL SOLUTION 1 MG/ML (<i>epinephrine</i>)	T1	QL (60 QY per 1 PD)
CLEAR EYES REDNESS RELIEF OPHTHALMIC (EYE) DROPS 0.012-0.2 % (<i>naphazoline</i>)	T1	
EYE ALLERGY RELIEF OPHTHALMIC (EYE) DROPS 0.025-0.3 %, 0.02675-0.315 % (<i>naphazoline</i>)	T1	
<i>phenylephrine hcl ophthalmic (eye) drops 10 %</i>	T1	
Gastrointestinal Drugs		
Antacids And Adsorbents		
ALMACONE-2 ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium</i>)	T1	
<i>aluminum hydroxide gel oral suspension 320 mg/5 ml, 600 mg/5 ml</i>	T1	
ANTACID EXST (MAG CARB-AL HYD) ORAL TABLET,CHEWABLE 160-105 MG (<i>magnesium</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTACID EXTRA-STRENGTH ORAL TABLET,CHEWABLE 168 MG CALCIUM (420 MG), 300 MG (750 MG) (<i>calcium carbonate</i>)	T1	
ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium</i>)	T1	
CALCIUM ANTACID ORAL TABLET,CHEWABLE 200 MG CALCIUM (500 MG) (<i>calcium carbonate</i>)	T1	
CALCIUM ANTACID ULTRA MAX ST ORAL TABLET,CHEWABLE 400 MG CALCIUM (1,000 MG) (<i>calcium carbonate</i>)	T1	
<i>calcium carbonate oral tablet 260 mg calcium (648 mg)</i>	T1	
FOAMING ANTACID ORAL TABLET,CHEWABLE 80-20 MG (<i>magnesium</i>)	T1	
GELUSIL ANTACID AND ANTI-GAS ORAL TABLET,CHEWABLE 200-200-25 MG (<i>magnesium</i>)	T1	
GERI-MOX ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium</i>)	T1	
KAOPECTATE (BISMUTH SUBSALICY) ORAL SUSPENSION 262 MG/15 ML (<i>bismuth subsalicylate</i>)	T1	
MAALOX ADVANCED ORAL TABLET,CHEWABLE 1,000-60 MG (<i>calcium carbonate</i>)	T1	
<i>magnesium oxide oral tablet 400 mg magnesium</i>	T1	
PINK BISMUTH ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	T1	
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	T1	
RI-MOX PLUS ORAL SUSPENSION 225-200-25 MG/5 ML (<i>magnesium</i>)	T1	
<i>sodium bicarbonate oral tablet 650 mg</i>	T1	
STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION 525 MG/15 ML (<i>bismuth subsalicylate</i>)	T1	
Gastrointestinal Drugs - Drugs For The Stomach		
5-Ht3 Receptor Antagonists - Drugs For Vomiting And Nausea		
ANZEMET ORAL TABLET 100 MG, 50 MG (<i>dolasetron</i>)	T1	PA
<i>granisetron (pf) intravenous solution 1 mg/ml (1 ml)</i>	T1	PA
<i>granisetron (pf) intravenous solution 100 mcg/ml</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>granisetron hcl intravenous solution 1 mg/ml, 1 mg/ml (1 ml)</i>	T1	PA
<i>granisetron hcl oral tablet 1 mg</i>	T1	PA
<i>ondansetron hcl oral tablet 24 mg</i>	T1	PA; QL (60 EA per 30 days)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	QL (60 QY per 30 DYs)
<i>ondansetron oral tablet,disintegrating 4 mg, 8 mg</i>	T1	QL (60 QY per 30 DYs)
<i>palonosetron intravenous solution 0.25 mg/5 ml</i>	T1	PA
ZUPLENZ ORAL FILM 4 MG, 8 MG (<i>ondansetron</i>)	T1	PA
Antidiarrhea Agents - Drugs For Diarrhea		
ANTI-DIARRHEAL (LOPERAMIDE) ORAL TABLET 2 MG (<i>loperamide</i>)	T1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
KAOPECTATE (BISMUTH SUBSALICY) ORAL SUSPENSION 262 MG/15 ML (<i>bismuth subsalicylate</i>)	T1	
<i>loperamide oral capsule 2 mg</i>	T1	
PINK BISMUTH ORAL TABLET 262 MG (<i>bismuth subsalicylate</i>)	T1	
PINK BISMUTH ORAL TABLET,CHEWABLE 262 MG (<i>bismuth subsalicylate</i>)	T1	
STOMACH RELIEF MAX STRENGTH ORAL SUSPENSION 525 MG/15 ML (<i>bismuth subsalicylate</i>)	T1	
Antiemetics, Miscellaneous - Drugs For Vomiting And Nausea		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	T1	PA; QL (60 EA per 30 days)
Antiflatulents - Drugs For Gas		
ALMACONE-2 ORAL SUSPENSION 400-400-40 MG/5 ML (<i>magnesium</i>)	T1	
ANTACID REGULAR STRENGTH ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium</i>)	T1	
GAS RELIEF (SIMETHICONE) ORAL CAPSULE 125 MG (<i>simethicone</i>)	T1	
GAS RELIEF (SIMETHICONE) ORAL DROPS,SUSPENSION 40 MG/0.6 ML (<i>simethicone</i>)	T1	
GELUSIL ANTACID AND ANTI-GAS ORAL TABLET,CHEWABLE 200-200-25 MG (<i>magnesium</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GERI-MOX ANTACID-ANTIGAS ORAL SUSPENSION 200-200-20 MG/5 ML (<i>magnesium</i>)	T1	
MAALOX ADVANCED ORAL TABLET,CHEWABLE 1,000-60 MG (<i>calcium carbonate</i>)	T1	
RI-MOX PLUS ORAL SUSPENSION 225-200-25 MG/5 ML (<i>magnesium</i>)	T1	
<i>simethicone oral drops,suspension 40 mg/0.6 ml</i>	T1	
Antihistamines (Gi Drugs) - Drugs For Vomiting And Nausea		
<i>prochlorperazine</i> (Compazine Rectal Suppository 25 Mg)	T1	
<i>meclizine oral tablet 12.5 mg, 25 mg</i>	T1	
<i>meclizine oral tablet,chewable 25 mg</i>	T1	
MOTION SICKNESS (MECLIZINE) ORAL TABLET 25 MG (<i>meclizine</i>)	T1	
MOTION SICKNESS RELIEF ORAL TABLET 50 MG (<i>dimenhydrinate</i>)	T1	
MOTION SICKNESS RELIEF(MECLIZ) ORAL TABLET,CHEWABLE 25 MG (<i>meclizine</i>)	T1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	T1	
Anti-Inflammatory Agents (Gi Drugs) - Drugs For Inflammation		
<i>balsalazide oral capsule 750 mg</i>	T1	
LOTROXON ORAL TABLET 0.5 MG, 1 MG (<i>alosetron</i>)	T1	PA
<i>mesalamine oral capsule (with del rel tablets) 400 mg</i>	T1	ST
<i>mesalamine oral capsule,extended release 24hr 0.375 gram</i>	T1	ST
<i>mesalamine oral tablet,delayed release (dr/ec) 1.2 gram</i>	T1	ST
<i>mesalamine oral tablet,delayed release (dr/ec) 800 mg</i>	T1	PA
<i>mesalamine rectal enema 4 gram/60 ml</i>	T1	
<i>mesalamine rectal suppository 1,000 mg</i>	T1	PA
<i>mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml</i>	T1	
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG (<i>mesalamine</i>)	T1	PA
<i>sulfasalazine oral tablet 500 mg</i>	T1	
<i>sulfasalazine oral tablet,delayed release (dr/ec) 500 mg</i>	T1	
Cathartics And Laxatives - Drugs For Constipation		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (<i>lubiprostone</i>)	T1	PA
<i>aromatic cascara fld xt (bulk) oral fluid extract 100 %</i>	T1	
<i>bisacodyl rectal suppository 10 mg</i>	T1	
BISA-LAX (BISACODYL) ORAL TABLET, DELAYED RELEASE (DR/EC) 5 MG (<i>bisacodyl</i>)	T1	
<i>docusate sodium oral capsule 100 mg, 250 mg</i>	T1	
DOCUSOL RECTAL ENEMA 283 MG (<i>docusate</i>)	T1	
ENEMA RECTAL ENEMA 19-7 GRAM/118 ML (<i>sodium phosphate</i>)	T1	
ENEMEEZ RECTAL ENEMA 283 MG/5 ML (<i>docusate</i>)	T1	
FIBER LAXATIVE (CA POLYCARBO) ORAL TABLET 625 MG (<i>polycarbophil</i>)	T1	
FIBER LAXATIVE (PSYLLIUM HUSK) ORAL CAPSULE 0.52 GRAM (<i>psyllium</i>)	T1	
FIBER SMOOTH ORAL POWDER (<i>psyllium</i>)	T1	
<i>glycerin (child) rectal suppository</i>	T1	
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (<i>polyethylene glycol 3350</i>)	T1	
HYDROCIL INSTANT ORAL PACKET (<i>psyllium</i>)	T1	
<i>magnesium citrate oral solution</i>	T1	
METAMUCIL (WITH SUGAR) ORAL POWDER IN PACKET 3.4 GRAM (<i>psyllium</i>)	T1	
METAMUCIL PLUS CALCIUM ORAL CAPSULE 1-60 GRAM-MG (<i>psyllium</i>)	T1	
MILK OF MAGNESIA ORAL SUSPENSION 400 MG/5 ML (<i>magnesium</i>)	T1	
<i>mineral oil oral oil</i>	T1	
NATURAL FIBER LAXATIVE (SUGAR) ORAL POWDER 3.4 GRAM/7 GRAM (<i>psyllium</i>)	T1	
PEDIA-LAX STOOL SOFTENER ORAL SYRUP 50 MG/15 ML (<i>docusate</i>)	T1	
<i>peg 3350-electrolytes oral recon soln 236-22.74-6.74 - 5.86 gram, 240-22.72-6.72 -5.84 gram</i>	T1	
<i>peg-electrolyte soln oral recon soln 420 gram</i>	T1	
<i>polyethylene glycol 3350 oral powder 17 gram/dose</i>	T1	
SANI-SUPP (ADULT) RECTAL SUPPOSITORY (<i>glycerin</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SENNALAX ORAL TABLET 8.6 MG (<i>senna</i>)	T1	
SENNALAX ORAL SYRUP 8.8 MG/5 ML (<i>senna</i>)	T1	
<i>sorbitol solution 70 %</i>	T1	
STOOL SOFTENER ORAL CAPSULE 250 MG, 50 MG (<i>docusate</i>)	T1	
STOOL SOFTENER ORAL LIQUID 50 MG/5 ML (<i>docusate</i>)	T1	
STOOL SOFTENER ORAL SYRUP 60 MG/15 ML (<i>docusate</i>)	T1	
STOOL SOFTENER ORAL TABLET 100 MG (<i>docusate</i>)	T1	
Cholelitholytic Agents - Drugs For The Stomach		
<i>ursodiol oral capsule 300 mg</i>	T1	
Digestants - Drugs For The Stomach		
CREON ORAL CAPSULE, DELAYED RELEASE (DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (<i>lipase</i>)	T1	AL (Min 21 Years)
ZENPEP ORAL CAPSULE, DELAYED RELEASE (DR/EC) 10,000-32,000 -42,000 UNIT, 10,000-34,000 -55,000 UNIT, 15,000-47,000 -63,000 UNIT, 15,000-51,000 -82,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 25,000-85,000- 136,000 UNIT, 3,000-10,000 -14,000- UNIT, 3,000-10,000- 16,000 UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000 -27,000 UNIT, 5,000-17,000- 24,000 UNIT (<i>lipase</i>)	T1	AL (Min 21 Years)
GI Drugs, Miscellaneous - Drugs For The Stomach		
ALLI ORAL CAPSULE 60 MG (<i>orlistat</i>)	T1	PA
CIMZIA POWDER FOR RECONSTITUTION SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	T1	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	T1	PA
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (<i>teduglutide</i>)	T1	PA
HUMIRA PEDIATRIC CROHN'S START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN CROHN'S-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA PEN PSOR-VEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	T1	PA
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (<i>linaclotide</i>)	T1	
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (<i>naloxegol</i>)	T1	PA
RELISTOR ORAL TABLET 150 MG (<i>methylnaltrexone</i>)	T1	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (<i>methylnaltrexone</i>)	T1	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (<i>methylnaltrexone</i>)	T1	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	T1	PA
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	T1	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	T1	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	T1	PA
SYMPROIC ORAL TABLET 0.2 MG (<i>naldemedine</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRULANCE ORAL TABLET 3 MG (<i>plecanatide</i>)	T1	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (<i>eluxadoline</i>)	T1	PA
XENICAL ORAL CAPSULE 120 MG (<i>orlistat</i>)	T1	PA
Histamine H2-Antagonists - Drugs For Ulcers And Stomach Acid		
ACID REDUCER (RANITIDINE) ORAL TABLET 75 MG (<i>ranitidine</i>)	T1	
<i>cimetidine hcl oral solution 300 mg/5 ml</i>	T1	ST
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	T1	ST
<i>famotidine oral tablet 10 mg, 20 mg, 40 mg</i>	T1	
<i>ranitidine hcl oral capsule 150 mg, 300 mg</i>	T1	ST
<i>ranitidine hcl oral syrup 15 mg/ml</i>	T1	
<i>ranitidine hcl oral tablet 150 mg, 300 mg</i>	T1	
Neurokinin-1 Receptor Antagonists - Drugs For Vomiting And Nausea		
<i>aprepitant oral capsule 125 mg, 40 mg, 80 mg</i>	T1	PA
<i>aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)</i>	T1	PA
Prokinetic Agents - Drugs For The Stomach		
<i>metoclopramide hcl oral solution 5 mg/5 ml</i>	T1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	T1	
MOTEGRITY ORAL TABLET 1 MG, 2 MG (<i>prucalopride</i>)	T1	PA
Prostaglandins - Drugs For Ulcers And Stomach Acid		
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	T1	
Protectants - Drugs For Ulcers And Stomach Acid		
<i>sucralfate oral suspension 100 mg/ml</i>	T1	
<i>sucralfate oral tablet 1 gram</i>	T1	
