

Nippon Life Insurance Company of America® (Nippon Life Benefits®) Formulary

2024 List of Covered Drugs

Effective 04/01/2024

**PLEASE READ: THIS DOCUMENT HAS INFORMATION ABOUT THE DRUGS
WE COVER IN THIS PLAN.**

Members are encouraged to use network pharmacies to fill their prescription drugs. Your benefits, drug list, pharmacy network, premium and/or copayments/coinsurance may sometimes change. This Formulary is updated periodically and subject to change. All previous versions of the Formulary are no longer in effect.

You may contact us with questions at the following:

English and Non-English Toll-Free Telephone Number: 1-800-374-1835 during normal business hours.

Japanese Toll-Free Telephone Number: 1-800-971-0638 during normal business hours.

Korean Toll-Free Telephone Number: 1-877-827-8713 during normal business hours.

<https://www.nipponlifebenefits.com/contact-us>

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Definitions

“Brand name drug” means a drug that is marketed under a proprietary, trademark-protected name. A brand name drug is listed in this formulary in all CAPITAL letters.

“Coinsurance” means a percentage of the cost of a covered health care benefit that you pay after you have paid the deductible, if a deductible applies to the health care benefit.

“Copayment” means a fixed dollar amount that you pay for a covered health care benefit after you have paid the deductible, if a deductible applies to the health care benefit.

“Deductible” means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either one deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

“Drug Tier” means a group of prescription drugs that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a prescription drug is placed determines your portion of the cost for the drug.

“Exception request” means a request for coverage of a non-formulary drug. If you, your designee, or your prescribing health care provider submits a request for coverage of a non-formulary drug, your insurer must cover the non-formulary drug when it is medically necessary for you to take the drug.

“Exigent circumstances” means when you are suffering from a medical condition that may seriously jeopardize your life, health, or ability to regain maximum function, or when you are undergoing a current course of treatment using a non-formulary drug.

“Formulary” or “prescription drug list” means the list of drugs that is covered by your health insurance policy under the prescription drug benefit of the policy.

“Generic drug” means a drug that is the same as its brand name drug equivalent in dosage, strength, effect, how it is taken, quality, safety, and intended use. A generic drug is listed in this formulary in italicized lowercase letters.

“Medically Necessary” means health care benefits needed to diagnose, treat, or prevent a medical condition or its symptoms and that meet accepted standards of medicine. Health insurance usually does not cover health care benefits that are not medically necessary.

“Non-formulary drug” means a prescription drug that is not listed on this formulary.

“Out-of-pocket costs” means your expenses for health care benefits that aren’t reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

“Prescribing provider” means a health care provider who can write a prescription for a drug to diagnose, treat, or prevent a medical condition.

“Prescription” means an oral, written, or electronic order from a prescribing provider authorizing a prescription drug to be provided to a specific individual.

“Prescription drug” means a drug that by law requires a prescription.

“Prior Authorization” means a decision by your health insurer that a health care benefit is medically necessary for you. If a prescription drug is subject to prior authorization in this formulary, your prescribing provider must request approval from your health insurer to cover the drug before you fill your prescription. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

What is the Nippon Life Benefits Formulary?

A formulary is a list of covered drugs. Nippon Life Benefits works with a team of health care providers to choose drugs that provide quality treatment. The Nippon Life Benefits Formulary covers drugs on our drug list, as long as:

- The drug is medically necessary
- The prescription is filled at a network pharmacy
- Other plan rules are followed

For more information on how to fill your prescriptions, please review your plan document or other plan materials or refer to “Filling a Prescription through a Network Pharmacy”.

How do I use the Formulary?

There are two ways to find your drug on the drug list:

Medical Condition

The drugs on the drug list are grouped by therapeutic category and class*. For example, drugs used to treat a heart condition are listed under CARDIOVASCULAR.

If you know what your drug is used for, look for the category name in the Table of Contents. Then, look under the category name for your drug.

A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs.

*Therapeutic category and class based on Wolters Kluwer Clinical Drug Information, Medi-Span® Electronic Drug File™ v2.

Alphabetical Listing

If you are not sure what category to look under, look for your drug in the Index at the end of the formulary. The Index is an alphabetical list of all the drugs in this document. Both brand-name drugs and generic drugs are in the Index.

1. Look in the Index and find your drug
2. Next to your drug, see the page number where you can find coverage information
3. Turn to the page listed in the Index and find the name of your drug in the first column of the list

If a generic equivalent for a brand name drug is not available on the market or is not covered, the drug will not be listed separately by its generic name.

If a generic equivalent for a brand name drug is both available and covered, the generic drug will be listed separately from the brand name drug in all lowercase italicized letters.

- Example: *carvedilol*

Inclusion of a prescription drug on the formulary does not guarantee that your provider will prescribe the drug for a particular medical condition.

The drug list gives information about the drugs covered by Nippon Life Benefits. A generic drug is approved by the FDA as having the same active ingredient as the brand-name drug. Generic drugs usually cost less than brand-name drugs, but provide the same quality of treatment. Upon release of a generic drug to the market, the generic drug will **generally** be added to the formulary and the associated brand drug will be removed. However, some generic drugs do not cost less than brand-name drugs and may not be added to your formulary.

The first column of the chart lists the drug name. Brand-name drugs are capitalized (e.g., LIPITOR). Generic drugs are listed in lowercase italics (e.g., *atorvastatin*).

The second column lists the drug tier. The tiered format places drugs into tiers or levels of cost sharing by the plan member in the following manner:

Tier	Definition
Tier 1:	Lowest plan member copayment: All generic drugs , including those on this Formulary .
Tier 2:	Intermediate plan member copayment: Preferred brand-name products on this Formulary selected for Tier 2.
Tier 3:	Highest plan member copayment: Brand-name products on this Formulary not selected for Tier 2, and all non-preferred brand-name products. In most cases, there will be reasonable alternatives in Tier 1 or Tier 2 for products found in this highest tier.

The information in the Requirements/Limits column tells you if the Formulary has any special requirements for coverage of your drug. These requirements and limits may include:

- **Prior Authorization:** Nippon Life Benefits needs you (or your doctor) to get prior approval or authorization for certain drugs. This means that you need to get approval from Nippon Life Benefits before you fill your prescriptions. If you don't get approval, Nippon Life Benefits may not cover the drug.
- **Quantity Limits:** For certain drugs, Nippon Life Benefits limits the amount of the drug that it will cover. Nippon Life Benefits also limits the amount of drugs you may receive within a class of drugs.

Filling a Prescription through a Network Pharmacy

Local Pharmacy

The most common place for filling a Prescription is at a local pharmacy. You may go to the pharmacy and give the Prescription to the pharmacist to fill or, if the pharmacy received the Prescription from your Prescribing provider, pick up a completed order.

You may be required to provide basic information such as your name and address for verification when picking up a completed Prescription. You will also be responsible for paying any Copay, if applicable, at the time the Prescription is picked up from the pharmacy. The Copay amount, if applicable, is described in the Summary of Benefits section of your booklet-certificate.

Mail Order Pharmacy

Prescriptions may also be filled by mail. They may be filled by ordering online or by using a paper order form. To order online, go to the CVS Caremark® website caremark.com and follow the instructions on the screen. To use a paper order form, follow the instructions below.

Your initial order consists of three parts: the written Prescription from your Prescribing provider; a Patient/Profile Order form with preaddressed envelope; and a Copay. These are described below. Allow 14 days for the order to be completed and shipped to you. All orders are mailed either by Federal Express or First Class U.S. Mail. If you wish to have your order shipped Federal Express, you will need to pay the cost.

The Written Prescription

When obtaining a Prescription, be sure to ask the Prescribing provider to specify the following information:

1. Patient name;
2. Prescription for a 90-day supply of medication (your Prescribing provider should indicate the total number of pills required for that period of time. For example, 270 tablets would be needed for medication that must be taken three times a day.);
3. Refills (many maintenance drugs can be prescribed for up to one year; therefore, a Prescription for a 90-day supply may specify up to three refills.);
4. Prescribing provider's signature.

Also, it is very important to include your name, address, and member number on the Prescription form, so that eligibility for the program can be verified when the pharmacy receives the order.

Patient Profile/Order Form

Included in the installation package you receive, as well as with each order shipped, is the Patient Profile/Order Form. This form is to be completed and sent in the preaddressed envelope with each order. The Patient Profile/Order Form provides information concerning eligibility in addition to health and allergy conditions pertaining to each insured person.

Copay

A check or money order for the correct Copay must accompany each order. The Copay amount, if applicable, is described in the Summary of Benefits section of the booklet-certificate. You may also be able to charge the Copay to a credit card as explained on the Patient Profile/Order Form. Please do not send cash.

Refills or Follow-up Orders

Each filled order you receive includes Refill Ordering Instructions, a Patient/Profile Order Form, and a preaddressed envelope. Orders for refills should be placed approximately 30 days before the current supply of medication is expected to run out.

Special Situations

If a maintenance medication is prescribed for immediate use, you should obtain two Prescriptions--one for a 14-day supply to be filled immediately at a local member pharmacy, and a second for an extended 90-day supply with refills, to be filled by the mail service pharmacy.

Questions

Please call the pharmacy's customer service number with any questions concerning medication or a particular order. The toll-free number is shown on your order form.

Also included with each order filled is a Patient Counseling information sheet which has specific information about the medication included with the order.

Prescription Drugs Utilization Review Program

For Maintenance Drugs and Medicines

A Prescription will not be refilled if there is a previously dispensed quantity for the same Prescription (for the same insured person) and the dispensing date for the current Prescription is earlier than the date on which approximately 66.6% of the previously dispensed quantity would be expected to last if the previously dispensed quantity was consumed based on the dosage instructions provided by your Prescribing provider.

For all other Drugs and Medicines

A Prescription will not be refilled if there is a previously dispensed quantity for the same Prescription or refill (for the same insured person) and the previously dispensed quantity of the drug or medicine was for:

1. Less than a 15-day supply and the dispensing date for the current Prescription is more than four days before a previously dispensed supply would be exhausted; or
2. More than a 14-day supply and the dispensing date for the current Prescription is more than ten days before the previously dispensed supply would be exhausted; or
3. More than a 14-day supply and the dispensing date for the current Prescription is earlier than the date on which approximately 66.6% of the previously dispensed quantity would be expected to last if the previously dispensed quantity was consumed based on the dosage instructions provided by your Prescribing provider.

Exhaustion of the previously dispensed supply is determined based on when the last dose of the medicine or drug would have been consumed if the previously dispensed supply was consumed by the Prescription date. Prescriptions may be refilled prior to exhaustion of a previously dispensed quantity for the same Prescription or refill for up to a 30-day quantity once per calendar year or plan year.

For certain drugs or classes of drugs designated by Nippon Life Benefits, we reserve the right to:

- Require Prior Authorization for dispensing; and
- Limit the quantity of drugs for which benefits will be paid; and
- Require the dispensing of certain drugs before paying benefits for another drug within a given class; and
- Require the dispensing of a single daily dose of certain drugs.

For all drugs requiring Prior Authorization, the pharmacy benefit manager must notify your Prescribing provider within 72 hours of receipt of a non-urgent request or 24 hours if exigent circumstances exist, whether the request is approved or disapproved. If the pharmacy benefit manager fails to respond within the respective timeframes, the request is deemed granted. If the request is disapproved, the notice of disapproval must contain an accurate and clear written explanation of the specific reasons for disapproving the Prior Authorization request or, if the request was incomplete, an accurate and clear written explanation that specifically identifies the missing material information that is necessary to approve or disapprove the Prior Authorization request.

Can the Drug List change?

The drug list may change from time to time as described in the plan document or other plan materials. Some reasons why they can change include:

- New drugs are approved.
- Existing drugs are removed from the market.
- Prescription drugs may become available over the counter (without a prescription). Over-the-counter drugs are not generally covered in a formulary.
- Brand-name drugs lose patent protection and generic versions become available. When this happens, the brand-name drug is likely to be covered at a higher cost. And the generic versions cost less.

Members are notified in advance of formulary changes when:

- A drug is removed from the formulary
- A drug tier changes
- Prior Authorization or Quantity limits are added to a drug

What if I need a drug that requires an exception?

In certain cases, you or your prescriber can request a medical exception to the prior authorization or quantity limits requirements. And also for a drug that's not covered in your plan.

We will then contact you or your prescriber with our decision. All medically necessary outpatient prescription drugs will be covered. If a medical exception is approved, you only need to pay the copay after the deductible. This amount is based on your pharmacy plan design.

Medical exceptions which are approved for non-urgent requests will cover the duration of the prescription, including refills. Approved medical exceptions for exigent circumstances will provide coverage for the duration of the exigency.

If your request is denied you have the right to file an appeal using the process described in the notification letter.

For more information about your plan

Visit the website that's on your member ID card. Then log in to your account, where you can:

- Find out the coverage and estimate of cost for specific drugs
- View your deductibles and plan limits
- Order medications
- Check your pharmacy order status
- Get a member ID card
- View your claims, Explanation of Benefits and more

Have more questions about your pharmacy benefits?

We're here to help. There are several ways you can learn more about your benefits:

- Check your Plan Design and Benefits Summary in your enrollment kit
- Call the toll-free number on your member ID card.
- Review our pharmacy frequently asked questions (FAQs) and answers. Just visit the website that's on your member ID card to search for the "Pharmacy FAQ".

Legend

Term	Definition
#	Brand Drug is covered with \$0 copayment if prescriber indicates “Dispense as Written” (DAW)
ACA	Preventive medications covered under the Affordable Care Act are not subject to co-payments, deductibles, or coinsurance when prescribed by a participating provider and provided in accordance with the comprehensive guidelines supported by the Health Resources and Services Administration (“HRSA”), or if the items have an “A” or “B” rating from the United States Preventive Services Task Force (“USPSTF”), or if the immunizations are recommended by the Advisory Committee on Immunization Practices (“ACIP”). Refer to your booklet-certificate for benefits that are specific to your plan.
AGE	Age Restriction
GNDR	Gender Restriction
ONC	Oral oncology drugs might not be subject to a Copay amount. Refer to your booklet-certificate for benefits that are specific to your plan.
PA	Prior Authorization
QL	Quantity Limit

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

**ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS TO TREAT
NERVOUS SYSTEM DISORDERS**

AMPHETAMINES

<i>amphetamine sulfate tab 5 mg</i>	Tier 1
<i>amphetamine sulfate tab 10 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 12.5 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 25 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 37.5 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine 3-bead cap er 24hr 50 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine cap er 24hr 5 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine cap er 24hr 10 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine cap er 24hr 15 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine cap er 24hr 20 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine cap er 24hr 25 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine cap er 24hr 30 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine tab 5 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine tab 7.5 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine tab 10 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine tab 12.5 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine tab 15 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine tab 20 mg</i>	Tier 1
<i>amphetamine-dextroamphetamine tab 30 mg</i>	Tier 1
DEXEDRINE CAP 10MG CR <i>(dextroamphetamine sulfate)</i>	Tier 3
<i>dextroamphetamine sulfate cap er 24hr 5 mg</i>	Tier 1
<i>dextroamphetamine sulfate cap er 24hr 10 mg</i>	Tier 1
<i>dextroamphetamine sulfate cap er 24hr 15 mg</i>	Tier 1

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
 Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	Tier 1	
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i> (Procentra)	Tier 1	
<i>dextroamphetamine sulfate tab 2.5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate tab 2.5 mg</i> (Zenzedi)	Tier 1	
<i>dextroamphetamine sulfate tab 5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate tab 5 mg</i> (Zenzedi)	Tier 1	
<i>dextroamphetamine sulfate tab 7.5 mg</i>	Tier 1	
<i>dextroamphetamine sulfate tab 7.5 mg</i> (Zenzedi)	Tier 1	
<i>dextroamphetamine sulfate tab 10 mg</i>	Tier 1	
<i>dextroamphetamine sulfate tab 10 mg</i> (Zenzedi)	Tier 1	
<i>dextroamphetamine sulfate tab 15 mg</i>	Tier 1	
<i>dextroamphetamine sulfate tab 15 mg</i> (Zenzedi)	Tier 1	
<i>dextroamphetamine sulfate tab 20 mg</i>	Tier 1	
<i>dextroamphetamine sulfate tab 20 mg</i> (Zenzedi)	Tier 1	
<i>dextroamphetamine sulfate tab 30 mg</i>	Tier 1	
<i>dextroamphetamine sulfate tab 30 mg</i> (Zenzedi)	Tier 1	
<i>lisdexamfetamine dimesylate cap 10 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate cap 20 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate cap 30 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate cap 40 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate cap 50 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate cap 60 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate cap 70 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate chew tab 10 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate chew tab 20 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate chew tab 30 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate chew tab 40 mg</i>	Tier 1	
<i>lisdexamfetamine dimesylate chew tab 50 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lisdexamfetamine dimesylate chew tab 60 mg</i>	Tier 1	
<i>methamphetamine hcl tab 5 mg</i>	Tier 1	
ANALEPTICS		
<i>caffeine citrate inj 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	
<i>caffeine citrate oral soln 60 mg/3ml (10 mg/ml base equiv)</i>	Tier 1	
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER (ADHD) AGENTS - DRUGS TO TREAT ATTENTION-DEFICIT/HYPERACTIVITY DISORDER		
<i>atomoxetine hcl cap 10 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 18 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 25 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 40 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 60 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 80 mg (base equiv)</i>	Tier 1	
<i>atomoxetine hcl cap 100 mg (base equiv)</i>	Tier 1	
<i>clonidine hcl tab er 12hr 0.1 mg</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 1 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 2 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 3 mg (base equiv)</i>	Tier 1	
<i>guanfacine hcl tab er 24hr 4 mg (base equiv)</i>	Tier 1	
QELBREE CAP 100MG ER (<i>viloxazine hcl (adhd)</i>)	Tier 2	
QELBREE CAP 150MG ER (<i>viloxazine hcl (adhd)</i>)	Tier 2	
QELBREE CAP 200MG ER (<i>viloxazine hcl (adhd)</i>)	Tier 2	
STRATTERA CAP 10MG (<i>atomoxetine hcl</i>)	Tier 3	
STRATTERA CAP 18MG (<i>atomoxetine hcl</i>)	Tier 3	
STRATTERA CAP 25MG (<i>atomoxetine hcl</i>)	Tier 3	
STRATTERA CAP 40MG (<i>atomoxetine hcl</i>)	Tier 3	
STRATTERA CAP 60MG (<i>atomoxetine hcl</i>)	Tier 3	
STRATTERA CAP 80MG (<i>atomoxetine hcl</i>)	Tier 3	
STRATTERA CAP 100MG (<i>atomoxetine hcl</i>)	Tier 3	
DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)		
SUNOSI TAB 75MG (<i>solriamfetol hcl</i>)	Tier 2	
SUNOSI TAB 150MG (<i>solriamfetol hcl</i>)	Tier 2	
HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS		
WAKIX TAB 4.45MG (<i>pitolisant hcl</i>)	Tier 2	PA, QL (2 tabs every 1 day)
WAKIX TAB 17.8MG (<i>pitolisant hcl</i>)	Tier 2	PA, QL (2 tabs every 1 day)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 26
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STIMULANTS - MISC.		
armodafinil tab 50 mg	Tier 1	PA
armodafinil tab 150 mg	Tier 1	PA
armodafinil tab 200 mg	Tier 1	PA
armodafinil tab 250 mg	Tier 1	PA
AZSTARYS CAP 26.1-5.2 (serdexmethylphenidate chloride-dexmethylphenidate hcl)	Tier 2	
AZSTARYS CAP 39.2-7.8 (serdexmethylphenidate chloride-dexmethylphenidate hcl)	Tier 2	
AZSTARYS CAP 52.3-10. (serdexmethylphenidate chloride-dexmethylphenidate hcl)	Tier 2	
dexmethylphenidate hcl cap er 24 hr 5 mg	Tier 1	
dexmethylphenidate hcl cap er 24 hr 10 mg	Tier 1	
dexmethylphenidate hcl cap er 24 hr 15 mg	Tier 1	
dexmethylphenidate hcl cap er 24 hr 20 mg	Tier 1	
dexmethylphenidate hcl cap er 24 hr 25 mg	Tier 1	
dexmethylphenidate hcl cap er 24 hr 30 mg	Tier 1	
dexmethylphenidate hcl cap er 24 hr 35 mg	Tier 1	
dexmethylphenidate hcl cap er 24 hr 40 mg	Tier 1	
dexmethylphenidate hcl tab 2.5 mg	Tier 1	
dexmethylphenidate hcl tab 5 mg	Tier 1	
dexmethylphenidate hcl tab 10 mg	Tier 1	
FOCALIN TAB 2.5MG (dexmethylphenidate hcl)	Tier 3	
FOCALIN TAB 5MG (dexmethylphenidate hcl)	Tier 3	
FOCALIN TAB 10MG (dexmethylphenidate hcl)	Tier 3	
METHYLIN SOL 5MG/5ML (methylphenidate hcl)	Tier 3	
METHYLIN SOL 10MG/5ML (methylphenidate hcl)	Tier 3	
methylphenidate hcl cap er 10 mg (cd)	Tier 1	
methylphenidate hcl cap er 20 mg (cd)	Tier 1	
methylphenidate hcl cap er 24hr 10 mg (la)	Tier 1	
methylphenidate hcl cap er 24hr 10 mg (xr)	Tier 1	
methylphenidate hcl cap er 24hr 15 mg (xr)	Tier 1	
methylphenidate hcl cap er 24hr 20 mg (la)	Tier 1	
methylphenidate hcl cap er 24hr 20 mg (xr)	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>methylphenidate hcl cap er 24hr 30 mg (la)</i>	Tier 1	
<i>methylphenidate hcl cap er 24hr 30 mg (xr)</i>	Tier 1	
<i>methylphenidate hcl cap er 24hr 40 mg (la)</i>	Tier 1	
<i>methylphenidate hcl cap er 24hr 40 mg (xr)</i>	Tier 1	
<i>methylphenidate hcl cap er 24hr 50 mg (xr)</i>	Tier 1	
<i>methylphenidate hcl cap er 24hr 60 mg (la)</i>	Tier 1	
<i>methylphenidate hcl cap er 24hr 60 mg (xr)</i>	Tier 1	
<i>methylphenidate hcl cap er 30 mg (cd)</i>	Tier 1	
<i>methylphenidate hcl cap er 40 mg (cd)</i>	Tier 1	
<i>methylphenidate hcl cap er 50 mg (cd)</i>	Tier 1	
<i>methylphenidate hcl cap er 60 mg (cd)</i>	Tier 1	
<i>methylphenidate hcl chew tab 2.5 mg</i>	Tier 1	
<i>methylphenidate hcl chew tab 5 mg</i>	Tier 1	
<i>methylphenidate hcl chew tab 10 mg</i>	Tier 1	
<i>methylphenidate hcl soln 5 mg/5ml</i>	Tier 1	
<i>methylphenidate hcl soln 10 mg/5ml</i>	Tier 1	
<i>methylphenidate hcl tab 5 mg</i>	Tier 1	
<i>methylphenidate hcl tab 10 mg</i>	Tier 1	
<i>methylphenidate hcl tab 20 mg</i>	Tier 1	
<i>methylphenidate hcl tab er 10 mg</i>	Tier 1	
<i>methylphenidate hcl tab er 20 mg</i>	Tier 1	
<i>methylphenidate hcl tab er 24hr 18 mg</i>	Tier 1	
<i>methylphenidate hcl tab er 24hr 27 mg</i>	Tier 1	
<i>methylphenidate hcl tab er 24hr 36 mg</i>	Tier 1	
<i>methylphenidate hcl tab er 24hr 54 mg</i>	Tier 1	
<i>methylphenidate hcl tab er osmotic release (osm) 18 mg</i>	Tier 1	
<i>methylphenidate hcl tab er osmotic release (osm) 27 mg</i>	Tier 1	
<i>methylphenidate hcl tab er osmotic release (osm) 36 mg</i>	Tier 1	
<i>methylphenidate hcl tab er osmotic release (osm) 54 mg</i>	Tier 1	
<i>methylphenidate td patch 10 mg/9hr</i>	Tier 1	
<i>methylphenidate td patch 15 mg/9hr</i>	Tier 1	
<i>methylphenidate td patch 20 mg/9hr</i>	Tier 1	
<i>methylphenidate td patch 30 mg/9hr</i>	Tier 1	
<i>modafinil tab 100 mg</i>	Tier 1	PA
<i>modafinil tab 200 mg</i>	Tier 1	PA
RITALIN TAB 5MG (<i>methylphenidate hcl</i>)	Tier 3	
RITALIN TAB 10MG (<i>methylphenidate hcl</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
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PRESCRIPTION DRUG NAME**DRUG TIER****COVERAGE
REQUIREMENTS AND
LIMITS**

RITALIN TAB 20MG (<i>methylphenidate hcl</i>)	Tier 3	
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ALLERGENIC EXTRACTS/BIOLOGICALS MISC - DRUGS FOR ALLERGIES**ALLERGENIC EXTRACTS**

GRASSTK SUB 2800BAU (<i>timothy grass pollen allergen extract</i>)	Tier 2	
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ORALAIR SUB 300 IR (<i>grass mixed pollens allergen extract</i>)	Tier 2	
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RAGWITEK SUB (<i>short ragweed pollen allergen extract</i>)	Tier 2	
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AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS**AMINOGLYCOSIDES - DRUGS TO TREAT INFECTIONS**

<i>amikacin sulfate inj 1 gm/4ml (250 mg/ml)</i>	Tier 1	
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<i>amikacin sulfate inj 500 mg/2ml (250 mg/ml)</i>	Tier 1	
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<i>gentamicin in saline inj 0.8 mg/ml</i>	Tier 1	
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<i>gentamicin in saline inj 1 mg/ml</i>	Tier 1	
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<i>gentamicin in saline inj 1.2 mg/ml</i>	Tier 1	
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<i>gentamicin in saline inj 1.6 mg/ml</i>	Tier 1	
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<i>gentamicin in saline inj 2 mg/ml</i>	Tier 1	
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<i>gentamicin sulfate inj 10 mg/ml</i>	Tier 1	
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<i>gentamicin sulfate inj 40 mg/ml</i>	Tier 1	
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<i>neomycin sulfate tab 500 mg</i>	Tier 1	
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<i>streptomycin sulfate for inj 1 gm</i>	Tier 1	
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<i>tobramycin nebu soln 300 mg/4ml</i>	Tier 1	PA, QL (8 mL every 1 day)
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<i>tobramycin nebu soln 300 mg/5ml</i>	Tier 1	PA, QL (10 mL every 1 day)
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<i>tobramycin sulfate for inj 1.2 gm</i>	Tier 1	
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<i>tobramycin sulfate inj 1.2 gm/30ml (40 mg/ml) (base equiv)</i>	Tier 1	
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<i>tobramycin sulfate inj 2 gm/50ml (40 mg/ml) (base equiv)</i>	Tier 1	
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<i>tobramycin sulfate inj 10 mg/ml (base equivalent)</i>	Tier 1	
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<i>tobramycin sulfate inj 80 mg/2ml (40 mg/ml) (base equiv)</i>	Tier 1	
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ANALGESICS - ANTI-INFLAMMATORY - DRUGS TO TREAT PAIN AND INFLAMMATION**ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES**

ADALIMU-ADAZ INJ 40/0.4ML	Tier 2	PA, QL (4 pens every 28 days)
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ADALIMU-ADAZ INJ 40/0.4ML	Tier 2	PA, QL (4 syringes every 28 days)
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HYRIMOZ INJ 10/0.1ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (2 syringes every 28 days)
HYRIMOZ INJ 20/0.2ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.4ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (4 pens every 28 days)
HYRIMOZ INJ 40/0.4ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (4 syringes every 28 days)
HYRIMOZ INJ 40/0.8ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (8 pens every 14 days)
HYRIMOZ INJ 40/0.8ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (8 syringes every 14 days)
HYRIMOZ INJ 80/0.8ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (2 pens every 28 days)
HYRIMOZ SENS INJ 80/0.8ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (2 pens every 28 days)
HYRIMOZ SENS INJ 80/0.8ML (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (3 pens every 28 days); (one time fill)
HYRIMOZ-CROH INJ UC SP (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (3 pens every 28 days); (one time fill)
HYRIMOZ-PED INJ CROHNS (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (3 syringes every 28 days); (one time fill)
HYRIMOZ-PLAQ INJ PSORIASI (<i>adalimumab-adaz</i>)	Tier 2	PA, QL (3 pens every 28 days); (one time fill)
SIMPONI ARIA SOL 50MG/4ML (<i>golimumab</i>)	Tier 2	PA, QL (4 vials every 8 weeks)

ANTIRHEUMATIC - ENZYME INHIBITORS

RINVOQ TAB 15MG ER (<i>upadacitinib</i>)	Tier 2	PA, QL (1 tab every 1 day)
RINVOQ TAB 30MG ER (<i>upadacitinib</i>)	Tier 2	PA, QL (1 tab every 1 day)
RINVOQ TAB 45MG ER (<i>upadacitinib</i>)	Tier 2	PA, QL (56 tabs every 56 days)
XELJANZ SOL 1MG/ML (<i>tofacitinib citrate</i>)	Tier 2	PA, QL (10 mL every 1 day)
XELJANZ TAB 5MG (<i>tofacitinib citrate</i>)	Tier 2	PA, QL (2 tabs every 1 day)
XELJANZ TAB 10MG (<i>tofacitinib citrate</i>)	Tier 2	PA, QL (2 tabs every 1 day)
XELJANZ XR TAB 11MG (<i>tofacitinib citrate</i>)	Tier 2	PA, QL (1 tab every 1 day)
XELJANZ XR TAB 22MG (<i>tofacitinib citrate</i>)	Tier 2	PA, QL (1 tab every 1 day)

ANTIRHEUMATIC ANTIMETABOLITES

RASUVO INJ 7.5MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)
RASUVO INJ 10MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RASUVO INJ 12.5MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)
RASUVO INJ 15MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)
RASUVO INJ 17.5MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)
RASUVO INJ 20MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)
RASUVO INJ 22.5MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)
RASUVO INJ 25MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)
RASUVO INJ 30MG (<i>methotrexate (antirheumatic)</i>)	Tier 2	PA, QL (4 injections every 28 days)

INTERLEUKIN-6 RECEPTOR INHIBITORS

KEVZARA INJ 150/1.14 (<i>sarilumab</i>)	Tier 2	PA, QL (2 injections every 28 days)
KEVZARA INJ 200/1.14 (<i>sarilumab</i>)	Tier 2	PA, QL (2 injections every 28 days)

NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)

<i>celecoxib cap 50 mg</i>	Tier 1	
<i>celecoxib cap 100 mg</i>	Tier 1	
<i>celecoxib cap 200 mg</i>	Tier 1	
<i>celecoxib cap 400 mg</i>	Tier 1	
<i>diclofenac potassium tab 50 mg</i>	Tier 1	
<i>diclofenac sod dr tab 75 mg & capsaicin cr 0.025% ther pack</i> (Previdolrx Plus Analgesic)	Tier 1	PA
<i>diclofenac sodium tab delayed release 25 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 50 mg</i>	Tier 1	
<i>diclofenac sodium tab delayed release 75 mg</i>	Tier 1	
<i>diclofenac sodium tab er 24hr 100 mg</i>	Tier 1	
<i>diclofenac w/ misoprostol tab delayed release 50-0.2 mg</i>	Tier 1	
<i>diclofenac w/ misoprostol tab delayed release 75-0.2 mg</i>	Tier 1	
<i>etodolac cap 200 mg</i>	Tier 1	
<i>etodolac cap 300 mg</i>	Tier 1	
<i>etodolac tab 400 mg</i>	Tier 1	
<i>etodolac tab 500 mg</i>	Tier 1	
<i>etodolac tab er 24hr 400 mg</i>	Tier 1	
<i>etodolac tab er 24hr 500 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>etodolac tab er 24hr 600 mg</i>	Tier 1	
<i>flurbiprofen tab 50 mg</i>	Tier 1	
<i>flurbiprofen tab 100 mg</i>	Tier 1	
<i>ibuprofen lysine iv soln 10 mg/ml (base equivalent)</i>	Tier 1	
<i>ibuprofen susp 100 mg/5ml</i>	Tier 1	
<i>ibuprofen tab 400 mg</i>	Tier 1	
<i>ibuprofen tab 400 mg (Ibu)</i>	Tier 1	
<i>ibuprofen tab 600 mg</i>	Tier 1	
<i>ibuprofen tab 600 mg (Ibu)</i>	Tier 1	
<i>ibuprofen tab 800 mg</i>	Tier 1	
<i>ibuprofen tab 800 mg (Ibu)</i>	Tier 1	
<i>indomethacin cap 25 mg</i>	Tier 1	
<i>indomethacin cap 50 mg</i>	Tier 1	
<i>indomethacin cap er 75 mg</i>	Tier 1	
<i>indomethacin suppos 50 mg</i>	Tier 1	
<i>indomethacin susp 25 mg/5ml</i>	Tier 1	
<i>ketorolac tromethamine im inj 60 mg/2ml (30 mg/ml)</i>	Tier 1	
<i>ketorolac tromethamine inj 15 mg/ml</i>	Tier 1	
<i>ketorolac tromethamine inj 30 mg/ml</i>	Tier 1	
<i>ketorolac tromethamine tab 10 mg</i>	Tier 1	QL (20 tabs every 25 days)
<i>meclofenamate sodium cap 50 mg</i>	Tier 1	
<i>meclofenamate sodium cap 100 mg</i>	Tier 1	
<i>mefenamic acid cap 250 mg</i>	Tier 1	
<i>meloxicam susp 7.5 mg/5ml</i>	Tier 1	
<i>meloxicam tab 7.5 mg</i>	Tier 1	
<i>meloxicam tab 15 mg</i>	Tier 1	
<i>nabumetone tab 500 mg</i>	Tier 1	
<i>nabumetone tab 750 mg</i>	Tier 1	
<i>naproxen sodium tab 275 mg</i>	Tier 1	
<i>naproxen sodium tab 550 mg</i>	Tier 1	
<i>naproxen tab 250 mg</i>	Tier 1	
<i>naproxen tab 375 mg</i>	Tier 1	
<i>naproxen tab 500 mg</i>	Tier 1	
<i>naproxen tab ec 375 mg</i>	Tier 1	
<i>naproxen tab ec 375 mg (Ec-naproxen)</i>	Tier 1	
<i>naproxen tab ec 500 mg</i>	Tier 1	
<i>naproxen tab ec 500 mg (Ec-naproxen)</i>	Tier 1	
<i>oxaprozin cap 300 mg</i>	Tier 1	
<i>oxaprozin tab 600 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>piroxicam cap 10 mg</i>	Tier 1	
<i>piroxicam cap 20 mg</i>	Tier 1	
<i>sulindac tab 150 mg</i>	Tier 1	
<i>sulindac tab 200 mg</i>	Tier 1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
OTEZLA TAB 10/20/30 (<i>apremilast</i>)	Tier 2	PA, QL (55 tabs every 28 days)
OTEZLA TAB 30MG (<i>apremilast</i>)	Tier 2	PA, QL (2 tabs every 1 day)
PYRIMIDINE SYNTHESIS INHIBITORS		
ARAVA TAB 10MG (<i>leflunomide</i>)	Tier 3	
ARAVA TAB 20MG (<i>leflunomide</i>)	Tier 3	
<i>leflunomide tab 10 mg</i>	Tier 1	
<i>leflunomide tab 20 mg</i>	Tier 1	
SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS		
ENBREL INJ 25/0.5ML (<i>etanercept</i>)	Tier 2	PA, QL (8 syringes every 28 days)
ENBREL INJ 25MG (<i>etanercept</i>)	Tier 2	PA, QL (8 vials every 28 days)
ENBREL INJ 50MG/ML (<i>etanercept</i>)	Tier 2	PA, QL (4 syringes every 28 days)
ENBREL MINI INJ 50MG/ML (<i>etanercept</i>)	Tier 2	PA, QL (4 injections every 28 days)
ENBREL SRCLK INJ 50MG/ML (<i>etanercept</i>)	Tier 2	PA, QL (4 pens every 28 days)
ANALGESICS - NONNARCOTIC - DRUGS TO TREAT PAIN AND FEVER		
ANALGESIC COMBINATIONS		
<i>butalbital-acetaminophen tab 50-325 mg</i>	Tier 1	
<i>butalbital-acetaminophen tab 50-325 mg</i> (Tencon)	Tier 1	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i>	Tier 1	
<i>butalbital-acetaminophen-caffeine tab 50-325-40 mg</i> (Bac)	Tier 1	
<i>butalbital-aspirin-caffeine cap 50-325-40 mg</i>	Tier 1	
ANALGESICS OTHER		
<i>acetaminophen iv soln 10 mg/ml</i>	Tier 1	
<i>clonidine hcl inj (for epidural infusion) 100 mcg/ml</i>	Tier 1	
<i>clonidine hcl inj (for epidural infusion) 500 mcg/ml</i>	Tier 1	

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PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

SALICYLATES

<i>diflunisal tab 500 mg</i>	Tier 1	
<i>salsalate tab 750 mg</i>	Tier 1	

ANALGESICS - OPIOID - DRUGS TO TREAT PAIN

OPIOID AGONISTS

<i>codeine sulfate tab 30 mg</i>	Tier 1	PA
<i>fentanyl citrate buccal tab 100 mcg (base equiv)</i>	Tier 1	PA
<i>fentanyl citrate buccal tab 200 mcg (base equiv)</i>	Tier 1	PA
<i>fentanyl citrate buccal tab 400 mcg (base equiv)</i>	Tier 1	PA
<i>fentanyl citrate buccal tab 600 mcg (base equiv)</i>	Tier 1	PA
<i>fentanyl citrate buccal tab 800 mcg (base equiv)</i>	Tier 1	PA
<i>fentanyl citrate lozenge on a handle 200 mcg</i>	Tier 1	PA
<i>fentanyl citrate lozenge on a handle 400 mcg</i>	Tier 1	PA
<i>fentanyl citrate lozenge on a handle 600 mcg</i>	Tier 1	PA
<i>fentanyl citrate lozenge on a handle 800 mcg</i>	Tier 1	PA
<i>fentanyl citrate lozenge on a handle 1200 mcg</i>	Tier 1	PA
<i>fentanyl citrate lozenge on a handle 1600 mcg</i>	Tier 1	PA
<i>fentanyl citrate pf soln prefilled syringe 50 mcg/ml</i>	Tier 1	
<i>fentanyl citrate preservative free (pf) inj 50 mcg/ml</i>	Tier 1	
<i>fentanyl citrate preservative free (pf) inj 100 mcg/2ml</i>	Tier 1	
<i>fentanyl citrate preservative free (pf) inj 250 mcg/5ml</i>	Tier 1	
<i>fentanyl citrate preservative free (pf) inj 500 mcg/10ml</i>	Tier 1	
<i>fentanyl citrate preservative free (pf) inj 1000 mcg/20ml</i>	Tier 1	
<i>fentanyl citrate preservative free (pf) inj 2500 mcg/50ml</i>	Tier 1	
<i>fentanyl citrate soln prefilled syringe 100 mcg/2ml</i>	Tier 1	
<i>fentanyl td patch 72hr 12 mcg/hr</i>	Tier 1	PA
<i>fentanyl td patch 72hr 25 mcg/hr</i>	Tier 1	PA
<i>fentanyl td patch 72hr 37.5 mcg/hr</i>	Tier 1	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>fentanyl td patch 72hr 50 mcg/hr</i>	Tier 1	PA
<i>fentanyl td patch 72hr 62.5 mcg/hr</i>	Tier 1	PA
<i>fentanyl td patch 72hr 75 mcg/hr</i>	Tier 1	PA
<i>fentanyl td patch 72hr 87.5 mcg/hr</i>	Tier 1	PA
<i>fentanyl td patch 72hr 100 mcg/hr</i>	Tier 1	PA
<i>hydrocodone bitartrate cap er 12hr 10 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate cap er 12hr 15 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate cap er 12hr 20 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate cap er 12hr 30 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate cap er 12hr 40 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate cap er 12hr 50 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate tab er 24hr deter 20 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate tab er 24hr deter 30 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate tab er 24hr deter 40 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate tab er 24hr deter 60 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate tab er 24hr deter 80 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate tab er 24hr deter 100 mg</i>	Tier 1	PA
<i>hydrocodone bitartrate tab er 24hr deter 120 mg</i>	Tier 1	PA
<i>hydromorphone hcl inj 1 mg/ml</i>	Tier 1	
<i>hydromorphone hcl inj 2 mg/ml</i>	Tier 1	
<i>hydromorphone hcl liqd 1 mg/ml</i>	Tier 1	PA
<i>hydromorphone hcl preservative free (pf) inj 10 mg/ml</i>	Tier 1	
<i>hydromorphone hcl tab 2 mg</i>	Tier 1	PA
<i>hydromorphone hcl tab 4 mg</i>	Tier 1	PA
<i>hydromorphone hcl tab 8 mg</i>	Tier 1	PA
<i>hydromorphone hcl tab er 24hr 8 mg</i>	Tier 1	PA
<i>hydromorphone hcl tab er 24hr 12 mg</i>	Tier 1	PA
<i>hydromorphone hcl tab er 24hr 16 mg</i>	Tier 1	PA
<i>hydromorphone hcl tab er 24hr 32 mg</i>	Tier 1	PA
<i>meperidine hcl inj 25 mg/ml</i>	Tier 1	
<i>meperidine hcl inj 50 mg/ml</i>	Tier 1	
<i>meperidine hcl inj 100 mg/ml</i>	Tier 1	
<i>meperidine hcl oral soln 50 mg/5ml</i>	Tier 1	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>meperidine hcl tab 50 mg</i>	Tier 1	PA
<i>methadone hcl conc 10 mg/ml</i>	Tier 1	
<i>methadone hcl conc 10 mg/ml</i> (Methadone Hydrochloride I)	Tier 1	PA
<i>methadone hcl soln 5 mg/5ml</i>	Tier 1	PA
<i>methadone hcl soln 10 mg/5ml</i>	Tier 1	PA
<i>methadone hcl tab 5 mg</i>	Tier 1	PA
<i>methadone hcl tab 10 mg</i>	Tier 1	PA
<i>methadone hcl tab for oral susp 40 mg</i>	Tier 1	
<i>methadone hcl tab for oral susp 40 mg</i> (Methadose)	Tier 1	
<i>morphine sulf for microinfusion pf inj 200 mg/20ml (10mg/ml)</i> (Mitigo)	Tier 1	
<i>morphine sulf for microinfusion pf inj 500 mg/20ml (25mg/ml)</i> (Mitigo)	Tier 1	
<i>morphine sulfate beads cap er 24hr 30 mg</i>	Tier 1	PA
<i>morphine sulfate beads cap er 24hr 45 mg</i>	Tier 1	PA
<i>morphine sulfate beads cap er 24hr 60 mg</i>	Tier 1	PA
<i>morphine sulfate beads cap er 24hr 75 mg</i>	Tier 1	PA
<i>morphine sulfate beads cap er 24hr 90 mg</i>	Tier 1	PA
<i>morphine sulfate beads cap er 24hr 120 mg</i>	Tier 1	PA
<i>morphine sulfate cap er 24hr 10 mg</i>	Tier 1	PA
<i>morphine sulfate cap er 24hr 20 mg</i>	Tier 1	PA
<i>morphine sulfate cap er 24hr 30 mg</i>	Tier 1	PA
<i>morphine sulfate cap er 24hr 50 mg</i>	Tier 1	PA
<i>morphine sulfate cap er 24hr 60 mg</i>	Tier 1	PA
<i>morphine sulfate cap er 24hr 80 mg</i>	Tier 1	PA
<i>morphine sulfate cap er 24hr 100 mg</i>	Tier 1	PA
<i>morphine sulfate inj pf 0.5 mg/ml</i>	Tier 1	
<i>morphine sulfate inj pf 0.5 mg/ml</i> (Duramorph)	Tier 1	
<i>morphine sulfate inj pf 1 mg/ml</i>	Tier 1	
<i>morphine sulfate inj pf 1 mg/ml</i> (Duramorph)	Tier 1	
<i>morphine sulfate iv soln 4 mg/ml</i>	Tier 1	
<i>morphine sulfate iv soln 8 mg/ml</i>	Tier 1	
<i>morphine sulfate iv soln 10 mg/ml</i>	Tier 1	
<i>morphine sulfate oral soln 10 mg/5ml</i>	Tier 1	PA
<i>morphine sulfate oral soln 100 mg/5ml (20 mg/ml)</i>	Tier 1	PA
<i>morphine sulfate tab 15 mg</i>	Tier 1	PA
<i>morphine sulfate tab 30 mg</i>	Tier 1	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>morphine sulfate tab er 15 mg</i>	Tier 1	PA
<i>morphine sulfate tab er 30 mg</i>	Tier 1	PA
<i>morphine sulfate tab er 60 mg</i>	Tier 1	PA
<i>morphine sulfate tab er 100 mg</i>	Tier 1	PA
<i>morphine sulfate tab er 200 mg</i>	Tier 1	PA
<i>oxycodone hcl cap 5 mg</i>	Tier 1	PA
<i>oxycodone hcl conc 100 mg/5ml (20 mg/ml)</i>	Tier 1	PA
<i>oxycodone hcl soln 5 mg/5ml</i>	Tier 1	PA
<i>oxycodone hcl tab 5 mg</i>	Tier 1	PA
<i>oxycodone hcl tab 10 mg</i>	Tier 1	PA
<i>oxycodone hcl tab 15 mg</i>	Tier 1	PA
<i>oxycodone hcl tab 20 mg</i>	Tier 1	PA
<i>oxycodone hcl tab 30 mg</i>	Tier 1	PA
<i>oxycodone hcl tab er 12hr deter 10 mg</i>	Tier 1	PA
<i>oxycodone hcl tab er 12hr deter 20 mg</i>	Tier 1	PA
<i>oxycodone hcl tab er 12hr deter 40 mg</i>	Tier 1	PA
<i>oxycodone hcl tab er 12hr deter 80 mg</i>	Tier 1	PA
<i>oxymorphone hcl tab 5 mg</i>	Tier 1	PA
<i>oxymorphone hcl tab 10 mg</i>	Tier 1	PA
<i>remifentanil hcl for iv soln 1 mg</i>	Tier 1	
<i>remifentanil hcl for iv soln 2 mg</i>	Tier 1	
<i>remifentanil hcl for iv soln 5 mg</i>	Tier 1	
<i>sufentanil citrate inj 50 mcg/ml</i>	Tier 1	
<i>sufentanil citrate inj 100 mcg/2ml (50 mcg/ml)</i>	Tier 1	
<i>sufentanil citrate inj 250 mcg/5ml (50 mcg/ml)</i>	Tier 1	
<i>tramadol hcl oral soln 5 mg/ml</i>	Tier 1	PA
<i>tramadol hcl tab 50 mg</i>	Tier 1	PA
<i>tramadol hcl tab er 24hr 100 mg</i>	Tier 1	
<i>tramadol hcl tab er 24hr 200 mg</i>	Tier 1	
<i>tramadol hcl tab er 24hr 300 mg</i>	Tier 1	
<i>tramadol hcl tab er 24hr biphasic release 100 mg</i>	Tier 1	
<i>tramadol hcl tab er 24hr biphasic release 200 mg</i>	Tier 1	
<i>tramadol hcl tab er 24hr biphasic release 300 mg</i>	Tier 1	
OPIOID COMBINATIONS		
<i>acetaminophen w/ codeine soln 120-12 mg/5ml</i>	Tier 1	QL (2700 mL every 25 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
acetaminophen w/ codeine tab 300-15 mg	Tier 1	QL (400 tabs every 25 days)
acetaminophen w/ codeine tab 300-30 mg	Tier 1	QL (360 tabs every 25 days)
acetaminophen w/ codeine tab 300-60 mg	Tier 1	QL (180 tabs every 25 days)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg	Tier 1	QL (300 caps every 25 days)
acetaminophen-caffeine-dihydrocodeine cap 320.5-30-16 mg (Trezix)	Tier 1	QL (300 caps every 25 days)
butalbital-acetaminophen-caff w/ cod cap 50-300-40-30 mg	Tier 1	
butalbital-acetaminophen-caff w/ cod cap 50-325-40-30 mg	Tier 1	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg	Tier 1	
butalbital-aspirin-caff w/ codeine cap 50-325-40-30 mg (Ascomp/codeine)	Tier 1	
hydrocodone-acetaminophen soln 7.5-325 mg/15ml	Tier 1	PA, QL (2700 mL every 25 days)
hydrocodone-acetaminophen tab 5-300 mg	Tier 1	PA, QL (240 tabs every 25 days)
hydrocodone-acetaminophen tab 5-325 mg	Tier 1	PA, QL (240 tabs every 25 days)
hydrocodone-acetaminophen tab 7.5-300 mg	Tier 1	PA, QL (180 tabs every 25 days)
hydrocodone-acetaminophen tab 7.5-325 mg	Tier 1	PA, QL (180 tabs every 25 days)
hydrocodone-acetaminophen tab 10-300 mg	Tier 1	PA, QL (180 tabs every 25 days)
hydrocodone-acetaminophen tab 10-325 mg	Tier 1	PA, QL (180 tabs every 25 days)
hydrocodone-ibuprofen tab 5-200 mg	Tier 1	PA, QL (50 tabs every 25 days)
hydrocodone-ibuprofen tab 7.5-200 mg	Tier 1	PA, QL (50 tabs every 25 days)
hydrocodone-ibuprofen tab 10-200 mg	Tier 1	PA, QL (50 tabs every 25 days)
oxycodone w/ acetaminophen tab 2.5-325 mg	Tier 1	PA, QL (360 tabs every 25 days)
oxycodone w/ acetaminophen tab 2.5-325 mg (Endocet)	Tier 1	PA, QL (360 tabs every 25 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxycodone w/ acetaminophen tab 5-325 mg</i>	Tier 1	PA, QL (360 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 5-325 mg (Endocet)</i>	Tier 1	PA, QL (360 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg</i>	Tier 1	PA, QL (240 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 7.5-325 mg (Endocet)</i>	Tier 1	PA, QL (240 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg</i>	Tier 1	PA, QL (180 tabs every 25 days)
<i>oxycodone w/ acetaminophen tab 10-325 mg (Endocet)</i>	Tier 1	PA, QL (180 tabs every 25 days)
<i>tramadol-acetaminophen tab 37.5-325 mg</i>	Tier 1	QL (40 tabs every 25 days)