Proton-Pump Inhibitors - Drugs For Ulcers And Stomach Acid		
DEXILANT ORAL CAPSULE,BIPHASE DELAYED RELEAS 30 MG, 60 MG (<i>dexlansoprazole</i>)	T1	PA
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg</i>	T1	ST; QL (60 EA per 30 days)
<i>esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg</i>	T1	ST
<i>lansoprazole oral capsule,delayed release(dr/ec) 15 mg, 30 mg</i>	T1	
<i>omeprazole oral capsule,delayed release(dr/ec) 20 mg</i>	T1	QL (60 EA per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>omeprazole oral capsule, delayed release (dr/ec) 40 mg</i>	T1	QL (60 QY per 30 DYs)
<i>pantoprazole oral tablet, delayed release (dr/ec) 20 mg, 40 mg</i>	T1	QL (60 EA per 30 days)
<i>lansoprazole</i> (Prevpac Oral Combo Pack 500-500-30 Mg)	T1	PA
<i>rabeprazole oral tablet, delayed release (dr/ec) 20 mg</i>	T1	ST; QL (60 EA per 30 days)
Gold Compounds		
Gold Compounds		
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	T1	
Heavy Metal Antagonists - Drugs To Reduce Iron		
Heavy Metal Antagonists - Drugs To Reduce Iron		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	T1	
<i>deferasirox oral tablet 180 mg, 360 mg, 90 mg</i>	T1	PA
<i>deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg</i>	T1	PA
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	T1	
DEPEN TITRATABS ORAL TABLET 250 MG (<i>penicillamine</i>)	T1	PA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG (<i>deferasirox</i>)	T1	PA
<i>penicillamine oral capsule 250 mg</i>	T1	PA
<i>trientine oral capsule 250 mg</i>	T1	PA
Hormones And Synthetic Substitutes - Hormones		
Adrenals - Hormones		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (<i>fluticasone</i>)	T1	PA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone furoate</i>)	T1	QL (30 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (<i>fluticasone furoate</i>)	T1	PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	T1	QL (120 ML per 30 days); AL (Max 8 Years)
<i>budesonide oral capsule, delayed, extend. release 3 mg</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
budesonide oral tablet, delayed and ext. release 9 mg	T1	PA
dexamethasone oral elixir 0.5 mg/5 ml	T1	
dexamethasone oral solution 0.5 mg/5 ml	T1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	T1	
dexamethasone oral tablet 1 mg, 2 mg	T1	
dexamethasone (Dexpak 13 Day Oral Tablets, Dose Pack 1.5 Mg (51 Tabs))	T1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION (mometasone furoate)	T1	PA
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (mometasone furoate)	T1	PA; AL (Max 12 Years)
EMFLAZA ORAL SUSPENSION 22.75 MG/ML (deflazacort)	T1	PA
EMFLAZA ORAL TABLET 18 MG, 30 MG, 36 MG, 6 MG (deflazacort)	T1	PA
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION (fluticasone)	T1	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION (fluticasone)	T1	
fludrocortisone oral tablet 0.1 mg	T1	
fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation	T1	QL (1 EA per 30 days)
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	T1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	T1	
MEDROL ORAL TABLET 2 MG (methylprednisolone)	T1	
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	T1	
methylprednisolone oral tablets, dose pack 4 mg	T1	
MILLIPRED ORAL TABLET 5 MG (prednisolone)	T1	
prednisolone (Pediapred Oral Solution 5 Mg Base/5 MI (6.7 Mg/5 MI))	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prednisolone oral solution 15 mg/5 ml</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5 ml (3 mg/ml)</i>	T1	
PREDNISONO INTENSOL ORAL CONCENTRATE 5 MG/ML (<i>prednisone</i>)	T1	
<i>prednisone oral solution 5 mg/5 ml</i>	T1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	T1	
<i>prednisone oral tablets,dose pack 10 mg, 5 mg</i>	T1	
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (<i>beclomethasone</i>)	T1	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (<i>budesonide</i>)	T1	PA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (<i>fluticasone furoate</i>)	T1	PA
UCERIS RECTAL FOAM 2 MG/ACTUATION (<i>budesonide</i>)	T1	PA
<i>fluticasone</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Alpha-Glucosidase Inhibitors - Drugs For Diabetes		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
Amylinomimetics - Drugs For Diabetes		
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (<i>pramlintide</i>)	T1	PA
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (<i>pramlintide</i>)	T1	PA
Androgens - Hormones		
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	T1	
<i>testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml</i>	T1	QL (5 ML per 30 days)
<i>testosterone enanthate intramuscular oil 200 mg/ml</i>	T1	PA; QL (5 ML per 30 days)
<i>testosterone transdermal gel 50 mg/5 gram (1 %)</i>	T1	PA
<i>testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %)</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram)</i>	T1	PA
<i>testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)</i>	T1	PA
Antiestrogens - Drugs For Women		
<i>anastrozole oral tablet 1 mg</i>	T1	
<i>exemestane oral tablet 25 mg</i>	T1	
<i>letrozole oral tablet 2.5 mg</i>	T1	
Antigonadotropins - Hormones		
ORLISSA ORAL TABLET 150 MG, 200 MG (<i>elagolix</i>)	T1	PA
Antiparathyroid Agents - Drugs For Bones		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	T1	
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	T1	
Antithyroid Agents - Drugs For The Thyroid		
<i>methimazole oral tablet 10 mg, 5 mg</i>	T1	
<i>propylthiouracil oral tablet 50 mg</i>	T1	
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	T1	
Biguanides - Drugs For Diabetes		
<i>alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg</i>	T1	ST
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	T1	
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (<i>sitagliptin</i>)	T1	PA; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (<i>sitagliptin</i>)	T1	PA
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (<i>linagliptin</i>)	T1	PA
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (<i>linagliptin</i>)	T1	PA
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (<i>saxagliptin</i>)	T1	PA
<i>metformin oral tablet 1,000 mg, 500 mg, 850 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metformin oral tablet extended release 24 hr 500 mg, 750 mg	T1	
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (ertugliflozin)	T1	ST
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG (dapagliflozin)	T1	PA
Contraceptives - Drugs For Women		
norethindrone (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
norethindrone (Alyacen 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	T1	
levonorgestrel-ethinyl estradiol (Amethia Lo Oral Tablets,Dose Pack,3 Month 0.10 Mg-20 Mcg (84)/10 Mcg (7))	T1	PA
levonorgestrel-ethinyl estradiol (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	T1	PA
levonorgestrel (Amethyst (28) Oral Tablet 90-20 Mcg (28))	T1	
desogestrel (Apri Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone (Balziva (28) Oral Tablet 0.4-35 Mg-Mcg)	T1	
norethindrone (Briellyn Oral Tablet 0.4-35 Mg-Mcg)	T1	
CAMRESE LO ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) (levonorgestrel-ethinyl estradiol)	T1	PA
CAMRESE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (levonorgestrel-ethinyl estradiol)	T1	PA
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	T1	PA
drospirenone-ethinyl estradiol oral tablet 3-0.03 mg	T1	
ELLA ORAL TABLET 30 MG (ulipristal)	T1	
desogestrel (Enskyce Oral Tablet 0.15-0.03 Mg)	T1	
etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24 hr	T1	
GIANVI (28) ORAL TABLET 3-0.02 MG (ethinyl estradiol)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel (Introvale Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	T1	
JOLESSA ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (91) (levonorgestrel)	T1	
norethindrone (Junel 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	T1	
norethindrone (Junel Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	T1	
norethindrone (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
desogestrel-ethinyl estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	T1	
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/0.15 mg-25 mcg	T1	PA
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg	T1	
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	T1	
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (norethindrone)	T1	PA
ethinyl estradiol (Loryna (28) Oral Tablet 3-0.02 Mg)	T1	
norgestrel (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	T1	
levonorgestrel (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	T1	
levonorgestrel (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	T1	
norethindrone (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	T1	PA
norethindrone (Microgestin 1.5/30 (21) Oral Tablet 1.5-30 Mg-Mcg)	T1	
norethindrone (Microgestin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	T1	
norethindrone (Microgestin Fe 1.5/30 (28) Oral Tablet 1.5 Mg-30 Mcg (21)/75 Mg (7))	T1	
norethindrone (Microgestin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	T1	
MY WAY ORAL TABLET 1.5 MG (levonorgestrel)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (<i>estradiol</i>)	T1	PA
<i>norethindrone</i> (Necon 0.5/35 (28) Oral Tablet 0.5-35 Mg-Mcg)	T1	
NECON 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG (<i>norethindrone</i>)	T1	
<i>noreth-ethinyl estradiol-iron oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)</i>	T1	PA
<i>norethindrone (contraceptive) oral tablet 0.35 mg</i>	T1	
<i>norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (24)/75 mg (4)</i>	T1	
<i>norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)</i>	T1	PA
<i>norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg</i>	T1	
NORTREL 1/35 (21) ORAL TABLET 1-35 MG-MCG (21) (<i>norethindrone</i>)	T1	
<i>norethindrone</i> (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	T1	
<i>norethindrone</i> (Nortrel 7/7/7 (28) Oral Tablet 0.5/0.75/1 Mg- 35 Mcg)	T1	
OGESTREL (28) ORAL TABLET 0.5-50 MG-MCG (<i>norgestrel</i>)	T1	
<i>levonorgestrel</i> (Portia 28 Oral Tablet 0.15-0.03 Mg)	T1	
<i>levonorgestrel</i> (Quasense Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	T1	
<i>drospirenone</i> (Rajani Oral Tablet 3-0.02-0.451 Mg (24) (4))	T1	PA
<i>desogestrel</i> (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	T1	
<i>norethindrone</i> (Tilia Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	T1	
<i>norethindrone</i> (Tri-Legest Fe Oral Tablet 1-20(5)/1-30(7) /1Mg-35Mcg (9))	T1	
<i>norgestimate</i> (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	T1	
TRI-NORINYL (28) ORAL TABLET 0.5/1/0.5-35 MG-MCG (<i>norethindrone</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	T1	
desogestrel (Velivet Triphasic Regimen (28) Oral Tablet 0.1/.125/.15-25 Mg-Mcg)	T1	
ethinyl estradiol (Vestura (28) Oral Tablet 3-0.02 Mg)	T1	