OPIOID PARTIAL AGONISTS

<i>BELBUCA MIS 75MCG (buprenorphine hcl)</i>	Tier 2	PA
<i>BELBUCA MIS 150MCG (buprenorphine hcl)</i>	Tier 2	PA
<i>BELBUCA MIS 300MCG (buprenorphine hcl)</i>	Tier 2	PA
<i>BELBUCA MIS 450MCG (buprenorphine hcl)</i>	Tier 2	PA
<i>BELBUCA MIS 600MCG (buprenorphine hcl)</i>	Tier 2	PA
<i>BELBUCA MIS 750MCG (buprenorphine hcl)</i>	Tier 2	PA
<i>BELBUCA MIS 900MCG (buprenorphine hcl)</i>	Tier 2	PA
<i>buprenorphine hcl inj 0.3 mg/ml (base equiv)</i>	Tier 1	
<i>buprenorphine hcl sl tab 2 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl sl tab 8 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sl film 2-0.5 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sl film 4-1 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sl film 12-3 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sl tab 2-0.5 mg (base equiv)</i>	Tier 1	
<i>buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)</i>	Tier 1	
<i>buprenorphine td patch weekly 5 mcg/hr</i>	Tier 1	PA
<i>buprenorphine td patch weekly 7.5 mcg/hr</i>	Tier 1	PA
<i>buprenorphine td patch weekly 10 mcg/hr</i>	Tier 1	PA
<i>buprenorphine td patch weekly 15 mcg/hr</i>	Tier 1	PA
<i>buprenorphine td patch weekly 20 mcg/hr</i>	Tier 1	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>butorphanol tartrate inj 1 mg/ml</i>	Tier 1	
<i>butorphanol tartrate inj 2 mg/ml</i>	Tier 1	
<i>butorphanol tartrate nasal soln 10 mg/ml</i>	Tier 1	QL (6 bottles every 75 days)
<i>nalbuphine hcl inj 10 mg/ml</i>	Tier 1	
<i>nalbuphine hcl inj 20 mg/ml</i>	Tier 1	
<i>pentazocine w/ naloxone hcl tab 50-0.5 mg</i>	Tier 1	PA
ZUBSOLV SUB 0.7-0.18 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	Tier 2	
ZUBSOLV SUB 1.4-0.36 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	Tier 2	
ZUBSOLV SUB 2.9-0.71 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	Tier 2	
ZUBSOLV SUB 5.7-1.4 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	Tier 2	
ZUBSOLV SUB 8.6-2.1 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	Tier 2	
ZUBSOLV SUB 11.4-2.9 (<i>buprenorphine hcl-naloxone hcl dihydrate</i>)	Tier 2	

ANDROGENS-ANABOLIC - DRUGS TO REGULATE MALE HORMONES

ANDROGENS

<i>danazol cap 50 mg</i>	Tier 1	
<i>danazol cap 100 mg</i>	Tier 1	
<i>danazol cap 200 mg</i>	Tier 1	
<i>methyltestosterone cap 10 mg</i>	Tier 1	PA
NATESTO GEL 5.5MG (<i>testosterone</i>)	Tier 2	PA
<i>testosterone cypionate im inj in oil 100 mg/ml</i>	Tier 1	
<i>testosterone cypionate im inj in oil 100 mg/ml</i> (Depo-testosterone)	Tier 1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i>	Tier 1	
<i>testosterone cypionate im inj in oil 200 mg/ml</i> (Depo-testosterone)	Tier 1	
<i>testosterone enanthate im inj in oil 200 mg/ml</i>	Tier 1	
<i>testosterone td gel 10mg/act (2%)</i>	Tier 1	PA
<i>testosterone td gel 12.5 mg/act (1%)</i>	Tier 1	PA
<i>testosterone td gel 20.25 mg/1.25gm (1.62%)</i>	Tier 1	PA
<i>testosterone td gel 20.25 mg/act (1.62%)</i>	Tier 1	PA
<i>testosterone td gel 25 mg/2.5gm (1%)</i>	Tier 1	PA
<i>testosterone td gel 40.5 mg/2.5gm (1.62%)</i>	Tier 1	PA
<i>testosterone td gel 50 mg/5gm (1%)</i>	Tier 1	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>testosterone td soln 30 mg/act</i>	Tier 1	PA
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
INTRARECTAL STEROIDS		
<i>budesonide rectal foam 2 mg/act</i>	Tier 1	
CORTIFOAM AER 90MG (<i>hydrocortisone acetate (intrarectal)</i>)	Tier 2	
<i>hydrocortisone enema 100 mg/60ml</i>	Tier 1	
RECTAL COMBINATIONS		
<i>hydrocortisone acetate w/ pramoxine perianal cream 1-1%</i>	Tier 1	
<i>lidocaine-hydrocortisone acetate rectal cream kit 2-2%</i> (Ana-lex)	Tier 1	PA
PROCTOFOAM AER HC 1% (<i>hydrocortisone acetate w/ pramoxine</i>)	Tier 2	
RECTAL STEROIDS		
ANUSOL-HC CRE 2.5% (<i>hydrocortisone (rectal)</i>)	Tier 3	
<i>hydrocortisone perianal cream 1%</i>	Tier 1	
<i>hydrocortisone perianal cream 2.5%</i>	Tier 1	
<i>hydrocortisone perianal cream 2.5%</i> (Procto-med Hc)	Tier 1	
<i>hydrocortisone perianal cream 2.5%</i> (Proctosol Hc)	Tier 1	
<i>hydrocortisone perianal cream 2.5%</i> (Proctozone-hc)	Tier 1	
VASODILATING AGENTS		
<i>nitroglycerin oint 0.4%</i>	Tier 1	
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
ANTHELMINTICS - DRUGS TO TREAT INFECTIONS OF PARASITES		
<i>albendazole tab 200 mg</i>	Tier 1	QL (336 tabs every year)
EMVERM CHW 100MG (<i>mebendazole</i>)	Tier 2	QL (12 tabs every year)
<i>ivermectin tab 3 mg</i>	Tier 1	
<i>praziquantel tab 600 mg</i>	Tier 1	QL (24 tabs every year)
STROMECTOL TAB 3MG (<i>ivermectin</i>)	Tier 3	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
ANTI-INFECTIVE AGENTS - MISC. - DRUGS TO TREAT INFECTIONS		
<i>metronidazole cap 375 mg</i>	Tier 1	
<i>metronidazole iv soln 500 mg/100ml</i>	Tier 1	
<i>metronidazole tab 250 mg</i>	Tier 1	
<i>metronidazole tab 500 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pentamidine isethionate for inj soln 300 mg</i>	Tier 1	
<i>pentamidine isethionate for nebulization soln 300 mg</i>	Tier 1	
<i>tinidazole tab 250 mg</i>	Tier 1	
<i>tinidazole tab 500 mg</i>	Tier 1	
<i>trimethoprim tab 100 mg</i>	Tier 1	
XIFAXAN TAB 550MG (<i>rifaximin</i>)	Tier 2	
ANTI-INFECTIVE MISC. - COMBINATIONS		
<i>sulfamethoxazole-trimethoprim iv soln 400-80 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim susp 200-40 mg/5ml</i> (Sulfatrim Pediatric)	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 400-80 mg</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim tab 800-160 mg</i>	Tier 1	
ANTIPROTOZOAL AGENTS		
<i>atovaquone susp 750 mg/5ml</i>	Tier 1	
<i>nitazoxanide tab 500 mg</i>	Tier 1	
CARBAPENEMS		
<i>ertapenem sodium for inj 1 gm (base equivalent)</i>	Tier 1	
<i>imipenem-cilastatin intravenous for soln 250 mg</i>	Tier 1	
<i>imipenem-cilastatin intravenous for soln 500 mg</i>	Tier 1	
<i>meropenem iv for soln 1 gm</i>	Tier 1	
<i>meropenem iv for soln 500 mg</i>	Tier 1	
CHLORAMPHENICOLS		
<i>chloramphenicol sodium succinate for iv inj 1 gm</i>	Tier 1	
CYCLIC LIPOPEPTIDES		
<i>daptomycin for iv soln 350 mg</i>	Tier 1	
<i>daptomycin for iv soln 500 mg</i>	Tier 1	
GLYCOPEPTIDES		
VANCOGIN CAP 125MG (<i>vancomycin hcl</i>)	Tier 3	
VANCOGIN CAP 250MG (<i>vancomycin hcl</i>)	Tier 3	
<i>vancomycin hcl cap 125 mg (base equivalent)</i>	Tier 1	
<i>vancomycin hcl cap 250 mg (base equivalent)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>vancomycin hcl for iv soln 1 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 1.5 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 1.25 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 5 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 10 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 100 gm (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 500 mg (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for iv soln 750 mg (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for oral soln 25 mg/ml (base equivalent)</i>	Tier 1	
<i>vancomycin hcl for oral soln 50 mg/ml (base equivalent)</i>	Tier 1	
LEPROSTATICS		
<i>dapsone tab 25 mg</i>	Tier 1	
<i>dapsone tab 100 mg</i>	Tier 1	
LINCOSAMIDES		
<i>CLEOCIN CAP 75MG (clindamycin hcl)</i>	Tier 3	
<i>CLEOCIN CAP 150MG (clindamycin hcl)</i>	Tier 3	
<i>CLEOCIN CAP 300MG (clindamycin hcl)</i>	Tier 3	
<i>CLEOCIN PED SOL 75MG/5ML (clindamycin palmitate hydrochloride)</i>	Tier 3	
<i>clindamycin hcl cap 75 mg</i>	Tier 1	
<i>clindamycin hcl cap 150 mg</i>	Tier 1	
<i>clindamycin hcl cap 300 mg</i>	Tier 1	
<i>clindamycin palmitate hcl for soln 75 mg/5ml (base equiv)</i>	Tier 1	
<i>clindamycin phosphate in d5w iv soln 300 mg/50ml</i>	Tier 1	
<i>clindamycin phosphate in d5w iv soln 600 mg/50ml</i>	Tier 1	
<i>clindamycin phosphate in d5w iv soln 900 mg/50ml</i>	Tier 1	
<i>clindamycin phosphate inj 9 gm/60ml</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clindamycin phosphate inj 600 mg/4ml</i>	Tier 1	
<i>clindamycin phosphate inj 900 mg/6ml</i>	Tier 1	
<i>lincomycin hcl inj 300 mg/ml</i>	Tier 1	
MONOBACTAMS		
<i>aztreonam for inj 1 gm</i>	Tier 1	
<i>aztreonam for inj 2 gm</i>	Tier 1	
OXAZOLIDINONES		
<i>linezolid for susp 100 mg/5ml</i>	Tier 1	
<i>linezolid iv soln 600 mg/300ml (2 mg/ml)</i>	Tier 1	
<i>linezolid tab 600 mg</i>	Tier 1	
POLYMYXINS		
<i>colistimethate sod for inj 150 mg (colistin base activity)</i>	Tier 1	
<i>polymyxin b sulfate for inj 500000 unit</i>	Tier 1	
URINARY ANTI-INFECTIVES - DRUGS TO TREAT URINARY TRACT INFECTIONS		
<i>fosfomycin tromethamine powd pack 3 gm (base equivalent)</i>	Tier 1	QL (1 packet every 25 days)
MACROBID CAP 100MG (<i>nitrofurantoin monohyd macro</i>)	Tier 3	
<i>methenamine hippurate tab 1 gm</i>	Tier 1	
<i>methenamine mandelate tab 0.5 gm</i>	Tier 1	
<i>methenamine mandelate tab 1 gm</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 25 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 50 mg</i>	Tier 1	
<i>nitrofurantoin macrocrystalline cap 100 mg</i>	Tier 1	
<i>nitrofurantoin monohydrate macrocrystalline cap 100 mg</i>	Tier 1	
<i>nitrofurantoin susp 25 mg/5ml</i>	Tier 1	
ANTIANGINAL AGENTS - DRUGS TO TREAT HEART CONDITIONS		
ANTIANGINALS-OTHER		
<i>ranolazine tab er 12hr 500 mg</i>	Tier 1	
<i>ranolazine tab er 12hr 1000 mg</i>	Tier 1	
NITRATES		
<i>isosorbide dinitrate tab 5 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 10 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 20 mg</i>	Tier 1	
<i>isosorbide dinitrate tab 30 mg</i>	Tier 1	
<i>isosorbide mononitrate tab 10 mg</i>	Tier 1	
<i>isosorbide mononitrate tab 20 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 30 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>isosorbide mononitrate tab er 24hr 60 mg</i>	Tier 1	
<i>isosorbide mononitrate tab er 24hr 120 mg</i>	Tier 1	
NITRO-DUR DIS 0.1MG/HR (<i>nitroglycerin</i>)	Tier 3	
NITRO-DUR DIS 0.2MG/HR (<i>nitroglycerin</i>)	Tier 3	
NITRO-DUR DIS 0.3MG/HR (<i>nitroglycerin</i>)	Tier 3	
NITRO-DUR DIS 0.4MG/HR (<i>nitroglycerin</i>)	Tier 3	
NITRO-DUR DIS 0.6MG/HR (<i>nitroglycerin</i>)	Tier 3	
NITRO-DUR DIS 0.8MG/HR (<i>nitroglycerin</i>)	Tier 3	
<i>nitroglycerin iv soln 100 mcg/ml in d5w</i>	Tier 1	
<i>nitroglycerin iv soln 200 mcg/ml in d5w</i>	Tier 1	
<i>nitroglycerin iv soln 400 mcg/ml in d5w</i>	Tier 1	
<i>nitroglycerin sl tab 0.3 mg</i>	Tier 1	
<i>nitroglycerin sl tab 0.4 mg</i>	Tier 1	
<i>nitroglycerin sl tab 0.6 mg</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.1 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.2 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.4 mg/hr</i>	Tier 1	
<i>nitroglycerin td patch 24hr 0.6 mg/hr</i>	Tier 1	
<i>nitroglycerin tl soln 0.4 mg/spray (400 mcg/spray)</i>	Tier 1	
NITROLINGUAL SPR 400MCG (<i>nitroglycerin</i>)	Tier 3	
NITROSTAT SUB 0.3MG (<i>nitroglycerin</i>)	Tier 3	
NITROSTAT SUB 0.4MG (<i>nitroglycerin</i>)	Tier 3	
NITROSTAT SUB 0.6MG (<i>nitroglycerin</i>)	Tier 3	

ANTI-ANXIETY AGENTS - DRUGS TO TREAT ANXIETY

ANTI-ANXIETY AGENTS - MISC.

<i>bupirone hcl tab 5 mg</i>	Tier 1	
<i>bupirone hcl tab 7.5 mg</i>	Tier 1	
<i>bupirone hcl tab 10 mg</i>	Tier 1	
<i>bupirone hcl tab 15 mg</i>	Tier 1	
<i>bupirone hcl tab 30 mg</i>	Tier 1	
<i>droperidol inj 2.5 mg/ml</i>	Tier 1	
<i>hydroxyzine hcl im soln 25 mg/ml</i>	Tier 1	
<i>hydroxyzine hcl im soln 50 mg/ml</i>	Tier 1	
<i>hydroxyzine hcl syrup 10 mg/5ml</i>	Tier 1	
<i>hydroxyzine hcl tab 10 mg</i>	Tier 1	
<i>hydroxyzine hcl tab 25 mg</i>	Tier 1	
<i>hydroxyzine hcl tab 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate cap 25 mg</i>	Tier 1	
<i>hydroxyzine pamoate cap 50 mg</i>	Tier 1	
<i>hydroxyzine pamoate cap 100 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>meprobamate tab 200 mg</i>	Tier 1	
<i>meprobamate tab 400 mg</i>	Tier 1	

BENZODIAZEPINES

<i>alprazolam orally disintegrating tab 0.5 mg</i>	Tier 1	
<i>alprazolam orally disintegrating tab 0.25 mg</i>	Tier 1	
<i>alprazolam orally disintegrating tab 1 mg</i>	Tier 1	
<i>alprazolam orally disintegrating tab 2 mg</i>	Tier 1	
<i>alprazolam tab 0.5 mg</i>	Tier 1	
<i>alprazolam tab 0.25 mg</i>	Tier 1	
<i>alprazolam tab 1 mg</i>	Tier 1	
<i>alprazolam tab 2 mg</i>	Tier 1	
<i>alprazolam tab er 24hr 0.5 mg</i>	Tier 1	
<i>alprazolam tab er 24hr 0.5 mg (Alprazolam Xr)</i>	Tier 1	
<i>alprazolam tab er 24hr 1 mg</i>	Tier 1	
<i>alprazolam tab er 24hr 1 mg (Alprazolam Xr)</i>	Tier 1	
<i>alprazolam tab er 24hr 2 mg</i>	Tier 1	
<i>alprazolam tab er 24hr 2 mg (Alprazolam Xr)</i>	Tier 1	
<i>alprazolam tab er 24hr 3 mg</i>	Tier 1	
<i>alprazolam tab er 24hr 3 mg (Alprazolam Xr)</i>	Tier 1	
<i>chlordiazepoxide hcl cap 5 mg</i>	Tier 1	
<i>chlordiazepoxide hcl cap 10 mg</i>	Tier 1	
<i>chlordiazepoxide hcl cap 25 mg</i>	Tier 1	
<i>clorazepate dipotassium tab 3.75 mg</i>	Tier 1	
<i>clorazepate dipotassium tab 7.5 mg</i>	Tier 1	
<i>clorazepate dipotassium tab 15 mg</i>	Tier 1	
<i>diazepam conc 5 mg/ml</i>	Tier 1	
<i>diazepam inj 5 mg/ml</i>	Tier 1	
<i>diazepam oral soln 1 mg/ml</i>	Tier 1	
<i>diazepam tab 2 mg</i>	Tier 1	
<i>diazepam tab 5 mg</i>	Tier 1	
<i>diazepam tab 10 mg</i>	Tier 1	
<i>lorazepam conc 2 mg/ml</i>	Tier 1	
<i>lorazepam inj 2 mg/ml</i>	Tier 1	
<i>lorazepam inj 4 mg/ml</i>	Tier 1	
<i>lorazepam tab 0.5 mg</i>	Tier 1	
<i>lorazepam tab 1 mg</i>	Tier 1	
<i>lorazepam tab 2 mg</i>	Tier 1	
<i>oxazepam cap 10 mg</i>	Tier 1	
<i>oxazepam cap 15 mg</i>	Tier 1	
<i>oxazepam cap 30 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

ANTIARRHYTHMICS - DRUGS TO TREAT HEART CONDITIONS

ANTIARRHYTHMICS - MISC.

<i>adenosine iv soln 6 mg/2ml</i>	Tier 1
<i>adenosine iv soln 12 mg/4ml</i>	Tier 1

ANTIARRHYTHMICS TYPE I-A

<i>disopyramide phosphate cap 100 mg</i>	Tier 1
<i>disopyramide phosphate cap 150 mg</i>	Tier 1
<i>procainamide hcl inj 100 mg/ml</i>	Tier 1
<i>procainamide hcl inj 500 mg/ml</i>	Tier 1
<i>quinidine gluconate tab er 324 mg</i>	Tier 1

ANTIARRHYTHMICS TYPE I-B

<i>lidocaine hcl (cardiac) iv pf soln pref syr 50 mg/5ml(1%)</i>	Tier 1
<i>lidocaine hcl (cardiac) iv soln pref syr 50 mg/5ml (1%)</i>	Tier 1
<i>lidocaine hcl (cardiac) iv soln pref syr 100 mg/5ml (2%)</i>	Tier 1
<i>lidocaine hcl(cardiac) iv pf soln pref syr 100 mg/5ml (2%)</i>	Tier 1
<i>lidocaine iv infusion in d5w inj 4 mg/ml</i>	Tier 1
<i>lidocaine iv infusion in d5w inj 8 mg/ml</i>	Tier 1
<i>mexiletine hcl cap 150 mg</i>	Tier 1
<i>mexiletine hcl cap 200 mg</i>	Tier 1
<i>mexiletine hcl cap 250 mg</i>	Tier 1

ANTIARRHYTHMICS TYPE I-C

<i>flecainide acetate tab 50 mg</i>	Tier 1
<i>flecainide acetate tab 100 mg</i>	Tier 1
<i>flecainide acetate tab 150 mg</i>	Tier 1
<i>propafenone hcl cap er 12hr 225 mg</i>	Tier 1
<i>propafenone hcl cap er 12hr 325 mg</i>	Tier 1
<i>propafenone hcl cap er 12hr 425 mg</i>	Tier 1
<i>propafenone hcl tab 150 mg</i>	Tier 1
<i>propafenone hcl tab 225 mg</i>	Tier 1
<i>propafenone hcl tab 300 mg</i>	Tier 1

ANTIARRHYTHMICS TYPE III

<i>amiodarone hcl inj 150 mg/3ml (50 mg/ml)</i>	Tier 1
<i>amiodarone hcl inj 450 mg/9ml (50 mg/ml)</i>	Tier 1
<i>amiodarone hcl inj 900 mg/18ml (50 mg/ml)</i>	Tier 1
<i>amiodarone hcl tab 100 mg</i>	Tier 1
<i>amiodarone hcl tab 100 mg (Pacerone)</i>	Tier 1

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amiodarone hcl tab 200 mg</i>	Tier 1	
<i>amiodarone hcl tab 200 mg (Pacerone)</i>	Tier 1	
<i>amiodarone hcl tab 400 mg</i>	Tier 1	
<i>amiodarone hcl tab 400 mg (Pacerone)</i>	Tier 1	
<i>dofetilide cap 125 mcg (0.125 mg)</i>	Tier 1	PA
<i>dofetilide cap 250 mcg (0.25 mg)</i>	Tier 1	PA
<i>dofetilide cap 500 mcg (0.5 mg)</i>	Tier 1	PA
<i>ibutilide fumarate inj 1 mg/10ml</i>	Tier 1	
MULTAQ TAB 400MG (<i>dronedarone hcl</i>)	Tier 2	
TIKOSYN CAP 125MCG (<i>dofetilide</i>)	Tier 3	PA
TIKOSYN CAP 250MCG (<i>dofetilide</i>)	Tier 3	PA
TIKOSYN CAP 500MCG (<i>dofetilide</i>)	Tier 3	PA

ANTI-ASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS TO TREAT ASTHMA AND CHRONIC OBSTRUCTIVE PULMONARY DISEASE

ANTI-INFLAMMATORY AGENTS

<i>cromolyn sodium soln nebu 20 mg/2ml</i>	Tier 1	
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ANTI-ASTHMATIC - MONOCLONAL ANTIBODIES

FASENRA INJ 30MG/ML (<i>benralizumab</i>)	Tier 2	PA, QL (1 syringe every 56 days)
FASENRA PEN INJ 30MG/ML (<i>benralizumab</i>)	Tier 2	PA, QL (1 syringe every 56 days)
NUCALA INJ 40MG/0.4 (<i>mepolizumab</i>)	Tier 2	PA, QL (1 injection every 28 days)
NUCALA INJ 100MG/ML (<i>mepolizumab</i>)	Tier 2	PA, QL (3 injections every 28 days)
TEZSPIRE INJ 210MG (<i>tezepelumab-ekko</i>)	Tier 2	PA, QL (1 pen every 28 days)
TEZSPIRE SOL 210MG (<i>tezepelumab-ekko</i>)	Tier 2	PA, QL (1 syringe every 28 days)
XOLAIR INJ 75/0.5 (<i>omalizumab</i>)	Tier 2	PA
XOLAIR INJ 75/0.5 (<i>omalizumab</i>)	Tier 2	PA, QL (2 injections every 28 days)
XOLAIR INJ 150MG/ML (<i>omalizumab</i>)	Tier 2	PA
XOLAIR INJ 150MG/ML (<i>omalizumab</i>)	Tier 2	PA, QL (8 syringes every 28 days)
XOLAIR INJ 300/2ML (<i>omalizumab</i>)	Tier 2	PA
XOLAIR SOL 150MG (<i>omalizumab</i>)	Tier 2	PA, QL (8 vials every 28 days)

BRONCHODILATORS - ANTICHOLINERGICS

<i>ipratropium bromide inhal soln 0.02%</i>	Tier 1	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SPIRIVA AER 1.25MCG (<i>tiotropium bromide monohydrate</i>)	Tier 2	
SPIRIVA CAP HANDIHLR (<i>tiotropium bromide monohydrate</i>)	Tier 2	
SPIRIVA SPR 2.5MCG (<i>tiotropium bromide monohydrate</i>)	Tier 2	
<i>tiotropium bromide monohydrate inhal cap 18 mcg (base equiv)</i>	Tier 1	
YUPELRI SOL (<i>revefenacin</i>)	Tier 2	
LEUKOTRIENE MODULATORS		
<i>montelukast sodium chew tab 4 mg (base equiv)</i>	Tier 1	
<i>montelukast sodium chew tab 5 mg (base equiv)</i>	Tier 1	
<i>montelukast sodium oral granules packet 4 mg (base equiv)</i>	Tier 1	
<i>montelukast sodium tab 10 mg (base equiv)</i>	Tier 1	
<i>zafirlukast tab 10 mg</i>	Tier 1	
<i>zafirlukast tab 20 mg</i>	Tier 1	
SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS		
<i>roflumilast tab 250 mcg</i>	Tier 1	
<i>roflumilast tab 500 mcg</i>	Tier 1	
STEROID INHALANTS		
<i>budesonide inhalation susp 0.5 mg/2ml</i>	Tier 1	
<i>budesonide inhalation susp 0.25 mg/2ml</i>	Tier 1	
<i>budesonide inhalation susp 1 mg/2ml</i>	Tier 1	
PULMICORT INH 90MCG (<i>budesonide (inhalation)</i>)	Tier 2	
PULMICORT INH 180MCG (<i>budesonide (inhalation)</i>)	Tier 2	
PULMICORT SUS 0.5MG/2 (<i>budesonide (inhalation)</i>)	Tier 3	
PULMICORT SUS 0.25MG/2 (<i>budesonide (inhalation)</i>)	Tier 3	
PULMICORT SUS 1MG/2ML (<i>budesonide (inhalation)</i>)	Tier 3	
SYMPATHOMIMETICS		
AIRSUPRA AER 90-80MCG (<i>albuterol-budesonide</i>)	Tier 2	
<i>albuterol sulfate inhal aero 108 mcg/act (90mcg base equiv)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>albuterol sulfate soln nebu 0.5% (5 mg/ml)</i>	Tier 1	
<i>albuterol sulfate soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	
<i>albuterol sulfate soln nebu 0.083% (2.5 mg/3ml)</i>	Tier 1	
<i>albuterol sulfate soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	
<i>albuterol sulfate syrup 2 mg/5ml</i>	Tier 1	
<i>albuterol sulfate tab 2 mg</i>	Tier 1	
<i>albuterol sulfate tab 4 mg</i>	Tier 1	
ANORO ELLIPTA AER 62.5-25 (<i>umeclidinium-vilanterol</i>)	Tier 2	
<i>arformoterol tartrate soln nebu 15 mcg/2ml (base equiv)</i>	Tier 1	
BREO ELLIPTA INH 50-25MCG (<i>fluticasone furoate-vilanterol</i>)	Tier 2	
BREO ELLIPTA INH 100-25 (<i>fluticasone furoate-vilanterol</i>)	Tier 2	
BREO ELLIPTA INH 200-25 (<i>fluticasone furoate-vilanterol</i>)	Tier 2	
BREZTRI AERO AER SPHERE (<i>budesonide-glycopyrrolate-formoterol fumarate</i>)	Tier 2	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i>	Tier 1	
<i>fluticasone-salmeterol aer powder ba 100-50 mcg/act</i> (Wixela Inhub)	Tier 1	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i>	Tier 1	
<i>fluticasone-salmeterol aer powder ba 250-50 mcg/act</i> (Wixela Inhub)	Tier 1	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i>	Tier 1	
<i>fluticasone-salmeterol aer powder ba 500-50 mcg/act</i> (Wixela Inhub)	Tier 1	
<i>formoterol fumarate soln nebu 20 mcg/2ml</i>	Tier 1	
<i>ipratropium-albuterol nebu soln 0.5-2.5(3) mg/3ml</i>	Tier 1	
<i>isoproterenol hcl inj 0.2 mg/ml</i>	Tier 1	
<i>levalbuterol hcl soln nebu 0.31 mg/3ml (base equiv)</i>	Tier 1	
<i>levalbuterol hcl soln nebu 0.63 mg/3ml (base equiv)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>levalbuterol hcl soln nebu 1.25 mg/3ml (base equiv)</i>	Tier 1	
<i>levalbuterol hcl soln nebu conc 1.25 mg/0.5ml (base equiv)</i>	Tier 1	
<i>levalbuterol tartrate inhal aerosol 45 mcg/act (base equiv)</i>	Tier 1	
SEREVENT DIS AER 50MCG (<i>salmeterol xinafoate</i>)	Tier 2	
STIOLTO AER 2.5-2.5 (<i>tiotropium bromide-olodaterol hcl</i>)	Tier 2	
STRIVERDI AER 2.5MCG (<i>olodaterol hcl</i>)	Tier 2	
<i>terbutaline sulfate inj 1 mg/ml</i>	Tier 1	
<i>terbutaline sulfate tab 2.5 mg</i>	Tier 1	
<i>terbutaline sulfate tab 5 mg</i>	Tier 1	
TRELEGY AER 100MCG (<i>fluticasone-umeclidinium-vilanterol</i>)	Tier 2	
TRELEGY AER 200MCG (<i>fluticasone-umeclidinium-vilanterol</i>)	Tier 2	

XANTHINES

<i>aminophylline inj 25 mg/ml</i>	Tier 1
<i>theophylline elixir 80 mg/15ml</i>	Tier 1
<i>theophylline elixir 80 mg/15ml (Elixophyllin)</i>	Tier 1
<i>theophylline soln 80 mg/15ml</i>	Tier 1
<i>theophylline tab er 12hr 300 mg</i>	Tier 1
<i>theophylline tab er 12hr 450 mg</i>	Tier 1
<i>theophylline tab er 24hr 400 mg</i>	Tier 1
<i>theophylline tab er 24hr 600 mg</i>	Tier 1

ANTICOAGULANTS - DRUGS TO PREVENT BLOOD CLOTS

COUMARIN ANTICOAGULANTS

<i>warfarin sodium tab 1 mg</i>	Tier 1
<i>warfarin sodium tab 1 mg (Jantoven)</i>	Tier 1
<i>warfarin sodium tab 2 mg</i>	Tier 1
<i>warfarin sodium tab 2 mg (Jantoven)</i>	Tier 1
<i>warfarin sodium tab 2.5 mg</i>	Tier 1
<i>warfarin sodium tab 2.5 mg (Jantoven)</i>	Tier 1
<i>warfarin sodium tab 3 mg</i>	Tier 1
<i>warfarin sodium tab 3 mg (Jantoven)</i>	Tier 1
<i>warfarin sodium tab 4 mg</i>	Tier 1
<i>warfarin sodium tab 4 mg (Jantoven)</i>	Tier 1
<i>warfarin sodium tab 5 mg</i>	Tier 1
<i>warfarin sodium tab 5 mg (Jantoven)</i>	Tier 1

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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warfarin sodium tab 6 mg	Tier 1	
warfarin sodium tab 6 mg (Jantoven)	Tier 1	
warfarin sodium tab 7.5 mg	Tier 1	
warfarin sodium tab 7.5 mg (Jantoven)	Tier 1	
warfarin sodium tab 10 mg	Tier 1	
warfarin sodium tab 10 mg (Jantoven)	Tier 1	

DIRECT FACTOR XA INHIBITORS

ELIQUIS ST P TAB 5MG (apixaban)	Tier 2	
ELIQUIS TAB 2.5MG (apixaban)	Tier 2	
ELIQUIS TAB 5MG (apixaban)	Tier 2	
XARELTO STAR TAB 15/20MG (rivaroxaban)	Tier 2	
XARELTO SUS 1MG/ML (rivaroxaban)	Tier 2	
XARELTO TAB 2.5MG (rivaroxaban)	Tier 2	
XARELTO TAB 10MG (rivaroxaban)	Tier 2	
XARELTO TAB 15MG (rivaroxaban)	Tier 2	
XARELTO TAB 20MG (rivaroxaban)	Tier 2	

HEPARINS AND HEPARINOID-LIKE AGENTS

ARIXTRA INJ 2.5/0.5 (fondaparinux sodium)	Tier 3	
ARIXTRA INJ 5/0.4ML (fondaparinux sodium)	Tier 3	
ARIXTRA INJ 7.5/0.6 (fondaparinux sodium)	Tier 3	
ARIXTRA INJ 10/0.8ML (fondaparinux sodium)	Tier 3	
enoxaparin sodium inj 300 mg/3ml	Tier 1	
enoxaparin sodium inj soln pref syr 30 mg/0.3ml	Tier 1	
enoxaparin sodium inj soln pref syr 40 mg/0.4ml	Tier 1	
enoxaparin sodium inj soln pref syr 60 mg/0.6ml	Tier 1	
enoxaparin sodium inj soln pref syr 80 mg/0.8ml	Tier 1	
enoxaparin sodium inj soln pref syr 100 mg/ml	Tier 1	
enoxaparin sodium inj soln pref syr 120 mg/0.8ml	Tier 1	
enoxaparin sodium inj soln pref syr 150 mg/ml	Tier 1	
fondaparinux sodium subcutaneous inj 2.5 mg/0.5ml	Tier 1	
fondaparinux sodium subcutaneous inj 5 mg/0.4ml	Tier 1	
fondaparinux sodium subcutaneous inj 7.5 mg/0.6ml	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>fondaparinux sodium subcutaneous inj 10 mg/0.8ml</i>	Tier 1	
FRAGMIN INJ 2500/0.2 (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 2500/ML (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 5000/0.2 (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 7500/0.3 (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 10000/ML (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 12500UNT (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 15000UNT (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 18000UNT (<i>dalteparin sodium</i>)	Tier 3	
FRAGMIN INJ 95000UNT (<i>dalteparin sodium</i>)	Tier 3	
<i>heparin sod (porcine)-nacl iv soln 1000 unit/500ml-0.9%</i>	Tier 1	
<i>heparin sod (porcine)-nacl iv soln 2000 unit/l-0.9%</i>	Tier 1	
<i>heparin sodium (porcine) inj 1000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 5000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 10000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) inj 20000 unit/ml</i>	Tier 1	
<i>heparin sodium (porcine) pf inj 5000 unit/0.5ml</i>	Tier 1	

THROMBIN INHIBITORS

<i>argatroban inj 250 mg/2.5ml (concentrate for iv infusion)</i>	Tier 1	
<i>argatroban iv soln 50 mg/50ml (1 mg/ml)</i>	Tier 1	
<i>bivalirudin trifluoroacetate for iv soln 250 mg (base equiv)</i>	Tier 1	
<i>bivalirudin trifluoroacetate iv soln 250 mg/50ml (base eq)</i>	Tier 1	
<i>dabigatran etexilate mesylate cap 75 mg (etexilate base eq)</i>	Tier 1	
<i>dabigatran etexilate mesylate cap 110 mg (etexilate base eq)</i>	Tier 1	
<i>dabigatran etexilate mesylate cap 150 mg (etexilate base eq)</i>	Tier 1	

ANTICONVULSANTS - DRUGS TO TREAT SEIZURES

AMPA GLUTAMATE RECEPTOR ANTAGONISTS

FYCOMPA SUS 0.5MG/ML (<i>perampanel</i>)	Tier 2	
FYCOMPA TAB 2MG (<i>perampanel</i>)	Tier 2	
FYCOMPA TAB 4MG (<i>perampanel</i>)	Tier 2	
FYCOMPA TAB 6MG (<i>perampanel</i>)	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FYCOMPA TAB 8MG (<i>perampanel</i>)	Tier 2	
FYCOMPA TAB 10MG (<i>perampanel</i>)	Tier 2	
FYCOMPA TAB 12MG (<i>perampanel</i>)	Tier 2	
ANTICONVULSANTS - BENZODIAZEPINES		
<i>clobazam suspension 2.5 mg/ml</i>	Tier 1	
<i>clobazam tab 10 mg</i>	Tier 1	
<i>clobazam tab 20 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 0.5 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 0.25 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 0.125 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 1 mg</i>	Tier 1	
<i>clonazepam orally disintegrating tab 2 mg</i>	Tier 1	
<i>clonazepam tab 0.5 mg</i>	Tier 1	
<i>clonazepam tab 1 mg</i>	Tier 1	
<i>clonazepam tab 2 mg</i>	Tier 1	
<i>diazepam rectal gel delivery system 2.5 mg</i>	Tier 1	
<i>diazepam rectal gel delivery system 10 mg</i>	Tier 1	
<i>diazepam rectal gel delivery system 20 mg</i>	Tier 1	
NAYZILAM SPR 5MG (<i>midazolam (anticonvulsant)</i>)	Tier 2	
VALTOCO SPR 5MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	
VALTOCO SPR 10MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	
VALTOCO SPR 15MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	
VALTOCO SPR 20MG (<i>diazepam (anticonvulsant)</i>)	Tier 2	
ANTICONVULSANTS - MISC.		
APTIOM TAB 200MG (<i>eslicarbazepine acetate</i>)	Tier 2	
APTIOM TAB 400MG (<i>eslicarbazepine acetate</i>)	Tier 2	
APTIOM TAB 600MG (<i>eslicarbazepine acetate</i>)	Tier 2	
APTIOM TAB 800MG (<i>eslicarbazepine acetate</i>)	Tier 2	
<i>carbamazepine cap er 12hr 100 mg</i>	Tier 1	
<i>carbamazepine cap er 12hr 200 mg</i>	Tier 1	
<i>carbamazepine cap er 12hr 300 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbamazepine chew tab 100 mg</i>	Tier 1	
<i>carbamazepine susp 100 mg/5ml</i>	Tier 1	
<i>carbamazepine tab 200 mg</i>	Tier 1	
<i>carbamazepine tab 200 mg (Epitol)</i>	Tier 1	
<i>carbamazepine tab er 12hr 100 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 200 mg</i>	Tier 1	
<i>carbamazepine tab er 12hr 400 mg</i>	Tier 1	
CARBATROL CAP 100MG (<i>carbamazepine</i>)	Tier 3	
CARBATROL CAP 200MG (<i>carbamazepine</i>)	Tier 3	
CARBATROL CAP 300MG (<i>carbamazepine</i>)	Tier 3	
<i>gabapentin cap 100 mg</i>	Tier 1	
<i>gabapentin cap 300 mg</i>	Tier 1	
<i>gabapentin cap 400 mg</i>	Tier 1	
<i>gabapentin oral soln 250 mg/5ml</i>	Tier 1	
<i>gabapentin tab 600 mg</i>	Tier 1	
<i>gabapentin tab 800 mg</i>	Tier 1	
<i>lacosamide iv inj 200 mg/20ml (10 mg/ml)</i>	Tier 1	
<i>lacosamide oral solution 10 mg/ml</i>	Tier 1	
<i>lacosamide tab 50 mg</i>	Tier 1	
<i>lacosamide tab 100 mg</i>	Tier 1	
<i>lacosamide tab 150 mg</i>	Tier 1	
<i>lacosamide tab 200 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 25 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 50 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 100 mg</i>	Tier 1	
<i>lamotrigine orally disintegrating tab 200 mg</i>	Tier 1	
<i>lamotrigine tab 25 mg</i>	Tier 1	
<i>lamotrigine tab 25 mg (Subvenite)</i>	Tier 1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit</i>	Tier 1	
<i>lamotrigine tab 25 mg (42) & 100 mg (7) starter kit (Subvenite Starter Kit/ora)</i>	Tier 1	
<i>lamotrigine tab 35 x 25 mg starter kit</i>	Tier 1	
<i>lamotrigine tab 35 x 25 mg starter kit (Subvenite Starter Kit/blu)</i>	Tier 1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit</i>	Tier 1	
<i>lamotrigine tab 84 x 25 mg & 14 x 100 mg starter kit (Subvenite Starter Kit/gre)</i>	Tier 1	
<i>lamotrigine tab 100 mg</i>	Tier 1	
<i>lamotrigine tab 100 mg (Subvenite)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lamotrigine tab 150 mg</i>	Tier 1	
<i>lamotrigine tab 150 mg (Subvenite)</i>	Tier 1	
<i>lamotrigine tab 200 mg</i>	Tier 1	
<i>lamotrigine tab 200 mg (Subvenite)</i>	Tier 1	
<i>lamotrigine tab chewable dispersible 5 mg</i>	Tier 1	
<i>lamotrigine tab chewable dispersible 25 mg</i>	Tier 1	
<i>lamotrigine tab disint 21 x 25 mg & 7 x 50 mg titration kit</i>	Tier 1	
<i>lamotrigine tab disint 25 (14) & 50 mg (14) & 100 mg (7) kit</i>	Tier 1	
<i>lamotrigine tab disint 42 x 50mg & 14 x 100mg titration kit</i>	Tier 1	
<i>lamotrigine tab er 24hr 25 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 50 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 100 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 200 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 250 mg</i>	Tier 1	
<i>lamotrigine tab er 24hr 300 mg</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 500 mg/100ml</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 1000 mg/100ml</i>	Tier 1	
<i>levetiracetam in sodium chloride iv soln 1500 mg/100ml</i>	Tier 1	
<i>levetiracetam inj 500 mg/5ml (100 mg/ml)</i>	Tier 1	
<i>levetiracetam oral soln 100 mg/ml</i>	Tier 1	
<i>levetiracetam tab 250 mg</i>	Tier 1	
<i>levetiracetam tab 500 mg</i>	Tier 1	
<i>levetiracetam tab 500 mg (Roweepra)</i>	Tier 1	
<i>levetiracetam tab 750 mg</i>	Tier 1	
<i>levetiracetam tab 1000 mg</i>	Tier 1	
<i>levetiracetam tab er 24hr 500 mg</i>	Tier 1	
<i>levetiracetam tab er 24hr 750 mg</i>	Tier 1	
MYSOLINE TAB 50MG (<i>primidone</i>)	Tier 3	
MYSOLINE TAB 250MG (<i>primidone</i>)	Tier 3	
NEURONTIN CAP 100MG (<i>gabapentin</i>)	Tier 3	
NEURONTIN CAP 300MG (<i>gabapentin</i>)	Tier 3	
NEURONTIN CAP 400MG (<i>gabapentin</i>)	Tier 3	
NEURONTIN SOL 250/5ML (<i>gabapentin</i>)	Tier 3	
NEURONTIN TAB 600MG (<i>gabapentin</i>)	Tier 3	
NEURONTIN TAB 800MG (<i>gabapentin</i>)	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>oxcarbazepine susp 300 mg/5ml (60 mg/ml)</i>	Tier 1	
<i>oxcarbazepine tab 150 mg</i>	Tier 1	
<i>oxcarbazepine tab 300 mg</i>	Tier 1	
<i>oxcarbazepine tab 600 mg</i>	Tier 1	
OXTELLAR XR TAB 150MG (<i>oxcarbazepine</i>)	Tier 2	
OXTELLAR XR TAB 300MG (<i>oxcarbazepine</i>)	Tier 2	
OXTELLAR XR TAB 600MG (<i>oxcarbazepine</i>)	Tier 2	
<i>pregabalin cap 25 mg</i>	Tier 1	
<i>pregabalin cap 50 mg</i>	Tier 1	
<i>pregabalin cap 75 mg</i>	Tier 1	
<i>pregabalin cap 100 mg</i>	Tier 1	
<i>pregabalin cap 150 mg</i>	Tier 1	
<i>pregabalin cap 200 mg</i>	Tier 1	
<i>pregabalin cap 225 mg</i>	Tier 1	
<i>pregabalin cap 300 mg</i>	Tier 1	
<i>pregabalin soln 20 mg/ml</i>	Tier 1	
<i>primidone tab 50 mg</i>	Tier 1	
<i>primidone tab 250 mg</i>	Tier 1	
<i>rufinamide susp 40 mg/ml</i>	Tier 1	
<i>rufinamide tab 200 mg</i>	Tier 1	
<i>rufinamide tab 400 mg</i>	Tier 1	
TOPAMAX SPR CAP 15MG (<i>topiramate</i>)	Tier 3	
TOPAMAX SPR CAP 25MG (<i>topiramate</i>)	Tier 3	
TOPAMAX TAB 25MG (<i>topiramate</i>)	Tier 3	
TOPAMAX TAB 50MG (<i>topiramate</i>)	Tier 3	
TOPAMAX TAB 100MG (<i>topiramate</i>)	Tier 3	
TOPAMAX TAB 200MG (<i>topiramate</i>)	Tier 3	
<i>topiramate cap er 24hr 25 mg</i>	Tier 1	
<i>topiramate cap er 24hr 50 mg</i>	Tier 1	
<i>topiramate cap er 24hr 100 mg</i>	Tier 1	
<i>topiramate cap er 24hr 200 mg</i>	Tier 1	
<i>topiramate sprinkle cap 15 mg</i>	Tier 1	
<i>topiramate sprinkle cap 25 mg</i>	Tier 1	
<i>topiramate tab 25 mg</i>	Tier 1	
<i>topiramate tab 50 mg</i>	Tier 1	
<i>topiramate tab 100 mg</i>	Tier 1	
<i>topiramate tab 200 mg</i>	Tier 1	
TROKENDI XR CAP 25MG (<i>topiramate</i>)	Tier 2	
TROKENDI XR CAP 50MG (<i>topiramate</i>)	Tier 2	
TROKENDI XR CAP 100MG (<i>topiramate</i>)	Tier 2	
TROKENDI XR CAP 200MG (<i>topiramate</i>)	Tier 2	

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Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>zonisamide cap 25 mg</i>	Tier 1	
<i>zonisamide cap 50 mg</i>	Tier 1	
<i>zonisamide cap 100 mg</i>	Tier 1	
CARBAMATES		
<i>felbamate susp 600 mg/5ml</i>	Tier 1	
<i>felbamate tab 400 mg</i>	Tier 1	
<i>felbamate tab 600 mg</i>	Tier 1	
XCOPRI PAK 12.5-25 (<i>cenobamate</i>)	Tier 2	
XCOPRI PAK 50-100MG (<i>cenobamate</i>)	Tier 2	
XCOPRI PAK 100-150 (<i>cenobamate</i>)	Tier 2	
XCOPRI PAK 150-200 (<i>cenobamate</i>)	Tier 2	
XCOPRI TAB 50MG (<i>cenobamate</i>)	Tier 2	
XCOPRI TAB 100MG (<i>cenobamate</i>)	Tier 2	
XCOPRI TAB 150MG (<i>cenobamate</i>)	Tier 2	
XCOPRI TAB 200MG (<i>cenobamate</i>)	Tier 2	
GABA MODULATORS		
<i>tiagabine hcl tab 2 mg</i>	Tier 1	
<i>tiagabine hcl tab 4 mg</i>	Tier 1	
<i>tiagabine hcl tab 12 mg</i>	Tier 1	
<i>tiagabine hcl tab 16 mg</i>	Tier 1	
<i>vigabatrin powd pack 500 mg</i>	Tier 1	PA, QL (6 packets every 1 day)
<i>vigabatrin powd pack 500 mg</i> (Vigadrone)	Tier 1	PA, QL (6 packets every 1 day)
<i>vigabatrin powd pack 500 mg</i> (Vigpoder)	Tier 1	PA, QL (6 packets every 1 day)
<i>vigabatrin tab 500 mg</i>	Tier 1	PA, QL (6 tabs every 1 day)
HYDANTOINS		
<i>fosphenytoin sodium inj 100 mg/2ml</i> (<i>phenytoin equiv</i>)	Tier 1	
<i>fosphenytoin sodium inj 500 mg/10ml</i> (<i>phenytoin equiv</i>)	Tier 1	
<i>phenytoin chew tab 50 mg</i> (Phenytoin)	Tier 1	
<i>phenytoin sodium extended cap 100 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 200 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 200 mg</i> (Phenytek)	Tier 1	
<i>phenytoin sodium extended cap 300 mg</i>	Tier 1	
<i>phenytoin sodium extended cap 300 mg</i> (Phenytek)	Tier 1	
<i>phenytoin sodium inj 50 mg/ml</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>phenytoin susp 125 mg/5ml</i>	Tier 1	
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SUCCINIMIDES

<i>ethosuximide cap 250 mg</i>	Tier 1	
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<i>ethosuximide soln 250 mg/5ml</i>	Tier 1	
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<i>methsuximide cap 300 mg</i>	Tier 1	
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ZARONTIN CAP 250MG (<i>ethosuximide</i>)	Tier 3	
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ZARONTIN SOL 250/5ML (<i>ethosuximide</i>)	Tier 3	
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VALPROIC ACID

<i>divalproex sodium cap delayed release sprinkle 125 mg</i>	Tier 1	
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<i>divalproex sodium tab delayed release 125 mg</i>	Tier 1	
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<i>divalproex sodium tab delayed release 250 mg</i>	Tier 1	
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<i>divalproex sodium tab delayed release 500 mg</i>	Tier 1	
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<i>divalproex sodium tab er 24 hr 250 mg</i>	Tier 1	
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<i>divalproex sodium tab er 24 hr 500 mg</i>	Tier 1	
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<i>valproate sodium inj 100 mg/ml</i>	Tier 1	
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<i>valproate sodium oral soln 250 mg/5ml (base equiv)</i>	Tier 1	
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<i>valproic acid cap 250 mg</i>	Tier 1	
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ANTIDEPRESSANTS - DRUGS TO TREAT DEPRESSION

ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)

<i>mirtazapine orally disintegrating tab 15 mg</i>	Tier 1	
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<i>mirtazapine orally disintegrating tab 30 mg</i>	Tier 1	
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<i>mirtazapine orally disintegrating tab 45 mg</i>	Tier 1	
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<i>mirtazapine tab 7.5 mg</i>	Tier 1	
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<i>mirtazapine tab 15 mg</i>	Tier 1	
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<i>mirtazapine tab 30 mg</i>	Tier 1	
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<i>mirtazapine tab 45 mg</i>	Tier 1	
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REMERON SLTB TAB 15MG (<i>mirtazapine</i>)	Tier 3	
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REMERON SLTB TAB 30MG (<i>mirtazapine</i>)	Tier 3	
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REMERON SLTB TAB 45MG (<i>mirtazapine</i>)	Tier 3	
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REMERON TAB 15MG (<i>mirtazapine</i>)	Tier 3	
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REMERON TAB 30MG (<i>mirtazapine</i>)	Tier 3	
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ANTIDEPRESSANTS - MISC.

<i>bupropion hcl tab 75 mg</i>	Tier 1	
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<i>bupropion hcl tab 100 mg</i>	Tier 1	
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<i>bupropion hcl tab er 12hr 100 mg</i>	Tier 1	
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<i>bupropion hcl tab er 12hr 150 mg</i>	Tier 1	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>bupropion hcl tab er 12hr 200 mg</i>	Tier 1	
<i>bupropion hcl tab er 24hr 150 mg</i>	Tier 1	
<i>bupropion hcl tab er 24hr 300 mg</i>	Tier 1	
WELLBUTRIN TAB 100MG SR (<i>bupropion hcl</i>)	Tier 3	
WELLBUTRIN TAB 150MG SR (<i>bupropion hcl</i>)	Tier 3	
WELLBUTRIN TAB 200MG SR (<i>bupropion hcl</i>)	Tier 3	

MONOAMINE OXIDASE INHIBITORS (MAOIS)

NARDIL TAB 15MG (<i>phenelzine sulfate</i>)	Tier 3	
PARNATE TAB 10MG (<i>tranylcypromine sulfate</i>)	Tier 3	
<i>phenelzine sulfate tab 15 mg</i>	Tier 1	
<i>tranylcypromine sulfate tab 10 mg</i>	Tier 1	

SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)

CELEXA TAB 10MG (<i>citalopram hydrobromide</i>)	Tier 3	
CELEXA TAB 20MG (<i>citalopram hydrobromide</i>)	Tier 3	
CELEXA TAB 40MG (<i>citalopram hydrobromide</i>)	Tier 3	
<i>citalopram hydrobromide oral soln 10 mg/5ml</i>	Tier 1	
<i>citalopram hydrobromide tab 10 mg (base equiv)</i>	Tier 1	
<i>citalopram hydrobromide tab 20 mg (base equiv)</i>	Tier 1	
<i>citalopram hydrobromide tab 40 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate soln 5 mg/5ml (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 5 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 10 mg (base equiv)</i>	Tier 1	
<i>escitalopram oxalate tab 20 mg (base equiv)</i>	Tier 1	
<i>fluoxetine hcl cap 10 mg</i>	Tier 1	
<i>fluoxetine hcl cap 20 mg</i>	Tier 1	
<i>fluoxetine hcl cap 40 mg</i>	Tier 1	
<i>fluoxetine hcl cap delayed release 90 mg</i>	Tier 1	
<i>fluoxetine hcl solution 20 mg/5ml</i>	Tier 1	
<i>fluoxetine hcl tab 10 mg</i>	Tier 1	
<i>fluoxetine hcl tab 20 mg</i>	Tier 1	
<i>fluvoxamine maleate cap er 24hr 100 mg</i>	Tier 1	
<i>fluvoxamine maleate cap er 24hr 150 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 25 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>fluvoxamine maleate tab 50 mg</i>	Tier 1	
<i>fluvoxamine maleate tab 100 mg</i>	Tier 1	
<i>paroxetine hcl oral susp 10 mg/5ml (base equiv)</i>	Tier 1	
<i>paroxetine hcl tab 10 mg</i>	Tier 1	
<i>paroxetine hcl tab 20 mg</i>	Tier 1	
<i>paroxetine hcl tab 30 mg</i>	Tier 1	
<i>paroxetine hcl tab 40 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 12.5 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 25 mg</i>	Tier 1	
<i>paroxetine hcl tab er 24hr 37.5 mg</i>	Tier 1	
<i>sertraline hcl oral concentrate for solution 20 mg/ml</i>	Tier 1	
<i>sertraline hcl tab 25 mg</i>	Tier 1	
<i>sertraline hcl tab 50 mg</i>	Tier 1	
<i>sertraline hcl tab 100 mg</i>	Tier 1	

SEROTONIN MODULATORS

<i>nefazodone hcl tab 50 mg</i>	Tier 1	
<i>nefazodone hcl tab 100 mg</i>	Tier 1	
<i>nefazodone hcl tab 150 mg</i>	Tier 1	
<i>nefazodone hcl tab 200 mg</i>	Tier 1	
<i>nefazodone hcl tab 250 mg</i>	Tier 1	
<i>trazodone hcl tab 50 mg</i>	Tier 1	
<i>trazodone hcl tab 100 mg</i>	Tier 1	
<i>trazodone hcl tab 150 mg</i>	Tier 1	
<i>trazodone hcl tab 300 mg</i>	Tier 1	
TRINTELLIX TAB 5MG (<i>vortioxetine hbr</i>)	Tier 2	
TRINTELLIX TAB 10MG (<i>vortioxetine hbr</i>)	Tier 2	
TRINTELLIX TAB 20MG (<i>vortioxetine hbr</i>)	Tier 2	
<i>vilazodone hcl tab 10 mg</i>	Tier 1	
<i>vilazodone hcl tab 20 mg</i>	Tier 1	
<i>vilazodone hcl tab 40 mg</i>	Tier 1	

SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)

<i>desvenlafaxine succinate tab er 24hr 25 mg (base equiv)</i>	Tier 1	
<i>desvenlafaxine succinate tab er 24hr 50 mg (base equiv)</i>	Tier 1	
<i>desvenlafaxine succinate tab er 24hr 100 mg (base equiv)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 20 mg (base eq)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>duloxetine hcl enteric coated pellets cap 30 mg (base eq)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 40 mg (base eq)</i>	Tier 1	
<i>duloxetine hcl enteric coated pellets cap 60 mg (base eq)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl cap er 24hr 150 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 25 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 37.5 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 50 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 75 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab 100 mg (base equivalent)</i>	Tier 1	
<i>venlafaxine hcl tab er 24hr 225 mg (base equivalent)</i>	Tier 1	

TRICYCLIC AGENTS

<i>amitriptyline hcl tab 10 mg</i>	Tier 1	
<i>amitriptyline hcl tab 25 mg</i>	Tier 1	
<i>amitriptyline hcl tab 50 mg</i>	Tier 1	
<i>amitriptyline hcl tab 75 mg</i>	Tier 1	
<i>amitriptyline hcl tab 100 mg</i>	Tier 1	
<i>amitriptyline hcl tab 150 mg</i>	Tier 1	
<i>amoxapine tab 25 mg</i>	Tier 1	
<i>amoxapine tab 50 mg</i>	Tier 1	
<i>amoxapine tab 100 mg</i>	Tier 1	
<i>amoxapine tab 150 mg</i>	Tier 1	
<i>ANAFRANIL CAP 25MG (clomipramine hcl)</i>	Tier 3	
<i>ANAFRANIL CAP 50MG (clomipramine hcl)</i>	Tier 3	
<i>ANAFRANIL CAP 75MG (clomipramine hcl)</i>	Tier 3	
<i>clomipramine hcl cap 25 mg</i>	Tier 1	
<i>clomipramine hcl cap 50 mg</i>	Tier 1	
<i>clomipramine hcl cap 75 mg</i>	Tier 1	
<i>desipramine hcl tab 10 mg</i>	Tier 1	
<i>desipramine hcl tab 25 mg</i>	Tier 1	
<i>desipramine hcl tab 50 mg</i>	Tier 1	
<i>desipramine hcl tab 75 mg</i>	Tier 1	
<i>desipramine hcl tab 100 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>desipramine hcl tab 150 mg</i>	Tier 1	
<i>doxepin hcl cap 10 mg</i>	Tier 1	
<i>doxepin hcl cap 25 mg</i>	Tier 1	
<i>doxepin hcl cap 50 mg</i>	Tier 1	
<i>doxepin hcl cap 75 mg</i>	Tier 1	
<i>doxepin hcl cap 100 mg</i>	Tier 1	
<i>doxepin hcl cap 150 mg</i>	Tier 1	
<i>doxepin hcl conc 10 mg/ml</i>	Tier 1	
<i>imipramine hcl tab 10 mg</i>	Tier 1	
<i>imipramine hcl tab 25 mg</i>	Tier 1	
<i>imipramine hcl tab 50 mg</i>	Tier 1	
<i>imipramine pamoate cap 75 mg</i>	Tier 1	
<i>imipramine pamoate cap 100 mg</i>	Tier 1	
<i>imipramine pamoate cap 125 mg</i>	Tier 1	
<i>imipramine pamoate cap 150 mg</i>	Tier 1	
NORPRAMIN TAB 10MG (<i>desipramine hcl</i>)	Tier 3	
NORPRAMIN TAB 25MG (<i>desipramine hcl</i>)	Tier 3	
<i>nortriptyline hcl cap 10 mg</i>	Tier 1	
<i>nortriptyline hcl cap 25 mg</i>	Tier 1	
<i>nortriptyline hcl cap 50 mg</i>	Tier 1	
<i>nortriptyline hcl cap 75 mg</i>	Tier 1	
<i>nortriptyline hcl soln 10 mg/5ml</i>	Tier 1	
PAMELOR CAP 10MG (<i>nortriptyline hcl</i>)	Tier 3	
PAMELOR CAP 25MG (<i>nortriptyline hcl</i>)	Tier 3	
PAMELOR CAP 50MG (<i>nortriptyline hcl</i>)	Tier 3	
PAMELOR CAP 75MG (<i>nortriptyline hcl</i>)	Tier 3	
<i>protriptyline hcl tab 5 mg</i>	Tier 1	
<i>protriptyline hcl tab 10 mg</i>	Tier 1	
<i>trimipramine maleate cap 25 mg</i>	Tier 1	
<i>trimipramine maleate cap 50 mg</i>	Tier 1	
<i>trimipramine maleate cap 100 mg</i>	Tier 1	

ANTIDIABETICS - DRUGS TO TREAT DIABETES

ALPHA-GLUCOSIDASE INHIBITORS

<i>acarbose tab 25 mg</i>	Tier 1	
<i>acarbose tab 50 mg</i>	Tier 1	
<i>acarbose tab 100 mg</i>	Tier 1	
<i>miglitol tab 25 mg</i>	Tier 1	
<i>miglitol tab 50 mg</i>	Tier 1	
<i>miglitol tab 100 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIDIABETIC - AMYLIN ANALOGS		
SYMLINPEN 60 INJ 1000MCG (pramlintide acetate)	Tier 2	
SYMLNPEN 120 INJ 1000MCG (pramlintide acetate)	Tier 2	
ANTIDIABETIC COMBINATIONS		
ACTOPLUS MET TAB 15-850MG (pioglitazone hcl-metformin hcl)	Tier 3	
DUETACT TAB 30-2MG (pioglitazone hcl-glimepiride)	Tier 3	
DUETACT TAB 30-4MG (pioglitazone hcl-glimepiride)	Tier 3	
glipizide-metformin hcl tab 2.5-250 mg	Tier 1	
glipizide-metformin hcl tab 2.5-500 mg	Tier 1	
glipizide-metformin hcl tab 5-500 mg	Tier 1	
glyburide-metformin tab 1.25-250 mg	Tier 1	
glyburide-metformin tab 2.5-500 mg	Tier 1	
glyburide-metformin tab 5-500 mg	Tier 1	
GLYXAMBI TAB 10-5 MG (empagliflozin-linagliptin)	Tier 2	
GLYXAMBI TAB 25-5 MG (empagliflozin-linagliptin)	Tier 2	
JANUMET TAB 50-500MG (sitagliptin-metformin hcl)	Tier 2	
JANUMET TAB 50-1000 (sitagliptin-metformin hcl)	Tier 2	
JANUMET XR TAB 50-500MG (sitagliptin-metformin hcl)	Tier 2	
JANUMET XR TAB 50-1000 (sitagliptin-metformin hcl)	Tier 2	
JANUMET XR TAB 100-1000 (sitagliptin-metformin hcl)	Tier 2	
pioglitazone hcl-glimepiride tab 30-2 mg	Tier 1	
pioglitazone hcl-glimepiride tab 30-4 mg	Tier 1	
pioglitazone hcl-metformin hcl tab 15-500 mg	Tier 1	
pioglitazone hcl-metformin hcl tab 15-850 mg	Tier 1	
saxagliptin-metformin hcl tab er 24hr 2.5-1000 mg	Tier 1	
saxagliptin-metformin hcl tab er 24hr 5-500 mg	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
saxagliptin-metformin hcl tab er 24hr 5-1000 mg	Tier 1	
SOLIQUA INJ 100/33 (insulin glargine-lixisenatide)	Tier 2	
SYNJARDY TAB (empagliflozin-metformin hcl)	Tier 2	
SYNJARDY TAB 5-500MG (empagliflozin-metformin hcl)	Tier 2	
SYNJARDY TAB 5-1000MG (empagliflozin-metformin hcl)	Tier 2	
SYNJARDY TAB 12.5-500 (empagliflozin-metformin hcl)	Tier 2	
SYNJARDY XR TAB (empagliflozin-metformin hcl)	Tier 2	
SYNJARDY XR TAB 5-1000MG (empagliflozin-metformin hcl)	Tier 2	
SYNJARDY XR TAB 10-1000 (empagliflozin-metformin hcl)	Tier 2	
SYNJARDY XR TAB 25-1000 (empagliflozin-metformin hcl)	Tier 2	
TRIJARDY XR TAB (empagliflozin-linagliptin-metformin)	Tier 2	
XIGDUO XR TAB 2.5-1000 (dapagliflozin propanediol-metformin hcl)	Tier 2	
XIGDUO XR TAB 5-500MG (dapagliflozin propanediol-metformin hcl)	Tier 2	
XIGDUO XR TAB 5-1000MG (dapagliflozin propanediol-metformin hcl)	Tier 2	
XIGDUO XR TAB 10-500MG (dapagliflozin propanediol-metformin hcl)	Tier 2	
XIGDUO XR TAB 10-1000 (dapagliflozin propanediol-metformin hcl)	Tier 2	
XULTOPHY INJ 100/3.6 (insulin degludec-liraglutide)	Tier 2	
BIGUANIDES		
metformin hcl oral soln 500 mg/5ml	Tier 1	
metformin hcl tab 500 mg	Tier 1	
metformin hcl tab 850 mg	Tier 1	ACA
metformin hcl tab 1000 mg	Tier 1	
metformin hcl tab er 24hr 500 mg	Tier 1	
metformin hcl tab er 24hr 750 mg	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIABETIC OTHER		
BAQSIMI ONE POW 3MG/DOSE (<i>glucagon</i>)	Tier 2	
BAQSIMI TWO POW 3MG/DOSE (<i>glucagon</i>)	Tier 2	
<i>diazoxide susp 50 mg/ml</i>	Tier 1	
<i>glucagon (rdna) for inj kit 1 mg</i>	Tier 1	
GVOKE HYPO 1 INJ 1MG/.2ML (<i>glucagon</i>)	Tier 2	
GVOKE HYPO 1 INJ .5/.1ML (<i>glucagon</i>)	Tier 2	
GVOKE HYPO 2 INJ 1MG/.2ML (<i>glucagon</i>)	Tier 2	
GVOKE HYPO 2 INJ .5/.1ML (<i>glucagon</i>)	Tier 2	
GVOKE KIT SOL 1MG/0.2M (<i>glucagon</i>)	Tier 2	
GVOKE PFS INJ (<i>glucagon</i>)	Tier 2	
<i>mifepristone tab 300 mg</i>	Tier 1	PA, QL (4 tabs every 1 day)
ZEGALOGUE INJ 0.6/0.6 (<i>dasiglucagon hcl</i>)	Tier 2	
DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS		
JANUVIA TAB 25MG (<i>sitagliptin phosphate</i>)	Tier 2	
JANUVIA TAB 50MG (<i>sitagliptin phosphate</i>)	Tier 2	
JANUVIA TAB 100MG (<i>sitagliptin phosphate</i>)	Tier 2	
<i>saxagliptin hcl tab 2.5 mg (base equiv)</i>	Tier 1	
<i>saxagliptin hcl tab 5 mg (base equiv)</i>	Tier 1	
INCRETIN MIMETIC AGENTS		
MOUNJARO INJ 2.5/0.5 (<i>tirzepatide</i>)	Tier 2	
MOUNJARO INJ 5MG/0.5 (<i>tirzepatide</i>)	Tier 2	
MOUNJARO INJ 7.5/0.5 (<i>tirzepatide</i>)	Tier 2	
MOUNJARO INJ 10MG/0.5 (<i>tirzepatide</i>)	Tier 2	
MOUNJARO INJ 12.5/0.5 (<i>tirzepatide</i>)	Tier 2	
MOUNJARO INJ 15MG/0.5 (<i>tirzepatide</i>)	Tier 2	
OZEMPIC INJ 2MG/3ML (<i>semaglutide</i>)	Tier 2	
OZEMPIC INJ 4MG/3ML (<i>semaglutide</i>)	Tier 2	
OZEMPIC INJ 8MG/3ML (<i>semaglutide</i>)	Tier 2	
RYBELSUS TAB 3MG (<i>semaglutide</i>)	Tier 2	
RYBELSUS TAB 7MG (<i>semaglutide</i>)	Tier 2	
RYBELSUS TAB 14MG (<i>semaglutide</i>)	Tier 2	
TRULICITY INJ 0.75/0.5 (<i>dulaglutide</i>)	Tier 2	
TRULICITY INJ 1.5/0.5 (<i>dulaglutide</i>)	Tier 2	
TRULICITY INJ 3/0.5 (<i>dulaglutide</i>)	Tier 2	
TRULICITY INJ 4.5/0.5 (<i>dulaglutide</i>)	Tier 2	
VICTOZA INJ 18MG/3ML (<i>liraglutide</i>)	Tier 2	
INSULIN		
FIASP FLEX INJ TOUCH (<i>insulin aspart (with niacinamide)</i>)	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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FIASP INJ 100/ML (<i>insulin aspart (with niacinamide)</i>)	Tier 2	
FIASP PENFIL INJ U-100 (<i>insulin aspart (with niacinamide)</i>)	Tier 2	
HUMULIN R INJ U-500 (<i>insulin regular (human)</i>)	Tier 2	
LANTUS INJ 100/ML (<i>insulin glargine</i>)	Tier 2	
LANTUS SOLOS INJ 100/ML (<i>insulin glargine</i>)	Tier 2	
NOVOLIN INJ 70/30 (<i>insulin nph isophane & reg (human)</i>)	Tier 2	
NOVOLIN INJ 70/30 FP (<i>insulin nph isophane & reg (human)</i>)	Tier 2	
NOVOLIN N INJ 100 UNIT (<i>insulin nph (human) (isophane)</i>)	Tier 2	
NOVOLIN N INJ U-100 (<i>insulin nph (human) (isophane)</i>)	Tier 2	
NOVOLIN R INJ 100 UNIT (<i>insulin regular (human)</i>)	Tier 2	
NOVOLIN R INJ U-100 (<i>insulin regular (human)</i>)	Tier 2	
NOVOLOG INJ 100/ML (<i>insulin aspart</i>)	Tier 2	
NOVOLOG INJ FLEXPEN (<i>insulin aspart</i>)	Tier 2	
NOVOLOG INJ PENFILL (<i>insulin aspart</i>)	Tier 2	
NOVOLOG MIX INJ 70/30 (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	
NOVOLOG MIX INJ FLEXPEN (<i>insulin aspart protamine & aspart (human)</i>)	Tier 2	
TOUJEO MAX INJ 300/ML (<i>insulin glargine</i>)	Tier 2	
TOUJEO SOLO INJ 300/ML (<i>insulin glargine</i>)	Tier 2	
TRESIBA FLEX INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	
TRESIBA FLEX INJ 200UNIT (<i>insulin degludec</i>)	Tier 2	
TRESIBA INJ 100UNIT (<i>insulin degludec</i>)	Tier 2	

INSULIN SENSITIZING AGENTS

<i>pioglitazone hcl tab 15 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 30 mg (base equiv)</i>	Tier 1	
<i>pioglitazone hcl tab 45 mg (base equiv)</i>	Tier 1	

MEGLITINIDE ANALOGUES

<i>nateglinide tab 60 mg</i>	Tier 1	
<i>nateglinide tab 120 mg</i>	Tier 1	
<i>repaglinide tab 0.5 mg</i>	Tier 1	
<i>repaglinide tab 1 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>repaglinide tab 2 mg</i>	Tier 1	
SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS		
FARXIGA TAB 5MG (<i>dapagliflozin propanediol</i>)	Tier 2	
FARXIGA TAB 10MG (<i>dapagliflozin propanediol</i>)	Tier 2	
JARDIANCE TAB 10MG (<i>empagliflozin</i>)	Tier 2	
JARDIANCE TAB 25MG (<i>empagliflozin</i>)	Tier 2	
SULFONYLUREAS		
<i>glimepiride tab 1 mg</i>	Tier 1	
<i>glimepiride tab 2 mg</i>	Tier 1	
<i>glimepiride tab 4 mg</i>	Tier 1	
<i>glipizide tab 5 mg</i>	Tier 1	
<i>glipizide tab 10 mg</i>	Tier 1	
<i>glipizide tab er 24hr 2.5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 2.5 mg</i> (Glipizide Xl)	Tier 1	
<i>glipizide tab er 24hr 5 mg</i>	Tier 1	
<i>glipizide tab er 24hr 5 mg</i> (Glipizide Xl)	Tier 1	
<i>glipizide tab er 24hr 10 mg</i>	Tier 1	
<i>glipizide tab er 24hr 10 mg</i> (Glipizide Xl)	Tier 1	
<i>glyburide micronized tab 1.5 mg</i>	Tier 1	
<i>glyburide micronized tab 3 mg</i>	Tier 1	
<i>glyburide micronized tab 6 mg</i>	Tier 1	
<i>glyburide tab 1.25 mg</i>	Tier 1	
<i>glyburide tab 2.5 mg</i>	Tier 1	
<i>glyburide tab 5 mg</i>	Tier 1	
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS TO TREAT DIARRHEA		
ANTIPERISTALTIC AGENTS		
<i>diphenoxylate w/ atropine liq 2.5-0.025 mg/5ml</i>	Tier 1	
<i>diphenoxylate w/ atropine tab 2.5-0.025 mg</i>	Tier 1	
LOMOTIL TAB 2.5MG (<i>diphenoxylate w/ atropine</i>)	Tier 3	
<i>loperamide hcl cap 2 mg</i>	Tier 1	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
ANTIDOTES - CHELATING AGENTS		
<i>deferasirox granules packet 90 mg</i>	Tier 1	PA
<i>deferasirox granules packet 180 mg</i>	Tier 1	PA
<i>deferasirox granules packet 360 mg</i>	Tier 1	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>deferasirox tab 90 mg</i>	Tier 1	PA
<i>deferasirox tab 180 mg</i>	Tier 1	PA
<i>deferasirox tab 360 mg</i>	Tier 1	PA
<i>deferasirox tab for oral susp 125 mg</i>	Tier 1	PA
<i>deferasirox tab for oral susp 250 mg</i>	Tier 1	PA
<i>deferasirox tab for oral susp 500 mg</i>	Tier 1	PA
<i>deferiprone tab 500 mg</i>	Tier 1	PA
<i>deferiprone tab 1000 mg</i>	Tier 1	PA

ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING

<i>acetylcysteine inj 200 mg/ml</i>	Tier 1	
<i>deferoxamine mesylate for inj 2 gm</i>	Tier 1	PA
<i>deferoxamine mesylate for inj 500 mg</i>	Tier 1	PA
<i>fomepizole inj 1 gm/ml (for iv infusion)</i>	Tier 1	
<i>methylene blue iv soln 50 mg/10ml (5 mg/ml)</i>	Tier 1	
<i>sodium thiosulfate iv soln 250 mg/ml (25%)</i>	Tier 1	
VISTOGARD PAK 10GM (<i>uridine triacetate (emergency treatment)</i>)	Tier 2	QL (20 packets every 5 days)

BENZODIAZEPINE ANTAGONISTS

<i>flumazenil iv soln 0.5 mg/5ml (0.1 mg/ml)</i>	Tier 1	
<i>flumazenil iv soln 1 mg/10ml (0.1 mg/ml)</i>	Tier 1	

OPIOID ANTAGONISTS

<i>naloxone hcl inj 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl inj 4 mg/10ml</i>	Tier 1	
<i>naloxone hcl nasal spray 4 mg/0.1ml</i>	Tier 1	
<i>naloxone hcl soln cartridge 0.4 mg/ml</i>	Tier 1	
<i>naloxone hcl soln prefilled syringe 2 mg/2ml</i>	Tier 1	
<i>naltrexone hcl tab 50 mg</i>	Tier 1	

ANTIEMETICS - DRUGS FOR NAUSEA AND VOMITING

5-HT₃ RECEPTOR ANTAGONISTS

<i>granisetron hcl inj 1 mg/ml</i>	Tier 1	
<i>granisetron hcl inj 4 mg/4ml (1 mg/ml)</i>	Tier 1	
<i>granisetron hcl tab 1 mg</i>	Tier 1	
<i>ondansetron hcl inj 4 mg/2ml (2 mg/ml)</i>	Tier 1	
<i>ondansetron hcl inj 40 mg/20ml (2 mg/ml)</i>	Tier 1	
<i>ondansetron hcl inj soln pref syr 4 mg/2ml</i>	Tier 1	
<i>ondansetron hcl oral soln 4 mg/5ml</i>	Tier 1	
<i>ondansetron hcl tab 4 mg</i>	Tier 1	
<i>ondansetron hcl tab 8 mg</i>	Tier 1	
<i>ondansetron hcl tab 24 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>ondansetron orally disintegrating tab 4 mg</i>	Tier 1	
<i>ondansetron orally disintegrating tab 8 mg</i>	Tier 1	
<i>palonosetron hcl iv soln 0.25 mg/5ml (base equivalent)</i>	Tier 1	
<i>palonosetron hcl iv soln pref syr 0.25 mg/5ml (base equiv)</i>	Tier 1	
SANCUSO DIS 3.1MG (<i>granisetron</i>)	Tier 2	

ANTIEMETICS - ANTICHOLINERGIC

<i>meclizine hcl tab 12.5 mg</i>	Tier 1	
<i>meclizine hcl tab 25 mg</i>	Tier 1	
<i>meclizine hcl tab 50 mg</i>	Tier 1	
<i>scopolamine td patch 72hr 1 mg/3days</i>	Tier 1	
<i>trimethobenzamide hcl cap 300 mg</i>	Tier 1	

ANTIEMETICS - MISCELLANEOUS

<i>doxylamine-pyridoxine tab delayed release 10-10 mg</i>	Tier 1	
<i>dronabinol cap 2.5 mg</i>	Tier 1	
<i>dronabinol cap 5 mg</i>	Tier 1	
<i>dronabinol cap 10 mg</i>	Tier 1	
MARINOL CAP 2.5MG (<i>dronabinol</i>)	Tier 3	

SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS

<i>aprepitant capsule 40 mg</i>	Tier 1	
<i>aprepitant capsule 80 mg</i>	Tier 1	
<i>aprepitant capsule 125 mg</i>	Tier 1	
<i>aprepitant capsule therapy pack 80 & 125 mg</i>	Tier 1	
<i>fosaprepitant dimeglumine for iv infusion 150 mg (base eq)</i>	Tier 1	

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS

<i>casprofungin acetate for iv soln 50 mg</i>	Tier 1	
<i>casprofungin acetate for iv soln 70 mg</i>	Tier 1	
<i>micafungin sodium for iv soln 50 mg</i>	Tier 1	
<i>micafungin sodium for iv soln 100 mg</i>	Tier 1	

ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS

<i>amphotericin b for iv soln 50 mg</i>	Tier 1	
<i>amphotericin b liposome iv for susp 50 mg</i>	Tier 1	
<i>flucytosine cap 250 mg</i>	Tier 1	
<i>griseofulvin microsize susp 125 mg/5ml</i>	Tier 1	
<i>griseofulvin microsize tab 500 mg</i>	Tier 1	
<i>griseofulvin ultramicrosize tab 125 mg</i>	Tier 1	

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<i>griseofulvin ultramicrosize tab 250 mg</i>	Tier 1	
<i>nystatin tab 500000 unit</i>	Tier 1	
<i>terbinafine hcl tab 250 mg</i>	Tier 1	PA

IMIDAZOLE-RELATED ANTIFUNGALS

DIFLUCAN SUS 10MG/ML (<i>fluconazole</i>)	Tier 3	
DIFLUCAN SUS 40MG/ML (<i>fluconazole</i>)	Tier 3	
DIFLUCAN TAB 100MG (<i>fluconazole</i>)	Tier 3	
DIFLUCAN TAB 150MG (<i>fluconazole</i>)	Tier 3	QL (2 tabs every 25 days)
DIFLUCAN TAB 200MG (<i>fluconazole</i>)	Tier 3	
<i>fluconazole for susp 10 mg/ml</i>	Tier 1	
<i>fluconazole for susp 40 mg/ml</i>	Tier 1	
<i>fluconazole in nacl 0.9% inj 200 mg/100ml</i>	Tier 1	
<i>fluconazole in nacl 0.9% inj 400 mg/200ml</i>	Tier 1	
<i>fluconazole tab 50 mg</i>	Tier 1	
<i>fluconazole tab 100 mg</i>	Tier 1	
<i>fluconazole tab 150 mg</i>	Tier 1	QL (2 tabs every 25 days)
<i>fluconazole tab 200 mg</i>	Tier 1	
<i>itraconazole cap 100 mg</i>	Tier 1	PA
<i>itraconazole oral soln 10 mg/ml</i>	Tier 1	PA
<i>ketoconazole tab 200 mg</i>	Tier 1	
<i>posaconazole iv soln 300 mg/16.7ml (18 mg/ml)</i>	Tier 1	
<i>posaconazole susp 40 mg/ml</i>	Tier 1	
VFEND SUS 40MG/ML (<i>voriconazole</i>)	Tier 3	
VFEND TAB 50MG (<i>voriconazole</i>)	Tier 3	
VFEND TAB 200MG (<i>voriconazole</i>)	Tier 3	
<i>voriconazole for inj 200 mg</i>	Tier 1	
<i>voriconazole for susp 40 mg/ml</i>	Tier 1	
<i>voriconazole tab 50 mg</i>	Tier 1	
<i>voriconazole tab 200 mg</i>	Tier 1	

ANTI-HISTAMINES - DRUGS TO TREAT ALLERGIES

ANTI-HISTAMINES - ETHANOLAMINES

<i>carbinoxamine maleate soln 4 mg/5ml</i>	Tier 1	
<i>carbinoxamine maleate tab 4 mg</i>	Tier 1	
<i>clemastine fumarate syrup 0.67 mg/5ml (0.5 mg/5ml base eq)</i>	Tier 1	
<i>clemastine fumarate tab 2.68 mg</i>	Tier 1	
<i>diphenhydramine hcl elixir 12.5 mg/5ml</i>	Tier 1	
<i>diphenhydramine hcl inj 50 mg/ml</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTIHISTAMINES - NON-SEDATING		
<i>cetirizine hcl oral soln 1 mg/ml (5 mg/5ml)</i>	Tier 1	
<i>desloratadine tab 5 mg</i>	Tier 1	
<i>desloratadine tab orally disintegrating 2.5 mg</i>	Tier 1	
<i>desloratadine tab orally disintegrating 5 mg</i>	Tier 1	
<i>levocetirizine dihydrochloride soln 2.5 mg/5ml (0.5 mg/ml)</i>	Tier 1	
<i>levocetirizine dihydrochloride tab 5 mg</i>	Tier 1	
ANTIHISTAMINES - PHENOTHIAZINES		
<i>promethazine hcl inj 25 mg/ml</i>	Tier 1	
<i>promethazine hcl inj 50 mg/ml</i>	Tier 1	
<i>promethazine hcl suppos 12.5 mg</i>	Tier 1	
<i>promethazine hcl suppos 12.5 mg</i> (Promethegan)	Tier 1	
<i>promethazine hcl suppos 25 mg</i>	Tier 1	
<i>promethazine hcl suppos 25 mg</i> (Promethegan)	Tier 1	
<i>promethazine hcl suppos 50 mg</i> (Promethegan)	Tier 1	
<i>promethazine hcl syrup 6.25 mg/5ml</i>	Tier 1	
<i>promethazine hcl tab 12.5 mg</i>	Tier 1	
<i>promethazine hcl tab 25 mg</i>	Tier 1	
<i>promethazine hcl tab 50 mg</i>	Tier 1	
ANTIHISTAMINES - PIPERIDINES		
<i>cyproheptadine hcl syrup 2 mg/5ml</i>	Tier 1	
<i>cyproheptadine hcl tab 4 mg</i>	Tier 1	
ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH CHOLESTEROL		
ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS		
<i>NEXLETOL TAB 180MG (bempedoic acid)</i>	Tier 2	
ANTIHYPERTENSIVES - COMBINATIONS		
<i>ezetimibe-simvastatin tab 10-10 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-20 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-40 mg</i>	Tier 1	
<i>ezetimibe-simvastatin tab 10-80 mg</i>	Tier 1	
<i>NEXLIZET TAB 180/10MG (bempedoic acid-ezetimibe)</i>	Tier 2	
<i>VYTORIN TAB 10-10MG (ezetimibe-simvastatin)</i>	Tier 3	
<i>VYTORIN TAB 10-20MG (ezetimibe-simvastatin)</i>	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VYTORIN TAB 10-40MG (<i>ezetimibe-simvastatin</i>)	Tier 3	
VYTORIN TAB 10-80MG (<i>ezetimibe-simvastatin</i>)	Tier 3	
ANTIHYPERTENSIVES - MISC.		
<i>omega-3-acid ethyl esters cap 1 gm</i>	Tier 1	
VASCEPA CAP 0.5GM (<i>icosapent ethyl</i>)	Tier 1	
VASCEPA CAP 1GM (<i>icosapent ethyl</i>)	Tier 1	
BILE ACID SEQUESTRANTS		
<i>cholestyramine light powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine light powder 4 gm/dose</i> (Prevalite)	Tier 1	
<i>cholestyramine light powder packets 4 gm</i>	Tier 1	
<i>cholestyramine light powder packets 4 gm</i> (Prevalite)	Tier 1	
<i>cholestyramine powder 4 gm/dose</i>	Tier 1	
<i>cholestyramine powder packets 4 gm</i>	Tier 1	
<i>colesevelam hcl packet for susp 3.75 gm</i>	Tier 1	
<i>colesevelam hcl tab 625 mg</i>	Tier 1	
COLESTID FLA GRA 5/7.5GM (<i>colestipol hcl</i>)	Tier 3	
COLESTID FLA GRA 5GM (<i>colestipol hcl</i>)	Tier 3	
COLESTID GRA 5GM (<i>colestipol hcl</i>)	Tier 3	
COLESTID POW 5GM (<i>colestipol hcl</i>)	Tier 3	
COLESTID TAB 1GM (<i>colestipol hcl</i>)	Tier 3	
<i>colestipol hcl granule packets 5 gm</i>	Tier 1	
<i>colestipol hcl granules 5 gm</i>	Tier 1	
<i>colestipol hcl tab 1 gm</i>	Tier 1	
QUESTRAN POW 4GM (<i>cholestyramine</i>)	Tier 3	
QUESTRAN POW 4GM LITE (<i>cholestyramine light</i>)	Tier 3	
FIBRIC ACID DERIVATIVES		
<i>choline fenofibrate cap dr 45 mg (fenofibric acid equiv)</i>	Tier 1	
<i>choline fenofibrate cap dr 135 mg (fenofibric acid equiv)</i>	Tier 1	
<i>fenofibrate cap 150 mg</i>	Tier 1	
<i>fenofibrate micronized cap 43 mg</i>	Tier 1	
<i>fenofibrate micronized cap 67 mg</i>	Tier 1	
<i>fenofibrate micronized cap 134 mg</i>	Tier 1	
<i>fenofibrate micronized cap 200 mg</i>	Tier 1	
<i>fenofibrate tab 48 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>fenofibrate tab 54 mg</i>	Tier 1	
<i>fenofibrate tab 145 mg</i>	Tier 1	
<i>fenofibrate tab 160 mg</i>	Tier 1	
<i>fenofibric acid tab 35 mg</i>	Tier 1	
<i>fenofibric acid tab 105 mg</i>	Tier 1	
<i>gemfibrozil tab 600 mg</i>	Tier 1	
LOPID TAB 600MG (<i>gemfibrozil</i>)	Tier 3	
TRILIPIX CAP 45MG (<i>choline fenofibrate</i>)	Tier 3	
TRILIPIX CAP 135MG (<i>choline fenofibrate</i>)	Tier 3	

HMG COA REDUCTASE INHIBITORS

<i>atorvastatin calcium tab 10 mg (base equivalent)</i>	Tier 1	AGE; ACA
<i>atorvastatin calcium tab 20 mg (base equivalent)</i>	Tier 1	AGE; ACA
<i>atorvastatin calcium tab 40 mg (base equivalent)</i>	Tier 1	
<i>atorvastatin calcium tab 80 mg (base equivalent)</i>	Tier 1	
<i>fluvastatin sodium cap 20 mg (base equivalent)</i>	Tier 1	AGE; ACA
<i>fluvastatin sodium cap 40 mg (base equivalent)</i>	Tier 1	AGE; ACA
<i>fluvastatin sodium tab er 24 hr 80 mg (base equivalent)</i>	Tier 1	AGE; ACA
<i>lovastatin tab 10 mg</i>	Tier 1	AGE; ACA
<i>lovastatin tab 20 mg</i>	Tier 1	AGE; ACA
<i>lovastatin tab 40 mg</i>	Tier 1	AGE; ACA
<i>pitavastatin calcium tab 1 mg</i>	Tier 1	AGE; ACA
<i>pitavastatin calcium tab 2 mg</i>	Tier 1	AGE; ACA
<i>pitavastatin calcium tab 4 mg</i>	Tier 1	AGE; ACA
<i>pravastatin sodium tab 10 mg</i>	Tier 1	AGE; ACA
<i>pravastatin sodium tab 20 mg</i>	Tier 1	AGE; ACA
<i>pravastatin sodium tab 40 mg</i>	Tier 1	AGE; ACA
<i>pravastatin sodium tab 80 mg</i>	Tier 1	AGE; ACA
<i>rosuvastatin calcium tab 5 mg</i>	Tier 1	AGE; ACA
<i>rosuvastatin calcium tab 10 mg</i>	Tier 1	AGE; ACA
<i>rosuvastatin calcium tab 20 mg</i>	Tier 1	
<i>rosuvastatin calcium tab 40 mg</i>	Tier 1	
<i>simvastatin tab 5 mg</i>	Tier 1	AGE; ACA
<i>simvastatin tab 10 mg</i>	Tier 1	AGE; ACA
<i>simvastatin tab 20 mg</i>	Tier 1	AGE; ACA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>simvastatin tab 40 mg</i>	Tier 1	AGE; ACA
<i>simvastatin tab 80 mg</i>	Tier 1	
ZOCOR TAB 10MG (<i>simvastatin</i>)	Tier 3	
ZOCOR TAB 20MG (<i>simvastatin</i>)	Tier 3	
ZOCOR TAB 40MG (<i>simvastatin</i>)	Tier 3	

INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS

<i>ezetimibe tab 10 mg</i>	Tier 1	
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NICOTINIC ACID DERIVATIVES

<i>niacin tab er 500 mg (antihyperlipidemic)</i>	Tier 1	
<i>niacin tab er 750 mg (antihyperlipidemic)</i>	Tier 1	
<i>niacin tab er 1000 mg (antihyperlipidemic)</i>	Tier 1	

PROPROTEIN CONVERTASE SUBTILISIN/KEXIN TYPE 9 INHIBITORS

REPATHA INJ 140MG/ML (<i>evolocumab</i>)	Tier 2	PA, QL (3 syringes every 28 days)
REPATHA PUSH INJ 420/3.5 (<i>evolocumab</i>)	Tier 2	PA, QL (1 cartridge every 28 days)
REPATHA SURE INJ 140MG/ML (<i>evolocumab</i>)	Tier 2	PA, QL (3 pens every 28 days)

ANTIHYPERTENSIVES - DRUGS TO TREAT HIGH BLOOD PRESSURE

ACE INHIBITORS

ACCUPRIL TAB 5MG (<i>quinapril hcl</i>)	Tier 3	
ACCUPRIL TAB 10MG (<i>quinapril hcl</i>)	Tier 3	
ACCUPRIL TAB 20MG (<i>quinapril hcl</i>)	Tier 3	
ACCUPRIL TAB 40MG (<i>quinapril hcl</i>)	Tier 3	
ALTACE CAP 1.25MG (<i>ramipril</i>)	Tier 3	
ALTACE CAP 2.5MG (<i>ramipril</i>)	Tier 3	
ALTACE CAP 5MG (<i>ramipril</i>)	Tier 3	
ALTACE CAP 10MG (<i>ramipril</i>)	Tier 3	
<i>benazepril hcl tab 5 mg</i>	Tier 1	
<i>benazepril hcl tab 10 mg</i>	Tier 1	
<i>benazepril hcl tab 20 mg</i>	Tier 1	
<i>benazepril hcl tab 40 mg</i>	Tier 1	
<i>captopril tab 12.5 mg</i>	Tier 1	
<i>captopril tab 25 mg</i>	Tier 1	
<i>captopril tab 50 mg</i>	Tier 1	
<i>captopril tab 100 mg</i>	Tier 1	
<i>enalapril maleate oral soln 1 mg/ml</i>	Tier 1	
<i>enalapril maleate tab 2.5 mg</i>	Tier 1	
<i>enalapril maleate tab 5 mg</i>	Tier 1	
<i>enalapril maleate tab 10 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>enalapril maleate tab 20 mg</i>	Tier 1	
<i>enalaprilat iv inj 1.25 mg/ml</i>	Tier 1	
<i>fosinopril sodium tab 10 mg</i>	Tier 1	
<i>fosinopril sodium tab 20 mg</i>	Tier 1	
<i>fosinopril sodium tab 40 mg</i>	Tier 1	
<i>lisinopril tab 2.5 mg</i>	Tier 1	
<i>lisinopril tab 5 mg</i>	Tier 1	
<i>lisinopril tab 10 mg</i>	Tier 1	
<i>lisinopril tab 20 mg</i>	Tier 1	
<i>lisinopril tab 30 mg</i>	Tier 1	
<i>lisinopril tab 40 mg</i>	Tier 1	
LOTENSIN TAB 10MG (<i>benazepril hcl</i>)	Tier 3	
LOTENSIN TAB 20MG (<i>benazepril hcl</i>)	Tier 3	
LOTENSIN TAB 40MG (<i>benazepril hcl</i>)	Tier 3	
<i>moexipril hcl tab 7.5 mg</i>	Tier 1	
<i>moexipril hcl tab 15 mg</i>	Tier 1	
<i>perindopril erbumine tab 2 mg</i>	Tier 1	
<i>perindopril erbumine tab 4 mg</i>	Tier 1	
<i>perindopril erbumine tab 8 mg</i>	Tier 1	
<i>quinapril hcl tab 5 mg</i>	Tier 1	
<i>quinapril hcl tab 10 mg</i>	Tier 1	
<i>quinapril hcl tab 20 mg</i>	Tier 1	
<i>quinapril hcl tab 40 mg</i>	Tier 1	
<i>ramipril cap 1.25 mg</i>	Tier 1	
<i>ramipril cap 2.5 mg</i>	Tier 1	
<i>ramipril cap 5 mg</i>	Tier 1	
<i>ramipril cap 10 mg</i>	Tier 1	
<i>trandolapril tab 1 mg</i>	Tier 1	
<i>trandolapril tab 2 mg</i>	Tier 1	
<i>trandolapril tab 4 mg</i>	Tier 1	
ZESTRIL TAB 2.5MG (<i>lisinopril</i>)	Tier 3	
ZESTRIL TAB 5MG (<i>lisinopril</i>)	Tier 3	
ZESTRIL TAB 10MG (<i>lisinopril</i>)	Tier 3	
ZESTRIL TAB 20MG (<i>lisinopril</i>)	Tier 3	
ZESTRIL TAB 30MG (<i>lisinopril</i>)	Tier 3	
ZESTRIL TAB 40MG (<i>lisinopril</i>)	Tier 3	

AGENTS FOR PHEOCHROMOCYTOMA

<i>metyrosine cap 250 mg</i>	Tier 1	
<i>phenoxybenzamine hcl cap 10 mg</i>	Tier 1	
<i>phentolamine mesylate for inj 5 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