XULANE TRANSDERMAL PATCH WEEKLY 150-35 MCG/24 HR (norelgestromin)	T1	
ethynodiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	T1	
ethynodiol (Zovia 1/50E (28) Oral Tablet 1-50 Mg-Mcg)	T1	
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors - Drugs For Diabetes		
alogliptin oral tablet 12.5 mg, 25 mg, 6.25 mg	T1	ST
alogliptin-metformin oral tablet 12.5-1,000 mg, 12.5-500 mg	T1	ST
alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg	T1	ST
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (sitagliptin)	T1	PA; QL (60 EA per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-1,000 MG, 50-500 MG (sitagliptin)	T1	PA
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (sitagliptin)	T1	PA; QL (30 EA per 30 days)
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (linagliptin)	T1	PA
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (linagliptin)	T1	PA
KOMBIGLYZE XR ORAL TABLET, ER MULTIPHASE 24 HR 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (saxagliptin)	T1	PA
ONGLYZA ORAL TABLET 2.5 MG, 5 MG (saxagliptin)	T1	PA
TRADJENTA ORAL TABLET 5 MG (linagliptin)	T1	PA
Estrogen Agonist-Antagonists - Drugs For Women		
raloxifene oral tablet 60 mg	T1	PA
SOLTAMOX ORAL SOLUTION 10 MG/5 ML (tamoxifen)	T1	
tamoxifen oral tablet 10 mg, 20 mg	T1	
toremifene oral tablet 60 mg	T1	AL (Min 21 Years)
Estrogens - Drugs For Women		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIVIGEL TRANSDERMAL GEL IN PACKET 0.5 MG/0.5 GRAM (0.1 %) (<i>estradiol</i>)	T1	PA
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	
<i>estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	T1	QL (8 EA per 28 days); AL (Min 40 Years)
<i>estradiol transdermal patch semiweekly 0.0375 mg/24 hr</i>	T1	QL (8 EA per 28 fills); AL (Min 40 Years)
<i>estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr</i>	T1	QL (4 EA per 28 days); AL (Min 40 Years)
<i>estradiol vaginal cream 0.01 % (0.1 mg/gram)</i>	T1	
<i>estradiol vaginal tablet 10 mcg</i>	T1	
<i>estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml</i>	T1	PA; QL (5 ML per 30 days)
<i>estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg</i>	T1	
<i>estrogens, esterified</i> (Menest Oral Tablet 0.3 Mg, 0.625 Mg, 1.25 Mg)	T1	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (<i>estrogens, conjugated</i>)	T1	
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (<i>estrogens, conjugated</i>)	T1	
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (<i>estrogens, conjugated</i>)	T1	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (<i>estrogens, conjugated</i>)	T1	
Glycogenolytic Agents - Hormones		
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (<i>glucagon</i>)	T1	QL (1 QY per 30 DYs)
Gonadotropins - Hormones		
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	T1	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG (<i>leuprolide</i>)	T1	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide</i>)	T1	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG (<i>leuprolide</i>)	T1	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide</i>)	T1	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (<i>leuprolide</i>)	T1	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML (<i>nafarelin</i>)	T1	
Gonadotropins And Antigonadotropins - Hormones		
<i>leuprolide subcutaneous kit 1 mg/0.2 ml</i>	T1	PA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 22.5 MG (<i>leuprolide</i>)	T1	PA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide</i>)	T1	PA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (<i>leuprolide</i>)	T1	PA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG, 7.5 MG (<i>leuprolide</i>)	T1	PA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (<i>leuprolide</i>)	T1	PA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (<i>leuprolide</i>)	T1	PA
SYNAREL NASAL SPRAY, NON-AEROSOL 2 MG/ML (<i>nafarelin</i>)	T1	
Incretin Mimetics - Drugs For Diabetes		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (<i>exenatide</i>)	T1	PA
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML (<i>exenatide</i>)	T1	PA
BYDUREON SUBCUTANEOUS SUSPENSION, EXTENDED REL RECON 2 MG (<i>exenatide</i>)	T1	PA
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE (250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML (<i>exenatide</i>)	T1	PA
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG (2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML) (<i>semaglutide</i>)	T1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML (<i>dulaglutide</i>)	T1	ST
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	T1	PA
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (<i>liraglutide</i>)	T1	PA
Insulins - Drugs For Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro</i>)	T1	QL (30 ML per 30 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	T1	QL (30 ML per 30 days)
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine</i>)	T1	QL (30 ML per 30 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (<i>insulin lispro</i>)	T1	QL (30 ML per 30 days)
HUMALOG MIX 50-50 INSULIN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine</i>)	T1	QL (30 QY per 30 DYs)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine</i>)	T1	QL (30 ML per 30 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (<i>insulin lispro protamine</i>)	T1	QL (30 ML per 30 days)
HUMALOG MIX 75-25(U-100)INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine</i>)	T1	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	T1	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	T1	QL (30 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin isophane (nph)</i>)	T1	QL (30 ML per 30 days)
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin isophane (nph)</i>)	T1	QL (30 QY per 30 DYs)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular</i>)	T1	QL (30 QY per 30 DYs)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular</i>)	T1	QL (20 QY per 30 DYs)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (<i>insulin regular</i>)	T1	QL (15 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	T1	QL (30 QY per 30 DYs)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin isophane (nph)</i>)	T1	QL (30 QY per 30 DYs)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular</i>)	T1	QL (30 QY per 30 DYs)
Intermediate-Acting Insulins - Drugs For Diabetes		
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine</i>)	T1	QL (30 QY per 30 DYs)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine</i>)	T1	QL (30 ML per 30 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (<i>insulin lispro protamine</i>)	T1	QL (30 ML per 30 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine</i>)	T1	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	T1	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	T1	QL (30 ML per 30 days)
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin isophane (nph)</i>)	T1	QL (30 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin isophane (nph)</i>)	T1	QL (30 QY per 30 DYs)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	T1	QL (30 QY per 30 DYs)
NOVOLIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (<i>insulin isophane (nph)</i>)	T1	QL (30 QY per 30 DYs)
Long-Acting Insulins - Drugs For Diabetes		
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (<i>insulin glargine</i>)	T1	QL (30 ML per 30 days)
Meglitinides - Drugs For Diabetes		
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	T1	
Parathyroid Agents - Drugs For Bones		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML (<i>teriparatide</i>)	T1	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (<i>abaloparatide</i>)	T1	PA
Parathyroid And Antiparathyroid Agents - Drugs For Bones		
<i>calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation</i>	T1	
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML (<i>teriparatide</i>)	T1	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (<i>abaloparatide</i>)	T1	PA
Pituitary - Hormones		
ACTHAR H.P. INJECTION GEL 80 UNIT/ML (<i>corticotropin</i>)	T1	PA
<i>desmopressin nasal solution 0.1 mg/ml (refrigerate)</i>	T1	
<i>desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)</i>	T1	
<i>desmopressin oral tablet 0.1 mg, 0.2 mg</i>	T1	
Progestins - Drugs For Women		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (<i>medroxyprogesterone</i>)	T1	PA
<i>hydroxyprogest(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)</i>	T1	PA
<i>hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml</i>	T1	PA
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML (<i>hydroxyprogesterone</i>)	T1	PA
<i>medroxyprogesterone intramuscular suspension 150 mg/ml</i>	T1	QL (1 QY per 84 DYs)
<i>medroxyprogesterone intramuscular syringe 150 mg/ml</i>	T1	QL (1 QY per 84 days)
<i>medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>megestrol oral suspension 400 mg/10 ml (40 mg/ml)</i>	T1	
<i>megestrol oral tablet 20 mg, 40 mg</i>	T1	
<i>norethindrone acetate oral tablet 5 mg</i>	T1	
Rapid-Acting Insulins - Drugs For Diabetes		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (<i>insulin lispro</i>)	T1	QL (30 ML per 30 days)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (<i>insulin lispro</i>)	T1	QL (30 ML per 30 days)
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (<i>insulin lispro</i>)	T1	QL (30 ML per 30 days)
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (<i>insulin lispro protamine</i>)	T1	QL (30 QY per 30 DYs)
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (<i>insulin lispro protamine</i>)	T1	QL (30 ML per 30 days)
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (<i>insulin lispro protamine</i>)	T1	QL (30 ML per 30 days)
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (<i>insulin lispro protamine</i>)	T1	QL (30 QY per 30 DYs)
<i>insulin asp prt-insulin aspart subcutaneous insulin pen 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>insulin asp prt-insulin aspart subcutaneous solution 100 unit/ml (70-30)</i>	T1	QL (30 ML per 30 days)
Short-Acting Insulins - Drugs For Diabetes		
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	T1	QL (30 QY per 30 DYs)
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	T1	QL (30 ML per 30 days)
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular</i>)	T1	QL (30 QY per 30 DYs)
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (<i>insulin regular</i>)	T1	QL (20 QY per 30 DYs)
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (<i>insulin regular</i>)	T1	QL (15 ML per 30 days)
NOVOLIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (<i>insulin isophane (nph)</i>)	T1	QL (30 QY per 30 DYs)
NOVOLIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (<i>insulin regular</i>)	T1	QL (30 QY per 30 DYs)
Sodium-Gluc Cotransport 2 (Sglt2) Inhib - Drugs For Diabetes		