ANGIOTENSIN II RECEPTOR ANTAGONISTS

<i>candesartan cilexetil tab 4 mg</i>	Tier 1
<i>candesartan cilexetil tab 8 mg</i>	Tier 1
<i>candesartan cilexetil tab 16 mg</i>	Tier 1
<i>candesartan cilexetil tab 32 mg</i>	Tier 1
<i>irbesartan tab 75 mg</i>	Tier 1
<i>irbesartan tab 150 mg</i>	Tier 1
<i>irbesartan tab 300 mg</i>	Tier 1
<i>losartan potassium tab 25 mg</i>	Tier 1
<i>losartan potassium tab 50 mg</i>	Tier 1
<i>losartan potassium tab 100 mg</i>	Tier 1
<i>olmesartan medoxomil tab 5 mg</i>	Tier 1
<i>olmesartan medoxomil tab 20 mg</i>	Tier 1
<i>olmesartan medoxomil tab 40 mg</i>	Tier 1
<i>telmisartan tab 20 mg</i>	Tier 1
<i>telmisartan tab 40 mg</i>	Tier 1
<i>telmisartan tab 80 mg</i>	Tier 1
<i>valsartan oral soln 4 mg/ml</i>	Tier 1
<i>valsartan tab 40 mg</i>	Tier 1
<i>valsartan tab 80 mg</i>	Tier 1
<i>valsartan tab 160 mg</i>	Tier 1
<i>valsartan tab 320 mg</i>	Tier 1

ANTIADRENERGIC ANTIHYPERTENSIVES

CARDURA TAB 1MG (<i>doxazosin mesylate</i>)	Tier 3
CARDURA TAB 2MG (<i>doxazosin mesylate</i>)	Tier 3
CARDURA TAB 4MG (<i>doxazosin mesylate</i>)	Tier 3
CARDURA TAB 8MG (<i>doxazosin mesylate</i>)	Tier 3
CATAPRES-TTS DIS 0.1/24HR (<i>clonidine</i>)	Tier 3
CATAPRES-TTS DIS 0.2/24HR (<i>clonidine</i>)	Tier 3
CATAPRES-TTS DIS 0.3/24HR (<i>clonidine</i>)	Tier 3
<i>clonidine hcl tab 0.1 mg</i>	Tier 1
<i>clonidine hcl tab 0.2 mg</i>	Tier 1
<i>clonidine hcl tab 0.3 mg</i>	Tier 1
<i>clonidine hcl tab er 24hr 0.17 mg (base equivalent)</i>	Tier 1
<i>clonidine td patch weekly 0.1 mg/24hr</i>	Tier 1
<i>clonidine td patch weekly 0.2 mg/24hr</i>	Tier 1
<i>clonidine td patch weekly 0.3 mg/24hr</i>	Tier 1
<i>doxazosin mesylate tab 1 mg</i>	Tier 1
<i>doxazosin mesylate tab 2 mg</i>	Tier 1
<i>doxazosin mesylate tab 4 mg</i>	Tier 1

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **77**
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 Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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doxazosin mesylate tab 8 mg	Tier 1	
guanfacine hcl tab 1 mg	Tier 1	
guanfacine hcl tab 2 mg	Tier 1	
prazosin hcl cap 1 mg	Tier 1	
prazosin hcl cap 2 mg	Tier 1	
prazosin hcl cap 5 mg	Tier 1	
terazosin hcl cap 1 mg (base equivalent)	Tier 1	
terazosin hcl cap 2 mg (base equivalent)	Tier 1	
terazosin hcl cap 5 mg (base equivalent)	Tier 1	
terazosin hcl cap 10 mg (base equivalent)	Tier 1	

ANTIHYPERTENSIVE COMBINATIONS

ACCURETIC TAB 10-12.5 (quinapril-hydrochlorothiazide)	Tier 3	
ACCURETIC TAB 20-12.5 (quinapril-hydrochlorothiazide)	Tier 3	
amlodipine besylate-benazepril hcl cap 2.5-10 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 5-10 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 5-20 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 5-40 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 10-20 mg	Tier 1	
amlodipine besylate-benazepril hcl cap 10-40 mg	Tier 1	
amlodipine besylate-olmesartan medoxomil tab 5-20 mg	Tier 1	
amlodipine besylate-olmesartan medoxomil tab 5-40 mg	Tier 1	
amlodipine besylate-olmesartan medoxomil tab 10-20 mg	Tier 1	
amlodipine besylate-olmesartan medoxomil tab 10-40 mg	Tier 1	
amlodipine besylate-valsartan tab 5-160 mg	Tier 1	
amlodipine besylate-valsartan tab 5-320 mg	Tier 1	
amlodipine besylate-valsartan tab 10-160 mg	Tier 1	
amlodipine besylate-valsartan tab 10-320 mg	Tier 1	
amlodipine-valsartan-hydrochlorothiazide tab 5-160-12.5 mg	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine-valsartan-hydrochlorothiazide tab 5-160-25 mg</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-12.5 mg</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-160-25 mg</i>	Tier 1	
<i>amlodipine-valsartan-hydrochlorothiazide tab 10-320-25 mg</i>	Tier 1	
<i>atenolol & chlorthalidone tab 50-25 mg</i>	Tier 1	
<i>atenolol & chlorthalidone tab 100-25 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>benazepril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 2.5-6.25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 5-6.25 mg</i>	Tier 1	
<i>bisoprolol & hydrochlorothiazide tab 10-6.25 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 16-12.5 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-12.5 mg</i>	Tier 1	
<i>candesartan cilexetil-hydrochlorothiazide tab 32-25 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 25-15 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 50-15 mg</i>	Tier 1	
<i>captopril & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 5-12.5 mg</i>	Tier 1	
<i>enalapril maleate & hydrochlorothiazide tab 10-25 mg</i>	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>fosinopril sodium & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>irbesartan-hydrochlorothiazide tab 150-12.5 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide tab 300-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 10-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>lisinopril & hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 50-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-12.5 mg</i>	Tier 1	
<i>losartan potassium & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
LOTENSIN HCT TAB 10-12.5 (<i>benazepril & hydrochlorothiazide</i>)	Tier 3	
LOTENSIN HCT TAB 20-12.5 (<i>benazepril & hydrochlorothiazide</i>)	Tier 3	
LOTENSIN HCT TAB 20-25MG (<i>benazepril & hydrochlorothiazide</i>)	Tier 3	
LOTREL CAP 5-10MG (<i>amlodipine besylate-benazepril hcl</i>)	Tier 3	
LOTREL CAP 5-20MG (<i>amlodipine besylate-benazepril hcl</i>)	Tier 3	
LOTREL CAP 10-20MG (<i>amlodipine besylate-benazepril hcl</i>)	Tier 3	
LOTREL CAP 10-40MG (<i>amlodipine besylate-benazepril hcl</i>)	Tier 3	
<i>metoprolol & hydrochlorothiazide tab 50-25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 100-25 mg</i>	Tier 1	
<i>metoprolol & hydrochlorothiazide tab 100-50 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	
<i>olmesartan medoxomil-hydrochlorothiazide tab 40-25 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>olmesartan-amlodipine-hydrochlorothiazide tab 20-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-5-25 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-12.5 mg</i>	Tier 1	
<i>olmesartan-amlodipine-hydrochlorothiazide tab 40-10-25 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-12.5 mg</i>	Tier 1	
<i>quinapril-hydrochlorothiazide tab 20-25 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 40-5 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 40-10 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 80-5 mg</i>	Tier 1	
<i>telmisartan-amlodipine tab 80-10 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 40-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>telmisartan-hydrochlorothiazide tab 80-25 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 1-240 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 2-180 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 2-240 mg</i>	Tier 1	
<i>trandolapril-verapamil hcl tab er 4-240 mg</i>	Tier 1	
TRIBENZOR20- TAB 5-12.5MG (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	Tier 3	
TRIBENZOR40- TAB 5-12.5MG (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	Tier 3	
TRIBENZOR40- TAB 5-25MG (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	Tier 3	
TRIBENZOR40- TAB 10-12.5 (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	Tier 3	
TRIBENZOR40- TAB 10-25MG (<i>olmesartan medoxomil-amlodipine-hydrochlorothiazide</i>)	Tier 3	
<i>valsartan-hydrochlorothiazide tab 80-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-12.5 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 160-25 mg</i>	Tier 1	
<i>valsartan-hydrochlorothiazide tab 320-12.5 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 81

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>valsartan-hydrochlorothiazide tab 320-25 mg</i>	Tier 1	
VASERETIC TAB 10-25MG (<i>enalapril maleate & hydrochlorothiazide</i>)	Tier 3	
DIRECT RENIN INHIBITORS		
<i>aliskiren fumarate tab 150 mg (base equivalent)</i>	Tier 1	
<i>aliskiren fumarate tab 300 mg (base equivalent)</i>	Tier 1	
SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)		
<i>eplerenone tab 25 mg</i>	Tier 1	
<i>eplerenone tab 50 mg</i>	Tier 1	
INSPRA TAB 25MG (<i>eplerenone</i>)	Tier 3	
INSPRA TAB 50MG (<i>eplerenone</i>)	Tier 3	
VASODILATORS		
<i>hydralazine hcl inj 20 mg/ml</i>	Tier 1	
<i>hydralazine hcl tab 10 mg</i>	Tier 1	
<i>hydralazine hcl tab 25 mg</i>	Tier 1	
<i>hydralazine hcl tab 50 mg</i>	Tier 1	
<i>hydralazine hcl tab 100 mg</i>	Tier 1	
<i>minoxidil tab 2.5 mg</i>	Tier 1	
<i>minoxidil tab 10 mg</i>	Tier 1	
<i>nitroprusside sodium iv soln 25 mg/ml</i>	Tier 1	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
ANTIMALARIAL COMBINATIONS		
<i>atovaquone-proguanil hcl tab 62.5-25 mg</i>	Tier 1	
<i>atovaquone-proguanil hcl tab 250-100 mg</i>	Tier 1	
MALARONE TAB 62.5-25 (<i>atovaquone-proguanil hcl</i>)	Tier 3	
MALARONE TAB 250-100 (<i>atovaquone-proguanil hcl</i>)	Tier 3	
ANTIMALARIALS - DRUGS TO TREAT MALARIA		
<i>chloroquine phosphate tab 250 mg</i>	Tier 1	Up to 10 day supply; Limit of one fill per 60 days
<i>chloroquine phosphate tab 500 mg</i>	Tier 1	Up to 10 day supply; Limit of one fill per 60 days
<i>hydroxychloroquine sulfate tab 200 mg</i>	Tier 1	Up to 10 day supply; Limit of one fill per 60 days
<i>mefloquine hcl tab 250 mg</i>	Tier 1	
PLAQUENIL TAB 200MG (<i>hydroxychloroquine sulfate</i>)	Tier 3	Up to 10 day supply; Limit of one fill per 60 days

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>primaquine phosphate tab 26.3 mg (15 mg base)</i>	Tier 1	
<i>pyrimethamine tab 25 mg</i>	Tier 1	
<i>quinine sulfate cap 324 mg</i>	Tier 1	

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS TO TREAT MUSCLE DISORDERS

<i>neostigmine methylsulfate iv soln 5 mg/10 ml (0.5 mg/ml)</i>	Tier 1	
<i>neostigmine methylsulfate iv soln 10 mg/10 ml (1 mg/ml)</i>	Tier 1	
<i>neostigmine methylsulfate soln pref syr 3 mg/3ml (1 mg/ml)</i>	Tier 1	
<i>pyridostigmine bromide oral soln 60 mg/5ml</i>	Tier 1	
<i>pyridostigmine bromide tab 60 mg</i>	Tier 1	
<i>pyridostigmine bromide tab er 180 mg</i>	Tier 1	

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

ANTIMYCOBACTERIAL AGENTS - DRUGS TO TREAT INFECTIONS

<i>cycloserine cap 250 mg</i>	Tier 1	
<i>ethambutol hcl tab 100 mg</i>	Tier 1	
<i>ethambutol hcl tab 400 mg</i>	Tier 1	
<i>isoniazid inj 100 mg/ml</i>	Tier 1	
<i>isoniazid syrup 50 mg/5ml</i>	Tier 1	
<i>isoniazid tab 100 mg</i>	Tier 1	
<i>isoniazid tab 300 mg</i>	Tier 1	
MYAMBUTOL TAB 400MG (<i>ethambutol hcl</i>)	Tier 3	
<i>pyrazinamide tab 500 mg</i>	Tier 1	
<i>rifabutin cap 150 mg</i>	Tier 1	
<i>rifampin cap 150 mg</i>	Tier 1	
<i>rifampin cap 300 mg</i>	Tier 1	
<i>rifampin for inj 600 mg</i>	Tier 1	

ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS TO TREAT CANCER

ALKYLATING AGENTS

<i>bendamustine hcl for iv soln 25 mg</i>	Tier 1	PA
<i>bendamustine hcl for iv soln 100 mg</i>	Tier 1	PA
<i>busulfan inj 6 mg/ml</i>	Tier 1	
<i>carboplatin iv soln 50 mg/5ml</i>	Tier 1	
<i>carboplatin iv soln 150 mg/15ml</i>	Tier 1	
<i>carboplatin iv soln 450 mg/45ml</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
carboplatin iv soln 600 mg/60ml	Tier 1	
carboplatin iv soln 1000 mg/100ml (Paraplatin)	Tier 1	
carmustine for inj 100 mg	Tier 1	
cisplatin inj 50 mg/50ml (1 mg/ml)	Tier 1	
cisplatin inj 100 mg/100ml (1 mg/ml)	Tier 1	
cisplatin inj 200 mg/200ml (1 mg/ml)	Tier 1	
cyclophosphamide cap 25 mg	Tier 1	ONC
cyclophosphamide cap 50 mg	Tier 1	ONC
cyclophosphamide for inj 1 gm	Tier 1	
cyclophosphamide for inj 2 gm	Tier 1	
cyclophosphamide for inj 500 mg	Tier 1	
cyclophosphamide iv soln 1 gm/5ml (200 mg/ml)	Tier 1	
cyclophosphamide iv soln 2 gm/10ml (200 mg/ml)	Tier 1	
cyclophosphamide iv soln 500 mg/2.5ml (200 mg/ml)	Tier 1	
ifosfamide for inj 1 gm	Tier 1	
ifosfamide iv inj 1 gm/20ml (50 mg/ml)	Tier 1	
ifosfamide iv inj 3 gm/60ml (50 mg/ml)	Tier 1	
LEUKERAN TAB 2MG (chlorambucil)	Tier 3	ONC
melphalan hcl for inj 50 mg (base equiv)	Tier 1	
melphalan tab 2 mg	Tier 1	ONC
MYLERAN TAB 2MG (busulfan)	Tier 3	ONC
oxaliplatin for iv inj 50 mg	Tier 1	
oxaliplatin for iv inj 100 mg	Tier 1	
oxaliplatin iv soln 50 mg/10ml	Tier 1	
oxaliplatin iv soln 100 mg/20ml	Tier 1	
oxaliplatin iv soln 200 mg/40ml	Tier 1	
temozolomide cap 5 mg	Tier 1	PA; ONC
temozolomide cap 20 mg	Tier 1	PA; ONC
temozolomide cap 100 mg	Tier 1	PA; ONC
temozolomide cap 140 mg	Tier 1	PA; ONC
temozolomide cap 180 mg	Tier 1	PA; ONC
temozolomide cap 250 mg	Tier 1	PA; ONC
thiotepa for inj 15 mg	Tier 1	
thiotepa for inj 100 mg	Tier 1	
ANTIMETABOLITES		
azacitidine for inj 100 mg	Tier 1	PA
capecitabine tab 150 mg	Tier 1	PA; ONC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>capecitabine tab 500 mg</i>	Tier 1	PA; ONC
<i>cladribine iv soln 10 mg/10ml (1 mg/ml)</i>	Tier 1	
<i>clofarabine iv soln 1 mg/ml</i>	Tier 1	
<i>cytarabine inj 20 mg/ml</i>	Tier 1	
<i>cytarabine inj pf 20 mg/ml</i>	Tier 1	
<i>cytarabine inj pf 100 mg/ml</i>	Tier 1	
<i>decitabine for inj 50 mg</i>	Tier 1	PA
<i>floxuridine for inj 0.5 gm</i>	Tier 1	
<i>fludarabine phosphate for inj 50 mg</i>	Tier 1	
<i>fludarabine phosphate inj 25 mg/ml</i>	Tier 1	
<i>fluorouracil iv soln 1 gm/20ml (50 mg/ml)</i>	Tier 1	
<i>fluorouracil iv soln 2.5 gm/50ml (50 mg/ml)</i>	Tier 1	
<i>fluorouracil iv soln 5 gm/100ml (50 mg/ml)</i>	Tier 1	
<i>fluorouracil iv soln 500 mg/10ml (50 mg/ml)</i>	Tier 1	
<i>gemcitabine hcl for inj 1 gm</i>	Tier 1	
<i>gemcitabine hcl for inj 2 gm</i>	Tier 1	
<i>gemcitabine hcl for inj 200 mg</i>	Tier 1	
<i>gemcitabine hcl inj 1 gm/26.3ml (38 mg/ml) (base equiv)</i>	Tier 1	
<i>gemcitabine hcl inj 2 gm/52.6ml (38 mg/ml) (base equiv)</i>	Tier 1	
<i>gemcitabine hcl inj 200 mg/5.26ml (38 mg/ml) (base equiv)</i>	Tier 1	
<i>mercaptopurine tab 50 mg</i>	Tier 1	ONC
<i>methotrexate sodium for inj 1 gm</i>	Tier 1	
<i>methotrexate sodium inj 50 mg/2ml (25 mg/ml)</i>	Tier 1	
<i>methotrexate sodium inj 250 mg/10ml (25 mg/ml)</i>	Tier 1	
<i>methotrexate sodium inj pf 50 mg/2ml (25 mg/ml)</i>	Tier 1	
<i>methotrexate sodium inj pf 250 mg/10ml (25 mg/ml)</i>	Tier 1	
<i>methotrexate sodium inj pf 1000 mg/40ml (25 mg/ml)</i>	Tier 1	
<i>methotrexate sodium tab 2.5 mg (base equiv)</i>	Tier 1	ONC
<i>nelarabine iv soln 5 mg/ml</i>	Tier 1	
<i>pemetrexed disodium for iv soln 100 mg (base equiv)</i>	Tier 1	
<i>pemetrexed disodium for iv soln 500 mg (base equiv)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>pemetrexed disodium for iv soln 750 mg (base equiv)</i>	Tier 1	
<i>pemetrexed disodium for iv soln 1000 mg (base equiv)</i>	Tier 1	
<i>pralatrexate iv inj 20 mg/ml</i>	Tier 1	PA
<i>pralatrexate iv inj 40 mg/2ml</i>	Tier 1	PA
TABLOID TAB 40MG (<i>thioguanine</i>)	Tier 3	ONC
TREXALL TAB 5MG (<i>methotrexate sodium</i>)	Tier 3	ONC
TREXALL TAB 7.5MG (<i>methotrexate sodium</i>)	Tier 3	ONC
TREXALL TAB 10MG (<i>methotrexate sodium</i>)	Tier 3	ONC
TREXALL TAB 15MG (<i>methotrexate sodium</i>)	Tier 3	ONC
XELODA TAB 150MG (<i>capecitabine</i>)	Tier 3	PA; ONC
XELODA TAB 500MG (<i>capecitabine</i>)	Tier 3	PA; ONC

ANTINEOPLASTIC - ANGIOGENESIS INHIBITORS

INLYTA TAB 1MG (<i>axitinib</i>)	Tier 2	PA; ONC
INLYTA TAB 5MG (<i>axitinib</i>)	Tier 2	PA; ONC
LENVIMA CAP 4MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
LENVIMA CAP 8 MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
LENVIMA CAP 10 MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
LENVIMA CAP 12MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
LENVIMA CAP 14 MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
LENVIMA CAP 18 MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
LENVIMA CAP 20 MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
LENVIMA CAP 24 MG (<i>lenvatinib mesylate</i>)	Tier 2	PA; ONC
ZIRABEV INJ 100/4ML (<i>bevacizumab-bvzr</i>)	Tier 2	PA
ZIRABEV INJ 400/16ML (<i>bevacizumab-bvzr</i>)	Tier 2	PA

ANTINEOPLASTIC - ANTI-HER2 AGENTS

HERZUMA INJ 150MG (<i>trastuzumab-pkrb</i>)	Tier 2	PA
HERZUMA INJ 420MG (<i>trastuzumab-pkrb</i>)	Tier 2	PA
OGIVRI INJ 150MG (<i>trastuzumab-dkst</i>)	Tier 2	PA
OGIVRI INJ 420MG (<i>trastuzumab-dkst</i>)	Tier 2	PA
PERJETA INJ 420/14ML (<i>pertuzumab</i>)	Tier 2	PA

ANTINEOPLASTIC - ANTIBODIES

RUXIENCENCE INJ 100/10ML (<i>rituximab-pvvr</i>)	Tier 2	PA
RUXIENCENCE INJ 500/50ML (<i>rituximab-pvvr</i>)	Tier 2	PA

ANTINEOPLASTIC - EGFR INHIBITORS

<i>erlotinib hcl tab 25 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>erlotinib hcl tab 100 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>erlotinib hcl tab 150 mg (base equivalent)</i>	Tier 1	PA; ONC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
gefitinib tab 250 mg	Tier 1	PA, QL (1 tab every 1 day); ONC
TAGRISSE TAB 40MG (osimertinib mesylate)	Tier 2	PA; ONC
TAGRISSE TAB 80MG (osimertinib mesylate)	Tier 2	PA; ONC
ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS		
ERIVEDGE CAP 150MG (vismodegib)	Tier 2	PA; ONC
ODOMZO CAP 200MG (sonidegib phosphate)	Tier 2	PA; ONC
ANTINEOPLASTIC - HORMONAL AND RELATED AGENTS		
abiraterone acetate tab 250 mg	Tier 1	PA; ONC
abiraterone acetate tab 500 mg	Tier 1	PA; ONC
anastrozole tab 1 mg	Tier 1	AGE; ACA, ONC
ARIMIDEX TAB 1MG (anastrozole)	Tier 3	ONC
AROMASIN TAB 25MG (exemestane)	Tier 3	ONC
bicalutamide tab 50 mg	Tier 1	ONC
CASODEX TAB 50MG (bicalutamide)	Tier 3	ONC
ELIGARD INJ 7.5MG (leuprolide acetate)	Tier 2	PA
ELIGARD INJ 22.5MG (leuprolide acetate (3 month))	Tier 2	PA
ELIGARD INJ 30MG (leuprolide acetate (4 month))	Tier 2	PA
ELIGARD INJ 45MG (leuprolide acetate (6 month))	Tier 2	PA
ERLEADA TAB 60MG (apalutamide)	Tier 2	PA; ONC
ERLEADA TAB 240MG (apalutamide)	Tier 2	PA; ONC
exemestane tab 25 mg	Tier 1	AGE; ACA, ONC
FEMARA TAB 2.5MG (letrozole)	Tier 3	ONC
fulvestrant inj soln pref syr 250 mg/5ml	Tier 1	PA
letrozole tab 2.5 mg	Tier 1	ONC
leuprolide acetate inj kit 1 mg/0.2ml (5 mg/ml)	Tier 1	PA
LYSODREN TAB 500MG (mitotane)	Tier 3	ONC
megestrol acetate susp 40 mg/ml	Tier 1	ONC
megestrol acetate tab 20 mg	Tier 1	ONC
megestrol acetate tab 40 mg	Tier 1	ONC
nilutamide tab 150 mg	Tier 1	ONC
NUBEQA TAB 300MG (darolutamide)	Tier 2	PA; ONC
tamoxifen citrate tab 10 mg (base equivalent)	Tier 1	AGE; ACA, ONC
tamoxifen citrate tab 20 mg (base equivalent)	Tier 1	AGE; ACA, ONC
toremifene citrate tab 60 mg (base equivalent)	Tier 1	ONC
XTANDI CAP 40MG (enzalutamide)	Tier 2	PA; ONC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
XTANDI TAB 40MG (<i>enzalutamide</i>)	Tier 2	PA; ONC
XTANDI TAB 80MG (<i>enzalutamide</i>)	Tier 2	PA; ONC
YONSA TAB 125MG (<i>abiraterone acetate micronized</i>)	Tier 2	PA; ONC

ANTINEOPLASTIC ANTIBIOTICS

<i>bleomycin sulfate for inj 15 unit</i>	Tier 1	
<i>bleomycin sulfate for inj 30 unit</i>	Tier 1	
<i>dactinomycin for inj 0.5 mg</i>	Tier 1	
<i>daunorubicin hcl iv soln 20 mg/4ml (base equiv)</i>	Tier 1	
<i>doxorubicin hcl for inj 10 mg</i>	Tier 1	
<i>doxorubicin hcl for inj 50 mg</i>	Tier 1	
<i>doxorubicin hcl for inj 50 mg</i> (Adriamycin)	Tier 1	
<i>doxorubicin hcl inj 2 mg/ml</i>	Tier 1	
<i>doxorubicin hcl liposomal inj (for iv infusion) 2 mg/ml</i>	Tier 1	
<i>idarubicin hcl iv inj 5 mg/5ml (1 mg/ml)</i>	Tier 1	
<i>idarubicin hcl iv inj 10 mg/10ml (1 mg/ml)</i>	Tier 1	
<i>idarubicin hcl iv inj 20 mg/20ml (1 mg/ml)</i>	Tier 1	
<i>mitomycin for iv soln 5 mg</i>	Tier 1	
<i>mitomycin for iv soln 5 mg</i> (Mutamycin)	Tier 1	
<i>mitomycin for iv soln 20 mg</i>	Tier 1	
<i>mitomycin for iv soln 20 mg</i> (Mutamycin)	Tier 1	
<i>mitomycin for iv soln 40 mg</i>	Tier 1	
<i>mitomycin for iv soln 40 mg</i> (Mutamycin)	Tier 1	
<i>mitoxantrone hcl inj conc 20 mg/10ml (2 mg/ml)</i>	Tier 1	
<i>mitoxantrone hcl inj conc 25 mg/12.5ml (2 mg/ml)</i>	Tier 1	
<i>mitoxantrone hcl inj conc 30 mg/15ml (2 mg/ml)</i>	Tier 1	
<i>valrubicin soln for intravesical instillation 40 mg/ml</i>	Tier 1	

ANTINEOPLASTIC COMBINATIONS

KISQALI 200 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 2	PA, QL (54 tabs every 30 days); ONC
KISQALI 400 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 2	PA, QL (75 tabs every 30 days); ONC
KISQALI 600 PAK FEMARA (<i>ribociclib succinate-letrozole</i>)	Tier 2	PA, QL (99 tabs every 30 days); ONC
LONSURF TAB 15-6.14 (<i>trifluridine-tipiracil</i>)	Tier 2	PA; ONC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
LONSURF TAB 20-8.19 (<i>trifluridine-tipiracil</i>)	Tier 2	PA; ONC
PHESGO SOL (<i>pertuzumab-trastuzumab-hyaluronidase-zzxf</i>)	Tier 2	PA

ANTINEOPLASTIC ENZYME INHIBITORS

ALECENSA CAP 150MG (<i>alectinib hcl</i>)	Tier 2	PA; ONC
ALUNBRIG PAK (<i>brigatinib</i>)	Tier 2	PA; ONC
ALUNBRIG TAB 30MG (<i>brigatinib</i>)	Tier 2	PA; ONC
ALUNBRIG TAB 90MG (<i>brigatinib</i>)	Tier 2	PA; ONC
ALUNBRIG TAB 180MG (<i>brigatinib</i>)	Tier 2	PA; ONC
<i>bortezomib for inj 3.5 mg</i>	Tier 1	PA
BOSULIF CAP 50MG (<i>bosutinib</i>)	Tier 2	PA; ONC
BOSULIF CAP 100MG (<i>bosutinib</i>)	Tier 2	PA; ONC
BOSULIF TAB 100MG (<i>bosutinib</i>)	Tier 2	PA; ONC
BOSULIF TAB 400MG (<i>bosutinib</i>)	Tier 2	PA; ONC
BOSULIF TAB 500MG (<i>bosutinib</i>)	Tier 2	PA; ONC
BRAFTOVI CAP 75MG (<i>encorafenib</i>)	Tier 2	PA; ONC
BRUKINSA CAP 80MG (<i>zanubrutinib</i>)	Tier 2	PA; ONC
CABOMETYX TAB 20MG (<i>cabozantinib s-malate</i>)	Tier 2	PA; ONC
CABOMETYX TAB 40MG (<i>cabozantinib s-malate</i>)	Tier 2	PA; ONC
CABOMETYX TAB 60MG (<i>cabozantinib s-malate</i>)	Tier 2	PA; ONC
CALQUENCE TAB 100MG (<i>acalabrutinib maleate</i>)	Tier 2	PA; ONC
COPIKTRA CAP 15MG (<i>duvelisib</i>)	Tier 2	PA; ONC
COPIKTRA CAP 25MG (<i>duvelisib</i>)	Tier 2	PA; ONC
COTELLIC TAB 20MG (<i>cobimetinib fumarate</i>)	Tier 2	PA; ONC
<i>everolimus tab 2.5 mg</i>	Tier 1	PA; ONC
<i>everolimus tab 5 mg</i>	Tier 1	PA; ONC
<i>everolimus tab 7.5 mg</i>	Tier 1	PA; ONC
<i>everolimus tab 10 mg</i>	Tier 1	PA; ONC
<i>everolimus tab for oral susp 2 mg</i>	Tier 1	PA; ONC
<i>everolimus tab for oral susp 3 mg</i>	Tier 1	PA; ONC
<i>everolimus tab for oral susp 5 mg</i>	Tier 1	PA; ONC
GAVRETO CAP 100MG (<i>pralsetinib</i>)	Tier 2	PA; ONC
IBRANCE CAP 75MG (<i>palbociclib</i>)	Tier 2	PA; ONC
IBRANCE CAP 100MG (<i>palbociclib</i>)	Tier 2	PA; ONC
IBRANCE CAP 125MG (<i>palbociclib</i>)	Tier 2	PA; ONC
IBRANCE TAB 75MG (<i>palbociclib</i>)	Tier 2	PA, QL (42 tabs every 28 days); ONC

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
IBRANCE TAB 100MG (<i>palbociclib</i>)	Tier 2	PA, QL (42 tabs every 28 days); ONC
IBRANCE TAB 125MG (<i>palbociclib</i>)	Tier 2	PA, QL (42 tabs every 28 days); ONC
<i>imatinib mesylate tab 100 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>imatinib mesylate tab 400 mg (base equivalent)</i>	Tier 1	PA; ONC
KISQALI TAB 200DOSE (<i>ribociclib succinate</i>)	Tier 2	PA, QL (21 tabs every 28 days); ONC
KISQALI TAB 400DOSE (<i>ribociclib succinate</i>)	Tier 2	PA, QL (42 tabs every 28 days); ONC
KISQALI TAB 600DOSE (<i>ribociclib succinate</i>)	Tier 2	PA, QL (63 tabs every 28 days); ONC
KOSELUGO CAP 10MG (<i>selumetinib sulfate</i>)	Tier 2	PA; ONC
KOSELUGO CAP 25MG (<i>selumetinib sulfate</i>)	Tier 2	PA; ONC
KRAZATI TAB 200MG (<i>adagrasib</i>)	Tier 2	PA; ONC
<i>lapatinib ditosylate tab 250 mg (base equiv)</i>	Tier 1	PA; ONC
LUMAKRAS TAB 120MG (<i>sotorasib</i>)	Tier 2	PA; ONC
LUMAKRAS TAB 320MG (<i>sotorasib</i>)	Tier 2	PA; ONC
LYNPARZA TAB 100MG (<i>olaparib</i>)	Tier 2	PA; ONC
LYNPARZA TAB 150MG (<i>olaparib</i>)	Tier 2	PA; ONC
MEKTOVI TAB 15MG (<i>binimetinib</i>)	Tier 2	PA; ONC
NINLARO CAP 2.3MG (<i>ixazomib citrate</i>)	Tier 2	PA, QL (6 caps every 28 days); ONC
NINLARO CAP 3MG (<i>ixazomib citrate</i>)	Tier 2	PA, QL (6 caps every 28 days); ONC
NINLARO CAP 4MG (<i>ixazomib citrate</i>)	Tier 2	PA, QL (6 caps every 28 days); ONC
<i>pazopanib hcl tab 200 mg (base equiv)</i>	Tier 1	PA; ONC
RETEVMO CAP 40MG (<i>selpercatinib</i>)	Tier 2	PA; ONC
RETEVMO CAP 80MG (<i>selpercatinib</i>)	Tier 2	PA; ONC
<i>romidepsin for iv inj 10 mg</i>	Tier 1	PA
ROZLYTREK CAP 100MG (<i>entrectinib</i>)	Tier 2	PA; ONC
ROZLYTREK CAP 200MG (<i>entrectinib</i>)	Tier 2	PA; ONC
ROZLYTREK PAK 50MG (<i>entrectinib</i>)	Tier 2	PA; ONC
RYDAPT CAP 25MG (<i>midostaurin</i>)	Tier 2	PA; ONC
<i>sorafenib tosylate tab 200 mg (base equivalent)</i>	Tier 1	PA; ONC
SPRYCEL TAB 20MG (<i>dasatinib</i>)	Tier 2	PA; ONC
SPRYCEL TAB 50MG (<i>dasatinib</i>)	Tier 2	PA; ONC

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AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SPRYCEL TAB 70MG (<i>dasatinib</i>)	Tier 2	PA; ONC
SPRYCEL TAB 80MG (<i>dasatinib</i>)	Tier 2	PA; ONC
SPRYCEL TAB 100MG (<i>dasatinib</i>)	Tier 2	PA; ONC
SPRYCEL TAB 140MG (<i>dasatinib</i>)	Tier 2	PA; ONC
STIVARGA TAB 40MG (<i>regorafenib</i>)	Tier 2	PA; ONC
<i>sunitinib malate cap 12.5 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>sunitinib malate cap 25 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>sunitinib malate cap 37.5 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>sunitinib malate cap 50 mg (base equivalent)</i>	Tier 1	PA; ONC
<i>temsirolimus soln for iv infusion 25 mg/ml</i>	Tier 1	PA
VITRAKVI CAP 25MG (<i>larotrectinib sulfate</i>)	Tier 2	PA; ONC
VITRAKVI CAP 100MG (<i>larotrectinib sulfate</i>)	Tier 2	PA; ONC
VITRAKVI SOL 20MG/ML (<i>larotrectinib sulfate</i>)	Tier 2	PA; ONC
XOSPATA TAB 40MG (<i>gilteritinib fumarate</i>)	Tier 2	PA; ONC
ZEJULA TAB 100MG (<i>niraparib tosylate</i>)	Tier 2	PA; ONC
ZEJULA TAB 200MG (<i>niraparib tosylate</i>)	Tier 2	PA; ONC
ZEJULA TAB 300MG (<i>niraparib tosylate</i>)	Tier 2	PA; ONC
ZELBORAF TAB 240MG (<i>vemurafenib</i>)	Tier 2	PA; ONC
ZOLINZA CAP 100MG (<i>vorinostat</i>)	Tier 3	PA; ONC
ZYDELIG TAB 100MG (<i>idelalisib</i>)	Tier 2	PA; ONC
ZYDELIG TAB 150MG (<i>idelalisib</i>)	Tier 2	PA; ONC
ZYKADIA TAB 150MG (<i>ceritinib</i>)	Tier 2	PA; ONC
ANTINEOPLASTICS MISC.		
<i>arsenic trioxide iv soln 10 mg/10ml (1 mg/ml)</i>	Tier 1	
<i>arsenic trioxide iv soln 12 mg/6ml (2 mg/ml)</i>	Tier 1	
BESREMI SOL 500MCG (<i>ropeginterferon alfa-2b-njft</i>)	Tier 2	PA, QL (2 syringes every 28 days)
<i>bexarotene cap 75 mg</i>	Tier 1	PA; ONC
<i>dacarbazine for inj 100 mg</i>	Tier 1	
<i>dacarbazine for inj 200 mg</i>	Tier 1	
HYDREA CAP 500MG (<i>hydroxyurea</i>)	Tier 3	ONC
<i>hydroxyurea cap 500 mg</i>	Tier 1	ONC
MATULANE CAP 50MG (<i>procarbazine hcl</i>)	Tier 3	ONC
<i>tretinoin cap 10 mg</i>	Tier 1	ONC
CHEMOTHERAPY RESCUE/ANTIDOTE/PROTECTIVE AGENTS		
<i>dexrazoxane hcl for inj 250 mg (base equivalent)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>dexrazoxane hcl for inj 500 mg (base equivalent)</i>	Tier 1	
<i>leucovorin calcium for inj 50 mg</i>	Tier 1	
<i>leucovorin calcium for inj 100 mg</i>	Tier 1	
<i>leucovorin calcium for inj 200 mg</i>	Tier 1	
<i>leucovorin calcium for inj 350 mg</i>	Tier 1	
<i>leucovorin calcium for inj 500 mg</i>	Tier 1	
<i>leucovorin calcium inj 100 mg/10ml (10 mg/ml)</i>	Tier 1	
<i>leucovorin calcium inj 500 mg/50ml (10 mg/ml)</i>	Tier 1	
<i>leucovorin calcium tab 5 mg</i>	Tier 1	ONC
<i>leucovorin calcium tab 10 mg</i>	Tier 1	ONC
<i>leucovorin calcium tab 15 mg</i>	Tier 1	ONC
<i>leucovorin calcium tab 25 mg</i>	Tier 1	ONC
<i>levoleucovorin calcium for iv inj 50 mg (base equiv)</i>	Tier 1	PA
<i>levoleucovorin calcium iv soln pf 175 mg/17.5ml (base equiv)</i>	Tier 1	PA
<i>levoleucovorin calcium iv soln pf 250 mg/25ml (base equiv)</i>	Tier 1	PA
<i>mesna inj 100 mg/ml</i>	Tier 1	
MITOTIC INHIBITORS		
<i>docetaxel for inj conc 20 mg/ml</i>	Tier 1	
<i>docetaxel for inj conc 80 mg/4ml (20 mg/ml)</i>	Tier 1	
<i>docetaxel for inj conc 160 mg/8ml (20 mg/ml)</i>	Tier 1	
<i>docetaxel soln for iv infusion 20 mg/2ml</i>	Tier 1	
<i>docetaxel soln for iv infusion 80 mg/8ml</i>	Tier 1	
<i>docetaxel soln for iv infusion 160 mg/16ml</i>	Tier 1	
<i>etoposide cap 50 mg</i>	Tier 1	ONC
<i>etoposide inj 1 gm/50ml (20 mg/ml)</i>	Tier 1	
<i>etoposide inj 100 mg/5ml (20 mg/ml)</i>	Tier 1	
<i>etoposide inj 500 mg/25ml (20 mg/ml)</i>	Tier 1	
<i>paclitaxel iv conc 30 mg/5ml (6 mg/ml)</i>	Tier 1	
<i>paclitaxel iv conc 100 mg/16.7ml (6 mg/ml)</i>	Tier 1	
<i>paclitaxel iv conc 150 mg/25ml (6 mg/ml)</i>	Tier 1	
<i>paclitaxel iv conc 300 mg/50ml (6 mg/ml)</i>	Tier 1	
<i>vinblastine sulfate inj 1 mg/ml</i>	Tier 1	
<i>vincristine sulfate iv soln 1 mg/ml</i>	Tier 1	
<i>vinorelbine tartrate inj 10 mg/ml (base equiv)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>vinorelbine tartrate inj 50 mg/5ml (10 mg/ml) (base equiv)</i>	Tier 1	

TOPOISOMERASE I INHIBITORS

HYCAMTIN CAP 0.25MG (<i>topotecan hcl</i>)	Tier 3	PA; ONC
HYCAMTIN CAP 1MG (<i>topotecan hcl</i>)	Tier 3	PA; ONC
<i>irinotecan hcl inj 40 mg/2ml (20 mg/ml)</i>	Tier 1	
<i>irinotecan hcl inj 100 mg/5ml (20 mg/ml)</i>	Tier 1	
<i>irinotecan hcl inj 300 mg/15ml (20 mg/ml)</i>	Tier 1	
<i>irinotecan hcl inj 500 mg/25ml (20 mg/ml)</i>	Tier 1	
<i>topotecan hcl for inj 4 mg (base equiv)</i>	Tier 1	
<i>topotecan hcl inj 4 mg/4ml (base equiv) (for infusion)</i>	Tier 1	

ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS TO TREAT PARKINSONS DISEASE

ANTIPARKINSON ADJUNCTIVE THERAPY

<i>carbidopa tab 25 mg</i>	Tier 1	
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ANTIPARKINSON ANTICHOLINERGICS

<i>benztropine mesylate inj 1 mg/ml</i>	Tier 1	
<i>benztropine mesylate tab 0.5 mg</i>	Tier 1	
<i>benztropine mesylate tab 1 mg</i>	Tier 1	
<i>benztropine mesylate tab 2 mg</i>	Tier 1	
<i>trihexyphenidyl hcl oral soln 0.4 mg/ml</i>	Tier 1	
<i>trihexyphenidyl hcl tab 2 mg</i>	Tier 1	
<i>trihexyphenidyl hcl tab 5 mg</i>	Tier 1	

ANTIPARKINSON COMT INHIBITORS

COMTAN TAB 200MG (<i>entacapone</i>)	Tier 3	
<i>entacapone tab 200 mg</i>	Tier 1	
<i>tolcapone tab 100 mg</i>	Tier 1	

ANTIPARKINSON DOPAMINERGICS

<i>amantadine hcl cap 100 mg</i>	Tier 1	
<i>amantadine hcl soln 50 mg/5ml</i>	Tier 1	
<i>amantadine hcl tab 100 mg</i>	Tier 1	
<i>apomorphine hcl soln cartridge 30 mg/3ml</i>	Tier 1	PA, QL (20 injections every 30 days)
<i>bromocriptine mesylate cap 5 mg (base equivalent)</i>	Tier 1	
<i>bromocriptine mesylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>carbidopa & levodopa orally disintegrating tab 10-100 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>carbidopa & levodopa orally disintegrating tab 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa orally disintegrating tab 25-250 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 10-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab 25-250 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 25-100 mg</i>	Tier 1	
<i>carbidopa & levodopa tab er 50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 12.5-50-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 18.75-75-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 25-100-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 31.25-125-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 37.5-150-200 mg</i>	Tier 1	
<i>carbidopa-levodopa-entacapone tabs 50-200-200 mg</i>	Tier 1	
DHIVY TAB 25-100MG (<i>carbidopa-levodopa</i>)	Tier 3	
INBRIJA CAP 42MG (<i>levodopa</i>)	Tier 2	PA, QL (10 caps every 1 day)
NEUPRO DIS 1MG/24HR (<i>rotigotine</i>)	Tier 2	
NEUPRO DIS 2MG/24HR (<i>rotigotine</i>)	Tier 2	
NEUPRO DIS 3MG/24HR (<i>rotigotine</i>)	Tier 2	
NEUPRO DIS 4MG/24HR (<i>rotigotine</i>)	Tier 2	
NEUPRO DIS 6MG/24HR (<i>rotigotine</i>)	Tier 2	
NEUPRO DIS 8MG/24HR (<i>rotigotine</i>)	Tier 2	
PARLODEL CAP 5MG (<i>bromocriptine mesylate</i>)	Tier 3	
PARLODEL TAB 2.5MG (<i>bromocriptine mesylate</i>)	Tier 3	
<i>pramipexole dihydrochloride tab 0.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 0.125 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab 1.5 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pramipexole dihydrochloride tab er 24hr 0.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 0.375 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 1.5 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 2.25 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 3 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 3.75 mg</i>	Tier 1	
<i>pramipexole dihydrochloride tab er 24hr 4.5 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.5 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 0.25 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 1 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 2 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 3 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 4 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab 5 mg</i>	Tier 1	
<i>ropinirole hydrochloride tab er 24hr 2 mg (base equivalent)</i>	Tier 1	
<i>ropinirole hydrochloride tab er 24hr 4 mg (base equivalent)</i>	Tier 1	
<i>ropinirole hydrochloride tab er 24hr 6 mg (base equivalent)</i>	Tier 1	
<i>ropinirole hydrochloride tab er 24hr 8 mg (base equivalent)</i>	Tier 1	
<i>ropinirole hydrochloride tab er 24hr 12 mg (base equivalent)</i>	Tier 1	
RYTARY CAP 95MG (<i>carbidopa-levodopa</i>)	Tier 2	
RYTARY CAP 145MG (<i>carbidopa-levodopa</i>)	Tier 2	
RYTARY CAP 195MG (<i>carbidopa-levodopa</i>)	Tier 2	
RYTARY CAP 245MG (<i>carbidopa-levodopa</i>)	Tier 2	
SINEMET TAB 10-100MG (<i>carbidopa-levodopa</i>)	Tier 3	
SINEMET TAB 25-100MG (<i>carbidopa-levodopa</i>)	Tier 3	
ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS		
<i>rasagiline mesylate tab 0.5 mg (base equiv)</i>	Tier 1	
<i>rasagiline mesylate tab 1 mg (base equiv)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>selegiline hcl cap 5 mg</i>	Tier 1	
<i>selegiline hcl tab 5 mg</i>	Tier 1	

ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS TO TREAT PSYCHOSES

ANTIMANIC AGENTS

<i>lithium carbonate cap 150 mg</i>	Tier 1	
<i>lithium carbonate cap 300 mg</i>	Tier 1	
<i>lithium carbonate cap 600 mg</i>	Tier 1	
<i>lithium carbonate tab 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 300 mg</i>	Tier 1	
<i>lithium carbonate tab er 450 mg</i>	Tier 1	
LITHOBID TAB 300MG CR (<i>lithium carbonate</i>)	Tier 3	

ANTIPSYCHOTICS - MISC.