FARXIGA ORAL TABLET 10 MG, 5 MG (<i>dapagliflozin</i>)	T1	PA
JARDIANCE ORAL TABLET 10 MG, 25 MG (<i>empagliflozin</i>)	T1	PA
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (<i>ertugliflozin</i>)	T1	ST
STEGLATRO ORAL TABLET 15 MG, 5 MG (<i>ertugliflozin</i>)	T1	ST
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 5-1,000 MG, 5-500 MG (<i>dapagliflozin</i>)	T1	PA
Sulfonylureas - Drugs For Diabetes		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1	
<i>glipizide oral tablet 10 mg, 5 mg</i>	T1	
<i>glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg</i>	T1	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	T1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	T1	AL (Max 65 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	T1	
<i>tolazamide oral tablet 250 mg, 500 mg</i>	T1	
Thiazolidinediones - Drugs For Diabetes		
<i>alogliptin-pioglitazone oral tablet 12.5-15 mg, 12.5-30 mg, 12.5-45 mg, 25-15 mg, 25-30 mg, 25-45 mg</i>	T1	ST
<i>pioglitazone oral tablet 15 mg, 30 mg, 45 mg</i>	T1	
Thyroid Agents - Drugs For The Thyroid		
ARMOUR THYROID ORAL TABLET 180 MG, 240 MG, 300 MG (<i>thyroid</i>)	T1	
CYTOMEL ORAL TABLET 25 MCG, 5 MCG, 50 MCG (<i>liothyronine</i>)	T1	
<i>levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	T1	
<i>liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg</i>	T1	
NP THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG (<i>thyroid</i>)	T1	
WESTHROID ORAL TABLET 130 MG, 32.5 MG, 65 MG (<i>thyroid</i>)	T1	
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
<i>dutasteride oral capsule 0.5 mg</i>	T1	
<i>finasteride oral tablet 5 mg</i>	T1	
Alcohol Deterrents - Drugs For Alcohol Dependence		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	T1	
Antidotes - Drugs For Overdose Or Poisoning		
CHEMET ORAL CAPSULE 100 MG (<i>succimer</i>)	T1	
<i>deferoxamine injection recon soln 2 gram, 500 mg</i>	T1	
FOSRENOL ORAL POWDER IN PACKET 750 MG (<i>lanthanum</i>)	T1	PA
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (<i>glucagon</i>)	T1	QL (1 QY per 30 DYs)
<i>lanthanum oral tablet, chewable 1,000 mg, 500 mg, 750 mg</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>leucovorin calcium oral tablet 10 mg</i>	T1	AL (Min 21 Years)
<i>leucovorin calcium oral tablet 15 mg</i>	T1	
<i>leucovorin calcium oral tablet 25 mg</i>	T1	
<i>leucovorin calcium oral tablet 5 mg</i>	T1	AL (Min 21 Years)
<i>physostigmine salicylate injection solution 1 mg/ml</i>	T1	PA
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	T1	
<i>sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram</i>	T1	PA
<i>sevelamer carbonate oral tablet 800 mg</i>	T1	ST
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	T1	PA
SODIUM POLYSTYRENE (SORB FREE) ORAL SUSPENSION 15 GRAM/60 ML (<i>polystyrene sulfonate</i>)	T1	
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	T1	
Antigout Agents - Drugs For Gout		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>colchicine oral tablet 0.6 mg</i>	T1	QL (30 EA per 30 days)
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	T1	
<i>probenecid oral tablet 500 mg</i>	T1	
<i>probenecid-colchicine oral tablet 500-0.5 mg</i>	T1	
ULORIC ORAL TABLET 40 MG, 80 MG (<i>febuxostat</i>)	T1	PA
Bone Anabolic Agents		
FORTEO SUBCUTANEOUS PEN INJECTOR 20 MCG/DOSE - 600 MCG/2.4 ML (<i>teriparatide</i>)	T1	PA
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (<i>abaloparatide</i>)	T1	PA
Bone Resorption Inhibitors - Drugs For Bone Loss		
<i>alendronate oral solution 70 mg/75 ml</i>	T1	QL (300 QY per 30 DYs)
<i>alendronate oral tablet 10 mg, 40 mg, 5 mg</i>	T1	QL (30 QY per 30 DYs)
<i>alendronate oral tablet 35 mg, 70 mg</i>	T1	
<i>calcitonin (salmon) nasal spray, non-aerosol 200 unit/actuation</i>	T1	
<i>ibandronate intravenous syringe 3 mg/3 ml</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ibandronate oral tablet 150 mg</i>	T1	
<i>pamidronate intravenous recon soln 30 mg, 90 mg</i>	T1	PA
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (<i>denosumab</i>)	T1	PA
<i>raloxifene oral tablet 60 mg</i>	T1	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (<i>denosumab</i>)	T1	PA
<i>zoledronic acid intravenous solution 4 mg/5 ml</i>	T1	PA
<i>zoledronic acid-mannitol-water intravenous piggyback 5 mg/100 ml</i>	T1	PA
Cariostatic Agents - Vitamins And Fluoride		
FLUOR-A-DAY ORAL DROPS 2.5 MG (5.56 MG SOD.FLUORID)/ML (<i>fluoride</i>)	T1	
<i>fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml</i>	T1	
FLURA-DROPS ORAL DROPS 0.25 MG(0.55 MG SOD.FLUOR)/DROP (<i>fluoride</i>)	T1	
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (<i>pediatric multivitamin no.45</i>)	T1	AL (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamin no.2</i>)	T1	AL (Max 5 Years)
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG (<i>pediatric multivitamin no.17</i>)	T1	
PHOS-FLUR DENTAL SOLUTION 0.02 % (0.044 % SOD. FLUORIDE) (<i>fluoride</i>)	T1	
PREVIDENT DENTAL SOLUTION 0.2 % (<i>fluoride</i>)	T1	
Disease-Modifying Antirheumatic Agents - Drugs For Arthritis		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (<i>tocilizumab</i>)	T1	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (<i>tocilizumab</i>)	T1	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (<i>tocilizumab</i>)	T1	PA
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	T1	AL (Min 21 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
azathioprine oral tablet 50 mg	T1	AL (Min 21 Years)
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (certolizumab pegol)	T1	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (certolizumab pegol)	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)
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	T1	PA
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (etanercept)	T1	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (etanercept)	T1	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (etanercept)	T1	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (etanercept)	T1	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (adalimumab)	T1	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	T1	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	T1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (adalimumab)	T1	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (adalimumab)	T1	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (adalimumab)	T1	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (adalimumab)	T1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (adalimumab)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	T1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	T1	PA
KEVZARA 150 MG/1.14 ML PEN INJ 150 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KEVZARA 150 MG/1.14 ML SYRINGE 150 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KEVZARA 200 MG/1.14 ML PEN INJ 200 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KEVZARA 200 MG/1.14 ML SYRINGE 200 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (<i>anakinra</i>)	T1	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	T1	
ORENCIA (WITH MALTOSE) INTRAVENOUS RECON SOLN 250 MG (<i>abatacept</i>)	T1	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	T1	PA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (<i>abatacept</i>)	T1	PA
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	T1	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (<i>apremilast</i>)	T1	PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (<i>methotrexate</i>)	T1	PA
<i>penicillamine oral capsule 250 mg</i>	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (<i>methotrexate</i>)	T1	PA
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	T1	PA
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	T1	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	T1	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	T1	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	T1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	T1	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab</i>)	T1	PA
<i>sulfasalazine oral tablet 500 mg</i>	T1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	T1	
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib</i>)	T1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (<i>tofacitinib</i>)	T1	PA
Immunomodulatory Agents - Drugs For The Immune System		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (<i>tocilizumab</i>)	T1	PA
ACTEMRA INTRAVENOUS SOLUTION 200 MG/10 ML (20 MG/ML), 400 MG/20 ML (20 MG/ML), 80 MG/4 ML (20 MG/ML) (<i>tocilizumab</i>)	T1	PA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (<i>tocilizumab</i>)	T1	PA
AUBAGIO ORAL TABLET 14 MG, 7 MG (<i>teriflunomide</i>)	T1	PA
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG (<i>interferon beta-1a</i>)	T1	PA
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	T1	PA
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (<i>interferon beta-1a</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	T1	AL (Min 21 Years)
<i>azathioprine oral tablet 50 mg</i>	T1	AL (Min 21 Years)
BETASERON SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	T1	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (<i>certolizumab pegol</i>)	T1	PA
CIMZIA STARTER KIT SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (<i>certolizumab pegol</i>)	T1	PA
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T1	AL (Min 21 Years)
<i>cyclosporine modified oral solution 100 mg/ml</i>	T1	AL (Min 21 Years)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T1	AL (Min 21 Years)
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (<i>etanercept</i>)	T1	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (<i>interferon beta-1b</i>)	T1	PA
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (<i>interferon beta-1b</i>)	T1	PA
GILENYA ORAL CAPSULE 0.5 MG (<i>fingolimod</i>)	T1	PA
<i>glatiramer subcutaneous syringe 20 mg/ml, 40 mg/ml</i>	T1	PA
<i>glatiramer (copolymer 1)</i> (Glatopa Subcutaneous Syringe 20 Mg/ML)	T1	PA
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN PSOR-UEVITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
<i>hydroxychloroquine oral tablet 200 mg</i>	T1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	T1	PA
KEVZARA 150 MG/1.14 ML PEN INJ 150 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KEVZARA 150 MG/1.14 ML SYRINGE 150 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KEVZARA 200 MG/1.14 ML PEN INJ 200 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KEVZARA 200 MG/1.14 ML SYRINGE 200 MG/1.14 ML (<i>sarilumab</i>)	T1	PA
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (<i>anakinra</i>)	T1	PA
<i>leflunomide oral tablet 10 mg, 20 mg</i>	T1	
LEMTRADA INTRAVENOUS SOLUTION 12 MG/1.2 ML (<i>alemtuzumab</i>)	T1	PA
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	T1	
ORENCIA (WITH MALTOSSE) INTRAVENOUS RECON SOLN 250 MG (<i>abatacept</i>)	T1	PA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (<i>abatacept</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (<i>abatacept</i>)	T1	PA
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	T1	PA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (<i>apremilast</i>)	T1	PA
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (<i>methotrexate</i>)	T1	PA
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	T1	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (<i>peginterferon beta-1a</i>)	T1	PA
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (<i>methotrexate</i>)	T1	PA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (<i>interferon beta-1a</i>)	T1	PA
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a</i>)	T1	PA
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (<i>interferon beta-1a</i>)	T1	PA
RENFLIXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	T1	PA
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (<i>lenalidomide</i>)	T1	PA; AL (Min 21 Years)
RIDAURA ORAL CAPSULE 3 MG (<i>auranofin</i>)	T1	
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (<i>golimumab</i>)	T1	PA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	T1	PA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML, 50 MG/0.5 ML (<i>golimumab</i>)	T1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab</i>)	T1	PA
<i>sulfasalazine oral tablet 500 mg</i>	T1	
<i>sulfasalazine oral tablet, delayed release (dr/ec) 500 mg</i>	T1	
TECFIDERA ORAL CAPSULE, DELAYED RELEASE (DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG (<i>dimethyl fumarate</i>)	T1	PA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (<i>thalidomide</i>)	T1	PA
TYSABRI INTRAVENOUS SOLUTION 300 MG/15 ML (<i>natalizumab</i>)	T1	PA
XELJANZ ORAL TABLET 10 MG, 5 MG (<i>tofacitinib</i>)	T1	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (<i>tofacitinib</i>)	T1	PA
Immunosuppressive Agents - Drugs For Transplant		
AZASAN ORAL TABLET 100 MG, 75 MG (<i>azathioprine</i>)	T1	AL (Min 21 Years)
<i>azathioprine oral tablet 50 mg</i>	T1	AL (Min 21 Years)
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (<i>mycophenolic acid</i>)	T1	AL (Min 21 Years)
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	T1	AL (Min 21 Years)
<i>cyclosporine modified oral solution 100 mg/ml</i>	T1	AL (Min 21 Years)
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	T1	AL (Min 21 Years)
<i>mercaptopurine oral tablet 50 mg</i>	T1	
<i>methotrexate sodium (pf) injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium injection solution 25 mg/ml</i>	T1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	T1	
<i>mycophenolate mofetil oral capsule 250 mg</i>	T1	AL (Min 21 Years)
<i>mycophenolate mofetil oral tablet 500 mg</i>	T1	AL (Min 21 Years)
MYFORTIC ORAL TABLET, DELAYED RELEASE (DR/EC) 180 MG, 360 MG (<i>mycophenolic acid</i>)	T1	AL (Min 21 Years)
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (<i>methotrexate</i>)	T1	PA
<i>pimecrolimus topical cream 1 %</i>	T1	ST; AL (Min 2 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RAPAMUNE ORAL SOLUTION 1 MG/ML (<i>sirolimus</i>)	T1	AL (Min 21 Years)
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (<i>methotrexate</i>)	T1	PA
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	T1	AL (Min 21 Years)
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	T1	AL (Min 21 Years)
Other Miscellaneous Therapeutic Agents		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	T1	AL (Min 21 Years)
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG (<i>dalfampridine</i>)	T1	PA
<i>cinacalcet oral tablet 30 mg, 60 mg, 90 mg</i>	T1	
ICAPS AREDS ORAL TABLET, DELAYED RELEASE (DR/EC) 7,160-113-100 UNIT-MG-UNIT (<i>beta-carotene</i>)	T1	
<i>levocarnitine (with sugar) oral solution 100 mg/ml</i>	T1	
<i>levocarnitine oral solution 100 mg/ml</i>	T1	
<i>levocarnitine oral tablet 330 mg</i>	T1	
<i>melatonin oral capsule 10 mg</i>	T1	
<i>melatonin oral liquid 1 mg/ml</i>	T1	
<i>melatonin oral tablet 1 mg, 5 mg</i>	T1	
<i>melatonin oral tablet 3 mg</i>	T1	
Protective Agents		
ELMIRON ORAL CAPSULE 100 MG (<i>pentosan polysulfate sodium</i>)	T1	QL (90 EA per 30 days); AL (Min 16 Years)
MESNEX ORAL TABLET 400 MG (<i>mesna</i>)	T1	AL (Min 21 Years)
Oxytocics - Drugs For Women		
Oxytocics - Drugs For Women		
<i>methylergonovine oral tablet 0.2 mg</i>	T1	
Respiratory Tract Agents - Drugs For The Lungs		
Alpha And Beta Adrenergic Agonist(Respr) - Drugs For Asthma/Copd		
12 HOUR DECONGESTANT ORAL TABLET EXTENDED RELEASE 120 MG (<i>pseudoephedrine</i>)	T1	AL (Min 2 Years)
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG (<i>pseudoephedrine</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BRONCHIAL MIST INHALATION AEROSOL 0.22 MG/ACTUATION (<i>epinephrine</i>)	T1	QL (30 ML per 1 fill)
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML (<i>brompheniramine</i>)	T1	
BROTAPP ORAL LIQUID 1-15 MG/5 ML (<i>brompheniramine</i>)	T1	AL (Min 2 Years)
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	T1	
<i>epinephrine injection auto-injector 0.15 mg/0.3 ml, 0.3 mg/0.3 ml</i>	T1	
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	T1	ST
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (<i>chlorpheniramine</i>)	T1	AL (Min 2 Years)
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (<i>loratadine</i>)	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (<i>loratadine</i>)	T1	
NASAL DECONGESTANT (PSEUDOEPH) ORAL TABLET 30 MG (<i>pseudoephedrine</i>)	T1	AL (Min 2 Years)
PEDIA RELIEF INFANT NASAL ORAL DROPS 7.5 MG/0.8 ML (<i>pseudoephedrine</i>)	T1	
<i>pseudoephedrine hcl oral tablet 60 mg</i>	T1	AL (Min 2 Years)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML (<i>triprolidine</i>)	T1	
SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG (<i>chlorpheniramine</i>)	T1	AL (Min 2 Years)
SUPHEDRIN ORAL LIQUID 15 MG/5 ML (<i>pseudoephedrine</i>)	T1	AL (Min 2 Years)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (<i>epinephrine</i>)	T1	
TRIACTING ORANGE ORAL SYRUP 1-15 MG/5 ML (<i>chlorpheniramine</i>)	T1	
TUSNEL PEDIATRIC ORAL DROPS 7.5-50 MG/ML (<i>guaifenesin</i>)	T1	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG (<i>fexofenadine</i>)	T1	ST
Anticholinergic Agents (Respir.Tract) - Drugs For Asthma/Copd		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (<i>ipratropium</i>)	T1	
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium</i>)	T1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (<i>umeclidinium</i>)	T1	QL (30 EA per 30 DYs)
<i>ipratropium bromide inhalation solution 0.02 %</i>	T1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	T1	
SPIRIVA RESPIMAT INHALATION MIST 1.25 MCG/ACTUATION, 2.5 MCG/ACTUATION (<i>tiotropium</i>)	T1	QL (4 GM per 30 DYs)
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (<i>fluticasone furoate</i>)	T1	PA
TUDORZA PRESSAIR INHALATION AEROSOL POWDR BREATH ACTIVATED 400 MCG/ACTUATION (<i>aclidinium</i>)	T1	QL (1 EA per 30 DYs)
Antitussives - Drugs For Cough And Cold		
<i>benzonatate oral capsule 100 mg</i>	T1	QL (180 EA per 30 days)
<i>benzonatate oral capsule 200 mg</i>	T1	QL (90 EA per 30 days)
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML (<i>brompheniramine</i>)	T1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	T1	QL (480 ML per 30 days); AL (Min 6 Years)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml</i>	T1	
<i>hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 6 Years)
<i>promethazine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 MI)	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 4 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROBITUSSIN PEDIATRIC ORAL SYRUP 7.5 MG/5 ML (<i>dextromethorphan</i>)	T1	
TUSSIN COUGH (DM ONLY) ORAL LIQUID 15 MG/5 ML (<i>dextromethorphan</i>)	T1	
TUSSIN MAXIMUM STRENGTH COUGH ORAL SYRUP 15 MG/5 ML (<i>dextromethorphan</i>)	T1	
VICKS DAYQUIL COUGH ORAL SYRUP 5 MG/5 ML (<i>dextromethorphan</i>)	T1	
Cystic Fibrosis (Cftr) Correctors - Drugs For The Lungs		
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG (<i>lumacaftor</i>)	T1	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor</i>)	T1	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (<i>tezacaftor</i>)	T1	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) (<i>elexacaftor</i>)	T1	PA
Cystic Fibrosis (Cftr) Potentiators - Drugs For The Lungs		
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG (<i>ivacaftor</i>)	T1	PA
KALYDECO ORAL TABLET 150 MG (<i>ivacaftor</i>)	T1	PA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG (<i>lumacaftor</i>)	T1	PA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (<i>lumacaftor</i>)	T1	PA
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N), 50-75 MG (D)/ 75 MG (N) (<i>tezacaftor</i>)	T1	PA
TRIKAFTA ORAL TABLETS, SEQUENTIAL 100-50-75 MG(D) /150 MG (N) (<i>elexacaftor</i>)	T1	PA
Expectorants - Drugs For The Lungs		
ADULT TUSSIN CHEST CONGESTION ORAL LIQUID 100 MG/5 ML (<i>guaifenesin</i>)	T1	
<i>codeine-guaifenesin oral liquid 10-100 mg/5 ml</i>	T1	QL (480 ML per 30 days); AL (Min 6 Years)
<i>dextromethorphan-guaifenesin oral syrup 10-100 mg/5 ml</i>	T1	
<i>guaifenesin oral tablet 200 mg, 400 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>guaifenesin oral tablet extended release 600 mg</i>	T1	
SSKI ORAL SOLUTION 1 GRAM/ML (<i>potassium iodide</i>)	T1	
TUSNEL PEDIATRIC ORAL DROPS 7.5-50 MG/ML (<i>guaifenesin</i>)	T1	
First Generation Antihist.(Respir Tract) - Drugs For Allergy		
ALLERGY RELIEF(CHLORPHENIRAMN) ORAL TABLET EXTENDED RELEASE 12 MG (<i>chlorpheniramine</i>)	T1	AL (Min 2 Years)
ALLERGY SINUS-D ORAL TABLET 2-30-500 MG (<i>pseudoephedrine</i>)	T1	
BROTAPP DM ORAL ELIXIR 1-15-5 MG/5 ML (<i>brompheniramine</i>)	T1	
BROTAPP ORAL LIQUID 1-15 MG/5 ML (<i>brompheniramine</i>)	T1	AL (Min 2 Years)
<i>chlorpheniramine maleate oral tablet 4 mg</i>	T1	AL (Min 2 Years)
<i>clemastine oral tablet 2.68 mg</i>	T1	
<i>cyproheptadine oral syrup 2 mg/5 ml</i>	T1	
<i>cyproheptadine oral tablet 4 mg</i>	T1	
DAYHIST ALLERGY ORAL TABLET 1.34 MG (<i>clemastine</i>)	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral capsule 25 mg, 50 mg</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral elixir 12.5 mg/5 ml</i>	T1	AL (Min 2 Years)
<i>diphenhydramine hcl oral liquid 12.5 mg/5 ml</i>	T1	
<i>diphenhydramine hcl oral tablet 25 mg</i>	T1	AL (Min 2 Years)
ED CHLORPED JR ORAL SYRUP 2 MG/5 ML (<i>chlorpheniramine</i>)	T1	
LOHIST - D ORAL LIQUID 2-30 MG/5 ML (<i>chlorpheniramine</i>)	T1	AL (Min 2 Years)
MOTION SICKNESS RELIEF ORAL TABLET 50 MG (<i>dimenhydrinate</i>)	T1	
NOHIST-LQ ORAL LIQUID 4-10 MG/5 ML (<i>chlorpheniramine</i>)	T1	AL (Min 2 Years)
<i>promethazine oral syrup 6.25 mg/5 ml</i>	T1	
<i>promethazine oral tablet 12.5 mg, 25 mg, 50 mg</i>	T1	
<i>phenylephrine</i> (Promethazine Vc Oral Syrup 6.25-5 Mg/5 MI)	T1	