<i>lurasidone hcl tab 20 mg</i>	Tier 1	
<i>lurasidone hcl tab 40 mg</i>	Tier 1	
<i>lurasidone hcl tab 60 mg</i>	Tier 1	
<i>lurasidone hcl tab 80 mg</i>	Tier 1	
<i>lurasidone hcl tab 120 mg</i>	Tier 1	
VRAYLAR CAP 1.5-3MG (<i>cariprazine hcl</i>)	Tier 2	
VRAYLAR CAP 1.5MG (<i>cariprazine hcl</i>)	Tier 2	
VRAYLAR CAP 3MG (<i>cariprazine hcl</i>)	Tier 2	
VRAYLAR CAP 4.5MG (<i>cariprazine hcl</i>)	Tier 2	
VRAYLAR CAP 6MG (<i>cariprazine hcl</i>)	Tier 2	
<i>ziprasidone hcl cap 20 mg</i>	Tier 1	
<i>ziprasidone hcl cap 40 mg</i>	Tier 1	
<i>ziprasidone hcl cap 60 mg</i>	Tier 1	
<i>ziprasidone hcl cap 80 mg</i>	Tier 1	
<i>ziprasidone mesylate for inj 20 mg (base equivalent)</i>	Tier 1	

BENZISOXAZOLES

<i>paliperidone tab er 24hr 1.5 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 3 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 6 mg</i>	Tier 1	
<i>paliperidone tab er 24hr 9 mg</i>	Tier 1	
PERSERIS INJ 90MG (<i>risperidone</i>)	Tier 2	
PERSERIS INJ 120MG (<i>risperidone</i>)	Tier 2	
RISPERDAL SOL 1MG/ML (<i>risperidone</i>)	Tier 3	
RISPERDAL TAB 0.5MG (<i>risperidone</i>)	Tier 3	
RISPERDAL TAB 1MG (<i>risperidone</i>)	Tier 3	
RISPERDAL TAB 2MG (<i>risperidone</i>)	Tier 3	
RISPERDAL TAB 3MG (<i>risperidone</i>)	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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RISPERDAL TAB 4MG (<i>risperidone</i>)	Tier 3	
<i>risperidone microspheres for im extended rel susp 12.5 mg</i>	Tier 1	
<i>risperidone microspheres for im extended rel susp 25 mg</i>	Tier 1	
<i>risperidone microspheres for im extended rel susp 37.5 mg</i>	Tier 1	
<i>risperidone microspheres for im extended rel susp 50 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 0.5 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 0.25 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 1 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 2 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 3 mg</i>	Tier 1	
<i>risperidone orally disintegrating tab 4 mg</i>	Tier 1	
<i>risperidone soln 1 mg/ml</i>	Tier 1	
<i>risperidone tab 0.5 mg</i>	Tier 1	
<i>risperidone tab 0.25 mg</i>	Tier 1	
<i>risperidone tab 1 mg</i>	Tier 1	
<i>risperidone tab 2 mg</i>	Tier 1	
<i>risperidone tab 3 mg</i>	Tier 1	
<i>risperidone tab 4 mg</i>	Tier 1	

BUTYROPHENONES

<i>haloperidol decanoate im soln 50 mg/ml</i>	Tier 1	
<i>haloperidol decanoate im soln 100 mg/ml</i>	Tier 1	
<i>haloperidol lactate inj 5 mg/ml</i>	Tier 1	
<i>haloperidol lactate oral conc 2 mg/ml</i>	Tier 1	
<i>haloperidol tab 0.5 mg</i>	Tier 1	
<i>haloperidol tab 1 mg</i>	Tier 1	
<i>haloperidol tab 2 mg</i>	Tier 1	
<i>haloperidol tab 5 mg</i>	Tier 1	
<i>haloperidol tab 10 mg</i>	Tier 1	
<i>haloperidol tab 20 mg</i>	Tier 1	

DIBENZAPINES

<i>asenapine maleate sl tab 2.5 mg (base equiv)</i>	Tier 1	
<i>asenapine maleate sl tab 5 mg (base equiv)</i>	Tier 1	
<i>asenapine maleate sl tab 10 mg (base equiv)</i>	Tier 1	
<i>clozapine orally disintegrating tab 12.5 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 25 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 100 mg</i>	Tier 1	
<i>clozapine orally disintegrating tab 150 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>clozapine orally disintegrating tab 200 mg</i>	Tier 1	
<i>clozapine tab 25 mg</i>	Tier 1	
<i>clozapine tab 50 mg</i>	Tier 1	
<i>clozapine tab 100 mg</i>	Tier 1	
<i>clozapine tab 200 mg</i>	Tier 1	
CLOZARIL TAB 25MG (<i>clozapine</i>)	Tier 3	
CLOZARIL TAB 50MG (<i>clozapine</i>)	Tier 3	
CLOZARIL TAB 100MG (<i>clozapine</i>)	Tier 3	
CLOZARIL TAB 200MG (<i>clozapine</i>)	Tier 3	
<i>loxapine succinate cap 5 mg</i>	Tier 1	
<i>loxapine succinate cap 10 mg</i>	Tier 1	
<i>loxapine succinate cap 25 mg</i>	Tier 1	
<i>loxapine succinate cap 50 mg</i>	Tier 1	
<i>olanzapine for im inj 10 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 5 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 10 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 15 mg</i>	Tier 1	
<i>olanzapine orally disintegrating tab 20 mg</i>	Tier 1	
<i>olanzapine tab 2.5 mg</i>	Tier 1	
<i>olanzapine tab 5 mg</i>	Tier 1	
<i>olanzapine tab 7.5 mg</i>	Tier 1	
<i>olanzapine tab 10 mg</i>	Tier 1	
<i>olanzapine tab 15 mg</i>	Tier 1	
<i>olanzapine tab 20 mg</i>	Tier 1	
<i>quetiapine fumarate tab 25 mg</i>	Tier 1	
<i>quetiapine fumarate tab 50 mg</i>	Tier 1	
<i>quetiapine fumarate tab 100 mg</i>	Tier 1	
<i>quetiapine fumarate tab 150 mg</i>	Tier 1	
<i>quetiapine fumarate tab 200 mg</i>	Tier 1	
<i>quetiapine fumarate tab 300 mg</i>	Tier 1	
<i>quetiapine fumarate tab 400 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 50 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 150 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 200 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 300 mg</i>	Tier 1	
<i>quetiapine fumarate tab er 24hr 400 mg</i>	Tier 1	
SEROQUEL TAB 25MG (<i>quetiapine fumarate</i>)	Tier 3	
SEROQUEL TAB 50MG (<i>quetiapine fumarate</i>)	Tier 3	
SEROQUEL TAB 100MG (<i>quetiapine fumarate</i>)	Tier 3	
SEROQUEL TAB 200MG (<i>quetiapine fumarate</i>)	Tier 3	
SEROQUEL TAB 300MG (<i>quetiapine fumarate</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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SEROQUEL TAB 400MG (<i>quetiapine fumarate</i>)	Tier 3	
ZYPREXA TAB 2.5MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA TAB 5MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA TAB 7.5MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA TAB 10MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA TAB 15MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA TAB 20MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA ZYDI TAB 5MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA ZYDI TAB 10MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA ZYDI TAB 15MG (<i>olanzapine</i>)	Tier 3	
ZYPREXA ZYDI TAB 20MG (<i>olanzapine</i>)	Tier 3	

DIHYDROINDOLONES

<i>molindone hcl tab 5 mg</i>	Tier 1	
<i>molindone hcl tab 10 mg</i>	Tier 1	
<i>molindone hcl tab 25 mg</i>	Tier 1	

PHENOTHIAZINES

<i>chlorpromazine hcl inj 25 mg/ml</i>	Tier 1	
<i>chlorpromazine hcl inj 50 mg/2ml</i>	Tier 1	
<i>chlorpromazine hcl tab 10 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 25 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 50 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 100 mg</i>	Tier 1	
<i>chlorpromazine hcl tab 200 mg</i>	Tier 1	
<i>fluphenazine decanoate inj 25 mg/ml</i>	Tier 1	
<i>fluphenazine hcl elixir 2.5 mg/5ml</i>	Tier 1	
<i>fluphenazine hcl inj 2.5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl oral conc 5 mg/ml</i>	Tier 1	
<i>fluphenazine hcl tab 1 mg</i>	Tier 1	
<i>fluphenazine hcl tab 2.5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 5 mg</i>	Tier 1	
<i>fluphenazine hcl tab 10 mg</i>	Tier 1	
<i>perphenazine tab 2 mg</i>	Tier 1	
<i>perphenazine tab 4 mg</i>	Tier 1	
<i>perphenazine tab 8 mg</i>	Tier 1	
<i>perphenazine tab 16 mg</i>	Tier 1	
<i>prochlorperazine edisylate inj 10 mg/2ml</i>	Tier 1	
<i>prochlorperazine maleate tab 5 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine maleate tab 10 mg (base equivalent)</i>	Tier 1	
<i>prochlorperazine suppos 25 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **99**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
 Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>prochlorperazine suppos 25 mg (Compro)</i>	Tier 1	
<i>thioridazine hcl tab 10 mg</i>	Tier 1	
<i>thioridazine hcl tab 25 mg</i>	Tier 1	
<i>thioridazine hcl tab 50 mg</i>	Tier 1	
<i>thioridazine hcl tab 100 mg</i>	Tier 1	
<i>trifluoperazine hcl tab 1 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>trifluoperazine hcl tab 10 mg (base equivalent)</i>	Tier 1	
QUINOLINONE DERIVATIVES		
<i>ABILIFY MAIN INJ 300MG (aripiprazole)</i>	Tier 2	
<i>ABILIFY MAIN INJ 400MG (aripiprazole)</i>	Tier 2	
<i>aripiprazole oral solution 1 mg/ml</i>	Tier 1	
<i>aripiprazole orally disintegrating tab 10 mg</i>	Tier 1	
<i>aripiprazole orally disintegrating tab 15 mg</i>	Tier 1	
<i>aripiprazole tab 2 mg</i>	Tier 1	
<i>aripiprazole tab 5 mg</i>	Tier 1	
<i>aripiprazole tab 10 mg</i>	Tier 1	
<i>aripiprazole tab 15 mg</i>	Tier 1	
<i>aripiprazole tab 20 mg</i>	Tier 1	
<i>aripiprazole tab 30 mg</i>	Tier 1	
THIOXANTHENES		
<i>thiothixene cap 1 mg</i>	Tier 1	
<i>thiothixene cap 2 mg</i>	Tier 1	
<i>thiothixene cap 5 mg</i>	Tier 1	
<i>thiothixene cap 10 mg</i>	Tier 1	
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT		
ANTISEPTICS & DISINFECTANTS - PRODUCTS TO DISINFECT		
<i>formaldehyde solution 10%</i>	Tier 1	
<i>hydrogen peroxide soln 30%</i>	Tier 1	
ANTIVIRALS - DRUGS TO TREAT VIRAL INFECTIONS		
ANTIRETROVIRALS		
<i>abacavir sulfate soln 20 mg/ml (base equiv)</i>	Tier 1	QL (30 mL every 1 day)
<i>abacavir sulfate tab 300 mg (base equiv)</i>	Tier 1	QL (2 tabs every 1 day)
<i>abacavir sulfate-lamivudine tab 600-300 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>atazanavir sulfate cap 150 mg (base equiv)</i>	Tier 1	QL (1 cap every 1 day)
<i>atazanavir sulfate cap 200 mg (base equiv)</i>	Tier 1	QL (2 caps every 1 day)
<i>atazanavir sulfate cap 300 mg (base equiv)</i>	Tier 1	QL (1 cap every 1 day)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 100

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BIKTARVY TAB (<i>bictegravir-emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 tab every 1 day)
CIMDUO TAB 300-300 (<i>lamivudine-tenofovir disoproxil fumarate</i>)	Tier 2	QL (1 tab every 1 day)
<i>darunavir tab 600 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>darunavir tab 800 mg</i>	Tier 1	QL (1 tab every 1 day)
DESCOVY TAB 120-15MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 tab every 1 day); ACA
DESCOVY TAB 200/25MG (<i>emtricitabine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 tab every 1 day); ACA
DOVATO TAB 50-300MG (<i>dolutegravir sodium-lamivudine</i>)	Tier 2	QL (1 tab every 1 day)
<i>efavirenz tab 600 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>efavirenz-emtricitabine-tenofovir df tab 600-200-300 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 400-300-300 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>efavirenz-lamivudine-tenofovir df tab 600-300-300 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine caps 200 mg</i>	Tier 1	QL (1 cap every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 100-150 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 133-200 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 167-250 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>emtricitabine-tenofovir disoproxil fumarate tab 200-300 mg</i>	Tier 1	QL (1 tab every 1 day); ACA
EMTRIVA CAP 200MG (<i>emtricitabine</i>)	Tier 3	QL (1 cap every 1 day)
EMTRIVA SOL 10MG/ML (<i>emtricitabine</i>)	Tier 3	QL (729 mL every 30 days)
<i>etravirine tab 100 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>etravirine tab 200 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>fosamprenavir calcium tab 700 mg (base equiv)</i>	Tier 1	QL (4 tabs every 1 day)
FUZEON INJ 90MG (<i>enfuvirtide</i>)	Tier 3	PA, QL (2 vials every 1 day)
GENVOYA TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	Tier 2	QL (1 tab every 1 day)
ISENTRESS CHW 25MG (<i>raltegravir potassium</i>)	Tier 2	QL (6 tabs every 1 day)
ISENTRESS CHW 100MG (<i>raltegravir potassium</i>)	Tier 2	QL (6 tabs every 1 day)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ISENTRESS HD TAB 600MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 tabs every 1 day)
ISENTRESS POW 100MG (<i>raltegravir potassium</i>)	Tier 2	QL (2 packets every 1 day)
ISENTRESS TAB 400MG (<i>raltegravir potassium</i>)	Tier 2	QL (4 tabs every 1 day)
<i>lamivudine oral soln 10 mg/ml</i>	Tier 1	QL (32 mL every 1 day)
<i>lamivudine tab 150 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>lamivudine tab 300 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>lamivudine-zidovudine tab 150-300 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>lopinavir-ritonavir soln 400-100 mg/5ml (80-20 mg/ml)</i>	Tier 1	QL (16 mL every 1 day); Up to 14 day supply; Limit of one fill per 60 days
<i>lopinavir-ritonavir tab 100-25 mg</i>	Tier 1	QL (10 tabs every 1 day)
<i>lopinavir-ritonavir tab 200-50 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>maraviroc tab 150 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>maraviroc tab 300 mg</i>	Tier 1	QL (4 tabs every 1 day)
<i>nevirapine susp 50 mg/5ml</i>	Tier 1	QL (40 mL every 1 day)
<i>nevirapine tab 200 mg</i>	Tier 1	QL (2 tabs every 1 day)
<i>nevirapine tab er 24hr 400 mg</i>	Tier 1	QL (1 tab every 1 day)
ODEFSEY TAB (<i>emtricitabine-rilpivirine-tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 tab every 1 day)
RETROVIR CAP 100MG (<i>zidovudine</i>)	Tier 3	QL (6 caps every 1 day)
RETROVIR SYP 50MG/5ML (<i>zidovudine</i>)	Tier 3	QL (64 mL every 1 day)
<i>ritonavir tab 100 mg</i>	Tier 1	QL (12 tabs every 1 day)
STRIBILD TAB (<i>elvitegravir-cobicistat-emtricitabine-tenofovir df</i>)	Tier 2	QL (1 tab every 1 day)
SYM TUZA TAB (<i>darunavir-cobicistat-emtricitabine-tenofovir alafenamide</i>)	Tier 2	QL (1 tab every 1 day)
<i>tenofovir disoproxil fumarate tab 300 mg</i>	Tier 1	QL (1 tab every 1 day)
TIVICAY PD TAB 5MG (<i>dolutegravir sodium</i>)	Tier 2	QL (12 tabs every 1 day)
TIVICAY TAB 50MG (<i>dolutegravir sodium</i>)	Tier 2	QL (2 tabs every 1 day)
TRIUMEQ PD TAB (<i>abacavir-dolutegravir-lamivudine</i>)	Tier 2	QL (6 tabs every 1 day)
TRIUMEQ TAB (<i>abacavir-dolutegravir-lamivudine</i>)	Tier 2	QL (1 tab every 1 day)
VIREAD POW 40MG/GM (<i>tenofovir disoproxil fumarate</i>)	Tier 3	QL (8 gm every 1 day)
VIREAD TAB 150MG (<i>tenofovir disoproxil fumarate</i>)	Tier 3	QL (1 tab every 1 day)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VIREAD TAB 200MG (<i>tenofovir disoproxil fumarate</i>)	Tier 3	QL (1 tab every 1 day)
VIREAD TAB 250MG (<i>tenofovir disoproxil fumarate</i>)	Tier 3	QL (1 tab every 1 day)
VIREAD TAB 300MG (<i>tenofovir disoproxil fumarate</i>)	Tier 3	QL (1 tab every 1 day)
<i>zidovudine cap 100 mg</i>	Tier 1	QL (6 caps every 1 day)
<i>zidovudine syrup 10 mg/ml</i>	Tier 1	QL (64 mL every 1 day)
<i>zidovudine tab 300 mg</i>	Tier 1	QL (2 tabs every 1 day)
CMV AGENTS		
<i>cidofovir iv inj 75 mg/ml</i>	Tier 1	
<i>foscarnet sodium inj 6000 mg/250ml (24 mg/ml)</i>	Tier 1	
<i>ganciclovir sodium for inj 500 mg</i>	Tier 1	
<i>valganciclovir hcl for soln 50 mg/ml (base equiv)</i>	Tier 1	QL (1000 mL every 30 days)
<i>valganciclovir hcl tab 450 mg (base equivalent)</i>	Tier 1	QL (4 tabs every 1 day)
HEPATITIS AGENTS		
<i>adefovir dipivoxil tab 10 mg</i>	Tier 1	
<i>entecavir tab 0.5 mg</i>	Tier 1	QL (1 tab every 1 day)
<i>entecavir tab 1 mg</i>	Tier 1	QL (1 tab every 1 day)
EPCLUSA PAK 150-37.5 (<i>sofosbuvir-velpatasvir</i>)	Tier 2	PA, QL (1 packet every 1 day)
EPCLUSA PAK 200-50MG (<i>sofosbuvir-velpatasvir</i>)	Tier 2	PA, QL (2 packets every 1 day)
EPCLUSA TAB 200-50MG (<i>sofosbuvir-velpatasvir</i>)	Tier 2	PA, QL (1 tab every 1 day)
EPCLUSA TAB 400-100 (<i>sofosbuvir-velpatasvir</i>)	Tier 2	PA, QL (1 tab every 1 day)
HARVONI PAK (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA, QL (1 packet every 1 day)
HARVONI PAK 45-200MG (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA, QL (2 packets every 1 day)
HARVONI TAB 45-200MG (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA, QL (1 tab every 1 day)
HARVONI TAB 90-400MG (<i>ledipasvir-sofosbuvir</i>)	Tier 2	PA, QL (1 tab every 1 day)
<i>lamivudine tab 100 mg (hbv)</i>	Tier 1	
PEGASYS INJ (<i>peginterferon alfa-2a</i>)	Tier 3	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
PEGASYS INJ 180MCG/M (<i>peginterferon alfa-2a</i>)	Tier 3	PA
<i>ribavirin cap 200 mg</i>	Tier 1	PA
<i>ribavirin tab 200 mg</i>	Tier 1	PA
VEMLIDY TAB 25MG (<i>tenofovir alafenamide fumarate</i>)	Tier 2	QL (1 tab every 1 day)
VOSEVI TAB (<i>sofosbuvir-velpatasvir-voxilaprevir</i>)	Tier 2	PA, QL (1 tab every 1 day)

HERPES AGENTS

<i>acyclovir cap 200 mg</i>	Tier 1	
<i>acyclovir sodium iv soln 50 mg/ml</i>	Tier 1	
<i>acyclovir susp 200 mg/5ml</i>	Tier 1	
<i>acyclovir tab 400 mg</i>	Tier 1	
<i>acyclovir tab 800 mg</i>	Tier 1	
<i>famciclovir tab 125 mg</i>	Tier 1	
<i>famciclovir tab 250 mg</i>	Tier 1	
<i>famciclovir tab 500 mg</i>	Tier 1	
<i>valacyclovir hcl tab 1 gm</i>	Tier 1	
<i>valacyclovir hcl tab 500 mg</i>	Tier 1	

INFLUENZA AGENTS

<i>oseltamivir phosphate cap 30 mg (base equiv)</i>	Tier 1	QL (40 caps every 90 days)
<i>oseltamivir phosphate cap 45 mg (base equiv)</i>	Tier 1	QL (20 caps every 90 days)
<i>oseltamivir phosphate cap 75 mg (base equiv)</i>	Tier 1	QL (20 caps every 90 days)
<i>oseltamivir phosphate for susp 6 mg/ml (base equiv)</i>	Tier 1	QL (360 mL every 90 days)
RELENZA MIS DISKHALE (<i>zanamivir</i>)	Tier 2	QL (2 inhalers every 90 days)
<i>rimantadine hydrochloride tab 100 mg</i>	Tier 1	

BETA BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

ALPHA-BETA BLOCKERS

<i>carvedilol phosphate cap er 24hr 10 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 20 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 40 mg</i>	Tier 1	
<i>carvedilol phosphate cap er 24hr 80 mg</i>	Tier 1	
<i>carvedilol tab 3.125 mg</i>	Tier 1	
<i>carvedilol tab 6.25 mg</i>	Tier 1	
<i>carvedilol tab 12.5 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 104

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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carvedilol tab 25 mg	Tier 1	
COREG TAB 3.125MG (carvedilol)	Tier 3	
COREG TAB 6.25MG (carvedilol)	Tier 3	
COREG TAB 12.5MG (carvedilol)	Tier 3	
COREG TAB 25MG (carvedilol)	Tier 3	
labetalol hcl iv soln 5 mg/ml	Tier 1	
labetalol hcl tab 100 mg	Tier 1	
labetalol hcl tab 200 mg	Tier 1	
labetalol hcl tab 300 mg	Tier 1	

BETA BLOCKERS CARDIO-SELECTIVE

acebutolol hcl cap 200 mg	Tier 1	
acebutolol hcl cap 400 mg	Tier 1	
atenolol tab 25 mg	Tier 1	
atenolol tab 50 mg	Tier 1	
atenolol tab 100 mg	Tier 1	
betaxolol hcl tab 10 mg	Tier 1	
betaxolol hcl tab 20 mg	Tier 1	
bisoprolol fumarate tab 5 mg	Tier 1	
bisoprolol fumarate tab 10 mg	Tier 1	
esmolol hcl inj 100 mg/10ml	Tier 1	
esmolol hcl-sodium chloride iv soln 2000 mg/100ml	Tier 1	
esmolol hcl-sodium chloride iv soln 2500 mg/250ml	Tier 1	
metoprolol succinate tab er 24hr 25 mg (tartrate equiv)	Tier 1	
metoprolol succinate tab er 24hr 50 mg (tartrate equiv)	Tier 1	
metoprolol succinate tab er 24hr 100 mg (tartrate equiv)	Tier 1	
metoprolol succinate tab er 24hr 200 mg (tartrate equiv)	Tier 1	
metoprolol tartrate iv soln 5 mg/5ml	Tier 1	
metoprolol tartrate tab 25 mg	Tier 1	
metoprolol tartrate tab 37.5 mg	Tier 1	
metoprolol tartrate tab 50 mg	Tier 1	
metoprolol tartrate tab 75 mg	Tier 1	
metoprolol tartrate tab 100 mg	Tier 1	
nebivolol hcl tab 2.5 mg (base equivalent)	Tier 1	
nebivolol hcl tab 5 mg (base equivalent)	Tier 1	
nebivolol hcl tab 10 mg (base equivalent)	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>nebivolol hcl tab 20 mg (base equivalent)</i>	Tier 1	
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BETA BLOCKERS NON-SELECTIVE

CORGARD TAB 20MG (<i>nadolol</i>)	Tier 3	
CORGARD TAB 40MG (<i>nadolol</i>)	Tier 3	
<i>nadolol tab 20 mg</i>	Tier 1	
<i>nadolol tab 40 mg</i>	Tier 1	
<i>nadolol tab 80 mg</i>	Tier 1	
<i>pindolol tab 5 mg</i>	Tier 1	
<i>pindolol tab 10 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 60 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 80 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 120 mg</i>	Tier 1	
<i>propranolol hcl cap er 24hr 160 mg</i>	Tier 1	
<i>propranolol hcl inj 1 mg/ml</i>	Tier 1	
<i>propranolol hcl oral soln 20 mg/5ml</i>	Tier 1	
<i>propranolol hcl oral soln 40 mg/5ml</i>	Tier 1	
<i>propranolol hcl tab 10 mg</i>	Tier 1	
<i>propranolol hcl tab 20 mg</i>	Tier 1	
<i>propranolol hcl tab 40 mg</i>	Tier 1	
<i>propranolol hcl tab 60 mg</i>	Tier 1	
<i>propranolol hcl tab 80 mg</i>	Tier 1	
<i>sotalol hcl (afib/afI) tab 80 mg</i>	Tier 1	
<i>sotalol hcl (afib/afI) tab 120 mg</i>	Tier 1	
<i>sotalol hcl (afib/afI) tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 80 mg</i>	Tier 1	
<i>sotalol hcl tab 120 mg</i>	Tier 1	
<i>sotalol hcl tab 160 mg</i>	Tier 1	
<i>sotalol hcl tab 240 mg</i>	Tier 1	
<i>timolol maleate tab 5 mg</i>	Tier 1	
<i>timolol maleate tab 10 mg</i>	Tier 1	
<i>timolol maleate tab 20 mg</i>	Tier 1	

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

CALCIUM CHANNEL BLOCKERS - DRUGS TO TREAT HIGH BLOOD PRESSURE AND HEART CONDITIONS

<i>amlodipine besylate tab 2.5 mg (base equivalent)</i>	Tier 1	
<i>amlodipine besylate tab 5 mg (base equivalent)</i>	Tier 1	
<i>amlodipine besylate tab 10 mg (base equivalent)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 106
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl cap er 12hr 60 mg</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 90 mg</i>	Tier 1	
<i>diltiazem hcl cap er 12hr 120 mg</i>	Tier 1	
<i>diltiazem hcl cap er 24hr 120 mg</i>	Tier 1	
<i>diltiazem hcl cap er 24hr 120 mg (Dilt-xr)</i>	Tier 1	
<i>diltiazem hcl cap er 24hr 180 mg</i>	Tier 1	
<i>diltiazem hcl cap er 24hr 180 mg (Dilt-xr)</i>	Tier 1	
<i>diltiazem hcl cap er 24hr 240 mg</i>	Tier 1	
<i>diltiazem hcl cap er 24hr 240 mg (Dilt-xr)</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 120 mg (Cartia Xt)</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 180 mg (Cartia Xt)</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 240 mg (Cartia Xt)</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 300 mg (Cartia Xt)</i>	Tier 1	
<i>diltiazem hcl coated beads cap er 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg (Taztia Xt)</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 120 mg (Tiadylt Er)</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg (Taztia Xt)</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 180 mg (Tiadylt Er)</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (Taztia Xt)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 240 mg</i> (Tiadytl Er)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (Taztia Xt)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 300 mg</i> (Tiadytl Er)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (Taztia Xt)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 360 mg</i> (Tiadytl Er)	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i>	Tier 1	
<i>diltiazem hcl extended release beads cap er 24hr 420 mg</i> (Tiadytl Er)	Tier 1	
<i>diltiazem hcl iv soln 25 mg/5ml (5 mg/ml)</i>	Tier 1	
<i>diltiazem hcl iv soln 50 mg/10ml (5 mg/ml)</i>	Tier 1	
<i>diltiazem hcl iv soln 125 mg/25ml (5 mg/ml)</i>	Tier 1	
<i>diltiazem hcl tab 30 mg</i>	Tier 1	
<i>diltiazem hcl tab 60 mg</i>	Tier 1	
<i>diltiazem hcl tab 90 mg</i>	Tier 1	
<i>diltiazem hcl tab 120 mg</i>	Tier 1	
<i>felodipine tab er 24hr 2.5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 5 mg</i>	Tier 1	
<i>felodipine tab er 24hr 10 mg</i>	Tier 1	
<i>isradipine cap 2.5 mg</i>	Tier 1	
<i>isradipine cap 5 mg</i>	Tier 1	
<i>levamlodipine maleate tab 2.5 mg</i>	Tier 1	
<i>levamlodipine maleate tab 5 mg</i>	Tier 1	
<i>nicardipine hcl cap 20 mg</i>	Tier 1	
<i>nicardipine hcl cap 30 mg</i>	Tier 1	
<i>nicardipine hcl iv soln 2.5 mg/ml</i>	Tier 1	
<i>nifedipine cap 10 mg</i>	Tier 1	
<i>nifedipine cap 20 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr 60 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>nifedipine tab er 24hr 90 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 30 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 60 mg</i>	Tier 1	
<i>nifedipine tab er 24hr osmotic release 90 mg</i>	Tier 1	
<i>nimodipine cap 30 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 8.5 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 17 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 20 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 25.5 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 30 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 34 mg</i>	Tier 1	
<i>nisoldipine tab er 24hr 40 mg</i>	Tier 1	
PROCARDIA XL TAB 30MG CR (<i>nifedipine</i>)	Tier 3	
PROCARDIA XL TAB 60MG CR (<i>nifedipine</i>)	Tier 3	
PROCARDIA XL TAB 90MG CR (<i>nifedipine</i>)	Tier 3	
TIAZAC CAP 120MG/24 (<i>diltiazem hcl extended release beads</i>)	Tier 3	
TIAZAC CAP 180MG/24 (<i>diltiazem hcl extended release beads</i>)	Tier 3	
TIAZAC CAP 240MG/24 (<i>diltiazem hcl extended release beads</i>)	Tier 3	
TIAZAC CAP 300MG/24 (<i>diltiazem hcl extended release beads</i>)	Tier 3	
TIAZAC CAP 360MG/24 (<i>diltiazem hcl extended release beads</i>)	Tier 3	
TIAZAC CAP 420MG/24 (<i>diltiazem hcl extended release beads</i>)	Tier 3	
<i>verapamil hcl cap er 24hr 100 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 120 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 180 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 200 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 240 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 300 mg</i>	Tier 1	
<i>verapamil hcl cap er 24hr 360 mg</i>	Tier 1	
<i>verapamil hcl iv soln 2.5 mg/ml</i>	Tier 1	
<i>verapamil hcl tab 40 mg</i>	Tier 1	
<i>verapamil hcl tab 80 mg</i>	Tier 1	
<i>verapamil hcl tab 120 mg</i>	Tier 1	
<i>verapamil hcl tab er 120 mg</i>	Tier 1	
<i>verapamil hcl tab er 180 mg</i>	Tier 1	
<i>verapamil hcl tab er 240 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

CARDIOTONICS - DRUGS TO TREAT HEART CONDITIONS

CARDIAC GLYCOSIDES

<i>digoxin inj 0.25 mg/ml</i>	Tier 1
<i>digoxin oral soln 0.05 mg/ml</i>	Tier 1
<i>digoxin tab 62.5 mcg (0.0625 mg)</i>	Tier 1
<i>digoxin tab 125 mcg (0.125 mg)</i>	Tier 1
<i>digoxin tab 250 mcg (0.25 mg)</i>	Tier 1

INOTROPES

<i>dobutamine hcl inj 12.5 mg/ml</i>	Tier 1
<i>dopamine hcl inj 40 mg/ml</i>	Tier 1
<i>milrinone lactate in dextrose 5% iv soln 20 mg/100ml</i>	Tier 1
<i>milrinone lactate in dextrose 5% iv soln 40 mg/200ml</i>	Tier 1
<i>milrinone lactate iv soln 10 mg/10ml (base equivalent)</i>	Tier 1
<i>milrinone lactate iv soln 20 mg/20ml (base equivalent)</i>	Tier 1
<i>milrinone lactate iv soln 50 mg/50ml (base equivalent)</i>	Tier 1

CARDIOVASCULAR AGENTS - MISC. - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS

CARDIOPLEGIC SOLUTIONS - PRODUCTS USED IN SURGERY

<i>cardioplegic soln</i>	Tier 1
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CARDIOVASCULAR AGENTS MISC. - COMBINATIONS

<i>amlodipine besylate-atorvastatin calcium tab 2.5-10 mg</i>	Tier 1
<i>amlodipine besylate-atorvastatin calcium tab 2.5-20 mg</i>	Tier 1
<i>amlodipine besylate-atorvastatin calcium tab 2.5-40 mg</i>	Tier 1
<i>amlodipine besylate-atorvastatin calcium tab 5-10 mg</i>	Tier 1
<i>amlodipine besylate-atorvastatin calcium tab 5-20 mg</i>	Tier 1
<i>amlodipine besylate-atorvastatin calcium tab 5-40 mg</i>	Tier 1
<i>amlodipine besylate-atorvastatin calcium tab 5-80 mg</i>	Tier 1
<i>amlodipine besylate-atorvastatin calcium tab 10-10 mg</i>	Tier 1

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amlodipine besylate-atorvastatin calcium tab 10-20 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-40 mg</i>	Tier 1	
<i>amlodipine besylate-atorvastatin calcium tab 10-80 mg</i>	Tier 1	
CADUET TAB 5-10MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
CADUET TAB 5-20MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
CADUET TAB 5-40MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
CADUET TAB 5-80MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
CADUET TAB 10-10MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
CADUET TAB 10-20MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
CADUET TAB 10-40MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
CADUET TAB 10-80MG (<i>amlodipine besylate-atorvastatin calcium</i>)	Tier 3	
ENTRESTO TAB 24-26MG (<i>sacubitril-valsartan</i>)	Tier 2	
ENTRESTO TAB 49-51MG (<i>sacubitril-valsartan</i>)	Tier 2	
ENTRESTO TAB 97-103MG (<i>sacubitril-valsartan</i>)	Tier 2	
<i>isosorbide dinitrate-hydralazine hcl tab 20-37.5 mg</i>	Tier 1	
<i>IMPOTENCE AGENTS - DRUGS TO TREAT ERECTILE DYSFUNCTION</i>		
MUSE SUP 250MCG (<i>alprostadil (vasodilator)</i>)	Tier 2	QL (18 sup every 75 days), AGE
MUSE SUP 500MCG (<i>alprostadil (vasodilator)</i>)	Tier 2	QL (18 sup every 75 days), AGE
MUSE SUP 1000MCG (<i>alprostadil (vasodilator)</i>)	Tier 2	QL (18 sup every 75 days), AGE
<i>sildenafil citrate tab 25 mg</i>	Tier 1	QL (18 tabs every 75 days), AGE
<i>sildenafil citrate tab 50 mg</i>	Tier 1	QL (18 tabs every 75 days), AGE

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>sildenafil citrate tab 100 mg</i>	Tier 1	QL (18 tabs every 75 days), AGE
<i>tadalafil tab 2.5 mg</i>	Tier 1	QL (90 tabs every 75 days), AGE
<i>tadalafil tab 5 mg</i>	Tier 1	QL (18 tabs every 75 days), AGE
<i>tadalafil tab 10 mg</i>	Tier 1	QL (18 tabs every 75 days), AGE
<i>tadalafil tab 20 mg</i>	Tier 1	QL (18 tabs every 75 days), AGE
<i>vardenafil hcl orally disintegrating tab 10 mg</i>	Tier 1	QL (18 tabs every 75 days), AGE
<i>vardenafil hcl tab 2.5 mg</i>	Tier 1	QL (18 tabs every 75 days), AGE
<i>vardenafil hcl tab 5 mg</i>	Tier 1	QL (18 tabs every 75 days), AGE
<i>vardenafil hcl tab 10 mg</i>	Tier 1	QL (18 tabs every 75 days), AGE
<i>vardenafil hcl tab 20 mg</i>	Tier 1	QL (18 tabs every 75 days), AGE

PROSTAGLANDIN VASODILATORS

<i>epoprostenol sodium for inj 0.5 mg</i>	Tier 1	PA
<i>epoprostenol sodium for inj 1.5 mg</i>	Tier 1	PA
FLOLAN INJ 0.5MG (<i>epoprostenol sodium</i>)	Tier 3	PA
FLOLAN INJ 1.5MG (<i>epoprostenol sodium</i>)	Tier 3	PA
ORENITRAM TAB 0.25MG (<i>treprostinil diolamine</i>)	Tier 2	PA
ORENITRAM TAB 0.125MG (<i>treprostinil diolamine</i>)	Tier 2	PA
ORENITRAM TAB 1MG (<i>treprostinil diolamine</i>)	Tier 2	PA
ORENITRAM TAB 2.5MG (<i>treprostinil diolamine</i>)	Tier 2	PA
ORENITRAM TAB 5MG (<i>treprostinil diolamine</i>)	Tier 2	PA
ORENITRAM TAB MONTH 1 (<i>treprostinil diolamine</i>)	Tier 2	PA
ORENITRAM TAB MONTH 2 (<i>treprostinil diolamine</i>)	Tier 2	PA
ORENITRAM TAB MONTH 3 (<i>treprostinil diolamine</i>)	Tier 2	PA
<i>treprostinil inj soln 20 mg/20ml (1 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 50 mg/20ml (2.5 mg/ml)</i>	Tier 1	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>treprostinil inj soln 100 mg/20ml (5 mg/ml)</i>	Tier 1	PA
<i>treprostinil inj soln 200 mg/20ml (10 mg/ml)</i>	Tier 1	PA
PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS		
<i>ambrisentan tab 5 mg</i>	Tier 1	PA, QL (1 tab every 1 day)
<i>ambrisentan tab 10 mg</i>	Tier 1	PA, QL (1 tab every 1 day)
<i>bosentan tab 62.5 mg</i>	Tier 1	PA, QL (2 tabs every 1 day)
<i>bosentan tab 125 mg</i>	Tier 1	PA, QL (2 tabs every 1 day)
OPSUMIT TAB 10MG (<i>macitentan</i>)	Tier 2	PA, QL (1 tab every 1 day)
PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS		
REVATIO SUS 10MG/ML (<i>sildenafil citrate (pulmonary hypertension)</i>)	Tier 3	PA, QL (224 mL every 30 days)
REVATIO TAB 20MG (<i>sildenafil citrate (pulmonary hypertension)</i>)	Tier 3	PA, QL (12 tabs every 1 day)
<i>sildenafil citrate for suspension 10 mg/ml</i>	Tier 1	PA, QL (224 mL every 30 days)
<i>sildenafil citrate iv soln 10 mg/12.5ml (base equivalent)</i>	Tier 1	PA
<i>sildenafil citrate tab 20 mg</i>	Tier 1	PA, QL (12 tabs every 1 day)
<i>tadalafil tab 20 mg (pah)</i>	Tier 1	PA, QL (2 tabs every 1 day)
<i>tadalafil tab 20 mg (pah)</i> (Alyq)	Tier 1	PA, QL (2 tabs every 1 day)
TADLIQ SUS 20MG/5ML (<i>tadalafil (pulmonary hypertension)</i>)	Tier 2	PA, QL (10 mL every 1 day)
PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST		
UPTRAVI INJ 1800MCG (<i>selexipag</i>)	Tier 2	PA
UPTRAVI PACK TAB 200/800 (<i>selexipag</i>)	Tier 2	PA, QL (1 pack every 28 days)
UPTRAVI TAB 200MCG (<i>selexipag</i>)	Tier 2	PA, QL (5 tabs every 1 day)
UPTRAVI TAB 400MCG (<i>selexipag</i>)	Tier 2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 600MCG (<i>selexipag</i>)	Tier 2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 800MCG (<i>selexipag</i>)	Tier 2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1000MCG (<i>selexipag</i>)	Tier 2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1200MCG (<i>selexipag</i>)	Tier 2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1400MCG (<i>selexipag</i>)	Tier 2	PA, QL (2 tabs every 1 day)
UPTRAVI TAB 1600MCG (<i>selexipag</i>)	Tier 2	PA, QL (2 tabs every 1 day)
PULMONARY HYPERTENSION - SOL GUANYLATE CYCLASE STIMULATOR		
ADEMPAS TAB 0.5MG (<i>riociguat</i>)	Tier 2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1.5MG (<i>riociguat</i>)	Tier 2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 1MG (<i>riociguat</i>)	Tier 2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2.5MG (<i>riociguat</i>)	Tier 2	PA, QL (3 tabs every 1 day)
ADEMPAS TAB 2MG (<i>riociguat</i>)	Tier 2	PA, QL (3 tabs every 1 day)

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PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

SINUS NODE INHIBITORS

CORLANOR TAB 5MG (<i>ivabradine hcl</i>)	Tier 2
CORLANOR TAB 7.5MG (<i>ivabradine hcl</i>)	Tier 2

VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)

VERQUVO TAB 2.5MG (<i>vericiguat</i>)	Tier 2
VERQUVO TAB 5MG (<i>vericiguat</i>)	Tier 2
VERQUVO TAB 10MG (<i>vericiguat</i>)	Tier 2

CEPHALOSPORINS - DRUGS TO TREAT INFECTIONS

CEPHALOSPORINS - 1ST GENERATION

<i>cefadroxil cap 500 mg</i>	Tier 1
<i>cefadroxil for susp 250 mg/5ml</i>	Tier 1
<i>cefadroxil for susp 500 mg/5ml</i>	Tier 1
<i>cefadroxil tab 1 gm</i>	Tier 1
<i>cefazolin sodium for inj 1 gm</i>	Tier 1
<i>cefazolin sodium for inj 2 gm</i>	Tier 1
<i>cefazolin sodium for inj 3 gm</i>	Tier 1
<i>cefazolin sodium for inj 10 gm</i>	Tier 1
<i>cefazolin sodium for inj 500 mg</i>	Tier 1
<i>cefazolin sodium for iv soln 1 gm</i>	Tier 1
<i>cephalexin cap 250 mg</i>	Tier 1
<i>cephalexin cap 500 mg</i>	Tier 1
<i>cephalexin cap 750 mg</i>	Tier 1
<i>cephalexin for susp 125 mg/5ml</i>	Tier 1
<i>cephalexin for susp 250 mg/5ml</i>	Tier 1
<i>cephalexin tab 250 mg</i>	Tier 1
<i>cephalexin tab 500 mg</i>	Tier 1

CEPHALOSPORINS - 2ND GENERATION

<i>cefaclor cap 250 mg</i>	Tier 1
<i>cefaclor cap 500 mg</i>	Tier 1
<i>cefaclor for susp 250 mg/5ml</i>	Tier 1
<i>cefotetan disodium for inj 1 gm</i>	Tier 1
<i>cefotetan disodium for inj 2 gm</i>	Tier 1
<i>cefoxitin sodium for iv soln 1 gm</i>	Tier 1
<i>cefoxitin sodium for iv soln 2 gm</i>	Tier 1
<i>cefoxitin sodium for iv soln 10 gm</i>	Tier 1
<i>cefprozil for susp 125 mg/5ml</i>	Tier 1
<i>cefprozil for susp 250 mg/5ml</i>	Tier 1
<i>cefprozil tab 250 mg</i>	Tier 1
<i>cefprozil tab 500 mg</i>	Tier 1
<i>cefuroxime axetil tab 250 mg</i>	Tier 1

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>cefuroxime axetil tab 500 mg</i>	Tier 1	
<i>cefuroxime sodium for inj 750 mg</i>	Tier 1	
<i>cefuroxime sodium for iv soln 1.5 gm</i>	Tier 1	
CEPHALOSPORINS - 3RD GENERATION		
<i>cefdinir cap 300 mg</i>	Tier 1	
<i>cefdinir for susp 125 mg/5ml</i>	Tier 1	
<i>cefdinir for susp 250 mg/5ml</i>	Tier 1	
<i>cefixime cap 400 mg</i>	Tier 1	
<i>cefixime for susp 100 mg/5ml</i>	Tier 1	
<i>cefixime for susp 200 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil for susp 50 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil for susp 100 mg/5ml</i>	Tier 1	
<i>cefpodoxime proxetil tab 100 mg</i>	Tier 1	
<i>cefpodoxime proxetil tab 200 mg</i>	Tier 1	
<i>ceftazidime for inj 1 gm</i>	Tier 1	
<i>ceftazidime for inj 1 gm (Tazicef)</i>	Tier 1	
<i>ceftazidime for inj 6 gm</i>	Tier 1	
<i>ceftazidime for iv soln 1 gm (Tazicef)</i>	Tier 1	
<i>ceftazidime for iv soln 2 gm</i>	Tier 1	
<i>ceftazidime for iv soln 2 gm (Tazicef)</i>	Tier 1	
<i>ceftazidime for iv soln 6 gm (Tazicef)</i>	Tier 1	
<i>ceftriaxone sodium for inj 1 gm</i>	Tier 1	
<i>ceftriaxone sodium for inj 2 gm</i>	Tier 1	
<i>ceftriaxone sodium for inj 10 gm</i>	Tier 1	
<i>ceftriaxone sodium for inj 250 mg</i>	Tier 1	
<i>ceftriaxone sodium for inj 500 mg</i>	Tier 1	
<i>ceftriaxone sodium for iv soln 1 gm</i>	Tier 1	
<i>ceftriaxone sodium for iv soln 2 gm</i>	Tier 1	
<i>ceftriaxone sodium in dextrose inj 20 mg/ml</i>	Tier 1	
<i>ceftriaxone sodium in dextrose inj 40 mg/ml</i>	Tier 1	
CEPHALOSPORINS - 4TH GENERATION		
<i>cefepime hcl for inj 1 gm</i>	Tier 1	
<i>cefepime hcl for iv soln 2 gm</i>	Tier 1	
CHEMICALS - PRODUCTS FOR DRUG COMPOUNDING		
LIQUIDS		
<i>isopropyl alcohol 99%</i>	Tier 1	
CONTRACEPTIVES - DRUGS FOR BIRTH CONTROL		
COMBINATION CONTRACEPTIVES - ORAL		
<i>desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5)</i>	Tier 1	GNDR; ACA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Azurette)	Tier 1	GNDR; ACA
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Kariva)	Tier 1	GNDR; ACA
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Pimtrea)	Tier 1	GNDR; ACA
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Simliya)	Tier 1	GNDR; ACA
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Viorele)	Tier 1	GNDR; ACA
desogest-eth estrad & eth estrad tab 0.15-0.02/0.01 mg(21/5) (Volnea)	Tier 1	GNDR; ACA
desogest-ethin est tab 0.1-0.025/0.125-0.025/0.15-0.025mg-mg (Velivet)	Tier 1	GNDR; ACA
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Apri)	Tier 1	GNDR; ACA
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Cyred Eq)	Tier 1	GNDR; ACA
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Enskyce)	Tier 1	GNDR; ACA
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Isibloom)	Tier 1	GNDR; ACA
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Juleber)	Tier 1	GNDR; ACA
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kalliga)	Tier 1	GNDR; ACA
desogestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Reclipsen)	Tier 1	GNDR; ACA
drospirenone-ethinyl estrad-levomefolate tab 3-0.02-0.451 mg	Tier 1	GNDR; ACA
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg	Tier 1	GNDR; ACA
drospirenone-ethinyl estrad-levomefolate tab 3-0.03-0.451 mg (Tydemy)	Tier 1	GNDR; ACA
drospirenone-ethinyl estradiol tab 3-0.02 mg	Tier 1	GNDR; ACA
drospirenone-ethinyl estradiol tab 3-0.02 mg (Jasmiel)	Tier 1	GNDR; ACA
drospirenone-ethinyl estradiol tab 3-0.02 mg (Lo-zumandimine)	Tier 1	GNDR; ACA
drospirenone-ethinyl estradiol tab 3-0.02 mg (Loryna)	Tier 1	GNDR; ACA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (Nikki)	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.02 mg</i> (Vestura)	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i>	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (Ocella)	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (Syeda)	Tier 1	GNDR; ACA
<i>drospirenone-ethinyl estradiol tab 3-0.03 mg</i> (Zumandimine)	Tier 1	GNDR; ACA
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i>	Tier 1	GNDR; ACA
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (Kelnor 1/35)	Tier 1	GNDR; ACA
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-35 mcg</i> (Zovia 1/35)	Tier 1	GNDR; ACA
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i>	Tier 1	GNDR; ACA
<i>ethynodiol diacetate & ethinyl estradiol tab 1 mg-50 mcg</i> (Kelnor 1/50)	Tier 1	GNDR; ACA
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i>	Tier 1	GNDR; ACA
<i>levonor-eth est tab 0.15-0.02/0.025/0.03 mg & eth est 0.01 mg</i> (Rivelsa)	Tier 1	GNDR; ACA
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i>	Tier 1	GNDR; ACA
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (Camrese Lo)	Tier 1	GNDR; ACA
<i>levonorg-eth est tab 0.1-0.02mg(84) & eth est tab 0.01mg(7)</i> (Lojaimiess)	Tier 1	GNDR; ACA
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i>	Tier 1	GNDR; ACA
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (Amethia)	Tier 1	GNDR; ACA
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (Ashlyna)	Tier 1	GNDR; ACA
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (Camrese)	Tier 1	GNDR; ACA
<i>levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7)</i> (Daysee)	Tier 1	GNDR; ACA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Jaimiess)	Tier 1	GNDR; ACA
levonorg-eth est tab 0.15-0.03mg(84) & eth est tab 0.01mg(7) (Simpesse)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Iclevia)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Introvale)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Jolessa)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol (91-day) tab 0.15-0.03 mg (Setlakin)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Afirmelle)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aubra Eq)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Aviane)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Delyla)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Falmina)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lessina)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Lutera)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Sronyx)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.1 mg-20 mcg (Vienna)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Altavera)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Ayuna)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Chateal Eq)	Tier 1	GNDR; ACA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Kurvelo)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Levora 0.15/30-28)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Marlissa)	Tier 1	GNDR; ACA
levonorgestrel & ethinyl estradiol tab 0.15 mg-30 mcg (Portia-28)	Tier 1	GNDR; ACA
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg	Tier 1	GNDR; ACA
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Enpresse-28)	Tier 1	GNDR; ACA
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Levonest)	Tier 1	GNDR; ACA
levonorgestrel-eth estra tab 0.05-30/0.075-40/0.125-30mg-mcg (Trivora-28)	Tier 1	GNDR; ACA
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg	Tier 1	GNDR; ACA
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Amethyst)	Tier 1	GNDR; ACA
levonorgestrel-ethinyl estradiol (continuous) tab 90-20 mcg (Dolishale)	Tier 1	GNDR; ACA
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21)	Tier 1	GNDR; ACA
levonorgestrel-ethinyl estradiol-fe tab 0.1 mg-20 mcg (21) (Joyeaux)	Tier 1	GNDR; ACA
LO LOESTRIN TAB 1-10-10 (norethindrone acetate-ethinyl estradiol-fe fum (biphasic))	Tier 2	GNDR; ACA
NATAZIA TAB (estradiol valerate-dienogest)	Tier 2	GNDR; ACA
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Balziva)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Briellyn)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Philith)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 0.4 mg-35 mcg (Vyfemla)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Necon 0.5/35-28)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Nortrel 0.5/35 (28))	Tier 1	GNDR; ACA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone & ethinyl estradiol tab 0.5 mg-35 mcg (Wera)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Alyacen 1/35)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Dasetta 1/35)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nortrel 1/35)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol tab 1 mg-35 mcg (Nylia 1/35)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol-fe chew tab 0.4 mg-35 mcg (Wymzya Fe)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Kaitlib Fe)	Tier 1	GNDR; ACA
norethindrone & ethinyl estradiol-fe chew tab 0.8 mg-25 mcg (Layolis Fe)	Tier 1	GNDR; ACA
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg	Tier 1	GNDR; ACA
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tilia Fe)	Tier 1	GNDR; ACA
norethindrone ac-ethinyl estrad-fe tab 1-20/1-30/1-35 mg-mcg (Tri-legest Fe)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Aurovela 1/20)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Junel 1/20)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Larin 1/20)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Loestrin 1/20-21)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1 mg-20 mcg (Microgestin 1/20)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Aurovela 1.5/30)	Tier 1	GNDR; ACA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Hailey 1.5/30)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Junel 1.5/30)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Larin 1.5/30)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Loestrin 1.5/30-21)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol tab 1.5 mg-30 mcg (Microgestin 1.5/30)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Aurovela Fe 1/20)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Blisovi Fe 1/20)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Hailey Fe 1/20)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Junel Fe 1/20)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Larin Fe 1/20)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Loestrin Fe 1/20)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Microgestin Fe 1/20)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1 mg-20 mcg (Tarina Fe 1/20 Eq)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Aurovela Fe 1.5/30)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Blisovi Fe 1.5/30)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Hailey Fe 1.5/30)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Junel Fe 1.5/30)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Larin Fe 1.5/30)	Tier 1	GNDR; ACA
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Loestrin Fe 1.5/30)	Tier 1	GNDR; ACA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone ace & ethinyl estradiol-fe tab 1.5 mg-30 mcg (Microgestin Fe 1.5/30)	Tier 1	GNDR; ACA
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24)	Tier 1	GNDR; ACA
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Charlotte 24 Fe)	Tier 1	GNDR; ACA
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Finzala)	Tier 1	GNDR; ACA
norethindrone ace-eth estradiol-fe chew tab 1 mg-20 mcg (24) (Mibelas 24 Fe)	Tier 1	GNDR; ACA
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24)	Tier 1	GNDR; ACA
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Gemmy)	Tier 1	GNDR; ACA
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Merzee)	Tier 1	GNDR; ACA
norethindrone ace-ethinyl estradiol-fe cap 1 mg-20 mcg (24) (Taysofy)	Tier 1	GNDR; ACA
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Aurovela 24 Fe)	Tier 1	GNDR; ACA
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Blisovi 24 Fe)	Tier 1	GNDR; ACA
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Hailey 24 Fe)	Tier 1	GNDR; ACA
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Junel Fe 24)	Tier 1	GNDR; ACA
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Larin 24 Fe)	Tier 1	GNDR; ACA
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Microgestin 24 Fe)	Tier 1	GNDR; ACA
norethindrone ace-ethinyl estradiol-fe tab 1 mg-20 mcg (24) (Tarina 24 Fe)	Tier 1	GNDR; ACA
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Alyacen 7/7/7)	Tier 1	GNDR; ACA
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Dasetta 7/7/7)	Tier 1	GNDR; ACA
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nortrel 7/7/7)	Tier 1	GNDR; ACA
norethindrone-eth estradiol tab 0.5-35/0.75-35/1-35 mg-mcg (Nylia 7/7/7)	Tier 1	GNDR; ACA
norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg (Aranelle)	Tier 1	GNDR; ACA

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<i>norethindrone-eth estradiol tab 0.5-35/1-35/0.5-35 mg-mcg</i> (Leena)	Tier 1	GNDR; ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i>	Tier 1	GNDR; ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Estarylla)	Tier 1	GNDR; ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Mili)	Tier 1	GNDR; ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Mono-lynyah)	Tier 1	GNDR; ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Nymyo)	Tier 1	GNDR; ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Sprintec 28)	Tier 1	GNDR; ACA
<i>norgestimate & ethinyl estradiol tab 0.25 mg-35 mcg</i> (Vylibra)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i>	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-estarylla)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-marzia)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-mili)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-lo-sprintec)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-25/0.215-25/0.25-25 mg-mcg</i> (Tri-vylibra Lo)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i>	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-estarylla)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-lynyah)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-mili)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-nymyo)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-sprintec)	Tier 1	GNDR; ACA
<i>norgestimate-eth estrad tab 0.18-35/0.215-35/0.25-35 mg-mcg</i> (Tri-vylibra)	Tier 1	GNDR; ACA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Cryselle-28)	Tier 1	GNDR; ACA
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Elinest)	Tier 1	GNDR; ACA
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Low-ogestrel)	Tier 1	GNDR; ACA
<i>norgestrel & ethinyl estradiol tab 0.3 mg-30 mcg</i> (Turqoz)	Tier 1	GNDR; ACA
COMBINATION CONTRACEPTIVES - TRANSDERMAL		
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i>	Tier 1	GNDR; ACA
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (Xulane)	Tier 1	GNDR; ACA
<i>norelgestromin-ethinyl estradiol td ptwk 150-35 mcg/24hr</i> (Zafemy)	Tier 1	GNDR; ACA
COMBINATION CONTRACEPTIVES - VAGINAL		
ANNOVERA MIS (<i>segesterone acetate-ethinyl estradiol</i>)	Tier 2	QL (1 ring every 300 days), GNDR; ACA
NUVARING MIS (<i>etonogestrel-ethinyl estradiol</i>)	Tier 1	QL (13 rings every 300 days), GNDR; #
PROGESTIN CONTRACEPTIVES - INJECTABLE		
DEPO-PROVERA INJ 150MG/ML (<i>medroxyprogesterone acetate (contraceptive)</i>)	Tier 3	QL (4 injections every 300 days), GNDR; #
DEPO-SQ PROV INJ 104 (<i>medroxyprogesterone acetate (contraceptive)</i>)	Tier 3	QL (4 injections every 300 days), GNDR; ACA
<i>medroxyprogesterone acetate im susp 150 mg/ml</i>	Tier 1	QL (4 injections every 300 days), GNDR; ACA
<i>medroxyprogesterone acetate im susp prefilled syr 150 mg/ml</i>	Tier 1	QL (4 injections every 300 days), GNDR; ACA
PROGESTIN CONTRACEPTIVES - IUD		
KYLEENA IUD 19.5MG (<i>levonorgestrel (iud)</i>)	Tier 2	GNDR; ACA
MIRENA IUD SYSTEM (<i>levonorgestrel (iud)</i>)	Tier 2	GNDR; ACA
SKYLA IUD 13.5MG (<i>levonorgestrel (iud)</i>)	Tier 2	GNDR; ACA
PROGESTIN CONTRACEPTIVES - ORAL		
<i>norethindrone tab 0.35 mg</i>	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Camila)	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Deblitane)	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Errin)	Tier 1	GNDR; ACA
<i>norethindrone tab 0.35 mg</i> (Heather)	Tier 1	GNDR; ACA

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AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
norethindrone tab 0.35 mg (Incassia)	Tier 1	GNDR; ACA
norethindrone tab 0.35 mg (Jencycla)	Tier 1	GNDR; ACA
norethindrone tab 0.35 mg (Lyleq)	Tier 1	GNDR; ACA
norethindrone tab 0.35 mg (Lyza)	Tier 1	GNDR; ACA
norethindrone tab 0.35 mg (Nora-be)	Tier 1	GNDR; ACA
norethindrone tab 0.35 mg (Norlyroc)	Tier 1	GNDR; ACA
norethindrone tab 0.35 mg (Sharobel)	Tier 1	GNDR; ACA

CORTICOSTEROIDS - DRUGS TO TREAT INFLAMMATORY RESPONSE

GLUCOCORTICOSTEROIDS

betamethasone sod phosphate & acetate inj susp 6 (3-3) mg/ml	Tier 1	
budesonide delayed release particles cap 3 mg	Tier 1	
CORTEF TAB 5MG (hydrocortisone)	Tier 3	
CORTEF TAB 10MG (hydrocortisone)	Tier 3	
CORTEF TAB 20MG (hydrocortisone)	Tier 3	
deflazacort tab 6 mg	Tier 1	PA, QL (2 tabs every 1 day)
deflazacort tab 18 mg	Tier 1	PA, QL (1 tab every 1 day)
deflazacort tab 30 mg	Tier 1	PA, QL (1 tab every 1 day)
deflazacort tab 36 mg	Tier 1	PA, QL (1 tab every 1 day)
dexamethasone elixir 0.5 mg/5ml	Tier 1	
dexamethasone sod phosphate preservative free inj 10 mg/ml	Tier 1	
dexamethasone sodium phosphate inj 4 mg/ml	Tier 1	
dexamethasone sodium phosphate inj 10 mg/ml	Tier 1	
dexamethasone sodium phosphate inj 20 mg/5ml	Tier 1	
dexamethasone sodium phosphate inj 100 mg/10ml	Tier 1	
dexamethasone sodium phosphate inj 120 mg/30ml	Tier 1	
dexamethasone soln 0.5 mg/5ml	Tier 1	
dexamethasone tab 0.5 mg	Tier 1	
dexamethasone tab 0.75 mg	Tier 1	
dexamethasone tab 1 mg	Tier 1	
dexamethasone tab 1.5 mg	Tier 1	
dexamethasone tab 2 mg	Tier 1	
dexamethasone tab 4 mg	Tier 1	
dexamethasone tab 6 mg	Tier 1	

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AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dexamethasone tab therapy pack 1.5 mg (21)	Tier 1	
dexamethasone tab therapy pack 1.5 mg (21) (Hidex 6-day)	Tier 1	
dexamethasone tab therapy pack 1.5 mg (35)	Tier 1	
dexamethasone tab therapy pack 1.5 mg (51)	Tier 1	
hydrocortisone tab 5 mg	Tier 1	
hydrocortisone tab 10 mg	Tier 1	
hydrocortisone tab 20 mg	Tier 1	
MEDROL TAB 2MG (methylprednisolone)	Tier 3	
MEDROL TAB 4MG (methylprednisolone)	Tier 3	
MEDROL TAB 8MG (methylprednisolone)	Tier 3	
MEDROL TAB 16MG (methylprednisolone)	Tier 3	
methylprednisolone acetate inj susp 40 mg/ml	Tier 1	
methylprednisolone acetate inj susp 80 mg/ml	Tier 1	
methylprednisolone sod succ for inj 40 mg (base equiv)	Tier 1	
methylprednisolone sod succ for inj 125 mg (base equiv)	Tier 1	
methylprednisolone sod succ for inj 500 mg (base equiv)	Tier 1	
methylprednisolone sod succ for inj 1000 mg (base equiv)	Tier 1	
methylprednisolone tab 4 mg	Tier 1	
methylprednisolone tab 8 mg	Tier 1	
methylprednisolone tab 16 mg	Tier 1	
methylprednisolone tab 32 mg	Tier 1	
methylprednisolone tab therapy pack 4 mg (21)	Tier 1	
PEDIAPRED SOL 5MG/5ML (prednisolone sodium phosphate)	Tier 3	
prednisolone sod phos orally disintegr tab 10 mg (base eq)	Tier 1	
prednisolone sod phos orally disintegr tab 15 mg (base eq)	Tier 1	
prednisolone sod phos orally disintegr tab 30 mg (base eq)	Tier 1	
prednisolone sod phosph oral soln 6.7 mg/5ml (5 mg/5ml base)	Tier 1	
prednisolone sod phosphate oral soln 15 mg/5ml (base equiv)	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 126

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>prednisolone sodium phosphate oral soln 25 mg/5ml (base eq)</i>	Tier 1	
<i>prednisolone soln 15 mg/5ml</i>	Tier 1	
<i>prednisolone tab 5 mg</i>	Tier 1	
<i>prednisone oral soln 5 mg/5ml</i>	Tier 1	
<i>prednisone tab 1 mg</i>	Tier 1	
<i>prednisone tab 2.5 mg</i>	Tier 1	
<i>prednisone tab 5 mg</i>	Tier 1	
<i>prednisone tab 10 mg</i>	Tier 1	
<i>prednisone tab 20 mg</i>	Tier 1	
<i>prednisone tab 50 mg</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 5 mg (48)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (21)</i>	Tier 1	
<i>prednisone tab therapy pack 10 mg (48)</i>	Tier 1	
<i>triamcinolone acetone inj susp 40 mg/ml</i>	Tier 1	
UCERIS TAB 9MG (<i>budesonide</i>)	Tier 1	

MINERALOCORTICIDS

<i>fludrocortisone acetate tab 0.1 mg</i>	Tier 1	
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COUGH/COLD/ALLERGY - DRUGS TO TREAT COUGH, COLD, AND ALLERGY SYMPTOMS

ANTITUSSIVES - DRUGS TO TREAT COUGH

<i>benzonatate cap 100 mg</i>	Tier 1	
<i>benzonatate cap 150 mg</i>	Tier 1	
<i>benzonatate cap 200 mg</i>	Tier 1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml</i>	Tier 1	
<i>hydrocodone bitart-homatropine methylbrom soln 5-1.5 mg/5ml (Hydromet)</i>	Tier 1	
<i>hydrocodone bitart-homatropine methylbromide tab 5-1.5 mg</i>	Tier 1	

COUGH/COLD/ALLERGY COMBINATIONS

<i>hydrocod polst-chlorphen polst er susp 10-8 mg/5ml</i>	Tier 1	
<i>promethazine & phenylephrine syrup 6.25-5 mg/5ml (Promethazine Vc)</i>	Tier 1	
<i>promethazine w/ codeine syrup 6.25-10 mg/5ml</i>	Tier 1	
<i>promethazine-dm syrup 6.25-15 mg/5ml</i>	Tier 1	
<i>promethazine-phenylephrine-codeine syrup 6.25-5-10 mg/5ml (Promethazine Vc/codeine)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml</i>	Tier 1	
<i>pseudoephed-bromphen-dm syrup 30-2-10 mg/5ml (Bromfed Dm)</i>	Tier 1	
MISC. RESPIRATORY INHALANTS - DRUGS TO TREAT BREATHING DISORDERS		
<i>sodium chloride soln nebu 0.9%</i>	Tier 1	
<i>sodium chloride soln nebu 3%</i>	Tier 1	
<i>sodium chloride soln nebu 3% (Nebusal)</i>	Tier 1	
<i>sodium chloride soln nebu 7%</i>	Tier 1	
<i>sodium chloride soln nebu 7% (Pulmosal)</i>	Tier 1	
<i>sodium chloride soln nebu 10%</i>	Tier 1	
MUCOLYTICS - DRUGS TO TREAT COUGH		
<i>acetylcysteine inhal soln 10%</i>	Tier 1	
<i>acetylcysteine inhal soln 20%</i>	Tier 1	
DERMATOLOGICALS - DRUGS TO TREAT SKIN CONDITIONS		
ACNE PRODUCTS		
<i>adapalene cream 0.1%</i>	Tier 1	AGE
<i>adapalene gel 0.1%</i>	Tier 1	AGE
<i>adapalene gel 0.3%</i>	Tier 1	AGE
<i>adapalene-benzoyl peroxide gel 0.1-2.5%</i>	Tier 1	
<i>adapalene-benzoyl peroxide gel 0.3-2.5%</i>	Tier 1	
AKLIEF CRE 0.005% (<i>trifarotene</i>)	Tier 2	
BENZAC AC LIQ 5% WASH (<i>benzoyl peroxide</i>)	Tier 3	
BENZAMYCIN GEL 5-3% (<i>benzoyl peroxide-erythromycin</i>)	Tier 3	
<i>benzoyl peroxide foam 5.3%</i> (Benzepro)	Tier 1	
<i>benzoyl peroxide foam 9.8%</i>	Tier 1	
<i>benzoyl peroxide-erythromycin gel 5-3%</i>	Tier 1	
<i>benzoyl peroxide-hydrocortisone lotion 5-0.5%</i>	Tier 1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i>	Tier 1	
<i>clindamycin phosph-benzoyl peroxide (refrig) gel 1.2 (1)-5%</i> (Neuac)	Tier 1	
<i>clindamycin phosphate foam 1%</i>	Tier 1	
<i>clindamycin phosphate foam 1%</i> (Clindacin)	Tier 1	
<i>clindamycin phosphate gel 1%</i>	Tier 1	
<i>clindamycin phosphate lotion 1%</i>	Tier 1	
<i>clindamycin phosphate soln 1%</i>	Tier 1	
<i>clindamycin phosphate swab 1%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clindamycin phosphate swab 1% (Clindacin Etz Pledgets)	Tier 1	
clindamycin phosphate swab 1% (Clindacin-p)	Tier 1	
clindamycin phosphate-benzoyl peroxide gel 1-5%	Tier 1	
clindamycin phosphate-benzoyl peroxide gel 1.2-2.5%	Tier 1	
clindamycin phosphate-benzoyl peroxide gel 1.2-3.75%	Tier 1	
clindamycin phosphate-tretinoin gel 1.2-0.025%	Tier 1	AGE
dapsone gel 5%	Tier 1	
dapsone gel 7.5%	Tier 1	
EPIDUO FORTE GEL 0.3-2.5% (adapalene-benzoyl peroxide)	Tier 2	
EPIDUO GEL 0.1-2.5% (adapalene-benzoyl peroxide)	Tier 2	
erythromycin gel 2%	Tier 1	
erythromycin pads 2% (Ery)	Tier 1	
erythromycin soln 2%	Tier 1	
isotretinoin cap 10 mg	Tier 1	
isotretinoin cap 10 mg (Accutane)	Tier 1	
isotretinoin cap 10 mg (Amnesteem)	Tier 1	
isotretinoin cap 10 mg (Claravis)	Tier 1	
isotretinoin cap 10 mg (Zenatane)	Tier 1	
isotretinoin cap 20 mg	Tier 1	
isotretinoin cap 20 mg (Accutane)	Tier 1	
isotretinoin cap 20 mg (Amnesteem)	Tier 1	
isotretinoin cap 20 mg (Claravis)	Tier 1	
isotretinoin cap 20 mg (Zenatane)	Tier 1	
isotretinoin cap 30 mg	Tier 1	
isotretinoin cap 30 mg (Accutane)	Tier 1	
isotretinoin cap 30 mg (Claravis)	Tier 1	
isotretinoin cap 30 mg (Zenatane)	Tier 1	
isotretinoin cap 40 mg	Tier 1	
isotretinoin cap 40 mg (Accutane)	Tier 1	
isotretinoin cap 40 mg (Amnesteem)	Tier 1	
isotretinoin cap 40 mg (Claravis)	Tier 1	
isotretinoin cap 40 mg (Zenatane)	Tier 1	
KLARON LOT 10% (sulfacetamide sodium (acne))	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ONEXTON GEL 1.2-3.75 (<i>clindamycin phosphate-benzoyl peroxide</i>)	Tier 2	
<i>resorcinol-sulfur lotion 2-5%</i>	Tier 1	
RETIN-A CRE 0.1% (<i>tretinoin</i>)	Tier 3	AGE
RETIN-A CRE 0.05% (<i>tretinoin</i>)	Tier 3	AGE
RETIN-A CRE 0.025% (<i>tretinoin</i>)	Tier 3	AGE
RETIN-A GEL 0.01% (<i>tretinoin</i>)	Tier 3	AGE
RETIN-A GEL 0.025% (<i>tretinoin</i>)	Tier 3	AGE
<i>sulfacetamide sodium lotion 10% (acne)</i>	Tier 1	
<i>sulfacetamide sodium w/ sulfur emulsion 10-1% (Sulfamez Wash)</i>	Tier 1	
<i>tretinoin cream 0.1%</i>	Tier 1	AGE
<i>tretinoin cream 0.05%</i>	Tier 1	AGE
<i>tretinoin cream 0.025%</i>	Tier 1	AGE
<i>tretinoin gel 0.01%</i>	Tier 1	AGE
<i>tretinoin gel 0.05%</i>	Tier 1	AGE
<i>tretinoin gel 0.025%</i>	Tier 1	AGE
<i>tretinoin microsphere gel 0.1%</i>	Tier 1	AGE
<i>tretinoin microsphere gel 0.04%</i>	Tier 1	AGE
<i>tretinoin microsphere gel 0.08%</i>	Tier 1	AGE
TWYNEO CRE 0.1-3% (<i>tretinoin-benzoyl peroxide</i>)	Tier 2	AGE
WINLEVI CRE 1% (<i>clascoterone</i>)	Tier 2	
ANTI-INFLAMMATORY AGENTS - TOPICAL		
<i>diclofenac epolamine patch 1.3%</i>	Tier 1	
<i>diclofenac sodium gel 1% (1.16% diethylamine equiv)</i>	Tier 1	
<i>diclofenac sodium soln 1.5%</i>	Tier 1	
ANTIBIOTICS - TOPICAL		
<i>gentamicin sulfate cream 0.1%</i>	Tier 1	
<i>gentamicin sulfate oint 0.1%</i>	Tier 1	
<i>mupirocin oint 2%</i>	Tier 1	
ANTIFUNGALS - TOPICAL		
<i>ciclopirox gel 0.77%</i>	Tier 1	
<i>ciclopirox olamine cream 0.77% (base equiv)</i>	Tier 1	
<i>ciclopirox olamine susp 0.77% (base equiv)</i>	Tier 1	
<i>ciclopirox shampoo 1%</i>	Tier 1	
<i>ciclopirox solution 8%</i>	Tier 1	PA
<i>ciclopirox solution 8% (Ciclodan)</i>	Tier 1	PA
<i>clotrimazole cream 1%</i>	Tier 1	
<i>clotrimazole soln 1%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
clotrimazole w/ betamethasone cream 1-0.05%	Tier 1	
clotrimazole w/ betamethasone lotion 1-0.05%	Tier 1	
econazole nitrate cream 1%	Tier 1	
ketoconazole cream 2%	Tier 1	
ketoconazole shampoo 2%	Tier 1	
miconazole-zinc oxide-white petrolatum oint 0.25-15-81.35%	Tier 1	
naftifine hcl cream 1%	Tier 1	
naftifine hcl cream 2%	Tier 1	
naftifine hcl gel 2%	Tier 1	
NAFTIN GEL 1% (naftifine hcl)	Tier 2	
NAFTIN GEL 2% (naftifine hcl)	Tier 2	
nystatin cream 100000 unit/gm	Tier 1	
nystatin oint 100000 unit/gm	Tier 1	
nystatin topical powder 100000 unit/gm	Tier 1	
nystatin topical powder 100000 unit/gm (Klayesta)	Tier 1	
nystatin topical powder 100000 unit/gm (Nyamyc)	Tier 1	
nystatin topical powder 100000 unit/gm (Nystop)	Tier 1	
nystatin-triamcinolone cream 100000-0.1 unit/gm-%	Tier 1	
nystatin-triamcinolone oint 100000-0.1 unit/gm-%	Tier 1	
oxiconazole nitrate cream 1%	Tier 1	
sulconazole nitrate cream 1%	Tier 1	
sulconazole nitrate solution 1%	Tier 1	
ANTINEOPLASTIC OR PREMALIGNANT LESION AGENTS - TOPICAL		
bexarotene gel 1%	Tier 1	PA
diclofenac sodium (actinic keratoses) gel 3%	Tier 1	PA
fluorouracil cream 5%	Tier 1	
fluorouracil soln 2%	Tier 1	
fluorouracil soln 5%	Tier 1	
ANTIPSORIATICS		
acitretin cap 10 mg	Tier 1	
acitretin cap 17.5 mg	Tier 1	
acitretin cap 25 mg	Tier 1	
calcipotriene oint 0.005%	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
calcipotriene oint 0.005% (Calcitrene)	Tier 1	
calcipotriene soln 0.005% (50 mcg/ml)	Tier 1	
COSENTYX INJ 75MG/0.5 (secukinumab)	Tier 2	PA, QL (1 syringe every 28 days)
COSENTYX INJ 150MG/ML (secukinumab)	Tier 2	PA, QL (1 mL every 28 days)
COSENTYX INJ 300DOSE (secukinumab)	Tier 2	PA, QL (2 mL every 28 days)
COSENTYX PEN INJ 150MG/ML (secukinumab)	Tier 2	PA, QL (1 mL every 28 days)
COSENTYX PEN INJ 300DOSE (secukinumab)	Tier 2	PA, QL (2 mL every 28 days)
COSENTYX UNO INJ 300/2ML (secukinumab)	Tier 2	PA, QL (2 mL every 28 days)
ILUMYA SOL 100MG/ML (tildrakizumab-asmn)	Tier 2	PA, QL (1 syringe every 12 weeks)
methoxsalen rapid cap 10 mg	Tier 1	
SKYRIZI INJ 150MG/ML (risankizumab-rzaa)	Tier 2	PA, QL (1 syringe every 84 days)
SKYRIZI PEN INJ 150MG/ML (risankizumab-rzaa)	Tier 2	PA, QL (1 pen every 84 days)
STELARA INJ 45MG/0.5 (ustekinumab)	Tier 2	PA, QL (1 syringe every 12 weeks)
STELARA INJ 45MG/0.5 (ustekinumab)	Tier 2	PA, QL (1 vial every 12 weeks)
STELARA INJ 90MG/ML (ustekinumab)	Tier 2	PA, QL (1 syringe every 8 weeks)
tazarotene cream 0.1%	Tier 1	PA
tazarotene gel 0.1%	Tier 1	PA
tazarotene gel 0.05%	Tier 1	PA
TREMFYA INJ 100MG/ML (guselkumab)	Tier 2	PA, QL (100 mg every 8 weeks)
VTAMA CRE 1% (tapinarof)	Tier 2	
ZORYVE CRE 0.3% (roflumilast (topical))	Tier 2	
ANTISEBORRHEIC PRODUCTS		
selenium sulfide lotion 2.5%	Tier 1	
ANTIVIRALS - TOPICAL		
acyclovir oint 5%	Tier 1	
penciclovir cream 1%	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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BURN PRODUCTS

<i>mafenide acetate packet for topical soln 5% (50 gm)</i>	Tier 1	
SILVADENE CRE 1% (<i>silver sulfadiazine</i>)	Tier 3	
<i>silver sulfadiazine cream 1%</i>	Tier 1	
<i>silver sulfadiazine cream 1% (Ssd)</i>	Tier 1	

CORTICOSTEROIDS - TOPICAL

<i>alclometasone dipropionate cream 0.05%</i>	Tier 1	
<i>alclometasone dipropionate oint 0.05%</i>	Tier 1	
<i>amcinonide oint 0.1%</i>	Tier 1	
<i>betamethasone dipropionate augmented cream 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented gel 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented lotion 0.05%</i>	Tier 1	
<i>betamethasone dipropionate augmented oint 0.05%</i>	Tier 1	
<i>betamethasone dipropionate cream 0.05%</i>	Tier 1	
<i>betamethasone dipropionate lotion 0.05%</i>	Tier 1	
<i>betamethasone valerate aerosol foam 0.12%</i>	Tier 1	
<i>betamethasone valerate cream 0.1% (base equivalent)</i>	Tier 1	
<i>betamethasone valerate lotion 0.1% (base equivalent)</i>	Tier 1	
<i>betamethasone valerate oint 0.1% (base equivalent)</i>	Tier 1	
BRYHALI LOT 0.01% (<i>halobetasol propionate</i>)	Tier 2	PA
<i>clobetasol propionate cream 0.05%</i>	Tier 1	
<i>clobetasol propionate emollient base cream 0.05%</i>	Tier 1	
<i>clobetasol propionate foam 0.05%</i>	Tier 1	
<i>clobetasol propionate gel 0.05%</i>	Tier 1	
<i>clobetasol propionate lotion 0.05%</i>	Tier 1	
<i>clobetasol propionate oint 0.05%</i>	Tier 1	
<i>clobetasol propionate shampoo 0.05%</i>	Tier 1	
<i>clobetasol propionate shampoo 0.05%</i> (Clodan)	Tier 1	
<i>clobetasol propionate soln 0.05%</i>	Tier 1	
CLOBEX LOT 0.05% (<i>clobetasol propionate</i>)	Tier 3	PA
CLOBEX SHA 0.05% (<i>clobetasol propionate</i>)	Tier 3	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desonide cream 0.05%</i>	Tier 1	
<i>desonide lotion 0.05%</i>	Tier 1	
<i>desonide oint 0.05%</i>	Tier 1	
<i>desoximetasone cream 0.05%</i>	Tier 1	
<i>desoximetasone cream 0.25%</i>	Tier 1	
<i>desoximetasone gel 0.05%</i>	Tier 1	
<i>desoximetasone oint 0.25%</i>	Tier 1	
<i>desoximetasone spray 0.25%</i>	Tier 1	
ENSTILAR AER (calcipotriene-betamethasone dipropionate)	Tier 2	
<i>fluocinolone acetonide cream 0.01%</i>	Tier 1	
<i>fluocinolone acetonide cream 0.025%</i>	Tier 1	
<i>fluocinolone acetonide oil 0.01% (body oil)</i>	Tier 1	
<i>fluocinolone acetonide oil 0.01% (scalp oil)</i>	Tier 1	
<i>fluocinolone acetonide oint 0.025%</i>	Tier 1	
<i>fluocinolone acetonide soln 0.01%</i>	Tier 1	
<i>fluocinonide cream 0.05%</i>	Tier 1	
<i>fluocinonide emulsified base cream 0.05%</i>	Tier 1	
<i>fluocinonide gel 0.05%</i>	Tier 1	
<i>fluocinonide oint 0.05%</i>	Tier 1	
<i>fluocinonide soln 0.05%</i>	Tier 1	
<i>fluticasone propionate cream 0.05%</i>	Tier 1	
<i>fluticasone propionate lotion 0.05%</i>	Tier 1	
<i>fluticasone propionate oint 0.005%</i>	Tier 1	
<i>halobetasol propionate cream 0.05%</i>	Tier 1	
<i>halobetasol propionate oint 0.05%</i>	Tier 1	
<i>hydrocortisone butyrate cream 0.1%</i>	Tier 1	
<i>hydrocortisone butyrate oint 0.1%</i>	Tier 1	
<i>hydrocortisone butyrate soln 0.1%</i>	Tier 1	
<i>hydrocortisone cream 1%</i>	Tier 1	
<i>hydrocortisone cream 1% (Ala-cort)</i>	Tier 1	
<i>hydrocortisone cream 2.5%</i>	Tier 1	
<i>hydrocortisone lotion 2.5%</i>	Tier 1	
<i>hydrocortisone oint 1%</i>	Tier 1	
<i>hydrocortisone oint 2.5%</i>	Tier 1	
<i>hydrocortisone valerate cream 0.2%</i>	Tier 1	
<i>hydrocortisone valerate oint 0.2%</i>	Tier 1	
<i>lidocaine-hydrocortisone acetate cream 1-1%</i>	Tier 1	PA
<i>mometasone furoate cream 0.1%</i>	Tier 1	
<i>mometasone furoate oint 0.1%</i>	Tier 1	
<i>mometasone furoate solution 0.1% (lotion)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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triamcinolone acet cr 0.1% & dimeth cr 5% & silicone tape (Nutriarx Creampak)	Tier 1	
triamcinolone acet cr 0.1% & dimeth cr 5% & silicone tape (Sanadermr Skin Repair So)	Tier 1	
triamcinolone acetone cream 0.1%	Tier 1	
triamcinolone acetone cream 0.5%	Tier 1	
triamcinolone acetone cream 0.5% (Triderm)	Tier 1	
triamcinolone acetone cream 0.025%	Tier 1	
triamcinolone acetone lotion 0.1%	Tier 1	
triamcinolone acetone lotion 0.025%	Tier 1	
triamcinolone acetone oint 0.1%	Tier 1	
triamcinolone acetone oint 0.5%	Tier 1	
triamcinolone acetone oint 0.025%	Tier 1	

ECZEMA AGENTS

ADBRY INJ 150MG/ML (tralokinumab-ldrm)	Tier 2	PA, QL (4 syringes every 28 days)
CIBINQO TAB 50MG (abrocitinib)	Tier 2	PA, QL (1 tab every 1 day)
CIBINQO TAB 100MG (abrocitinib)	Tier 2	PA, QL (1 tab every 1 day)
CIBINQO TAB 200MG (abrocitinib)	Tier 2	PA, QL (1 tab every 1 day)
DUPIXENT INJ 200/1.14 (dupilumab)	Tier 2	PA, QL (2.28 mL every 28 days)
DUPIXENT INJ 200MG (dupilumab)	Tier 2	PA, QL (2 pens every 28 days)
DUPIXENT INJ 300/2ML (dupilumab)	Tier 2	PA, QL (4 syringes every 28 days)
OPZELURA CRE 1.5% (ruxolitinib phosphate (topical))	Tier 2	

EMOLLIENT/KERATOLYTIC AGENTS

urea cream 39% (Uredeb)	Tier 1	
urea cream 40%	Tier 1	
urea cream 40% (Uremez-40)	Tier 1	
urea lotion 40% (Cerovel)	Tier 1	

EMOLLIENTS

lactic acid (ammonium lactate) cream 12%	Tier 1	
lactic acid (ammonium lactate) lotion 12%	Tier 1	

IMMUNOMODULATING AGENTS - TOPICAL

imiquimod cream 3.75%	Tier 1	
imiquimod cream 5%	Tier 1	

IMMUNOSUPPRESSIVE AGENTS - TOPICAL

pimecrolimus cream 1%	Tier 1	
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- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 135

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>tacrolimus oint 0.1%</i>	Tier 1	
<i>tacrolimus oint 0.03%</i>	Tier 1	
KERATOLYTIC/ANTIMITOTIC AGENTS		
CONDYLOX GEL 0.5% (<i>podofilox</i>)	Tier 3	
<i>podofilox gel 0.5%</i>	Tier 1	
<i>podofilox soln 0.5%</i>	Tier 1	
LOCAL ANESTHETICS - TOPICAL		
<i>ethyl chloride aerosol spray</i>	Tier 1	
<i>lidocaine hcl cream 3%</i> (Lidopin)	Tier 1	PA
<i>lidocaine hcl gel 2%</i> (7t Lido Gel)	Tier 1	QL (30 gm every 25 days)
<i>lidocaine hcl lotion 3%</i>	Tier 1	PA
<i>lidocaine hcl soln 4%</i>	Tier 1	QL (50 mL every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	QL (12 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i>	Tier 1	QL (3 injections every 25 days)
<i>lidocaine hcl urethral/mucosal gel prefilled syringe 2%</i> (Glydo)	Tier 1	QL (10 injections every 25 days)
<i>lidocaine oint 5%</i>	Tier 1	QL (50 gm every 25 days)
<i>lidocaine patch 5%</i>	Tier 1	
<i>lidocaine patch 5%</i> (Lidocan Iii)	Tier 1	
<i>lidocaine-menthol patch 4-1%</i> (Zeruvia)	Tier 1	PA
<i>lidocaine-prilocaine cream 2.5-2.5%</i>	Tier 1	QL (30 gm every 25 days)
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i>	Tier 1	PA
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i> (Anodyne Lpt)	Tier 1	PA
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i> (Relador Pak)	Tier 1	PA
<i>lidocaine-prilocaine cream kit 2.5-2.5%</i> (Relador Pak Plus)	Tier 1	PA
LIDODERM DIS 5% (<i>lidocaine</i>)	Tier 3	
MISC. TOPICAL		
<i>benzoin compound tincture</i>	Tier 1	
PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL		
EUCRISA OIN 2% (<i>crisaborole</i>)	Tier 2	PA
ROSACEA AGENTS		
<i>azelaic acid gel 15%</i>	Tier 1	
<i>brimonidine tartrate gel 0.33%</i> (base equivalent)	Tier 1	
FINACEA AER 15% (<i>azelaic acid</i>)	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
METROCREAM CRE 0.75% (metronidazole (topical))	Tier 3	
METROGEL GEL 1% (metronidazole (topical))	Tier 3	
METROLOTION LOT 0.75% (metronidazole (topical))	Tier 3	
metronidazole cream 0.75%	Tier 1	
metronidazole gel 0.75%	Tier 1	
metronidazole gel 1%	Tier 1	
metronidazole lotion 0.75%	Tier 1	
ORACEA CAP 40MG (doxycycline (rosacea))	Tier 1	
SOOLANTRA CRE 1% (ivermectin (rosacea))	Tier 1	
SCABICIDES & PEDICULICIDES		
crotamiton lotion 10% (Crotan)	Tier 1	
malathion lotion 0.5%	Tier 1	
OVIDE LOT 0.5% (malathion)	Tier 3	
permethrin cream 5%	Tier 1	
spinosad susp 0.9%	Tier 1	
TAR PRODUCTS		
coal tar soln 20%	Tier 1	
DIAGNOSTIC PRODUCTS - PRODUCTS FOR DIAGNOSIS		
DIAGNOSTIC BIOLOGICALS		
candida albicans skin test antigen	Tier 1	
DIAGNOSTIC DRUGS		
adenosine iv soln 3 mg/ml (diagnostic)	Tier 1	
cosyntropin for inj 0.25 mg	Tier 1	
dipyridamole iv soln 5 mg/ml	Tier 1	
indocyanine green for iv soln 25 mg	Tier 1	
isosulfan blue subcutaneous soln 1%	Tier 1	
regadenoson iv inj 0.4 mg/5ml (0.08 mg/ml)	Tier 1	
DIAGNOSTIC PRODUCTS, MISC.		
ultrasound - gel	Tier 1	
DIAGNOSTIC TESTS		
ACCU-CHEK TES AVIVA PL (glucose blood)	Tier 2	
ACCU-CHEK TES GUIDE (glucose blood)	Tier 2	
ACCU-CHEK TES SMART (glucose blood)	Tier 2	
ONETOUCH TES ULTRA (glucose blood)	Tier 2	
ONETOUCH TES VERIO (glucose blood)	Tier 2	
MISCELLANEOUS CONTRAST MEDIA		
gadobutrol inj 1 mmol/ml (604.72 mg/ml)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>gadoterate meglumine iv soln 2.5 mmol/5ml (0.5 mmol/ml)</i>	Tier 1	
<i>gadoterate meglumine iv soln 2.5 mmol/5ml (0.5 mmol/ml)</i> (Clariscan)	Tier 1	
<i>gadoterate meglumine iv soln 5 mmol/10ml (0.5 mmol/ml)</i>	Tier 1	
<i>gadoterate meglumine iv soln 5 mmol/10ml (0.5 mmol/ml)</i> (Clariscan)	Tier 1	
<i>gadoterate meglumine iv soln 7.5 mmol/15ml (0.5 mmol/ml)</i>	Tier 1	
<i>gadoterate meglumine iv soln 7.5 mmol/15ml (0.5 mmol/ml)</i> (Clariscan)	Tier 1	
<i>gadoterate meglumine iv soln 10 mmol/20ml (0.5 mmol/ml)</i>	Tier 1	
<i>gadoterate meglumine iv soln 10 mmol/20ml (0.5 mmol/ml)</i> (Clariscan)	Tier 1	
<i>gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml)</i>	Tier 1	
<i>gadoterate meglumine iv soln 50 mmol/100ml (0.5 mmol/ml)</i> (Clariscan)	Tier 1	
<i>gadoterate meglumine iv soln prefilled syringe 5 mmol/10ml</i> (Clariscan)	Tier 1	
<i>gadoterate meglumine iv soln prefilled syringe 7.5 mmol/15ml</i> (Clariscan)	Tier 1	
<i>gadoterate meglumine iv soln prefilled syringe 10 mmol/20ml</i> (Clariscan)	Tier 1	
RADIOGRAPHIC CONTRAST MEDIA		
<i>iodixanol inj 270 mg/ml (iodine equivalent)</i>	Tier 1	
<i>iodixanol inj 320 mg/ml (iodine equivalent)</i>	Tier 1	
<i>iopamidol inj 41%</i>	Tier 1	
<i>iopamidol inj 61%</i>	Tier 1	
DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS - DRUGS FOR NUTRITION		
NUTRITIONAL SUPPLEMENTS		
<i>nutritional supplement caps</i> (Asilnasal Rms)	Tier 1	
DIGESTIVE AIDS - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS		
DIGESTIVE ENZYMES		
CREON CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	
CREON CAP 6000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CREON CAP 12000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	
CREON CAP 24000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	
CREON CAP 36000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	
VIOKACE TAB 10440 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	
VIOKACE TAB 20880 (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	
ZENPEP CAP 3000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	
ZENPEP CAP 5000UNIT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	
ZENPEP CAP 10000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	
ZENPEP CAP 15000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	
ZENPEP CAP 20000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	
ZENPEP CAP 25000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	
ZENPEP CAP 40000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	
ZENPEP CAP 60000UNT (<i>pancrelipase (lipase-protease-amylase)</i>)	Tier 2	

DIURETICS - DRUGS TO TREAT HEART CONDITIONS

CARBONIC ANHYDRASE INHIBITORS

<i>acetazolamide cap er 12hr 500 mg</i>	Tier 1	
<i>acetazolamide sodium for inj 500 mg</i>	Tier 1	
<i>acetazolamide tab 125 mg</i>	Tier 1	
<i>acetazolamide tab 250 mg</i>	Tier 1	
<i>dichlorphenamide tab 50 mg</i>	Tier 1	PA, QL (4 tabs every 1 day)
<i>methazolamide tab 25 mg</i>	Tier 1	
<i>methazolamide tab 50 mg</i>	Tier 1	

DIURETIC COMBINATIONS

<i>amiloride & hydrochlorothiazide tab 5-50 mg</i>	Tier 1	
<i>MAXZIDE TAB 75-50 (triamterene & hydrochlorothiazide)</i>	Tier 3	
<i>MAXZIDE-25 TAB (triamterene & hydrochlorothiazide)</i>	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>spironolactone & hydrochlorothiazide tab 25-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide cap 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 37.5-25 mg</i>	Tier 1	
<i>triamterene & hydrochlorothiazide tab 75-50 mg</i>	Tier 1	

LOOP DIURETICS

<i>bumetanide inj 0.25 mg/ml</i>	Tier 1	
<i>bumetanide tab 0.5 mg</i>	Tier 1	
<i>bumetanide tab 1 mg</i>	Tier 1	
<i>bumetanide tab 2 mg</i>	Tier 1	
<i>ethacrynate sodium for inj 50 mg</i>	Tier 1	
<i>ethacrynic acid tab 25 mg</i>	Tier 1	
<i>furosemide inj 10 mg/ml</i>	Tier 1	
<i>furosemide oral soln 8 mg/ml</i>	Tier 1	
<i>furosemide oral soln 10 mg/ml</i>	Tier 1	
<i>furosemide tab 20 mg</i>	Tier 1	
<i>furosemide tab 40 mg</i>	Tier 1	
<i>furosemide tab 80 mg</i>	Tier 1	
LASIX TAB 20MG (<i>furosemide</i>)	Tier 3	
LASIX TAB 40MG (<i>furosemide</i>)	Tier 3	
LASIX TAB 80MG (<i>furosemide</i>)	Tier 3	
<i>torsemide tab 5 mg</i>	Tier 1	
<i>torsemide tab 10 mg</i>	Tier 1	
<i>torsemide tab 20 mg</i>	Tier 1	
<i>torsemide tab 100 mg</i>	Tier 1	

OSMOTIC DIURETICS

<i>mannitol iv soln 10% (Osmitrol Viaflex)</i>	Tier 1	
<i>mannitol iv soln 20%</i>	Tier 1	
<i>mannitol iv soln 20% (Osmitrol Viaflex)</i>	Tier 1	
<i>mannitol iv soln 25%</i>	Tier 1	

POTASSIUM SPARING DIURETICS

ALDACTONE TAB 25MG (<i>spironolactone</i>)	Tier 3	
ALDACTONE TAB 50MG (<i>spironolactone</i>)	Tier 3	
ALDACTONE TAB 100MG (<i>spironolactone</i>)	Tier 3	
<i>amiloride hcl tab 5 mg</i>	Tier 1	
<i>spironolactone susp 25 mg/5ml</i>	Tier 1	
<i>spironolactone tab 25 mg</i>	Tier 1	
<i>spironolactone tab 50 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 140

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>spironolactone tab 100 mg</i>	Tier 1	
<i>triamterene cap 50 mg</i>	Tier 1	
<i>triamterene cap 100 mg</i>	Tier 1	

THIAZIDES AND THIAZIDE-LIKE DIURETICS

<i>chlorothiazide sodium for inj 500 mg</i>	Tier 1	
<i>chlorthalidone tab 25 mg</i>	Tier 1	
<i>chlorthalidone tab 50 mg</i>	Tier 1	
<i>hydrochlorothiazide cap 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 12.5 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 25 mg</i>	Tier 1	
<i>hydrochlorothiazide tab 50 mg</i>	Tier 1	
<i>indapamide tab 1.25 mg</i>	Tier 1	
<i>indapamide tab 2.5 mg</i>	Tier 1	
<i>metolazone tab 2.5 mg</i>	Tier 1	
<i>metolazone tab 5 mg</i>	Tier 1	
<i>metolazone tab 10 mg</i>	Tier 1	

ENDOCRINE AND METABOLIC AGENTS - MISC. - DRUGS TO REGULATE HORMONES

BONE DENSITY REGULATORS - DRUGS TO TREAT BONE LOSS

ACTONEL TAB 35MG (<i>risedronate sodium</i>)	Tier 3	
ACTONEL TAB 150MG (<i>risedronate sodium</i>)	Tier 3	
<i>alendronate sodium oral soln 70 mg/75ml</i>	Tier 1	
<i>alendronate sodium tab 5 mg</i>	Tier 1	
<i>alendronate sodium tab 10 mg</i>	Tier 1	
<i>alendronate sodium tab 35 mg</i>	Tier 1	
<i>alendronate sodium tab 70 mg</i>	Tier 1	
ATELVIA TAB (<i>risedronate sodium</i>)	Tier 3	
<i>calcitonin (salmon) inj 200 unit/ml</i>	Tier 1	
<i>calcitonin (salmon) nasal soln 200 unit/act</i>	Tier 1	
FORTEO INJ 600/2.4 (<i>teriparatide (recombinant)</i>)	Tier 2	PA, QL (2.4 mL every 28 days)
FOSAMAX TAB 70MG (<i>alendronate sodium</i>)	Tier 3	
<i>ibandronate sodium iv soln 3 mg/3ml (base equivalent)</i>	Tier 1	
<i>ibandronate sodium tab 150 mg (base equivalent)</i>	Tier 1	
<i>pamidronate disodium iv soln 3 mg/ml</i>	Tier 1	
<i>pamidronate disodium iv soln 9 mg/ml</i>	Tier 1	
PROLIA INJ 60MG/ML (<i>denosumab</i>)	Tier 2	PA, QL (1 mL every 6 months)
<i>risedronate sodium tab 5 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 141
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>risedronate sodium tab 30 mg</i>	Tier 1	
<i>risedronate sodium tab 35 mg</i>	Tier 1	
<i>risedronate sodium tab 150 mg</i>	Tier 1	
<i>risedronate sodium tab delayed release 35 mg</i>	Tier 1	
<i>teriparatide (recombinant) soln pen-inj 600 mcg/2.4ml</i>	Tier 1	PA, QL (1 pen every 28 days)
TYMLOS INJ (<i>abaloparatide</i>)	Tier 2	PA, QL (1 pen every 30 days)
<i>zoledronic acid inj conc for iv infusion 4 mg/5ml</i>	Tier 1	PA
<i>zoledronic acid iv soln 5 mg/100ml</i>	Tier 1	PA
FERTILITY REGULATORS		
<i>clomiphene citrate tab 50 mg</i> (Clomid)	Tier 1	
FOLLISTIM AQ INJ 300UNIT (<i>follitropin beta</i>)	Tier 2	PA, QL (15 cartridges every 28 days)
FOLLISTIM AQ INJ 600UNIT (<i>follitropin beta</i>)	Tier 2	PA, QL (10 cartridges every 28 days)
FOLLISTIM AQ INJ 900UNIT (<i>follitropin beta</i>)	Tier 2	PA, QL (7 cartridges every 28 days)
MENOPUR INJ 75UNIT (<i>menotropins</i>)	Tier 2	PA
OVIDREL INJ (<i>choriogonadotropin alfa</i>)	Tier 2	PA
GNRH/LHRH ANTAGONISTS		
<i>cetorelix acetate for inj kit 0.25 mg</i>	Tier 1	PA
GANIRELIX AC INJ 250/0.5	Tier 2	PA
ORLISSA TAB 150MG (<i>elagolix sodium</i>)	Tier 2	
ORLISSA TAB 200MG (<i>elagolix sodium</i>)	Tier 2	
GROWTH HORMONES		
HUMATROPE INJ 6MG (<i>somatropin</i>)	Tier 2	PA
HUMATROPE INJ 12MG (<i>somatropin</i>)	Tier 2	PA
HUMATROPE INJ 24MG (<i>somatropin</i>)	Tier 2	PA
NORDITROPIN INJ 5/1.5ML (<i>somatropin</i>)	Tier 2	PA
NORDITROPIN INJ 10/1.5ML (<i>somatropin</i>)	Tier 2	PA
NORDITROPIN INJ 15/1.5ML (<i>somatropin</i>)	Tier 2	PA
NORDITROPIN INJ 30/3ML (<i>somatropin</i>)	Tier 2	PA
SOGROYA INJ 5MG/1.5 (<i>somapacitan-beco</i>)	Tier 2	PA, QL (4 pens every 28 days)
SOGROYA INJ 10MG/1.5 (<i>somapacitan-beco</i>)	Tier 2	PA, QL (4 pens every 28 days)
SOGROYA INJ 15MG/1.5 (<i>somapacitan-beco</i>)	Tier 2	PA, QL (4 pens every 28 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 142