<i>promethazine</i> (Promethazine Vc-Codeine Oral Syrup 6.25-5-10 Mg/5 MI)	T1	QL (240 ML per 30 days); AL (Min 12 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>promethazine-codeine oral syrup 6.25-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
<i>promethazine-dm oral syrup 6.25-15 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 4 Years)
<i>promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml</i>	T1	QL (240 ML per 30 days); AL (Min 12 Years)
RITIFED ORAL SYRUP 1.25-30 MG/5 ML (<i>triprolidine</i>)	T1	
SILPHEN COUGH ORAL SYRUP 12.5 MG/5 ML (<i>diphenhydramine</i>)	T1	AL (Min 2 Years)
SLEEP AID (DIPHENHYDRAMINE) ORAL CAPSULE 50 MG (<i>diphenhydramine</i>)	T1	
SLEEP AID (DOXYLAMINE) ORAL TABLET 25 MG (<i>doxylamine</i>)	T1	
SLEEP TABLET (DIPHENHYDRAMINE) ORAL TABLET 25 MG (<i>diphenhydramine</i>)	T1	
SUDOGEST COLD AND ALLERGY ORAL TABLET 4-60 MG (<i>chlorpheniramine</i>)	T1	AL (Min 2 Years)
TRIACTING ORANGE ORAL SYRUP 1-15 MG/5 ML (<i>chlorpheniramine</i>)	T1	
Leukotriene Modifiers - Drugs For Inflammation		
<i>montelukast oral granules in packet 4 mg</i>	T1	QL (30 QY per 30 DYs); AL (Min 6 Months and Max 24 Months)
<i>montelukast oral tablet 10 mg</i>	T1	QL (30 QY per 30 DYs)
<i>montelukast oral tablet, chewable 4 mg, 5 mg</i>	T1	QL (30 QY per 30 DYs); AL (Max 14 Years)
Mast-Cell Stabilizers - Drugs For Inflammation		
<i>cromolyn nasal spray, non-aerosol 5.2 mg/spray (4 %)</i>	T1	
<i>cromolyn ophthalmic (eye) drops 4 %</i>	T1	
<i>cromolyn oral concentrate 100 mg/5 ml</i>	T1	
Mucolytic Agents - Drugs For The Lungs		
<i>acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)</i>	T1	AL (Min 21 Years)
PULMOZYME INHALATION SOLUTION 1 MG/ML (<i>dornase alfa</i>)	T1	PA
Nasal Preparations (Steroids) - Drugs For Inflammation		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flunisolide nasal spray, non-aerosol 25 mcg (0.025 %)</i>	T1	ST
<i>fluticasone propionate nasal spray, suspension 50 mcg/actuation</i>	T1	
<i>mometasone nasal spray, non-aerosol 50 mcg/actuation</i>	T1	ST; QL (17 GM per 30 days)
NASAL ALLERGY NASAL AEROSOL, SPRAY 55 MCG (<i>triamcinolone</i>)	T1	
<i>triamcinolone acetonide nasal aerosol, spray 55 mcg</i>	T1	
Non-Select. Beta-Adrenergic Agont(Respir) - Drugs For Asthma/Copd		
ISUPREL INJECTION SOLUTION 0.2 MG/ML (<i>isoproterenol</i>)	T1	
Orally Inhaled Preparations (Steroids) - Drugs For Inflammation		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (<i>fluticasone</i>)	T1	PA
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone furoate</i>)	T1	QL (30 EA per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (<i>fluticasone furoate</i>)	T1	PA
<i>budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml</i>	T1	QL (120 ML per 30 days); AL (Max 8 Years)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION (<i>mometasone furoate</i>)	T1	PA
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (<i>mometasone furoate</i>)	T1	PA; AL (Max 12 Years)
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION (<i>fluticasone</i>)	T1	
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION (<i>fluticasone</i>)	T1	
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	T1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QVAR REDHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (<i>beclomethasone</i>)	T1	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (<i>budesonide</i>)	T1	PA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (<i>fluticasone furoate</i>)	T1	PA
<i>fluticasone</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Phosphodiesterase Type 4 Inhibitors - Drugs For The Lungs		
DALIRESP ORAL TABLET 250 MCG, 500 MCG (<i>roflumilast</i>)	T1	PA
Respiratory Tract Agents, Miscellaneous - Drugs For The Lungs		
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (<i>omalizumab</i>)	T1	PA
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (<i>omalizumab</i>)	T1	PA
Second Generation Antihist(Respir Tract) - Drugs For Allergy		
<i>cetirizine oral solution 1 mg/ml</i>	T1	
<i>cetirizine oral tablet 10 mg, 5 mg</i>	T1	
<i>cetirizine-pseudoephedrine oral tablet extended release 12 hr 5-120 mg</i>	T1	
<i>desloratadine oral tablet 5 mg</i>	T1	
<i>fexofenadine oral suspension 30 mg/5 ml</i>	T1	
<i>fexofenadine oral tablet 180 mg, 60 mg</i>	T1	
<i>fexofenadine-pseudoephedrine oral tablet extended release 12 hr 60-120 mg</i>	T1	ST
<i>levocetirizine oral solution 2.5 mg/5 ml</i>	T1	
<i>levocetirizine oral tablet 5 mg</i>	T1	
<i>loratadine oral solution 5 mg/5 ml</i>	T1	
<i>loratadine oral tablet 10 mg</i>	T1	
<i>loratadine oral tablet,disintegrating 10 mg</i>	T1	
LORATADINE-D ORAL TABLET EXTENDED RELEASE 12 HR 5-120 MG (<i>loratadine</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LORATADINE-D ORAL TABLET EXTENDED RELEASE 24 HR 10-240 MG (<i>loratadine</i>)	T1	
WAL-FEX D 24 HOUR ORAL TABLET EXTENDED RELEASE 24 HR 180-240 MG (<i>fexofenadine</i>)	T1	ST
Select.Beta-2-Adrenergic Agonist(Respir) - Drugs For Asthma/Copd		
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (<i>fluticasone</i>)	T1	PA
<i>albuterol hfa 90 mcg inhaler 90 mcg/actuation</i>	T1	QL (2 INH per 30 days)
<i>albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml</i>	T1	
<i>albuterol sulfate oral syrup 2 mg/5 ml</i>	T1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	T1	
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE, 200-25 MCG/DOSE (<i>fluticasone furoate</i>)	T1	PA
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (<i>ipratropium</i>)	T1	
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION (<i>mometasone furoate</i>)	T1	PA
DULERA INHALATION HFA AEROSOL INHALER 200-5 MCG/ACTUATION (<i>mometasone furoate</i>)	T1	PA; AL (Max 12 Years)
<i>fluticasone propion-salmeterol inhalation aerosol powdr breath activated 113-14 mcg/actuation, 232-14 mcg/actuation, 55-14 mcg/actuation</i>	T1	QL (1 EA per 30 days)
<i>fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose</i>	T1	
<i>ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml</i>	T1	
<i>levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml</i>	T1	ST
<i>levalbuterol tartrate inhalation hfa aerosol inhaler 45 mcg/actuation</i>	T1	ST
<i>metaproterenol oral syrup 10 mg/5 ml</i>	T1	
<i>metaproterenol oral tablet 10 mg, 20 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (<i>salmeterol</i>)	T1	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (<i>budesonide</i>)	T1	PA
<i>terbutaline oral tablet 2.5 mg, 5 mg</i>	T1	
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (<i>fluticasone furoate</i>)	T1	PA
<i>fluticasone</i> (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	T1	
Vasodilating Agents (Respiratory Tract) - Drugs For The Lungs		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (<i>riociguat</i>)	T1	PA
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	T1	PA
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	T1	PA
OPSUMIT ORAL TABLET 10 MG (<i>macitentan</i>)	T1	PA
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG (<i>treprostinil</i>)	T1	PA
<i>sildenafil (pulm.hypertension) oral suspension for reconstitution 10 mg/ml</i>	T1	PA
<i>sildenafil (pulm.hypertension) oral tablet 20 mg</i>	T1	PA; QL (90 EA per 30 days)
<i>tadalafil (pulm. hypertension) oral tablet 20 mg</i>	T1	PA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (<i>bosentan</i>)	T1	PA
<i>treprostinil sodium injection solution 1 mg/ml, 10 mg/ml, 2.5 mg/ml, 5 mg/ml</i>	T1	PA
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil</i>)	T1	PA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (<i>treprostinil</i>)	T1	PA
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (<i>treprostinil</i>)	T1	PA
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (<i>selexipag</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)-800 MCG (60) (<i>selexipag</i>)	T1	PA
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (<i>iloprost</i>)	T1	PA
Xanthine Derivatives - Drugs For Asthma/Copd		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	T1	
<i>theophylline oral elixir 80 mg/15 ml</i>	T1	
<i>theophylline oral solution 80 mg/15 ml</i>	T1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	T1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	T1	
<i>theophylline oral tablet extended release 400 mg</i>	T1	
Skin And Mucous Membrane Agents - Drugs For The Skin		
Allylamines (Skin And Mucous Membrane) - Drugs For The Skin		
<i>terbinafine hcl topical cream 1 %</i>	T1	
Antibacterials (Skin, Mucous Membrane) - Drugs For The Skin		
<i>bacitracin topical ointment 500 unit/gram</i>	T1	
<i>bacitracin zinc topical ointment 500 unit/gram</i>	T1	
<i>bacitracin-polymyxin b topical ointment 500-10,000 unit/gram</i>	T1	
<i>clindamycin phosphate topical gel 1 %</i>	T1	QL (60 GM per 30 days)
<i>clindamycin phosphate topical lotion 1 %</i>	T1	
<i>clindamycin phosphate topical solution 1 %</i>	T1	
<i>clindamycin phosphate topical swab 1 %</i>	T1	
<i>clindamycin phosphate vaginal cream 2 %</i>	T1	
<i>erythromycin with ethanol topical gel 2 %</i>	T1	
<i>erythromycin with ethanol topical solution 2 %</i>	T1	
<i>erythromycin with ethanol topical swab 2 %</i>	T1	
<i>erythromycin-benzoyl peroxide topical gel 3-5 %</i>	T1	ST
<i>gentamicin topical cream 0.1 %</i>	T1	QL (2 fills per 365 days)
<i>gentamicin topical ointment 0.1 %</i>	T1	QL (2 fills per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
METROGEL VAGINAL VAGINAL GEL 0.75 % (<i>metronidazole</i>)	T1	
<i>metronidazole topical cream 0.75 %</i>	T1	
<i>metronidazole topical gel 0.75 %</i>	T1	
<i>mupirocin topical ointment 2 %</i>	T1	QL (22 QY per 30 DYs)
POLY BACITRACIN TOPICAL OINTMENT 500-10,000 UNIT/GRAM (<i>bacitracin</i>)	T1	
WAL-SPORIN TOPICAL OINTMENT 500-10,000 UNIT/GRAM (<i>bacitracin</i>)	T1	
Anti-Inflammatory Agents (Skin, Mucous) - Drugs For The Skin		
<i>alclometasone topical cream 0.05 %</i>	T1	
<i>alclometasone topical ointment 0.05 %</i>	T1	
ANTI-ITCH (HC) TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	T1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	T1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	T1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	T1	
<i>betamethasone valerate topical cream 0.1 %</i>	T1	
<i>betamethasone valerate topical lotion 0.1 %</i>	T1	
<i>betamethasone valerate topical ointment 0.1 %</i>	T1	
<i>betamethasone, augmented topical cream 0.05 %</i>	T1	
<i>clobetasol scalp solution 0.05 %</i>	T1	
<i>clobetasol topical cream 0.05 %</i>	T1	
<i>clobetasol topical ointment 0.05 %</i>	T1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML (<i>hydrocortisone</i>)	T1	
CORTIFOAM RECTAL FOAM 10 % (80 MG) (<i>hydrocortisone</i>)	T1	PA
CORTIZONE-10 TOPICAL OINTMENT 1 % (<i>hydrocortisone</i>)	T1	
<i>desonide 0.05% ointment 0.05 %</i>	T1	
<i>desoximetasone topical ointment 0.25 %</i>	T1	
<i>fluocinolone topical cream 0.025 %</i>	T1	
<i>fluocinolone topical ointment 0.025 %</i>	T1	
<i>fluocinolone topical solution 0.01 %</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>fluocinonide topical cream 0.05 %</i>	T1	
<i>fluocinonide topical gel 0.05 %</i>	T1	
<i>fluocinonide topical ointment 0.05 %</i>	T1	
<i>fluocinonide topical solution 0.05 %</i>	T1	
<i>fluocinonide</i> (Fluocinonide-E Topical Cream 0.05 %)	T1	
<i>fluticasone propionate topical cream 0.05 %</i>	T1	
<i>fluticasone propionate topical ointment 0.005 %</i>	T1	
<i>hydrocortisone acetate rectal suppository 25 mg</i>	T1	
<i>hydrocortisone acetate topical cream 0.5 %, 1 %</i>	T1	
<i>hydrocortisone acetate topical ointment 1 %</i>	T1	
<i>hydrocortisone topical cream 0.5 %, 2.5 %</i>	T1	
<i>hydrocortisone topical cream with perineal applicator 2.5 %</i>	T1	
<i>hydrocortisone topical lotion 1 %, 2.5 %</i>	T1	
<i>hydrocortisone topical ointment 0.5 %, 2.5 %</i>	T1	
<i>mometasone furoate 0.1% cream 0.1 %</i>	T1	
<i>mometasone furoate 0.1% oint 0.1 %</i>	T1	
<i>mometasone furoate 0.1% soln lotion 0.1 %</i>	T1	
NOBLE FORMULA HC TOPICAL AEROSOL,SPRAY 1 % (<i>hydrocortisone</i>)	T1	
NOBLE FORMULA HC TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	T1	
<i>hydrocortisone</i> (Proctocort Rectal Suppository 30 Mg)	T1	PA
<i>hydrocortisone</i> (Proctofoam Hc Rectal Foam 1-1 %)	T1	PA
<i>hydrocortisone</i> (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	T1	
SCALACORT TOPICAL LOTION 2 % (<i>hydrocortisone</i>)	T1	
SCALPICIN ANTI-ITCH TOPICAL SOLUTION 1 % (<i>hydrocortisone</i>)	T1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	T1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	T1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T1	
Antipruritics And Local Anesthetics - Drugs For The Skin		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI-ITCH (DIPHENHYDRAMINE) TOPICAL AEROSOL, SPRAY 2 % (<i>diphenhydramine</i>)	T1	
ANTI-ITCH(DIPHENHYD) WITH ZINC TOPICAL CREAM 2-0.1 % (<i>diphenhydramine</i>)	T1	
<i>diphenhydramine hcl topical cream 2 %</i>	T1	
ITCH RELIEF (DIPHENHYDRAMINE) TOPICAL GEL 2 % (<i>diphenhydramine</i>)	T1	
<i>lidocaine topical adhesive patch,medicated 5 %</i>	T1	PA
<i>lidocaine topical ointment 5 %</i>	T1	QL (71 GM per 30 days)
<i>lidocaine-prilocaine topical cream 2.5-2.5 %</i>	T1	QL (30 GM per 30 days)
<i>phenazopyridine oral tablet 100 mg, 200 mg</i>	T1	
<i>hydrocortisone</i> (Proctofoam Hc Rectal Foam 1-1 %)	T1	PA
Antivirals (Skin And Mucous Membrane) - Drugs For The Skin		
ABREVA TOPICAL CREAM 10 % (<i>docosanol</i>)	T1	
Astringents - Drugs For The Skin		
DRYSOL DAB-O-MATIC TOPICAL SOLUTION 20 % (<i>aluminum</i>)	T1	
Azoles (Skin And Mucous Membrane) - Drugs For The Skin		
3 DAY VAGINAL VAGINAL CREAM 200 MG/5 GRAM (4 %) (<i>miconazole</i>)	T1	
ANTIFUNGAL (CLOTRIMAZOLE) TOPICAL CREAM 1 % (<i>clotrimazole</i>)	T1	
ANTIFUNGAL CREAM (MICONAZOLE) TOPICAL CREAM 2 % (<i>miconazole</i>)	T1	
<i>clotrimazole mucous membrane troche 10 mg</i>	T1	
<i>clotrimazole topical cream 1 %</i>	T1	
<i>clotrimazole topical solution 1 %</i>	T1	
<i>clotrimazole vaginal cream 1 %</i>	T1	
CLOTRIMAZOLE-3 VAGINAL CREAM 2 % (<i>clotrimazole</i>)	T1	
<i>econazole topical cream 1 %</i>	T1	QL (30 QY per 30 DYs)
GYNAZOLE-1 VAGINAL CREAM 2 % (<i>butoconazole</i>)	T1	
<i>ketconazole topical cream 2 %</i>	T1	QL (60 QY per 30 DYs)
<i>ketconazole topical shampoo 2 %</i>	T1	
<i>miconazole nitrate vaginal cream 2 %</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>miconazole nitrate vaginal kit 1,200-2 mg-%</i>	T1	
<i>miconazole nitrate vaginal suppository 100 mg</i>	T1	
MICONAZOLE-3 VAGINAL KIT 200 MG- 2 % (9 GRAM) (<i>miconazole</i>)	T1	
MICONAZOLE-3 VAGINAL SUPPOSITORY 200 MG (<i>miconazole</i>)	T1	
MICONAZORB AF TOPICAL POWDER 2 % (<i>miconazole</i>)	T1	
NIZORAL A-D TOPICAL SHAMPOO 1 % (<i>ketconazole</i>)	T1	
NIZORAL TOPICAL SHAMPOO 2 % (<i>ketconazole</i>)	T1	
<i>terconazole vaginal cream 0.4 %, 0.8 %</i>	T1	
<i>tioconazole vaginal ointment 6.5 %</i>	T1	
Basic Lotions And Liniments - Drugs For The Skin		
<i>ammonium lactate topical lotion 12 %</i>	T1	
<i>calamine topical lotion</i>	T1	
GERI-HYDROLAC TOPICAL LOTION 12 % (<i>lactic acid</i>)	T1	
Basic Oils And Other Solvents - Drugs For The Skin		
<i>mineral oil oil</i>	T1	
Cell Stimulants And Proliferants - Drugs For The Skin		
<i>tretinoin topical cream 0.025 %, 0.05 %, 0.1 %</i>	T1	PA; QL (45 QY per 30 DYs); AL (Max 21 Years)
<i>tretinoin topical gel 0.01 %, 0.025 %</i>	T1	PA; QL (45 QY per 30 DYs); AL (Max 21 Years)
<i>tretinoin topical gel 0.05 %</i>	T1	PA; QL (45 GM per 30 days); AL (Max 21 Years)
Corticosteroids (Skin, Mucous Membrane) - Drugs For The Skin		
<i>alclometasone topical cream 0.05 %</i>	T1	
<i>alclometasone topical ointment 0.05 %</i>	T1	
ANTI-ITCH (HC) TOPICAL LOTION 1 % (<i>hydrocortisone</i>)	T1	
<i>betamethasone dipropionate topical cream 0.05 %</i>	T1	
<i>betamethasone dipropionate topical lotion 0.05 %</i>	T1	
<i>betamethasone dipropionate topical ointment 0.05 %</i>	T1	
<i>betamethasone valerate topical cream 0.1 %</i>	T1	
<i>betamethasone valerate topical lotion 0.1 %</i>	T1	
<i>betamethasone valerate topical ointment 0.1 %</i>	T1	

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

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOBLE FORMULA HC TOPICAL AEROSOL, SPRAY 1 % (<i>hydrocortisone</i>)	T1	
NOBLE FORMULA HC TOPICAL CREAM 1 % (<i>hydrocortisone</i>)	T1	
<i>hydrocortisone</i> (Proctocort Rectal Suppository 30 Mg)	T1	PA
<i>hydrocortisone</i> (Proctofoam Hc Rectal Foam 1-1 %)	T1	PA
<i>hydrocortisone</i> (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	T1	
SCALACORT TOPICAL LOTION 2 % (<i>hydrocortisone</i>)	T1	
SCALPICIN ANTI-ITCH TOPICAL SOLUTION 1 % (<i>hydrocortisone</i>)	T1	
<i>triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %</i>	T1	
<i>triamcinolone acetonide topical lotion 0.025 %, 0.1 %</i>	T1	
<i>triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %</i>	T1	
Hydroxypyridones (Skin, Mucous Membrane) - Drugs For The Skin		
<i>ciclopirox topical solution 8 %</i>	T1	
<i>ciclopirox topical suspension 0.77 %</i>	T1	
Keratolytic Agents - Drugs For The Skin		
ACNE MEDICATION TOPICAL LOTION 10 %, 5 % (<i>benzoyl peroxide</i>)	T1	
<i>benzoyl peroxide topical cleanser 10 %, 5 %</i>	T1	
<i>benzoyl peroxide topical gel 10 %, 2.5 %, 5 %</i>	T1	
NEUTROGENA ON THE SPOT TOPICAL CREAM 2.5 % (<i>benzoyl peroxide</i>)	T1	
SCALP RELIEF TOPICAL LIQUID 3 % (<i>salicylic acid</i>)	T1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)</i>	T1	
<i>urea topical cream 40 %</i>	T1	QL (200 QY per 30 DYs)
Keratoplastic Agents - Drugs For The Skin		
CUTAR TOPICAL EMULSION 7.5 % (<i>coal tar</i>)	T1	
Local Anti-Infectives, Miscellaneous - Drugs For The Skin		
ALCOHOL PREP PADS TOPICAL PADS, MEDICATED (<i>alcohol antiseptic pads</i>)	T1	
<i>chlorhexidine gluconate (bulk) solution 20 %</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>chlorhexidine gluconate topical liquid 2 %, 4 %</i>	T1	
<i>chlorhexidine gluconate topical towelette 2 %</i>	T1	
DYNA-HEX TOPICAL LIQUID 4 % (<i>chlorhexidine</i>)	T1	
INSTACLEAN SOLUTION (<i>isopropyl alcohol</i>)	T1	
PERICLEAN TOPICAL CLEANSER 0.43 % (<i>chloroxylenol</i>)	T1	
<i>selenium sulfide topical lotion 2.5 %</i>	T1	
<i>silver sulfadiazine topical cream 1 %</i>	T1	
<i>sulfacetamide sodium (acne) topical suspension 10 %</i>	T1	
<i>sulfacetamide sodium-sulfur topical cleanser 10-5 % (w/w)</i>	T1	
<i>sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v)</i>	T1	
SWEEN PREP TOPICAL LIQUID 0.5 % (<i>chloroxylenol</i>)	T1	
SWEEN PREP WIPES TOPICAL PADS, MEDICATED 0.5 % (<i>chloroxylenol</i>)	T1	
ULESFIA TOPICAL LOTION 5 % (<i>benzyl alcohol</i>)	T1	ST
Nonsteroidal Anti-Inflammat.Agents(Skin) - Drugs For The Skin		
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	T1	PA
<i>diclofenac sodium topical drops 1.5 %</i>	T1	PA
<i>diclofenac sodium topical gel 1 %</i>	T1	QL (200 GM per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	T1	PA
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) (<i>diclofenac</i>)	T1	PA
Polyenes (Skin And Mucous Membrane) - Drugs For The Skin		
<i>nystatin topical cream 100,000 unit/gram</i>	T1	
<i>nystatin topical ointment 100,000 unit/gram</i>	T1	
<i>nystatin topical powder 100,000 unit/gram</i>	T1	
<i>nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%</i>	T1	
<i>nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%</i>	T1	
Scabicides And Pediculicides - Drugs For The Skin		
COMPLETE LICE TREATMENT TOPICAL KIT 4-0.33-0.5 % (<i>piperonyl butoxide</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EURAX TOPICAL CREAM 10 % (<i>crotamiton</i>)	T1	
LICE KILLING (PERMETHRIN) TOPICAL LIQUID 1 % (<i>permethrin</i>)	T1	
LICE PYRINYL SHAMPOO TOPICAL SHAMPOO 0.33-4 % (<i>piperonyl butoxide</i>)	T1	
LICE TREATMENT TOPICAL SHAMPOO 0.33-4 % (<i>piperonyl butoxide</i>)	T1	
<i>malathion topical lotion 0.5 %</i>	T1	ST
<i>permethrin topical cream 5 %</i>	T1	
SKLICE TOPICAL LOTION 0.5 % (<i>ivermectin</i>)	T1	ST
<i>spinosad topical suspension 0.9 %</i>	T1	ST
ULESFIA TOPICAL LOTION 5 % (<i>benzyl alcohol</i>)	T1	ST
Skin And Mucous Membrane Agents, Misc. - Drugs For The Skin		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (<i>isotretinoin</i>)	T1	PA
ARTHRITIS PAIN RELIEF(CAPSAIC) TOPICAL CREAM 0.075 % (<i>capsaicin</i>)	T1	
<i>calcipotriene scalp solution 0.005 %</i>	T1	ST
<i>calcipotriene topical cream 0.005 %</i>	T1	ST
<i>calcipotriene topical ointment 0.005 %</i>	T1	ST
<i>capsaicin topical cream 0.025 %, 0.1 %</i>	T1	
<i>isotretinoin</i> (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
CONDYLOX TOPICAL GEL 0.5 % (<i>podofilox</i>)	T1	
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (<i>secukinumab</i>)	T1	PA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (<i>secukinumab</i>)	T1	PA
<i>diclofenac epolamine transdermal patch 12 hour 1.3 %</i>	T1	PA
<i>diclofenac sodium topical drops 1.5 %</i>	T1	PA
<i>diclofenac sodium topical gel 1 %</i>	T1	QL (200 GM per 30 days)
<i>diclofenac sodium topical gel 3 %</i>	T1	PA
DIFFERIN TOPICAL GEL 0.1 % (<i>adapalene</i>)	T1	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (<i>etanercept</i>)	T1	PA
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (<i>etanercept</i>)	T1	PA
<i>fluorouracil topical cream 5 %</i>	T1	
<i>fluorouracil topical solution 2 %, 5 %</i>	T1	
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (<i>adalimumab</i>)	T1	PA
<i>imiquimod topical cream in packet 5 %</i>	T1	
INFLECTRA INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-dyyb</i>)	T1	PA
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	T1	PA
<i>isotretinoin</i> (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
OTEZLA ORAL TABLET 30 MG (<i>apremilast</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (<i>apremilast</i>)	T1	PA