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
HORMONE RECEPTOR MODULATORS - DRUGS TO TREAT BONE LOSS		
EVISTA TAB 60MG (<i>raloxifene hcl</i>)	Tier 3	
<i>raloxifene hcl tab 60 mg</i>	Tier 1	AGE; ACA
LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS		
FENSOLVI INJ 45MG (<i>leuprolide acetate (cpp)</i> (6 month))	Tier 2	PA
LUPR DEP-PED INJ 3M 30MG (<i>leuprolide acetate (cpp)</i> (3 month))	Tier 2	PA
LUPR DEP-PED INJ 7.5MG (<i>leuprolide acetate (cpp)</i>)	Tier 2	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp)</i>)	Tier 2	PA
LUPR DEP-PED INJ 11.25MG (<i>leuprolide acetate (cpp)</i> (3 month))	Tier 2	PA
LUPR DEP-PED INJ 15MG (<i>leuprolide acetate (cpp)</i>)	Tier 2	PA
LUPRON DEPOT INJ 45MG (<i>leuprolide acetate (cpp)</i> (6 month))	Tier 2	PA
SUPPRELIN LA KIT 50MG (<i>histrelin acetate (cpp)</i>)	Tier 2	PA
METABOLIC MODIFIERS		
<i>betaine powder for oral solution</i>	Tier 1	PA
<i>calcitriol cap 0.5 mcg</i>	Tier 1	
<i>calcitriol cap 0.25 mcg</i>	Tier 1	
<i>calcitriol inj 1 mcg/ml</i>	Tier 1	
<i>calcitriol oral soln 1 mcg/ml</i>	Tier 1	
<i>carglumic acid soluble tab 200 mg</i>	Tier 1	PA
<i>cinacalcet hcl tab 30 mg (base equiv)</i>	Tier 1	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 60 mg (base equiv)</i>	Tier 1	PA, QL (2 tabs every 1 day)
<i>cinacalcet hcl tab 90 mg (base equiv)</i>	Tier 1	PA, QL (4 tabs every 1 day)
<i>doxercalciferol cap 0.5 mcg</i>	Tier 1	
<i>doxercalciferol cap 1 mcg</i>	Tier 1	
<i>doxercalciferol cap 2.5 mcg</i>	Tier 1	
<i>doxercalciferol inj 4 mcg/2ml (2 mcg/ml)</i>	Tier 1	
<i>levocarnitine inj 200 mg/ml</i>	Tier 1	
<i>levocarnitine oral soln 1 gm/10ml (10%)</i>	Tier 1	
<i>levocarnitine tab 330 mg</i>	Tier 1	
<i>nitisinone cap 2 mg</i>	Tier 1	PA
<i>nitisinone cap 5 mg</i>	Tier 1	PA
<i>nitisinone cap 10 mg</i>	Tier 1	PA
<i>nitisinone cap 20 mg</i>	Tier 1	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 143

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ORFADIN CAP 2MG (<i>nitisinone</i>)	Tier 2	PA
ORFADIN CAP 5MG (<i>nitisinone</i>)	Tier 2	PA
ORFADIN CAP 10MG (<i>nitisinone</i>)	Tier 2	PA
ORFADIN CAP 20MG (<i>nitisinone</i>)	Tier 2	PA
ORFADIN SUS 4MG/ML (<i>nitisinone</i>)	Tier 2	PA
paricalcitol cap 1 mcg	Tier 1	
paricalcitol cap 2 mcg	Tier 1	
paricalcitol cap 4 mcg	Tier 1	
paricalcitol iv soln 2 mcg/ml	Tier 1	
paricalcitol iv soln 5 mcg/ml	Tier 1	
PHEBURANE MIS 483/GM (<i>sodium phenylbutyrate</i>)	Tier 2	PA, QL (46.4 gm every 1 day)
ROCALTROL CAP 0.5MCG (<i>calcitriol</i>)	Tier 3	
ROCALTROL CAP 0.25MCG (<i>calcitriol</i>)	Tier 3	
ROCALTROL SOL 1MCG/ML (<i>calcitriol</i>)	Tier 3	
sapropterin dihydrochloride powder packet 100 mg	Tier 1	PA
sapropterin dihydrochloride powder packet 100 mg (Javygtor)	Tier 1	PA
sapropterin dihydrochloride powder packet 500 mg	Tier 1	PA
sapropterin dihydrochloride powder packet 500 mg (Javygtor)	Tier 1	PA
sapropterin dihydrochloride tab 100 mg	Tier 1	PA
sapropterin dihydrochloride tab 100 mg (Javygtor)	Tier 1	PA
sodium benzoate & sodium phenylacetate iv soln 10-10%	Tier 1	
sodium phenylbutyrate oral powder 3 gm/teaspoonful	Tier 1	PA, QL (26.6 gm every 1 day)
sodium phenylbutyrate tab 500 mg	Tier 1	PA, QL (40 tabs every 1 day)
ZEMPLAR CAP 1MCG (<i>paricalcitol</i>)	Tier 3	
ZEMPLAR CAP 2MCG (<i>paricalcitol</i>)	Tier 3	
MINERALOCORTICOID RECEPTOR ANTAGONISTS		
KERENDIA TAB 10MG (<i>finerenone</i>)	Tier 2	
KERENDIA TAB 20MG (<i>finerenone</i>)	Tier 2	
POSTERIOR PITUITARY HORMONES		
desmopressin acetate inj 4 mcg/ml	Tier 1	
desmopressin acetate nasal spray soln 0.01%	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 144

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>desmopressin acetate nasal spray soln 0.01% (refrigerated)</i>	Tier 1	
<i>desmopressin acetate preservative free (pf) inj 4 mcg/ml</i>	Tier 1	
<i>desmopressin acetate tab 0.1 mg</i>	Tier 1	
<i>desmopressin acetate tab 0.2 mg</i>	Tier 1	
<i>vasopressin iv soln 20 unit/ml (for iv infusion)</i>	Tier 1	
PROGESTERONE RECEPTOR ANTAGONISTS		
<i>mifepristone tab 200 mg</i>	Tier 1	
PROLACTIN INHIBITORS		
<i>cabergoline tab 0.5 mg</i>	Tier 1	
SOMATOSTATIC AGENTS		
<i>octreotide acetate inj 50 mcg/ml (0.05 mg/ml)</i>	Tier 1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 100 mcg/ml (0.1 mg/ml)</i>	Tier 1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 200 mcg/ml (0.2 mg/ml)</i>	Tier 1	PA, QL (45 vials every 30 days)
<i>octreotide acetate inj 500 mcg/ml (0.5 mg/ml)</i>	Tier 1	PA, QL (3 vials every 1 day)
<i>octreotide acetate inj 1000 mcg/ml (1 mg/ml)</i>	Tier 1	PA, QL (9 vials every 30 days)
<i>octreotide acetate subcutaneous soln pref syr 50 mcg/ml</i>	Tier 1	PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 100 mcg/ml</i>	Tier 1	PA, QL (3 syringes every 1 day)
<i>octreotide acetate subcutaneous soln pref syr 500 mcg/ml</i>	Tier 1	PA, QL (3 syringes every 1 day)
SOMATULINE INJ 60/0.2ML (<i>lanreotide acetate</i>)	Tier 2	PA, QL (1 syringe every 28 days)
SOMATULINE INJ 90/0.3ML (<i>lanreotide acetate</i>)	Tier 2	PA, QL (1 syringe every 28 days)
SOMATULINE INJ 120/.5ML (<i>lanreotide acetate</i>)	Tier 2	PA, QL (1 syringe every 28 days)
VASOPRESSIN RECEPTOR ANTAGONISTS		
<i>tolvaptan tab 15 mg</i>	Tier 1	PA
<i>tolvaptan tab 30 mg</i>	Tier 1	PA
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
ESTROGEN COMBINATIONS		
CLIMARA PRO DIS WEEKLY (<i>estradiol-levonorgestrel</i>)	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 145

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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COMBIPATCH DIS (<i>estradiol & norethindrone acetate</i>)	Tier 2	
DUAVEE TAB 0.45-20 (<i>conjugated estrogens-bazedoxifene</i>)	Tier 2	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i>	Tier 1	
<i>estradiol & norethindrone acetate tab 0.5-0.1 mg</i> (Amabelz)	Tier 1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i>	Tier 1	
<i>estradiol & norethindrone acetate tab 1-0.5 mg</i> (Mimvey)	Tier 1	
MYFEMBREE TAB (<i>relugolix-estradiol-norethindrone acetate</i>)	Tier 2	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 0.5 mg-2.5 mcg</i> (Fyavolv)	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i>	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (Fyavolv)	Tier 1	
<i>norethindrone acetate-ethinyl estradiol tab 1 mg-5 mcg</i> (Jinteli)	Tier 1	
ORIAHNN CAP (<i>elagolix sodium-estradiol-norethindrone acetate</i>)	Tier 2	
PREMPHASE TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	
PREMPRO TAB (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	
PREMPRO TAB 0.3-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	
PREMPRO TAB 0.45-1.5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	
PREMPRO TAB 0.625-5 (<i>conjugated estrogens-medroxyprogesterone acetate</i>)	Tier 2	
ESTROGENS - DRUGS TO REGULATE FEMALE HORMONES		
DIVIGEL GEL 0.5MG (<i>estradiol</i>)	Tier 2	
DIVIGEL GEL 0.25MG (<i>estradiol</i>)	Tier 2	
DIVIGEL GEL 0.75MG (<i>estradiol</i>)	Tier 2	
DIVIGEL GEL 1.25MG (<i>estradiol</i>)	Tier 2	
DIVIGEL GEL 1MG/GM (<i>estradiol</i>)	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 146

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ESTRACE TAB 0.5MG (<i>estradiol</i>)	Tier 3	
ESTRACE TAB 1MG (<i>estradiol</i>)	Tier 3	
ESTRACE TAB 2MG (<i>estradiol</i>)	Tier 3	
<i>estradiol tab 0.5 mg</i>	Tier 1	
<i>estradiol tab 1 mg</i>	Tier 1	
<i>estradiol tab 2 mg</i>	Tier 1	
<i>estradiol td gel 0.5 mg/0.5gm (0.1%)</i>	Tier 1	
<i>estradiol td gel 0.25 mg/0.25gm (0.1%)</i>	Tier 1	
<i>estradiol td gel 0.75 mg/0.75gm (0.1%)</i>	Tier 1	
<i>estradiol td gel 1 mg/gm (0.1%)</i>	Tier 1	
<i>estradiol td gel 1.25 mg/1.25gm (0.1%)</i>	Tier 1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i>	Tier 1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (Dotti)	Tier 1	
<i>estradiol td patch twice weekly 0.1 mg/24hr</i> (Lyllana)	Tier 1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i>	Tier 1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (Dotti)	Tier 1	
<i>estradiol td patch twice weekly 0.05 mg/24hr</i> (Lyllana)	Tier 1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i>	Tier 1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> (Dotti)	Tier 1	
<i>estradiol td patch twice weekly 0.025 mg/24hr</i> (Lyllana)	Tier 1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i>	Tier 1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (Dotti)	Tier 1	
<i>estradiol td patch twice weekly 0.075 mg/24hr</i> (Lyllana)	Tier 1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i>	Tier 1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (Dotti)	Tier 1	
<i>estradiol td patch twice weekly 0.0375 mg/24hr</i> (Lyllana)	Tier 1	
<i>estradiol td patch weekly 0.1 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.05 mg/24hr</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 147

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>estradiol td patch weekly 0.06 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.025 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.075 mg/24hr</i>	Tier 1	
<i>estradiol td patch weekly 0.0375 mg/24hr (37.5 mcg/24hr)</i>	Tier 1	
<i>estradiol valerate im in oil 10 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 20 mg/ml</i>	Tier 1	
<i>estradiol valerate im in oil 40 mg/ml</i>	Tier 1	

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

FLUOROQUINOLONES - DRUGS TO TREAT INFECTIONS

<i>CIPRO (5%) SUS 250MG/5 (ciprofloxacin)</i>	Tier 3	
<i>CIPRO (10%) SUS 500MG/5 (ciprofloxacin)</i>	Tier 3	
<i>CIPRO TAB 250MG (ciprofloxacin hcl)</i>	Tier 3	
<i>CIPRO TAB 500MG (ciprofloxacin hcl)</i>	Tier 3	
<i>ciprofloxacin 200 mg/100ml in d5w</i>	Tier 1	
<i>ciprofloxacin 400 mg/200ml in d5w</i>	Tier 1	
<i>ciprofloxacin hcl tab 250 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 500 mg (base equiv)</i>	Tier 1	
<i>ciprofloxacin hcl tab 750 mg (base equiv)</i>	Tier 1	
<i>levofloxacin in d5w iv soln 250 mg/50ml</i>	Tier 1	
<i>levofloxacin in d5w iv soln 500 mg/100ml</i>	Tier 1	
<i>levofloxacin in d5w iv soln 750 mg/150ml</i>	Tier 1	
<i>levofloxacin iv soln 25 mg/ml</i>	Tier 1	
<i>levofloxacin oral soln 25 mg/ml</i>	Tier 1	
<i>levofloxacin tab 250 mg</i>	Tier 1	
<i>levofloxacin tab 500 mg</i>	Tier 1	
<i>levofloxacin tab 750 mg</i>	Tier 1	
<i>moxifloxacin hcl 400 mg/250ml in sodium chloride 0.8% inj</i>	Tier 1	
<i>moxifloxacin hcl tab 400 mg (base equiv)</i>	Tier 1	
<i>ofloxacin tab 300 mg</i>	Tier 1	
<i>ofloxacin tab 400 mg</i>	Tier 1	

GASTROINTESTINAL AGENTS - MISC. - DRUGS TO TREAT STOMACH AND INTESTINAL DISORDERS

GALLSTONE SOLUBILIZING AGENTS

<i>URSO 250 TAB 250MG (ursodiol)</i>	Tier 3	
<i>URSO FORTE TAB 500MG (ursodiol)</i>	Tier 3	
<i>ursodiol cap 300 mg</i>	Tier 1	
<i>ursodiol tab 250 mg</i>	Tier 1	
<i>ursodiol tab 500 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GASTROINTESTINAL ANTIALLERGY AGENTS		
<i>cromolyn sodium oral conc 100 mg/5ml</i>	Tier 1	
GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS		
<i>lubiprostone cap 8 mcg</i>	Tier 1	
<i>lubiprostone cap 24 mcg</i>	Tier 1	
GASTROINTESTINAL STIMULANTS		
<i>metoclopramide hcl inj 5 mg/ml (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl orally disintegrating tab 5 mg (base eq)</i>	Tier 1	
<i>metoclopramide hcl soln 5 mg/5ml (10 mg/10ml) (base equiv)</i>	Tier 1	
<i>metoclopramide hcl tab 5 mg (base equivalent)</i>	Tier 1	
<i>metoclopramide hcl tab 10 mg (base equivalent)</i>	Tier 1	
REGLAN TAB 5MG (<i>metoclopramide hcl</i>)	Tier 3	
REGLAN TAB 10MG (<i>metoclopramide hcl</i>)	Tier 3	
INFLAMMATORY BOWEL AGENTS		
AVSOLA INJ 100MG (<i>infliximab-axxq</i>)	Tier 2	PA, QL (5 vials every 42 days)
AZULFIDINE TAB 500MG (<i>sulfasalazine</i>)	Tier 3	
AZULFIDINE TAB 500MG EN (<i>sulfasalazine</i>)	Tier 3	
<i>balsalazide disodium cap 750 mg</i>	Tier 1	
<i>mesalamine cap dr 400 mg</i>	Tier 1	
<i>mesalamine cap er 24hr 0.375 gm</i>	Tier 1	
<i>mesalamine cap er 500 mg</i>	Tier 1	
<i>mesalamine enema 4 gm</i>	Tier 1	
<i>mesalamine rectal enema 4 gm & cleanser wipe kit</i>	Tier 1	
<i>mesalamine suppos 1000 mg</i>	Tier 1	
<i>mesalamine tab delayed release 1.2 gm</i>	Tier 1	
<i>mesalamine tab delayed release 800 mg</i>	Tier 1	
REMICADE INJ 100MG (<i>infliximab</i>)	Tier 2	PA, QL (5 vials every 42 days)
ROWASA KIT 4GM (<i>mesalamine w/ cleanser</i>)	Tier 3	
SKYRIZI INJ 180/1.2 (<i>risankizumab-rzaa (crohn's)</i>)	Tier 2	PA, QL (1 cartridge every 56 days)
SKYRIZI INJ 360/2.4 (<i>risankizumab-rzaa (crohn's)</i>)	Tier 2	PA, QL (1 cartridge every 56 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 149

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SKYRIZI SOL 60MG/ML (<i>risankizumab-rzaa (crohn's)</i>)	Tier 2	PA, QL (3 vials every 56 days)
STELARA INJ 5MG/ML (<i>ustekinumab (iv)</i>)	Tier 2	PA, QL (4 vials every 56 days)
<i>sulfasalazine tab 500 mg</i>	Tier 1	
<i>sulfasalazine tab delayed release 500 mg</i>	Tier 1	
INTESTINAL ACIDIFIERS		
<i>lactulose (encephalopathy) solution 10 gm/15ml</i>	Tier 1	
<i>lactulose (encephalopathy) solution 10 gm/15ml (Enulose)</i>	Tier 1	
<i>lactulose (encephalopathy) solution 10 gm/15ml (Generlac)</i>	Tier 1	
IRRITABLE BOWEL SYNDROME (IBS) AGENTS		
<i>alosetron hcl tab 0.5 mg (base equiv)</i>	Tier 1	PA
<i>alosetron hcl tab 1 mg (base equiv)</i>	Tier 1	PA
LINZESS CAP 72MCG (<i>linaclotide</i>)	Tier 2	
LINZESS CAP 145MCG (<i>linaclotide</i>)	Tier 2	
LINZESS CAP 290MCG (<i>linaclotide</i>)	Tier 2	
VIBERZI TAB 75MG (<i>eluxadoline</i>)	Tier 2	
VIBERZI TAB 100MG (<i>eluxadoline</i>)	Tier 2	
PERIPHERAL OPIOID RECEPTOR ANTAGONISTS		
<i>alvimopan cap 12 mg</i>	Tier 1	
SYMPROIC TAB 0.2MG (<i>naldemedine tosylate</i>)	Tier 2	
PHOSPHATE BINDER AGENTS - DRUGS TO REGULATE CALCIUM AND PHOSPHORUS LEVELS		
AURYXIA TAB 210MG (<i>ferric citrate</i>)	Tier 2	
<i>calcium acetate (phosphate binder) cap 667 mg (169 mg ca)</i>	Tier 1	
<i>calcium acetate (phosphate binder) tab 667 mg</i>	Tier 1	
<i>sevelamer carbonate packet 0.8 gm</i>	Tier 1	
<i>sevelamer carbonate packet 2.4 gm</i>	Tier 1	
<i>sevelamer carbonate tab 800 mg</i>	Tier 1	
<i>sevelamer hcl tab 400 mg</i>	Tier 1	
<i>sevelamer hcl tab 800 mg</i>	Tier 1	
GENERAL ANESTHETICS - DRUGS FOR ANESTHESIA DURING SURGERY		
ANESTHETICS - MISC.		
<i>etomidate iv soln 2 mg/ml</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 150

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>ketamine hcl inj 10 mg/ml</i>	Tier 1	
<i>ketamine hcl inj 50 mg/ml</i>	Tier 1	
<i>ketamine hcl inj 100 mg/ml</i>	Tier 1	
<i>propofol iv emul 200 mg/20ml (10 mg/ml)</i>	Tier 1	
<i>propofol iv emul 200 mg/20ml (10 mg/ml)</i> (Fresenius Propoven)	Tier 1	
<i>propofol iv emul 500 mg/50ml (10 mg/ml)</i>	Tier 1	
<i>propofol iv emul 500 mg/50ml (10 mg/ml)</i> (Fresenius Propoven)	Tier 1	
<i>propofol iv emul 1000 mg/100ml (10 mg/ml)</i>	Tier 1	
<i>propofol iv emul 1000 mg/100ml (10 mg/ml)</i> (Fresenius Propoven)	Tier 1	

VOLATILE ANESTHETICS

<i>desflurane inhal soln</i>	Tier 1	
<i>isoflurane inhal soln</i>	Tier 1	
<i>isoflurane inhal soln</i> (Terrell)	Tier 1	
<i>sevoflurane inhal soln</i>	Tier 1	

GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS TO TREAT GENITAL AND URINARY TRACT CONDITIONS

ALKALINIZERS

<i>pot & sod citrates w/ cit ac soln 550-500-334 mg/5ml</i>	Tier 1	
<i>potassium citrate & citric acid powder pack 3300-1002 mg</i> (Cytra K Crystals)	Tier 1	
<i>potassium citrate & citric acid soln 1100-334 mg/5ml</i>	Tier 1	
<i>potassium citrate tab er 5 meq (540 mg)</i>	Tier 1	
<i>potassium citrate tab er 10 meq (1080 mg)</i>	Tier 1	
<i>potassium citrate tab er 15 meq (1620 mg)</i>	Tier 1	
<i>sodium citrate & citric acid soln 500-334 mg/5ml</i>	Tier 1	
UROCIT-K 5 TAB (<i>potassium citrate (alkalinizer)</i>)	Tier 3	
UROCIT-K 10 TAB (<i>potassium citrate (alkalinizer)</i>)	Tier 3	
UROCIT-K 15 TAB (<i>potassium citrate (alkalinizer)</i>)	Tier 3	

GENITOURINARY IRRIGANTS

<i>acetic acid irrigation soln 0.25%</i>	Tier 1	
<i>glycine irrigation soln 1.5%</i>	Tier 1	
<i>neomycin-polymyxin b gu irrigation soln</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
sodium chloride irrigation soln 0.9%	Tier 1	
sodium chloride irrigation soln 0.9% (Argyle Sterile Saline)	Tier 1	
sodium chloride irrigation soln 0.9% (Curity Sterile Saline)	Tier 1	
PROSTATIC HYPERTROPHY AGENTS		
alfuzosin hcl tab er 24hr 10 mg	Tier 1	
AVODART CAP 0.5MG (dutasteride)	Tier 3	
dutasteride cap 0.5 mg	Tier 1	
dutasteride-tamsulosin hcl cap 0.5-0.4 mg	Tier 1	
finasteride tab 5 mg	Tier 1	
FLOMAX CAP 0.4MG (tamsulosin hcl)	Tier 3	
PROSCAR TAB 5MG (finasteride)	Tier 3	
silodosin cap 4 mg	Tier 1	
silodosin cap 8 mg	Tier 1	
tamsulosin hcl cap 0.4 mg	Tier 1	
URINARY ANALGESICS		
phenazopyridine hcl tab 200 mg (Phenazo)	Tier 1	
URINARY STONE AGENTS		
tiopronin tab 100 mg	Tier 1	PA
tiopronin tab delayed release 100 mg	Tier 1	PA
tiopronin tab delayed release 300 mg	Tier 1	PA
GOUT AGENTS - DRUGS TO TREAT GOUT		
GOUT AGENT COMBINATIONS		
colchicine w/ probenecid tab 0.5-500 mg	Tier 1	
GOUT AGENTS - DRUGS TO TREAT GOUT		
allopurinol sodium for inj 500 mg	Tier 1	
allopurinol tab 100 mg	Tier 1	
allopurinol tab 300 mg	Tier 1	
colchicine tab 0.6 mg	Tier 1	
febuxostat tab 40 mg	Tier 1	
febuxostat tab 80 mg	Tier 1	
MITIGARE CAP 0.6MG (colchicine)	Tier 1	
URICOSURICS		
probenecid tab 500 mg	Tier 1	
HEMATOLOGICAL AGENTS - MISC. - DRUGS TO TREAT BLOOD DISORDERS		
ANTIHEMOPHILIC PRODUCTS		
ADVATE INJ 250UNIT (antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm))	Tier 2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ADVATE INJ 500UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
ADVATE INJ 1000UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
ADVATE INJ 1500UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
ADVATE INJ 2000UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
ADVATE INJ 3000UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
ADVATE INJ 4000UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
ADYNOVATE INJ 250UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	Tier 2	PA
ADYNOVATE INJ 500UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	Tier 2	PA
ADYNOVATE INJ 750UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	Tier 2	PA
ADYNOVATE INJ 1000UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	Tier 2	PA
ADYNOVATE INJ 1500UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	Tier 2	PA
ADYNOVATE INJ 2000UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	Tier 2	PA
ADYNOVATE INJ 3000UNIT (<i>antihemophilic factor (recombinant) pegylated</i>)	Tier 2	PA
AFSTYLA KIT 250UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	Tier 2	PA
AFSTYLA KIT 500UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	Tier 2	PA
AFSTYLA KIT 1000UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	Tier 2	PA
AFSTYLA KIT 1500UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	Tier 2	PA
AFSTYLA KIT 2000UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	Tier 2	PA
AFSTYLA KIT 2500UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	Tier 2	PA
AFSTYLA KIT 3000UNIT (<i>antihemophilic factor (recombinant) single chain</i>)	Tier 2	PA
ALPROLIX INJ 250UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ALPROLIX INJ 500UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 2	PA
ALPROLIX INJ 1000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 2	PA
ALPROLIX INJ 2000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 2	PA
ALPROLIX INJ 3000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 2	PA
ALPROLIX INJ 4000UNIT (<i>coagulation factor ix (recomb) fc fusion protein (rfixfc)</i>)	Tier 2	PA
ELOCTATE INJ 250UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 500UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 750UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 1000UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 1500UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 2000UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 3000UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 4000UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 5000UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ELOCTATE INJ 6000UNIT (<i>antihemophilic factor (rcmb) fc fusion protein(bdd-rfviiiifc)</i>)	Tier 2	PA
ESPEROCT INJ 500UNIT (<i>antihemophilic factor (recombinant) glycopegylated-exei)</i>)	Tier 2	PA
ESPEROCT INJ 1000UNIT (<i>antihemophilic factor (recombinant) glycopegylated-exei)</i>)	Tier 2	PA
ESPEROCT INJ 1500UNIT (<i>antihemophilic factor (recombinant) glycopegylated-exei)</i>)	Tier 2	PA
ESPEROCT INJ 2000UNIT (<i>antihemophilic factor (recombinant) glycopegylated-exei)</i>)	Tier 2	PA
ESPEROCT INJ 3000UNIT (<i>antihemophilic factor (recombinant) glycopegylated-exei)</i>)	Tier 2	PA
JIVI INJ 500 UNIT (<i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i>)	Tier 2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 154

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
JIVI INJ 1000UNIT (<i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i>)	Tier 2	PA
JIVI INJ 2000UNIT (<i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i>)	Tier 2	PA
JIVI INJ 3000UNIT (<i>antihemophil fact(rcmb) pegylated-aucl (bdd-rfviii peg-aucl)</i>)	Tier 2	PA
KOGENATE FS INJ 250UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 2	PA
KOGENATE FS INJ 500UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 2	PA
KOGENATE FS INJ 1000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 2	PA
KOGENATE FS INJ 2000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 2	PA
KOGENATE FS INJ 3000UNIT (<i>antihemophilic factor (recombinant) (rfviii)</i>)	Tier 2	PA
KOVALTRY INJ 250UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
KOVALTRY INJ 500UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
KOVALTRY INJ 1000UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
KOVALTRY INJ 2000UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
KOVALTRY INJ 3000UNIT (<i>antihemophilic factor (rcmb) plasma/albumin free (rahf-pfm)</i>)	Tier 2	PA
NOVOEIGHT INJ 250UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	Tier 2	PA
NOVOEIGHT INJ 500UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	Tier 2	PA
NOVOEIGHT INJ 1000UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	Tier 2	PA
NOVOEIGHT INJ 1500UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	Tier 2	PA
NOVOEIGHT INJ 2000UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	Tier 2	PA

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
NOVOEIGHT INJ 3000UNIT (<i>antihemophilic factor (rcmb) bd truncated (bd trunc-rfviii)</i>)	Tier 2	PA
NOVOSEVEN RT INJ 1MG (<i>coagulation factor viia (recombinant)</i>)	Tier 2	PA
NOVOSEVEN RT INJ 2MG (<i>coagulation factor viia (recombinant)</i>)	Tier 2	PA
NOVOSEVEN RT INJ 5MG (<i>coagulation factor viia (recombinant)</i>)	Tier 2	PA
NOVOSEVEN RT INJ 8MG (<i>coagulation factor viia (recombinant)</i>)	Tier 2	PA
NUWIQ INJ 250UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ INJ 500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ INJ 1000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ INJ 1500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ INJ 2000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ INJ 2500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ INJ 3000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ INJ 4000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 250UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 1000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 1500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 2000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 2500UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 3000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA
NUWIQ KIT 4000UNIT (<i>antihemophilic factor (rcmb) simoctocog alfa(bdd-rfviii,sim)</i>)	Tier 2	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
REBINYN INJ 3000UNIT (<i>coagulation factor ix (recombinant) glycopegylated</i>)	Tier 2	PA
REBINYN SOL 500UNIT (<i>coagulation factor ix (recombinant) glycopegylated</i>)	Tier 2	PA
REBINYN SOL 1000UNIT (<i>coagulation factor ix (recombinant) glycopegylated</i>)	Tier 2	PA
REBINYN SOL 2000UNIT (<i>coagulation factor ix (recombinant) glycopegylated</i>)	Tier 2	PA
SEVENFACT INJ 1MG (<i>coagulation factor viia (recombinant)-jncw</i>)	Tier 2	PA
SEVENFACT INJ 5MG (<i>coagulation factor viia (recombinant)-jncw</i>)	Tier 2	PA
XYNTHA INJ 250UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA
XYNTHA INJ 500UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA
XYNTHA INJ 1000UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA
XYNTHA INJ 2000UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA
XYNTHA SOLOF INJ 500UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA
XYNTHA SOLOF INJ 1000UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA
XYNTHA SOLOF INJ 2000UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA
XYNTHA SOLOF INJ 3000UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA
XYNTHA SOLOF KIT 250UNIT (<i>antihemophilic factor (rcmb) moroctocog alfa(bdd-rfviii,mor)</i>)	Tier 2	PA
BRADYKININ B2 RECEPTOR ANTAGONISTS		
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml</i>	Tier 1	PA, QL (45 syringes every 90 days)
<i>icatibant acetate subcutaneous soln pref syr 30 mg/3ml (Sajazir)</i>	Tier 1	PA, QL (45 syringes every 90 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 157

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMPLEMENT INHIBITORS		
EMPAVELI INJ 1080MG (<i>pegcetacoplan</i>)	Tier 2	PA, QL (10 vials every 30 days)
RUCONEST INJ 2100UNIT (<i>c1 esterase inhibitor (recombinant)</i>)	Tier 2	PA, QL (60 vials every 90 days)
SOLIRIS INJ 10MG/ML (<i>eculizumab</i>)	Tier 3	PA
HEMATAOLOGIC - TYROSINE KINASE INHIBITORS		
TAVALISSE TAB 100MG (<i>fostamatinib disodium</i>)	Tier 2	PA, QL (2 tabs every 1 day)
TAVALISSE TAB 150MG (<i>fostamatinib disodium</i>)	Tier 2	PA, QL (2 tabs every 1 day)
HEMATORHEOLOGIC AGENTS		
<i>pentoxifylline tab er 400 mg</i>	Tier 1	
PLASMA EXPANDERS		
<i>dextran 40 inj 10% in d5w</i> (Lmd 10% Dextrose 5%)	Tier 1	
<i>dextran 40 inj 10% in saline</i> (Lmd 10% Sodium Chloride 0)	Tier 1	
<i>hetastarch in sodium chloride inj 6-0.9%</i>	Tier 1	
PLASMA KALLIKREIN INHIBITORS		
ORLADEYO CAP 110MG (<i>berotralstat hcl</i>)	Tier 2	PA, QL (1 cap every 1 day)
ORLADEYO CAP 150MG (<i>berotralstat hcl</i>)	Tier 2	PA, QL (1 cap every 1 day)
TAKHZYRO INJ 150MG/ML (<i>lanadelumab-flyo</i>)	Tier 2	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML (<i>lanadelumab-flyo</i>)	Tier 2	PA, QL (2 syringes every 28 days)
TAKHZYRO INJ 300/2ML (<i>lanadelumab-flyo</i>)	Tier 2	PA, QL (2 vials every 28 days)
PLATELET AGGREGATION INHIBITORS		
AGRYLIN CAP 0.5MG (<i>anagrelide hcl</i>)	Tier 3	
<i>anagrelide hcl cap 0.5 mg</i>	Tier 1	
<i>anagrelide hcl cap 1 mg</i>	Tier 1	
<i>aspirin-dipyridamole cap er 12hr 25-200 mg</i>	Tier 1	
BRILINTA TAB 60MG (<i>ticagrelor</i>)	Tier 2	
BRILINTA TAB 90MG (<i>ticagrelor</i>)	Tier 2	
<i>cilostazol tab 50 mg</i>	Tier 1	
<i>cilostazol tab 100 mg</i>	Tier 1	
<i>clopidogrel bisulfate tab 75 mg (base equiv)</i>	Tier 1	
<i>clopidogrel bisulfate tab 300 mg (base equiv)</i>	Tier 1	
<i>dipyridamole tab 25 mg</i>	Tier 1	
<i>dipyridamole tab 50 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 158
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
dipyridamole tab 75 mg	Tier 1	
eptifibatide iv soln 20 mg/10ml (2 mg/ml)	Tier 1	
eptifibatide iv soln 75 mg/100ml (0.75 mg/ml)	Tier 1	
eptifibatide iv soln 200 mg/100ml (2 mg/ml)	Tier 1	
prasugrel hcl tab 5 mg (base equiv)	Tier 1	
prasugrel hcl tab 10 mg (base equiv)	Tier 1	
tirofiban hcl in nacl 0.9% iv soln 5 mg/100ml (base equiv)	Tier 1	
tirofiban hcl in nacl 0.9% iv soln 12.5 mg/250ml (base eq)	Tier 1	

PROTAMINE

protamine sulfate inj 10 mg/ml	Tier 1	
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HEMATOPOIETIC AGENTS - DRUGS TO TREAT BLOOD DISORDERS

AGENTS FOR GAUCHER DISEASE

CERDELGA CAP 84MG (eliglustat tartrate)	Tier 2	PA, QL (2 caps every 1 day)
CEREZYME INJ 400UNIT (imiglucerase)	Tier 2	PA, QL (60 units/kg every 14 days)
miglustat cap 100 mg	Tier 1	PA, QL (3 caps every 1 day)
miglustat cap 100 mg (Yargesa)	Tier 1	PA, QL (3 caps every 1 day)

AGENTS FOR SICKLE CELL DISEASE

ENDARI POW 5GM (glutamine (sickle cell))	Tier 2	PA, QL (6 packets every 1 day)
SIKLOS TAB 100MG (hydroxyurea (sickle cell disease))	Tier 2	
SIKLOS TAB 1000MG (hydroxyurea (sickle cell disease))	Tier 2	

HEMATOPOIETIC GROWTH FACTORS

ARANESP INJ 10MCG (darbepoetin alfa)	Tier 2	PA
ARANESP INJ 25MCG (darbepoetin alfa)	Tier 2	PA
ARANESP INJ 40MCG (darbepoetin alfa)	Tier 2	PA
ARANESP INJ 60MCG (darbepoetin alfa)	Tier 2	PA
ARANESP INJ 100MCG (darbepoetin alfa)	Tier 2	PA
ARANESP INJ 150MCG (darbepoetin alfa)	Tier 2	PA
ARANESP INJ 200MCG (darbepoetin alfa)	Tier 2	PA
ARANESP INJ 300MCG (darbepoetin alfa)	Tier 2	PA
ARANESP INJ 500MCG (darbepoetin alfa)	Tier 2	PA
DOPTELET TAB 20MG (avatrombopag maleate)	Tier 2	PA, QL (2 tabs every 1 day)
DOPTELET TAB 20MG (avatrombopag maleate)	Tier 2	PA, QL (3 tabs every 1 day)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 159

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FYLNETRA INJ 6MG/0.6 (<i>pegfilgrastim-pbbk</i>)	Tier 2	PA, QL (2 syringes every 28 days)
NIVESTYM INJ 300/0.5 (<i>filgrastim-aafi</i>)	Tier 2	PA
NIVESTYM INJ 300MCG (<i>filgrastim-aafi</i>)	Tier 2	PA
NIVESTYM INJ 480/0.8 (<i>filgrastim-aafi</i>)	Tier 2	PA
NIVESTYM INJ 480MCG (<i>filgrastim-aafi</i>)	Tier 2	PA
NYVEPRIA INJ 6/0.6ML (<i>pegfilgrastim-apgf</i>)	Tier 2	PA, QL (2 syringes every 28 days)
PROCRIT INJ 2000/ML (<i>epoetin alfa</i>)	Tier 2	PA
PROCRIT INJ 3000/ML (<i>epoetin alfa</i>)	Tier 2	PA
PROCRIT INJ 4000/ML (<i>epoetin alfa</i>)	Tier 2	PA
PROCRIT INJ 10000/ML (<i>epoetin alfa</i>)	Tier 2	PA
PROCRIT INJ 20000/ML (<i>epoetin alfa</i>)	Tier 2	PA
PROCRIT INJ 40000/ML (<i>epoetin alfa</i>)	Tier 2	PA
PROMACTA PAK 25MG (<i>eltrombopag olamine</i>)	Tier 2	PA, QL (6 packets every 1 day)
PROMACTA POW 12.5MG (<i>eltrombopag olamine</i>)	Tier 2	PA, QL (4 packets every 1 day)
PROMACTA TAB 12.5MG (<i>eltrombopag olamine</i>)	Tier 2	PA, QL (1 tab every 1 day)
PROMACTA TAB 25MG (<i>eltrombopag olamine</i>)	Tier 2	PA, QL (1 tab every 1 day)
PROMACTA TAB 50MG (<i>eltrombopag olamine</i>)	Tier 2	PA, QL (2 tabs every 1 day)
PROMACTA TAB 75MG (<i>eltrombopag olamine</i>)	Tier 2	PA, QL (2 tabs every 1 day)
RETACRIT INJ 2000UNIT (<i>epoetin alfa-epbx</i>)	Tier 2	PA
RETACRIT INJ 3000UNIT (<i>epoetin alfa-epbx</i>)	Tier 2	PA
RETACRIT INJ 4000UNIT (<i>epoetin alfa-epbx</i>)	Tier 2	PA
RETACRIT INJ 10000UNT (<i>epoetin alfa-epbx</i>)	Tier 2	PA
RETACRIT INJ 20000UNI (<i>epoetin alfa-epbx</i>)	Tier 2	PA
RETACRIT INJ 40000UNT (<i>epoetin alfa-epbx</i>)	Tier 2	PA

STEM CELL MOBILIZERS

<i>plerixafor subcutaneous inj 24 mg/1.2ml (20 mg/ml)</i>	Tier 1	PA
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HEMOSTATICS - DRUGS TO TREAT BLOOD DISORDERS

HEMOSTATICS - SYSTEMIC

<i>aminocaproic acid inj 250 mg/ml</i>	Tier 1	
<i>aminocaproic acid oral soln 0.25 gm/ml</i>	Tier 1	
<i>aminocaproic acid tab 500 mg</i>	Tier 1	
<i>aminocaproic acid tab 1000 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>tranexamic acid iv soln 1000 mg/10ml (100 mg/ml)</i>	Tier 1	
<i>tranexamic acid tab 650 mg</i>	Tier 1	
<i>tranexamic acid-sodium chloride iv soln 1000 mg/100ml-0.7%</i>	Tier 1	

HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS TO TREAT SLEEP DISORDERS

BARBITURATE HYPNOTICS

<i>pentobarbital sodium inj 50 mg/ml</i>	Tier 1	
<i>phenobarbital elixir 20 mg/5ml</i>	Tier 1	
<i>phenobarbital sodium inj 65 mg/ml</i>	Tier 1	
<i>phenobarbital sodium inj 130 mg/ml</i>	Tier 1	
<i>phenobarbital tab 15 mg</i>	Tier 1	
<i>phenobarbital tab 16.2 mg</i>	Tier 1	
<i>phenobarbital tab 30 mg</i>	Tier 1	
<i>phenobarbital tab 32.4 mg</i>	Tier 1	
<i>phenobarbital tab 60 mg</i>	Tier 1	
<i>phenobarbital tab 64.8 mg</i>	Tier 1	
<i>phenobarbital tab 97.2 mg</i>	Tier 1	
<i>phenobarbital tab 100 mg</i>	Tier 1	

HYPNOTICS - TRICYCLIC AGENTS

<i>doxepin hcl (sleep) tab 3 mg (base equiv)</i>	Tier 1	
<i>doxepin hcl (sleep) tab 6 mg (base equiv)</i>	Tier 1	

NON-BARBITURATE HYPNOTICS

<i>AMBIEN CR TAB 6.25MG (zolpidem tartrate)</i>	Tier 3	QL (90 tabs every 75 days)
<i>AMBIEN CR TAB 12.5MG (zolpidem tartrate)</i>	Tier 3	QL (90 tabs every 75 days)
<i>AMBIEN TAB 5MG (zolpidem tartrate)</i>	Tier 3	QL (90 tabs every 75 days)
<i>AMBIEN TAB 10MG (zolpidem tartrate)</i>	Tier 3	QL (90 tabs every 75 days)
<i>dexmedetomidine hcl in nacl 0.9% iv soln 80 mcg/20ml</i>	Tier 1	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 200 mcg/50ml</i>	Tier 1	
<i>dexmedetomidine hcl in nacl 0.9% iv soln 400 mcg/100ml</i>	Tier 1	
<i>dexmedetomidine hcl iv soln 200 mcg/2ml</i>	Tier 1	
<i>estazolam tab 1 mg</i>	Tier 1	
<i>estazolam tab 2 mg</i>	Tier 1	
<i>eszopiclone tab 1 mg</i>	Tier 1	QL (90 tabs every 75 days)
<i>eszopiclone tab 2 mg</i>	Tier 1	QL (90 tabs every 75 days)
<i>eszopiclone tab 3 mg</i>	Tier 1	QL (90 tabs every 75 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>midazolam 50 mg/50ml-sodium chloride 0.9% iv soln</i>	Tier 1	
<i>midazolam 100 mg/100ml-sodium chloride 0.9% iv soln</i>	Tier 1	
<i>midazolam hcl inj 2 mg/2ml (base equivalent)</i>	Tier 1	
<i>midazolam hcl inj 5 mg/5ml (base equivalent)</i>	Tier 1	
<i>midazolam hcl inj 5 mg/ml (base equivalent)</i>	Tier 1	
<i>midazolam hcl inj 10 mg/2ml (base equivalent)</i>	Tier 1	
<i>midazolam hcl inj 10 mg/10ml (base equivalent)</i>	Tier 1	
<i>midazolam hcl inj 25 mg/5ml (base equivalent)</i>	Tier 1	
<i>midazolam hcl inj 50 mg/10ml (base equivalent)</i>	Tier 1	
<i>midazolam hcl inj pf 2 mg/2ml (base equivalent)</i>	Tier 1	
<i>midazolam hcl inj pf 5 mg/5ml (base equivalent)</i>	Tier 1	
<i>midazolam hcl inj pf 5 mg/ml (base equivalent)</i>	Tier 1	
<i>midazolam hcl inj pf 10 mg/2ml (base equivalent)</i>	Tier 1	
<i>midazolam hcl syrup 2 mg/ml (base equivalent)</i>	Tier 1	
RESTORIL CAP 7.5MG (<i>temazepam</i>)	Tier 3	
RESTORIL CAP 15MG (<i>temazepam</i>)	Tier 3	
RESTORIL CAP 22.5MG (<i>temazepam</i>)	Tier 3	
RESTORIL CAP 30MG (<i>temazepam</i>)	Tier 3	
<i>temazepam cap 7.5 mg</i>	Tier 1	
<i>temazepam cap 15 mg</i>	Tier 1	
<i>temazepam cap 22.5 mg</i>	Tier 1	
<i>temazepam cap 30 mg</i>	Tier 1	
<i>triazolam tab 0.25 mg</i>	Tier 1	
<i>triazolam tab 0.125 mg</i>	Tier 1	
<i>zaleplon cap 5 mg</i>	Tier 1	QL (90 caps every 75 days)
<i>zaleplon cap 10 mg</i>	Tier 1	QL (90 caps every 75 days)
<i>zolpidem tartrate tab 5 mg</i>	Tier 1	QL (90 tabs every 75 days)
<i>zolpidem tartrate tab 10 mg</i>	Tier 1	QL (90 tabs every 75 days)
<i>zolpidem tartrate tab er 6.25 mg</i>	Tier 1	QL (90 tabs every 75 days)
<i>zolpidem tartrate tab er 12.5 mg</i>	Tier 1	QL (90 tabs every 75 days)

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AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OREXIN RECEPTOR ANTAGONISTS		
BELSOMRA TAB 5MG (<i>suvorexant</i>)	Tier 2	
BELSOMRA TAB 10MG (<i>suvorexant</i>)	Tier 2	
BELSOMRA TAB 15MG (<i>suvorexant</i>)	Tier 2	
BELSOMRA TAB 20MG (<i>suvorexant</i>)	Tier 2	
DAYVIGO TAB 5MG (<i>lemborexant</i>)	Tier 2	
DAYVIGO TAB 10MG (<i>lemborexant</i>)	Tier 2	
QUVIVIQ TAB 25MG (<i>daridorexant hcl</i>)	Tier 2	
QUVIVIQ TAB 50MG (<i>daridorexant hcl</i>)	Tier 2	
SELECTIVE MELATONIN RECEPTOR AGONISTS		
<i>ramelteon tab 8 mg</i>	Tier 1	QL (90 tabs every 75 days)
<i>tasimelteon capsule 20 mg</i>	Tier 1	PA, QL (1 cap every 1 day)
LAXATIVES - DRUGS TO TREAT CONSTIPATION		
LAXATIVE COMBINATIONS		
CLENPIQ SOL (<i>sodium picosulfate-magnesium oxide-anhydrous citric acid</i>)	Tier 2	AGE; ACA
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i>	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 236 gm</i> (Gavilyte-g)	Tier 1	
<i>peg 3350-kcl-na bicarb-nacl-na sulfate for soln 240 gm</i> (Gavilyte-c)	Tier 1	
<i>peg 3350-kcl-sod bicarb-nacl for soln 420 gm sod sulfate-pot sulf-mg sulf oral sol 17.5-3.13-1.6 gm/177ml</i>	Tier 1	AGE; ACA
LAXATIVES - MISCELLANEOUS		
<i>lactulose solution 10 gm/15ml</i>	Tier 1	
<i>lactulose solution 10 gm/15ml</i> (Constulose)	Tier 1	
LUBRICANT LAXATIVES		
<i>mineral oil</i>	Tier 1	
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR NUMBING		
LOCAL ANESTHETIC COMBINATIONS		
<i>articaine-epinephrine solution cartridge 4%-1:100000</i> (Articadent Dental)	Tier 1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i>	Tier 1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000</i> (Sensorcaine/epinephrine)	Tier 1	
<i>bupivacaine inj 0.5% w/ epinephrine 1:200000 (pf)</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>bupivacaine inj 0.25% w/ epinephrine 1:200000</i>	Tier 1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (Sensorcaine/epinephrine)</i>	Tier 1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf)</i>	Tier 1	
<i>bupivacaine inj 0.25% w/ epinephrine 1:200000 (pf) (Sensorcaine-mpf/epinephri)</i>	Tier 1	
<i>lidocaine inj 0.5% w/ epinephrine-1:200000</i>	Tier 1	
<i>lidocaine inj 1% w/ epinephrine-1:100000</i>	Tier 1	
<i>lidocaine inj 1.5% w/ epinephrine-1:200000</i>	Tier 1	
<i>lidocaine inj 2% w/ epinephrine-1:50000</i>	Tier 1	
<i>lidocaine inj 2% w/ epinephrine-1:100000</i>	Tier 1	
<i>lidocaine inj 2% w/ epinephrine-1:200000</i>	Tier 1	