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) (<i>diclofenac</i>)	T1	PA
<i>pimecrolimus topical cream 1 %</i>	T1	ST; AL (Min 2 Years)
<i>podofilox topical solution 0.5 %</i>	T1	
RENFLEXIS INTRAVENOUS RECON SOLN 100 MG (<i>infliximab-abda</i>)	T1	PA
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (<i>collagenase clostridium histolyticum</i>)	T1	PA
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (<i>ustekinumab</i>)	T1	PA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (<i>ustekinumab</i>)	T1	PA
<i>tacrolimus topical ointment 0.03 %</i>	T1	ST; QL (30 QY per 30 DYs); AL (Min 2 Years)
<i>tacrolimus topical ointment 0.1 %</i>	T1	ST; QL (30 QY per 30 DYs); AL (Min 16 Years)
TALTZ 80 MG/ML AUTOINJECTOR P/F,L/F,SDV,INNER 80 MG/ML (<i>ixekizumab</i>)	T1	PA
TALTZ 80 MG/ML SYRINGE P/F,L/F,SUV,INNER 80 MG/ML (<i>ixekizumab</i>)	T1	PA
TARGRETIN TOPICAL GEL 1 % (<i>bexarotene</i>)	T1	
<i>isotretinoin</i> (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	T1	PA
Thiocarbamates(Skin And Mucous Membrane) - Drugs For The Skin		
<i>tolnaftate topical cream 1 %</i>	T1	
<i>tolnaftate topical solution 1 %</i>	T1	
Smooth Muscle Relaxants - Drugs To Relax Muscles		
Antimuscarinics - Drugs For The Urinary System		
<i>darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg</i>	T1	PA
<i>flavoxate oral tablet 100 mg</i>	T1	PA
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %) (<i>oxybutynin</i>)	T1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) (<i>oxybutynin</i>)	T1	PA
<i>oxybutynin chloride oral syrup 5 mg/5 ml</i>	T1	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	
<i>oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg</i>	T1	
OXYTROL FOR WOMEN TRANSDERMAL PATCH 4 DAY 3.9 MG/24 HOUR (<i>oxybutynin</i>)	T1	QL (8 EA per 28 days)
<i>solifenacin oral tablet 10 mg, 5 mg</i>	T1	PA
<i>tolterodine oral capsule,extended release 24hr 2 mg, 4 mg</i>	T1	ST
<i>tolterodine oral tablet 1 mg, 2 mg</i>	T1	ST
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (<i>fesoterodine</i>)	T1	PA
<i>trospium oral capsule,extended release 24hr 60 mg</i>	T1	ST
<i>trospium oral tablet 20 mg</i>	T1	ST
Respiratory Smooth Muscle Relaxants - Drugs For Lungs		
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (<i>theophylline</i>)	T1	
<i>theophylline oral elixir 80 mg/15 ml</i>	T1	
<i>theophylline oral solution 80 mg/15 ml</i>	T1	
<i>theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg</i>	T1	
<i>theophylline oral tablet extended release 24 hr 400 mg, 600 mg</i>	T1	
<i>theophylline oral tablet extended release 400 mg</i>	T1	
Selective Beta-3-Adrenergic Agonists - Drugs For The Urinary System		
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (<i>mirabegron</i>)	T1	PA
Vitamins		
Multivitamin Preparations		
CERTA PLUS ORAL TABLET 18-0.4-250 MG-MG-MCG (<i>folic acid</i>)	T1	
COMPLETE MULTIVITAMIN ORAL TABLET (<i>multivitamin with iron,other minerals</i>)	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMPLETE NATAL DHA ORAL COMBO PACK 29-1-250 MG (<i>prenatal vitamins with calcium no.2</i>)	T1	AL (Max 50 Years)
COMPLETENATE ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins no.14</i>)	T1	
DAILY MULTI-VITAMIN ORAL TABLET (<i>multivitamin</i>)	T1	
KPN ORAL TABLET (<i>prenatal vit calc,iron,folic acid (less than 1 mg)</i>)	T1	AL (Max 50 Years)
MULTI-VIT WITH FLUORIDE-IRON ORAL DROPS 0.25MG FLUORIDE -10 MG IRON/ML (<i>pediatric multivitamin no.45</i>)	T1	AL (Max 5 Years)
MULTI-VITAMIN WITH FLUORIDE ORAL DROPS 0.25 MG/ML, 0.5 MG/ML (<i>pediatric multivitamin no.2</i>)	T1	AL (Max 5 Years)
MULTIVITAMIN WITH FLUORIDE ORAL TABLET,CHEWABLE 0.5 MG (<i>pediatric multivitamin no.17</i>)	T1	
MYNATAL ADVANCE TABLET 90-1-50 MG (<i>prenatal vitamins with calcium no.15</i>)	T1	AL (Max 50 Years)
MYNATAL ORAL TABLET 90-1-50 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
MYNATE 90 PLUS ORAL TABLET EXTENDED RELEASE 90 MG IRON-1 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
O-CAL FA ORAL TABLET 66 MG IRON- 1 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.76</i>)	T1	AL (Max 50 Years)
PRENATABS FA ORAL TABLET 29-1 MG (<i>prenatal vitamins with calcium no.78</i>)	T1	AL (Max 50 Years)
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.115</i>)	T1	AL (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.74</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	T1	AL (Max 50 Years)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
PRENATAL VITAMIN ORAL TABLET (<i>prenatal vit calc,iron,folic acid (less than 1 mg)</i>)	T1	AL (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	T1	AL (Max 50 Years)
PRENATAL-U ORAL CAPSULE 106.5-1 MG (<i>prenatal vitamins no.5</i>)	T1	AL (Max 50 Years)
RIGHT STEP PRENATAL VITAMINS ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
SE-NATAL 19 CHEWABLE TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.118</i>)	T1	AL (Max 50 Years)
THERA ORAL TABLET (<i>multivitamin</i>)	T1	
THERA-M ORAL TABLET 9 MG IRON-400 MCG (<i>multivitamin with calcium and minerals</i>)	T1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.103</i>)	T1	AL (Max 50 Years)
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (<i>prenatal vitamins with calcium no.27</i>)	T1	AL (Max 50 Years)
TRINATE TABLET 28 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.73</i>)	T1	AL (Max 50 Years)
TRI-VI-SOL ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML (<i>vitamin a</i>)	T1	
TRUST NATAL DHA ORAL COMBO PACK 29-1-250 MG (<i>prenatal vitamins with calcium no.2</i>)	T1	AL (Max 50 Years)
VINATE II ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
VINATE M ORAL TABLET 27 MG IRON-1 MG (<i>prenatal vitamins with calcium no.136</i>)	T1	AL (Max 50 Years)
VITAMINS AND MINERALS ORAL TABLET (<i>multivitamin with minerals</i>)	T1	
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.73</i>)	T1	AL (Max 50 Years)
VOL-TAB RX ORAL TABLET 29 MG IRON- 1 MG (<i>multivitamin with minerals combination no.50</i>)	T1	AL (Max 50 Years)
Vitamin A		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRI-VI-SOL ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML (<i>vitamin a</i>)	T1	
Vitamin B Complex		
CERTA PLUS ORAL TABLET 18-0.4-250 MG-MG-MCG (<i>folic acid</i>)	T1	
<i>cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml</i>	T1	
<i>cyanocobalamin (vitamin b-12) oral tablet extended release 1,000 mcg</i>	T1	
DIALYVITE 800 ORAL TABLET 0.8 MG (<i>folic acid</i>)	T1	
DIALYVITE ORAL TABLET 100-1 MG (<i>folic acid</i>)	T1	
<i>folic acid oral tablet 1 mg</i>	T1	
MYNATAL ADVANCE TABLET 90-1-50 MG (<i>prenatal vitamins with calcium no.15</i>)	T1	AL (Max 50 Years)
MYNATAL PLUS ORAL TABLET 65 MG IRON- 1 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
NEPHRO-VITE RX ORAL TABLET 1-60-300 MG-MG-MCG (<i>vitamin b complex no.3</i>)	T1	
O-CAL FA ORAL TABLET 66 MG IRON- 1 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
PNV 29-1 ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.76</i>)	T1	AL (Max 50 Years)
PRENATABS FA ORAL TABLET 29-1 MG (<i>prenatal vitamins with calcium no.78</i>)	T1	AL (Max 50 Years)
PRENATAL 19 ORAL TABLET,CHEWABLE 29 MG IRON-1 MG (<i>prenatal vitamins with calcium no.115</i>)	T1	AL (Max 50 Years)
PRENATAL LOW IRON ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.74</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS (CALCIUM CARB) ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	T1	AL (Max 50 Years)
PRENATAL PLUS ORAL TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.72</i>)	T1	AL (Max 50 Years)
PRENATAL TABLET ORAL TABLET 28 MG IRON- 800 MCG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
<i>prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg</i>	T1	AL (Max 50 Years)
<i>pyridoxine (vitamin b6) oral tablet 25 mg, 50 mg</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIGHT STEP PRENATAL VITAMINS ORAL TABLET 27 MG IRON- 0.8 MG (<i>prenatal vitamins with calcium</i>)	T1	AL (Max 50 Years)
SE-NATAL 19 CHEWABLE TABLET 29 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.118</i>)	T1	AL (Max 50 Years)
THERA-M ORAL TABLET 9 MG IRON-400 MCG (<i>multivitamin with calcium and minerals</i>)	T1	
TRICARE ORAL TABLET 27 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.103</i>)	T1	AL (Max 50 Years)
TRINATAL RX 1 ORAL TABLET 60 MG IRON-1 MG (<i>prenatal vitamins with calcium no.27</i>)	T1	AL (Max 50 Years)
TRINATE TABLET 28 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.73</i>)	T1	AL (Max 50 Years)
VINATE M ORAL TABLET 27 MG IRON-1 MG (<i>prenatal vitamins with calcium no.136</i>)	T1	AL (Max 50 Years)
VITAMIN B-1 ORAL TABLET 100 MG (<i>thiamine (vitamin b1)</i>)	T1	
VITAMIN B-6 ORAL TABLET 100 MG (<i>pyridoxine</i>)	T1	
VOL-NATE ORAL TABLET 28 MG IRON- 1 MG (<i>prenatal vitamins with calcium no.73</i>)	T1	AL (Max 50 Years)
VOL-TAB RX ORAL TABLET 29 MG IRON- 1 MG (<i>multivitamin with minerals combination no.50</i>)	T1	AL (Max 50 Years)
Vitamin C		
DIALYVITE 800 ORAL TABLET 0.8 MG (<i>folic acid</i>)	T1	
DIALYVITE ORAL TABLET 100-1 MG (<i>folic acid</i>)	T1	
TRI-VI-SOL ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML (<i>vitamin a</i>)	T1	
Vitamin D		
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	T1	
CALCIUM 500 + D (D3) ORAL TABLET 500 MG(1,250MG) -125 UNIT (<i>calcium</i>)	T1	
CALCIUM 500 + D ORAL TABLET 500 MG(1,250MG) -200 UNIT (<i>calcium</i>)	T1	
CALCIUM 500 WITH D ORAL TABLET 500 MG(1,250MG) - 400 UNIT (<i>calcium</i>)	T1	
CALCIUM 600 + D(3) ORAL TABLET 600 MG(1,500MG) - 200 UNIT, 600 MG(1,500MG) -400 UNIT (<i>calcium</i>)	T1	
<i>calcium citrate-vitamin d2 oral tablet 1,500-200 mg-unit</i>	T1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>calcium citrate-vitamin d3 oral tablet 315 mg- 250 unit, 315-200 mg-unit</i>	T1	
<i>cholecalciferol (vitamin d3) oral capsule 1,250 mcg (50,000 unit), 125 mcg (5,000 unit)</i>	T1	
<i>ergocalciferol (vitamin d2) oral capsule 1,250 mcg (50,000 unit)</i>	T1	
<i>ergocalciferol (vitamin d2) oral drops 200 mcg/ml (8,000 unit/ml)</i>	T1	
OYSTER SHELL + D3 ORAL TABLET 250-125 MG-UNIT (<i>calcium</i>)	T1	
OYSTER SHELL CALCIUM-VIT D2 ORAL TABLET 250 (625)-125 MG-UNIT (<i>calcium</i>)	T1	
OYSTER SHELL CALCIUM-VIT D3 ORAL TABLET 500 MG(1,250MG) -200 UNIT (<i>calcium</i>)	T1	
RISACAL-D ORAL TABLET 105-120 MG-UNIT (<i>calcium</i>)	T1	
TRI-VI-SOL ORAL DROPS 750 UNIT-35 MG -400 UNIT/ML (<i>vitamin a</i>)	T1	
VITAMIN D3 ORAL CAPSULE 50 MCG (2,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	T1	
VITAMIN D3 ORAL TABLET 10 MCG (400 UNIT), 25 MCG (1,000 UNIT) (<i>cholecalciferol (vitamin d3)</i>)	T1	
Vitamin K Activity		
<i>phytonadione (vitamin k1) oral tablet 5 mg</i>	T1	

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Alameda MCAL Formulary

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