LOCAL ANESTHETICS - AMIDES

<i>bupivacaine 0.75% in dextrose inj 8.25%</i>	Tier 1	
<i>bupivacaine 0.75% in dextrose inj 8.25% (Bupivacaine Spinal)</i>	Tier 1	
<i>bupivacaine hcl inj 0.5%</i>	Tier 1	
<i>bupivacaine hcl inj 0.5% (Sensorcaine)</i>	Tier 1	
<i>bupivacaine hcl inj 0.25%</i>	Tier 1	
<i>bupivacaine hcl inj 0.25% (Sensorcaine)</i>	Tier 1	
<i>bupivacaine hcl preservative free (pf) inj 0.5%</i>	Tier 1	
<i>bupivacaine hcl preservative free (pf) inj 0.5% (Sensorcaine-mpf)</i>	Tier 1	
<i>bupivacaine hcl preservative free (pf) inj 0.25%</i>	Tier 1	
<i>bupivacaine hcl preservative free (pf) inj 0.25% (Sensorcaine-mpf)</i>	Tier 1	
<i>bupivacaine hcl preservative free (pf) inj 0.75%</i>	Tier 1	
<i>bupivacaine hcl preservative free (pf) inj 0.75% (Sensorcaine-mpf)</i>	Tier 1	
<i>lidocaine hcl local inj 0.5%</i>	Tier 1	
<i>lidocaine hcl local inj 1%</i>	Tier 1	
<i>lidocaine hcl local inj 2%</i>	Tier 1	
<i>lidocaine hcl local preservative free (pf) inj 0.5%</i>	Tier 1	
<i>lidocaine hcl local preservative free (pf) inj 1%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>lidocaine hcl local preservative free (pf) inj 1.5%</i>	Tier 1	
<i>lidocaine hcl local preservative free (pf) inj 2%</i>	Tier 1	
<i>lidocaine hcl local preservative free (pf) inj 4%</i>	Tier 1	
<i>mepivacaine hcl inj 1% (Polocaine)</i>	Tier 1	
<i>mepivacaine hcl inj 2% (Polocaine)</i>	Tier 1	
<i>mepivacaine hcl preservative free (pf) inj 1% (Polocaine-mpf)</i>	Tier 1	
<i>mepivacaine hcl preservative free (pf) inj 1.5% (Polocaine-mpf)</i>	Tier 1	
<i>mepivacaine hcl preservative free (pf) inj 2% (Polocaine-mpf)</i>	Tier 1	
<i>ropivacaine hcl inj 2 mg/ml</i>	Tier 1	
<i>ropivacaine hcl inj 5 mg/ml</i>	Tier 1	
<i>ropivacaine hcl inj 7.5 mg/ml</i>	Tier 1	
<i>ropivacaine hcl inj 10 mg/ml</i>	Tier 1	
LOCAL ANESTHETICS - ESTERS		
<i>chloroprocaine hcl preservative free (pf) inj 2%</i>	Tier 1	
<i>chloroprocaine hcl preservative free (pf) inj 3%</i>	Tier 1	
MACROLIDES - DRUGS TO TREAT INFECTIONS		
AZITHROMYCIN		
<i>azithromycin for susp 100 mg/5ml</i>	Tier 1	
<i>azithromycin for susp 200 mg/5ml</i>	Tier 1	
<i>azithromycin iv for soln 500 mg</i>	Tier 1	
<i>azithromycin powd pack for susp 1 gm</i>	Tier 1	
<i>azithromycin tab 250 mg</i>	Tier 1	QL (6 tabs every 5 days); Limit of one fill per 60 days
<i>azithromycin tab 500 mg</i>	Tier 1	
<i>azithromycin tab 600 mg</i>	Tier 1	
CLARITHROMYCIN		
<i>clarithromycin for susp 125 mg/5ml</i>	Tier 1	
<i>clarithromycin for susp 250 mg/5ml</i>	Tier 1	
<i>clarithromycin tab 250 mg</i>	Tier 1	
<i>clarithromycin tab 500 mg</i>	Tier 1	
<i>clarithromycin tab er 24hr 500 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ERYTHROMYCINS

<i>erythromycin ethylsuccinate for susp 200 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate for susp 400 mg/5ml</i>	Tier 1	
<i>erythromycin ethylsuccinate tab 400 mg</i>	Tier 1	
<i>erythromycin ethylsuccinate tab 400 mg (E.e.s. 400)</i>	Tier 1	
<i>erythromycin lactobionate for inj 500 mg</i>	Tier 1	
<i>erythromycin lactobionate for inj 500 mg (Erythrocin Lactobionate)</i>	Tier 1	
<i>erythromycin stearate tab 250 mg (Erythrocin Stearate)</i>	Tier 1	
<i>erythromycin tab 250 mg</i>	Tier 1	
<i>erythromycin tab 500 mg</i>	Tier 1	
<i>erythromycin tab delayed release 250 mg</i>	Tier 1	
<i>erythromycin tab delayed release 250 mg (Ery-tab)</i>	Tier 1	
<i>erythromycin tab delayed release 333 mg</i>	Tier 1	
<i>erythromycin tab delayed release 333 mg (Ery-tab)</i>	Tier 1	
<i>erythromycin tab delayed release 500 mg</i>	Tier 1	
<i>erythromycin tab delayed release 500 mg (Ery-tab)</i>	Tier 1	
<i>erythromycin w/ delayed release particles cap 250 mg</i>	Tier 1	

FIDAXOMICIN

DIFICID SUS (<i>fidaxomicin</i>)	Tier 2	
DIFICID TAB 200MG (<i>fidaxomicin</i>)	Tier 2	

MEDICAL DEVICES AND SUPPLIES - MEDICAL DEVICES AND SUPPLIES FOR DIAGNOSIS, TREATMENT, OR MONITORING

DIABETIC SUPPLIES

ACCU-CHEK KIT FASTCLIX (<i>lancets misc.</i>)	Tier 2	
ACCU-CHEK KIT SOFTCLIX (<i>lancets misc.</i>)	Tier 2	
ACTI-LANCE MIS 28G (<i>lancets</i>)	Tier 3	
ACTI-LANCE MIS LITE 28G (<i>lancets</i>)	Tier 3	
ACTI-LANCE MIS SPEC 17G (<i>lancets</i>)	Tier 3	
ACTI-LANCE MIS UNIV 23G (<i>lancets</i>)	Tier 3	
ADVocate SAFE MIS LANC 26G (<i>lancets</i>)	Tier 3	
ADVocate MIS LANC 30G (<i>lancets</i>)	Tier 3	
ADVocate MIS LANCETS (<i>lancets</i>)	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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AGAMATRIX MIS 33G (<i>lancets</i>)	Tier 3	
AIMSCO TWIST MIS 32G (<i>lancets</i>)	Tier 3	
AIMSCO TWIST MIS 33G (<i>lancets</i>)	Tier 3	
AQUALANCE MIS 30G (<i>lancets</i>)	Tier 3	
ASSURE CMFRT MIS 28G (<i>lancets</i>)	Tier 3	
ASSURE LANCE MIS 21G (<i>lancets</i>)	Tier 3	
ASSURE LANCE MIS 28G (<i>lancets</i>)	Tier 3	
ASSURE LANCE MIS LOW FLOW (<i>lancets</i>)	Tier 3	
ASSURE LANCE MIS MICRO (<i>lancets</i>)	Tier 3	
ASSURE LANCE MIS SAFE 25G (<i>lancets</i>)	Tier 3	
ASSURE LANCE MIS SAFE 30G (<i>lancets</i>)	Tier 3	
ASSURE PLUS MIS HIGH 18G (<i>lancets</i>)	Tier 3	
ASSURE PLUS MIS LOW 25G (<i>lancets</i>)	Tier 3	
ASSURE PLUS MIS MCRO 28G (<i>lancets</i>)	Tier 3	
ASSURE PLUS MIS NORM 21G (<i>lancets</i>)	Tier 3	
ASSURE PLUS MIS PEDIATRI (<i>lancets</i>)	Tier 3	
AURORA LANCE MIS 30G (<i>lancets</i>)	Tier 3	
AURORA LANCE MIS THIN 23G (<i>lancets</i>)	Tier 3	
AUTO LANCET MIS (<i>lancets</i>)	Tier 3	
BD MICROTAIN MIS LANCETS (<i>lancets</i>)	Tier 3	
BD MICROTAIN MIS LANCETS (<i>lancets</i>)	Tier 3	
CAREONE LANC MIS 30G (<i>lancets</i>)	Tier 3	
CAREONE LANC MIS THIN 23G (<i>lancets</i>)	Tier 3	
CARESENS 30G MIS LANCETS (<i>lancets</i>)	Tier 3	
CARETOUCH MIS LANC 26G (<i>lancets</i>)	Tier 3	
CARETOUCH MIS LANC 28G (<i>lancets</i>)	Tier 3	
CARETOUCH MIS LANC 30G (<i>lancets</i>)	Tier 3	
CARETOUCH MIS TWIST 28 (<i>lancets</i>)	Tier 3	
CARETOUCH MIS TWIST 30 (<i>lancets</i>)	Tier 3	
CARETOUCH MIS TWIST 33 (<i>lancets</i>)	Tier 3	
CLEANLET 28G MIS LANCETS (<i>lancets</i>)	Tier 3	
CLEVER CHECK MIS (<i>lancets</i>)	Tier 3	
CLEVER CHECK MIS 30G (<i>lancets</i>)	Tier 3	
COAGUCHEK MIS LANCETS (<i>lancets</i>)	Tier 3	
COMFORT ASSU MIS LANC 28G (<i>lancets</i>)	Tier 3	
COMFORT ASSU MIS LANC 33G (<i>lancets</i>)	Tier 3	
COMFORT EZ MIS 21G (<i>lancets</i>)	Tier 3	
COMFORT EZ MIS 23G (<i>lancets</i>)	Tier 3	
COMFORT EZ MIS 28G (<i>lancets</i>)	Tier 3	
COMFORT TCH MIS LANC 28G (<i>lancets</i>)	Tier 3	
COMFORT TCH MIS LANC 30G (<i>lancets</i>)	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
COMFORT TCH MIS LANC 31G (<i>lancets</i>)	Tier 3	
COMFORTOUCH MIS LANCET (<i>lancets</i>)	Tier 3	
CVS LANCETS MIS 21G (<i>lancets</i>)	Tier 3	
CVS LANCETS MIS 30G (<i>lancets</i>)	Tier 3	
CVS LANCETS MIS 33G (<i>lancets</i>)	Tier 3	
CVS LANCETS MIS ORIGINAL (<i>lancets</i>)	Tier 3	
CVS LANCETS MIS THIN 26G (<i>lancets</i>)	Tier 3	
CVS LANCETS MIS THIN 30G (<i>lancets</i>)	Tier 3	
CVS LANCETS MIS THIN 33G (<i>lancets</i>)	Tier 3	
DIATHRIVE MIS LANCETS (<i>lancets</i>)	Tier 3	
DIATHRIVE MIS UT 30G (<i>lancets</i>)	Tier 3	
DROPLET LANC MIS 30G (<i>lancets</i>)	Tier 3	
DROPLET PERS MIS LANC 30G (<i>lancets</i>)	Tier 3	
E-Z JECT MIS 21G (<i>lancets</i>)	Tier 3	
E-Z JECT MIS 21G COLR (<i>lancets</i>)	Tier 3	
E-Z JECT MIS 30G (<i>lancets</i>)	Tier 3	
E-Z JECT MIS 32G COLR (<i>lancets</i>)	Tier 3	
E-Z JECT MIS LANC 21G (<i>lancets</i>)	Tier 3	
E-Z JECT MIS THIN 26G (<i>lancets</i>)	Tier 3	
E-ZJECT LANC MIS 33G (<i>lancets</i>)	Tier 3	
EASY COMFORT MIS 30G (<i>lancets</i>)	Tier 3	
EASY COMFORT MIS LANC/30G (<i>lancets</i>)	Tier 3	
EASY COMFORT MIS TWIST (<i>lancets</i>)	Tier 3	
EASY TOUCH MIS LANC/21G (<i>lancets</i>)	Tier 3	
EASY TOUCH MIS LANC/23G (<i>lancets</i>)	Tier 3	
EASY TOUCH MIS LANC/26G (<i>lancets</i>)	Tier 3	
EASY TOUCH MIS LANC/28G (<i>lancets</i>)	Tier 3	
EASY TOUCH MIS LANC/30G (<i>lancets</i>)	Tier 3	
EASY TOUCH MIS LANC/32G (<i>lancets</i>)	Tier 3	
EASY TOUCH MIS LANC/33G (<i>lancets</i>)	Tier 3	
EMBRACE LANC MIS 21G (<i>lancets</i>)	Tier 3	
EMBRACE LANC MIS 28G (<i>lancets</i>)	Tier 3	
EMBRACE LANC MIS THIN 30G (<i>lancets</i>)	Tier 3	
EQL LANCETS MIS 21G COLR (<i>lancets</i>)	Tier 3	
EQL LANCETS MIS 33G COLR (<i>lancets</i>)	Tier 3	
EQL LANCETS MIS THIN 26G (<i>lancets</i>)	Tier 3	
EQL LANCETS MIS THIN 30G (<i>lancets</i>)	Tier 3	
EZ-LETS 21G MIS LANCETS (<i>lancets</i>)	Tier 3	
EZ-LETS 26G MIS LANCETS (<i>lancets</i>)	Tier 3	
EZ-LETS 28G MIS LANCETS (<i>lancets</i>)	Tier 3	
EZ-LETS 30G MIS LANCETS (<i>lancets</i>)	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
FASTCLIX MIS LANCETS (<i>lancets</i>)	Tier 2	
FIFTY50 SAFE MIS LANCETS (<i>lancets</i>)	Tier 3	
FINGERSTIX MIS LANCETS (<i>lancets</i>)	Tier 3	
FORA LANCETS MIS 30G (<i>lancets</i>)	Tier 3	
FORA MIS LANCETS (<i>lancets</i>)	Tier 3	
FREESTYLE MIS LANCETS (<i>lancets</i>)	Tier 3	
GENTEEL MIS LANCETS (<i>lancets</i>)	Tier 3	
GENTLE-LET MIS 26G (<i>lancets</i>)	Tier 3	
GENTLE-LET MIS 28G (<i>lancets</i>)	Tier 3	
GENTLE-LET MIS LANCETS (<i>lancets</i>)	Tier 3	
GLOBAL 28G MIS LANCETS (<i>lancets</i>)	Tier 3	
GLOBAL 30G MIS LANCETS (<i>lancets</i>)	Tier 3	
GLUCOCOM MIS 28G (<i>lancets</i>)	Tier 3	
GLUCOCOM MIS 30G (<i>lancets</i>)	Tier 3	
GLUCOCOM MIS 33G (<i>lancets</i>)	Tier 3	
GNP LANCETS MIS 21G (<i>lancets</i>)	Tier 3	
GNP LANCETS MIS 28G (<i>lancets</i>)	Tier 3	
GNP LANCETS MIS 30G (<i>lancets</i>)	Tier 3	
GNP LANCETS MIS 33G (<i>lancets</i>)	Tier 3	
GNP LANCETS MIS THIN 26G (<i>lancets</i>)	Tier 3	
GOJJI LANCET MIS 30G (<i>lancets</i>)	Tier 3	
GOODSENSE MIS LANC 26G (<i>lancets</i>)	Tier 3	
GOODSENSE MIS LANC 30G (<i>lancets</i>)	Tier 3	
GOODSENSE MIS LANC 33G (<i>lancets</i>)	Tier 3	
HAEMOLANCE MIS HIGH FLO (<i>lancets</i>)	Tier 3	
HAEMOLANCE MIS LOW FLOW (<i>lancets</i>)	Tier 3	
HAEMOLANCE MIS PLUS (<i>lancets</i>)	Tier 3	
HAEMOLANCE MIS PLUS LOW (<i>lancets</i>)	Tier 3	
HAEMOLANCE MIS PLUS MAX (<i>lancets</i>)	Tier 3	
HAEMOLANCE MIS PLUS PED (<i>lancets</i>)	Tier 3	
HAEMOLANCE MIS RETRACT (<i>lancets</i>)	Tier 3	
IN TOUCH LAN MIS 30G (<i>lancets</i>)	Tier 3	
INCONTROL MIS LANC 28G (<i>lancets</i>)	Tier 3	
INCONTROL MIS LANC 30G (<i>lancets</i>)	Tier 3	
INCONTROL MIS LANC 33G (<i>lancets</i>)	Tier 3	
KINNEY MIS LANCETS (<i>lancets</i>)	Tier 3	
KINNEY THIN MIS LANCETS (<i>lancets</i>)	Tier 3	
KROGER LANCE MIS (<i>lancets</i>)	Tier 3	
KROGER LANCE MIS 26G (<i>lancets</i>)	Tier 3	
KROGER LANCE MIS THIN (<i>lancets</i>)	Tier 3	
KROGER LANCE MIS THIN 30G (<i>lancets</i>)	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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LANCET MICRO MIS THIN 33G (<i>lancets</i>)	Tier 3	
LANCET STAND MIS 21G (<i>lancets</i>)	Tier 3	
LANCET SUPER MIS THIN 30G (<i>lancets</i>)	Tier 3	
LANCET ULTRA MIS THIN 30G (<i>lancets</i>)	Tier 3	
LANCETS MICR MIS THIN 33G (<i>lancets</i>)	Tier 3	
LANCETS MIS	Tier 3	
LANCETS MIS 21G (<i>lancets</i>)	Tier 3	
LANCETS MIS 21G COLR (<i>lancets</i>)	Tier 3	
LANCETS MIS 26G	Tier 3	
LANCETS MIS 28G (<i>lancets</i>)	Tier 3	
LANCETS MIS 30G	Tier 3	
LANCETS MIS 33G (<i>lancets</i>)	Tier 3	
LANCETS MIS ORIGINAL (<i>lancets</i>)	Tier 3	
LANCETS MIS THIN (<i>lancets</i>)	Tier 3	
LANCETS MIS THIN 26G (<i>lancets</i>)	Tier 3	
LANCETS MIS THIN 30G (<i>lancets</i>)	Tier 3	
LANCETS SUPR MIS THIN 28G (<i>lancets</i>)	Tier 3	
LANCETS THIN MIS	Tier 3	
LANCETS THIN MIS 26G (<i>lancets</i>)	Tier 3	
LANCETS ULTR MIS THIN (<i>lancets</i>)	Tier 3	
LANCETS ULTR MIS THIN 31G (<i>lancets</i>)	Tier 3	
LITE TOUCH MIS LANCETS (<i>lancets</i>)	Tier 3	
LITETOUCH MIS LANCETS (<i>lancets</i>)	Tier 3	
LONGS LANCET MIS STANDARD (<i>lancets</i>)	Tier 3	
LONGS LANCET MIS THIN (<i>lancets</i>)	Tier 3	
LONGS LANCET MIS ULTRA TH (<i>lancets</i>)	Tier 3	
MEDICHOICE MIS LANCET (<i>lancets</i>)	Tier 3	
MEDLANCE MIS 30G PLUS (<i>lancets</i>)	Tier 3	
MEDLANCE MIS PLUS 30G (<i>lancets</i>)	Tier 3	
MEDLANCE PLS MIS 0.8MM (<i>lancets</i>)	Tier 3	
MEDLANCE PLS MIS EXTR 21G (<i>lancets</i>)	Tier 3	
MEDLANCE PLS MIS LITE 25G (<i>lancets</i>)	Tier 3	
MEDLANCE PLS MIS UNIV 21G (<i>lancets</i>)	Tier 3	
MEIJER LANCE MIS COLOR (<i>lancets</i>)	Tier 3	
MEIJER LANCE MIS UNIV 21G (<i>lancets</i>)	Tier 3	
MEIJER LANCE MIS UNIV 30G (<i>lancets</i>)	Tier 3	
MEIJER LANCE MIS UNIVERSA (<i>lancets</i>)	Tier 3	
MEIJER MIS LANCETS (<i>lancets</i>)	Tier 3	
MICRO THIN MIS LANC 33G (<i>lancets</i>)	Tier 3	
MICROLET MIS LANCETS (<i>lancets</i>)	Tier 3	
MM TWIST MIS LANCETS (<i>lancets</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MOBILE LANCE MIS 30G (<i>lancets</i>)	Tier 3	
MONOLET MIS LANCETS (<i>lancets</i>)	Tier 3	
MONOLET OPD MIS LANCETS (<i>lancets</i>)	Tier 3	
MONOLETTOR MIS LANCETS (<i>lancets</i>)	Tier 3	
MYGLUCOHEALT MIS LANC 30G (<i>lancets</i>)	Tier 3	
NOVA SAFETY MIS LANC 23G (<i>lancets</i>)	Tier 3	
NOVA SAFETY MIS LANC 28G (<i>lancets</i>)	Tier 3	
NOVA SURE MIS LANCETS (<i>lancets</i>)	Tier 3	
OMNIPOD 5 G6 KIT INTRO (<i>insulin infusion disposable pump</i>)	Tier 2	QL (1 kit every year)
OMNIPOD 5 G6 MIS PODS (<i>insulin infusion disposable pump</i>)	Tier 2	
ON-THE-GO MIS LANC 30G (<i>lancets</i>)	Tier 3	
ONETOUCH DEL MIS LANC DEV (<i>lancet devices</i>)	Tier 2	
ONETOUCH DEL MIS PLUS 30G (<i>lancets</i>)	Tier 2	
ONETOUCH DEL MIS PLUS 33G (<i>lancets</i>)	Tier 2	
ONETOUCH US MIS 2 30G (<i>lancets</i>)	Tier 2	
PERFECT 28G MIS LANCETS (<i>lancets</i>)	Tier 3	
PERFECT 30G MIS LANCETS (<i>lancets</i>)	Tier 3	
PHARMACY COU MIS LANCETS (<i>lancets</i>)	Tier 3	
PIP LANCETS MIS 28G (<i>lancets</i>)	Tier 3	
PIP LANCETS MIS 30G (<i>lancets</i>)	Tier 3	
PRO COMFORT MIS 31G (<i>lancets</i>)	Tier 3	
PRO COMFORT MIS LANC 30G (<i>lancets</i>)	Tier 3	
PRO COMFORT MIS LANCETS (<i>lancets</i>)	Tier 3	
PRODIGY MIS 26G (<i>lancets</i>)	Tier 3	
PRODIGY MIS 28G (<i>lancets</i>)	Tier 3	
PSS SAFE LAN MIS (<i>lancets</i>)	Tier 3	
PSS SEL LANC MIS (<i>lancets</i>)	Tier 3	
PURE COMFORT MIS 30G LAN (<i>lancets</i>)	Tier 3	
PX LANCETS MIS 28G (<i>lancets</i>)	Tier 3	
PX LANCETS MIS 33G (<i>lancets</i>)	Tier 3	
QC LANCETS MIS 28G (<i>lancets</i>)	Tier 3	
QC LANCETS MIS 30G (<i>lancets</i>)	Tier 3	
RA E-ZJECT MIS 28G (<i>lancets</i>)	Tier 3	
RA E-ZJECT MIS THIN 26G (<i>lancets</i>)	Tier 3	
RA E-ZJECT MIS THIN 28G (<i>lancets</i>)	Tier 3	
RA E-ZJECT MIS ULT THIN (<i>lancets</i>)	Tier 3	
READYLANCE MIS 21G (<i>lancets</i>)	Tier 3	
READYLANCE MIS 23G (<i>lancets</i>)	Tier 3	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 171

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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READYLANCE MIS 26G (<i>lancets</i>)	Tier 3	
READYLANCE MIS 28G (<i>lancets</i>)	Tier 3	
READYLANCE MIS 30G (<i>lancets</i>)	Tier 3	
REALITY MIS LANCETS (<i>lancets</i>)	Tier 3	
REALITY TRIG MIS LANCETS (<i>lancets</i>)	Tier 3	
RELION LANCE MIS THIN 26G (<i>lancets</i>)	Tier 3	
RELION LANCE MIS THIN 30G (<i>lancets</i>)	Tier 3	
RELION MICRO MIS THIN 33G (<i>lancets</i>)	Tier 3	
RELION ULTRA MIS THIN 30G (<i>lancets</i>)	Tier 3	
RELION ULTRA MIS THIN PLS (<i>lancets</i>)	Tier 3	
RIGHTTEST MIS GL300 (<i>lancets</i>)	Tier 3	
SAFE-T-LANCE MIS 21G (<i>lancets</i>)	Tier 3	
SAFE-T-LANCE MIS 25G (<i>lancets</i>)	Tier 3	
SAFE-T-LANCE MIS HI FLOW (<i>lancets</i>)	Tier 3	
SAFE-T-LANCE MIS LOW FLOW (<i>lancets</i>)	Tier 3	
SAFE-T-LANCE MIS NOR FLOW (<i>lancets</i>)	Tier 3	
SAFE-T-PRO MIS LANCETS (<i>lancets</i>)	Tier 2	
SAFE-T-PRO MIS LANCETS (<i>lancets</i>)	Tier 3	
SAFE-T-PRO MIS PLUS (<i>lancets</i>)	Tier 3	
SAFETY 21G MIS LANCETS (<i>lancets</i>)	Tier 3	
SAFETY 23G MIS LANCETS (<i>lancets</i>)	Tier 3	
SAFETY 28G MIS LANCETS (<i>lancets</i>)	Tier 3	
SAFETY 30G MIS LANCETS	Tier 3	
SAFETY MIS LANCETS (<i>lancets</i>)	Tier 3	
SAPS HEALTH MIS TWIST (<i>lancets</i>)	Tier 3	
SAPS TWIST MIS 30G (<i>lancets</i>)	Tier 3	
SAPSCARE MIS TWIST (<i>lancets</i>)	Tier 3	
SB LANCETS MIS THIN (<i>lancets</i>)	Tier 3	
SB LANCETS MIS ULTR THN (<i>lancets</i>)	Tier 3	
SINGLE-LET MIS 23G (<i>lancets</i>)	Tier 3	
SM LANCETS MIS 33G (<i>lancets</i>)	Tier 3	
SMART SENSE MIS LANC 21G (<i>lancets</i>)	Tier 3	
SMART SENSE MIS LANC 26G (<i>lancets</i>)	Tier 3	
SMART SENSE MIS LANC 30G (<i>lancets</i>)	Tier 3	
SMART SENSE MIS LANC 33G (<i>lancets</i>)	Tier 3	
SMARTEST MIS LANCETS (<i>lancets</i>)	Tier 3	
SOFTCLIX MIS LANCETS (<i>lancets</i>)	Tier 2	
SOLUS V2 MIS LANC 28G (<i>lancets</i>)	Tier 3	
SOLUS V2 MIS LANC 30G (<i>lancets</i>)	Tier 3	
STERILANCE MIS TL 28G (<i>lancets</i>)	Tier 3	
STERILANCE MIS TL 30G (<i>lancets</i>)	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
STERILANCE MIS TL 32G (<i>lancets</i>)	Tier 3	
SUPER THIN MIS LANC 28G (<i>lancets</i>)	Tier 3	
SUPER THIN MIS LANCETS (<i>lancets</i>)	Tier 3	
SURE COMFORT MIS LANC 18G (<i>lancets</i>)	Tier 3	
SURE COMFORT MIS LANC 21G (<i>lancets</i>)	Tier 3	
SURE COMFORT MIS LANC 23G (<i>lancets</i>)	Tier 3	
SURE COMFORT MIS LANC 30G (<i>lancets</i>)	Tier 3	
SURE COMFORT MIS LANCETS (<i>lancets</i>)	Tier 3	
SUREFLEX MIS LANCETS (<i>lancets</i>)	Tier 3	
SURELITE MIS LANCETS (<i>lancets</i>)	Tier 3	
TECHLITE AST MIS LANCETS (<i>lancets</i>)	Tier 3	
TECHLITE MIS LANC 26G (<i>lancets</i>)	Tier 3	
TECHLITE MIS LANC 30G (<i>lancets</i>)	Tier 3	
TECHLITE MIS LANCETS (<i>lancets</i>)	Tier 3	
TGT LANCET MIS 26G (<i>lancets</i>)	Tier 3	
TGT LANCET MIS 30G (<i>lancets</i>)	Tier 3	
TGT LANCET MIS 33G (<i>lancets</i>)	Tier 3	
THIN LANCETS MIS 26G (<i>lancets</i>)	Tier 3	
THIN LANCETS MIS 30G (<i>lancets</i>)	Tier 3	
THINLETS GP MIS 26G (<i>lancets</i>)	Tier 3	
TOPCARE MIS LANC 33G (<i>lancets</i>)	Tier 3	
TRAVEL LANCE MIS ADV 28G (<i>lancets</i>)	Tier 3	
TRUE COMFORT MIS LANC 30G (<i>lancets</i>)	Tier 3	
TRUPLUS LANC MIS 26G (<i>lancets</i>)	Tier 3	
TRUPLUS LANC MIS 28G (<i>lancets</i>)	Tier 3	
TRUPLUS LANC MIS 30G (<i>lancets</i>)	Tier 3	
TRUPLUS LANC MIS 33G (<i>lancets</i>)	Tier 3	
TWIST LANCET MIS 30G	Tier 3	
TWIST LANCET MIS 30G MULT (<i>lancets</i>)	Tier 3	
ULTILET MIS 26G (<i>lancets</i>)	Tier 3	
ULTILET MIS 28G (<i>lancets</i>)	Tier 3	
ULTILET MIS 30G (<i>lancets</i>)	Tier 3	
ULTILET MIS 33G (<i>lancets</i>)	Tier 3	
ULTILET MIS LANCETS (<i>lancets</i>)	Tier 3	
ULTILET MIS SAFETY (<i>lancets</i>)	Tier 3	
ULTILET SAFE MIS 21G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS 28G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS 30G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS 31G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS 33G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS LAN 31G (<i>lancets</i>)	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ULTRA THIN MIS LANC 28G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS LANC 30G (<i>lancets</i>)	Tier 3	
ULTRA THIN MIS LANCETS (<i>lancets</i>)	Tier 3	
UNILET EX II MIS 28G (<i>lancets</i>)	Tier 3	
UNILET EXCEL MIS 23G (<i>lancets</i>)	Tier 3	
UNILET G.P MIS SUPR 23G (<i>lancets</i>)	Tier 3	
UNILET G.P. MIS 21G (<i>lancets</i>)	Tier 3	
UNILET GP 28 MIS ULT THIN (<i>lancets</i>)	Tier 3	
UNILET LANC MIS 33G (<i>lancets</i>)	Tier 3	
UNILET LANCE MIS 21G (<i>lancets</i>)	Tier 3	
UNILET LANCE MIS 28G (<i>lancets</i>)	Tier 3	
UNILET LANCE MIS 33G (<i>lancets</i>)	Tier 3	
UNILET LANCT MIS 28G (<i>lancets</i>)	Tier 3	
UNILET LANCT MIS 30G (<i>lancets</i>)	Tier 3	
UNILET LANCT MIS 33G (<i>lancets</i>)	Tier 3	
UNILET MICRO MIS 33G (<i>lancets</i>)	Tier 3	
UNILET MIS 21G (<i>lancets</i>)	Tier 3	
UNILET SUPER MIS 23G (<i>lancets</i>)	Tier 3	
UNILET SUPER MIS G.P. 23G (<i>lancets</i>)	Tier 3	
UNISTIK 3 MIS GENT 30G (<i>lancets</i>)	Tier 3	
UNISTIK PRO MIS LANC 21G (<i>lancets</i>)	Tier 3	
UNISTIK PRO MIS LANC 28G (<i>lancets</i>)	Tier 3	
UNISTIK SAFE MIS LANC 28G (<i>lancets</i>)	Tier 3	
UNISTIK SAFE MIS LANC 30G (<i>lancets</i>)	Tier 3	
UNISTIK TOUC MIS LANC 21G (<i>lancets</i>)	Tier 3	
UNISTIK TOUC MIS LANC 23G (<i>lancets</i>)	Tier 3	
UNISTIK TOUC MIS LANC 28G (<i>lancets</i>)	Tier 3	
UNISTIK TOUC MIS LANC 30G (<i>lancets</i>)	Tier 3	
UNITSTIK PRO MIS LANC 25G (<i>lancets</i>)	Tier 3	
UNIVERSAL 1 MIS 33G (<i>lancets</i>)	Tier 3	
UNIVERSAL 1 MIS LANC 26G (<i>lancets</i>)	Tier 3	
UNIVERSAL 1 MIS LANC 30G (<i>lancets</i>)	Tier 3	
VERIFINE LAN MIS MINI 21G (<i>lancets</i>)	Tier 3	
VERIFINE LAN MIS MINI 23G (<i>lancets</i>)	Tier 3	
VERIFINE LAN MIS MINI 28G (<i>lancets</i>)	Tier 3	
VERIFINE LAN MIS MINI 30G (<i>lancets</i>)	Tier 3	
VERIFINE MIS UNIV 28G (<i>lancets</i>)	Tier 3	
VERIFINE MIS UNIV 30G (<i>lancets</i>)	Tier 3	
VERIFINE MIS UNIV 33G (<i>lancets</i>)	Tier 3	
VIVAGUARD MIS 28G (<i>lancets</i>)	Tier 3	
VIVAGUARD MIS 30G (<i>lancets</i>)	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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ZEVRX TWIST MIS LANC 30G (<i>lancets</i>)	Tier 3	
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PARENTERAL THERAPY SUPPLIES

AUTOSHIELD MIS 30GX5MM (<i>insulin pen needle</i>)	Tier 2	
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BD PEN NEEDL MIS 29GX12.7 (<i>insulin pen needle</i>)	Tier 2	
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BD PEN NEEDL MIS 31GX5MM (<i>insulin pen needle</i>)	Tier 2	
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BD PEN NEEDL MIS 31GX8MM (<i>insulin pen needle</i>)	Tier 2	
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BD PEN NEEDL MIS 32GX4MM (<i>insulin pen needle</i>)	Tier 2	
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BD PEN NEEDL MIS 32GX6MM (<i>insulin pen needle</i>)	Tier 2	
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BD U-500 MIS 31GX6MM (<i>insulin syringe/needle u-500</i>)	Tier 2	
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INSULIN SYRG MIS 0.3/29G (<i>insulin syringe/needle u-100</i>)	Tier 2	
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INSULIN SYRG MIS 0.3/30G (<i>insulin syringe/needle u-100</i>)	Tier 2	
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INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	Tier 2	
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INSULIN SYRG MIS 0.3/31G (<i>insulin syringe/needle u-100</i>)	Tier 2	
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INSULIN SYRG MIS 0.5/28G (<i>insulin syringe/needle u-100</i>)	Tier 2	
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INSULIN SYRG MIS 0.5/29G (<i>insulin syringe/needle u-100</i>)	Tier 2	
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INSULIN SYRG MIS 0.5/30G (<i>insulin syringe/needle u-100</i>)	Tier 2	
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INSULIN SYRG MIS 0.5/31G (<i>insulin syringe/needle u-100</i>)	Tier 2	
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INSULIN SYRG MIS 1ML (<i>insulin syringes (disposable)</i>)	Tier 2	
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INSULIN SYRG MIS 1ML/27G (<i>insulin syringe/needle u-100</i>)	Tier 2	
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INSULIN SYRG MIS 1ML/28G (<i>insulin syringe/needle u-100</i>)	Tier 2	
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INSULIN SYRG MIS 1ML/29G (<i>insulin syringe/needle u-100</i>)	Tier 2	
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INSULIN SYRG MIS 1ML/30G (<i>insulin syringe/needle u-100</i>)	Tier 2	
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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INSULIN SYRG MIS 1ML/31G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 2/27.5G (<i>insulin syringe/needle u-100</i>)	Tier 2	
INSULIN SYRG MIS 29GX1/2" (<i>insulin syringe/needle u-100</i>)	Tier 2	

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

CALCITONIN GENE-RELATED PEPTIDE (CGRP) RECEPTOR ANTAG

AJOVY INJ 225/1.5 (<i>fremanezumab-vfrm</i>)	Tier 2	
EMGALITY INJ 100MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	
EMGALITY INJ 120MG/ML (<i>galcanezumab-gnlm</i>)	Tier 2	
NURTEC TAB 75MG ODT (<i>rimegepant sulfate</i>)	Tier 2	
QULIPTA TAB 10MG (<i>atogepant</i>)	Tier 2	
QULIPTA TAB 30MG (<i>atogepant</i>)	Tier 2	
QULIPTA TAB 60MG (<i>atogepant</i>)	Tier 2	
UBRELVY TAB 50MG (<i>ubrogepant</i>)	Tier 2	
UBRELVY TAB 100MG (<i>ubrogepant</i>)	Tier 2	

MIGRAINE PRODUCTS - DRUGS TO TREAT SEVERE HEADACHES

<i>dihydroergotamine mesylate inj 1 mg/ml</i>	Tier 1	
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SEROTONIN AGONISTS

<i>almotriptan malate tab 6.25 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>almotriptan malate tab 12.5 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>eletriptan hydrobromide tab 20 mg (base equivalent)</i>	Tier 1	QL (36 tabs every 75 days)
<i>eletriptan hydrobromide tab 40 mg (base equivalent)</i>	Tier 1	QL (36 tabs every 75 days)
<i>frovatriptan succinate tab 2.5 mg (base equivalent)</i>	Tier 1	QL (54 tabs every 75 days)
IMITREX INJ 4MG/0.5 (<i>sumatriptan succinate</i>)	Tier 3	QL (54 injections every 75 days)
IMITREX INJ 6MG/0.5 (<i>sumatriptan succinate</i>)	Tier 3	QL (36 injections every 75 days)
IMITREX TAB 25MG (<i>sumatriptan succinate</i>)	Tier 3	QL (36 tabs every 75 days)
IMITREX TAB 50MG (<i>sumatriptan succinate</i>)	Tier 3	QL (36 tabs every 75 days)
IMITREX TAB 100MG (<i>sumatriptan succinate</i>)	Tier 3	QL (36 tabs every 75 days)
<i>naratriptan hcl tab 1 mg (base equiv)</i>	Tier 1	QL (36 tabs every 75 days)
<i>naratriptan hcl tab 2.5 mg (base equiv)</i>	Tier 1	QL (36 tabs every 75 days)
ONZETRA XSAI MIS 11MG (<i>sumatriptan succinate</i>)	Tier 2	QL (64 nosepieces every 75 days)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 176
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
RELPAK TAB 20MG (<i>eletriptan hydrobromide</i>)	Tier 3	QL (36 tabs every 75 days)
RELPAK TAB 40MG (<i>eletriptan hydrobromide</i>)	Tier 3	QL (36 tabs every 75 days)
<i>rizatriptan benzoate oral disintegrating tab 5 mg (base eq)</i>	Tier 1	QL (54 tabs every 75 days)
<i>rizatriptan benzoate oral disintegrating tab 10 mg (base eq)</i>	Tier 1	QL (54 tabs every 75 days)
<i>rizatriptan benzoate tab 5 mg (base equivalent)</i>	Tier 1	QL (54 tabs every 75 days)
<i>rizatriptan benzoate tab 10 mg (base equivalent)</i>	Tier 1	QL (54 tabs every 75 days)
<i>sumatriptan nasal spray 5 mg/act</i>	Tier 1	QL (72 inhalers every 75 days)
<i>sumatriptan nasal spray 20 mg/act</i>	Tier 1	QL (36 inhalers every 75 days)
<i>sumatriptan succinate inj 6 mg/0.5ml</i>	Tier 1	QL (40 injections every 75 days)
<i>sumatriptan succinate solution auto-injector 4 mg/0.5ml</i>	Tier 1	QL (54 injections every 75 days)
<i>sumatriptan succinate solution auto-injector 6 mg/0.5ml</i>	Tier 1	QL (36 injections every 75 days)
<i>sumatriptan succinate solution cartridge 4 mg/0.5ml</i>	Tier 1	QL (54 injections every 75 days)
<i>sumatriptan succinate solution cartridge 6 mg/0.5ml</i>	Tier 1	QL (36 injections every 75 days)
<i>sumatriptan succinate tab 25 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>sumatriptan succinate tab 50 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>sumatriptan succinate tab 100 mg</i>	Tier 1	QL (36 tabs every 75 days)
ZEMBRACE SYM INJ 3/0.5ML (<i>sumatriptan succinate</i>)	Tier 2	QL (72 injections every 75 days)
<i>zolmitriptan nasal spray 5 mg/spray unit</i>	Tier 1	QL (36 inhalers every 75 days)
<i>zolmitriptan orally disintegrating tab 2.5 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>zolmitriptan orally disintegrating tab 5 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>zolmitriptan tab 2.5 mg</i>	Tier 1	QL (36 tabs every 75 days)
<i>zolmitriptan tab 5 mg</i>	Tier 1	QL (36 tabs every 75 days)

MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION

POTASSIUM

<i>potassium acetate inj 2 meq/ml</i>	Tier 1
<i>potassium bicarbonate effer tab 25 meq (Effer-k)</i>	Tier 1

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>potassium bicarbonate effer tab 25 meq</i> (K-prime)	Tier 1	
<i>potassium bicarbonate effer tab 25 meq</i> (Klor-con/ef)	Tier 1	
<i>potassium chloride cap er 8 meq</i>	Tier 1	
<i>potassium chloride cap er 10 meq</i>	Tier 1	
<i>potassium chloride inj 2 meq/ml</i>	Tier 1	
<i>potassium chloride inj 10 meq/50ml</i>	Tier 1	
<i>potassium chloride inj 10 meq/100ml</i>	Tier 1	
<i>potassium chloride inj 20 meq/50ml</i>	Tier 1	
<i>potassium chloride inj 20 meq/100ml</i>	Tier 1	
<i>potassium chloride inj 40 meq/100ml</i>	Tier 1	
<i>potassium chloride microencapsulated cys er tab 10 meq</i>	Tier 1	
<i>potassium chloride microencapsulated cys er tab 10 meq</i> (Klor-con M10)	Tier 1	
<i>potassium chloride microencapsulated cys er tab 15 meq</i>	Tier 1	
<i>potassium chloride microencapsulated cys er tab 15 meq</i> (Klor-con M15)	Tier 1	
<i>potassium chloride microencapsulated cys er tab 20 meq</i>	Tier 1	
<i>potassium chloride microencapsulated cys er tab 20 meq</i> (Klor-con M20)	Tier 1	
<i>potassium chloride oral soln 10% (20 meq/15ml)</i>	Tier 1	
<i>potassium chloride oral soln 20% (40 meq/15ml)</i>	Tier 1	
<i>potassium chloride powder packet 20 meq</i>	Tier 1	
<i>potassium chloride powder packet 20 meq</i> (Klor-con)	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i>	Tier 1	
<i>potassium chloride tab er 8 meq (600 mg)</i> (Klor-con 8)	Tier 1	
<i>potassium chloride tab er 10 meq</i>	Tier 1	
<i>potassium chloride tab er 10 meq</i> (Klor-con 10)	Tier 1	
<i>potassium chloride tab er 20 meq (1500 mg)</i>	Tier 1	
MISCELLANEOUS THERAPEUTIC CLASSES		
CHELATING AGENTS - DRUGS FOR OVERDOSE OR POISONING		
<i>penicillamine cap 250 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>penicillamine tab 250 mg</i>	Tier 1	
<i>trientine hcl cap 250 mg</i>	Tier 1	
IMMUNOMODULATORS - DRUGS TO TREAT CANCER		
<i>lenalidomide cap 5 mg</i>	Tier 1	PA; ONC
<i>lenalidomide cap 10 mg</i>	Tier 1	PA; ONC
<i>lenalidomide cap 15 mg</i>	Tier 1	PA; ONC
<i>lenalidomide cap 20 mg</i>	Tier 1	PA, QL (42 caps every 28 days); ONC
<i>lenalidomide cap 25 mg</i>	Tier 1	PA, QL (42 caps every 28 days); ONC
<i>lenalidomide caps 2.5 mg</i>	Tier 1	PA; ONC
REVLIMID CAP 2.5MG (<i>lenalidomide</i>)	Tier 2	PA; ONC
REVLIMID CAP 5MG (<i>lenalidomide</i>)	Tier 2	PA; ONC
REVLIMID CAP 10MG (<i>lenalidomide</i>)	Tier 2	PA; ONC
REVLIMID CAP 15MG (<i>lenalidomide</i>)	Tier 2	PA; ONC
REVLIMID CAP 20MG (<i>lenalidomide</i>)	Tier 2	PA, QL (42 caps every 28 days); ONC
REVLIMID CAP 25MG (<i>lenalidomide</i>)	Tier 2	PA, QL (42 caps every 28 days); ONC
THALOMID CAP 50MG (<i>thalidomide</i>)	Tier 2	PA; ONC
THALOMID CAP 100MG (<i>thalidomide</i>)	Tier 2	PA; ONC
THALOMID CAP 150MG (<i>thalidomide</i>)	Tier 2	PA; ONC
THALOMID CAP 200MG (<i>thalidomide</i>)	Tier 2	PA; ONC
IMMUNOSUPPRESSIVE AGENTS - DRUGS FOR TRANSPLANT		
<i>azathioprine tab 50 mg</i>	Tier 1	
<i>azathioprine tab 75 mg</i>	Tier 1	
<i>azathioprine tab 75 mg</i> (Azasan)	Tier 1	
<i>azathioprine tab 100 mg</i>	Tier 1	
<i>azathioprine tab 100 mg</i> (Azasan)	Tier 1	
<i>cyclosporine cap 25 mg</i>	Tier 1	
<i>cyclosporine cap 100 mg</i>	Tier 1	
<i>cyclosporine iv soln 50 mg/ml</i>	Tier 1	
<i>cyclosporine modified cap 25 mg</i>	Tier 1	
<i>cyclosporine modified cap 25 mg</i> (Gengraf)	Tier 1	
<i>cyclosporine modified cap 50 mg</i>	Tier 1	
<i>cyclosporine modified cap 100 mg</i>	Tier 1	
<i>cyclosporine modified cap 100 mg</i> (Gengraf)	Tier 1	
<i>cyclosporine modified oral soln 100 mg/ml</i>	Tier 1	
<i>cyclosporine modified oral soln 100 mg/ml</i> (Gengraf)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ENSPRYNG INJ (<i>satralizumab-mwge</i>)	Tier 2	PA, QL (1 injection every 28 days)
<i>everolimus tab 0.5 mg</i>	Tier 1	
<i>everolimus tab 0.25 mg</i>	Tier 1	
<i>everolimus tab 0.75 mg</i>	Tier 1	
<i>everolimus tab 1 mg</i>	Tier 1	
IMURAN TAB 50MG (<i>azathioprine</i>)	Tier 3	
<i>mycophenolate mofetil cap 250 mg</i>	Tier 1	
<i>mycophenolate mofetil for oral susp 200 mg/ml</i>	Tier 1	
<i>mycophenolate mofetil hcl for iv soln 500 mg (base equiv)</i>	Tier 1	
<i>mycophenolate mofetil tab 500 mg</i>	Tier 1	
<i>mycophenolate sodium tab dr 180 mg (mycophenolic acid equiv)</i>	Tier 1	
<i>mycophenolate sodium tab dr 360 mg (mycophenolic acid equiv)</i>	Tier 1	
<i>sirolimus oral soln 1 mg/ml</i>	Tier 1	
<i>sirolimus tab 0.5 mg</i>	Tier 1	
<i>sirolimus tab 1 mg</i>	Tier 1	
<i>sirolimus tab 2 mg</i>	Tier 1	
<i>tacrolimus cap 0.5 mg</i>	Tier 1	
<i>tacrolimus cap 1 mg</i>	Tier 1	
<i>tacrolimus cap 5 mg</i>	Tier 1	
IRRIGATION SOLUTIONS - PRODUCTS USED IN SURGERY AND WOUND CARE		
<i>irrigation solution, physiological</i> (Physiolyte)	Tier 1	
<i>irrigation solution, physiological</i> (Physiosol Irrigation)	Tier 1	
<i>lactated ringer's for irrigation</i>	Tier 1	
<i>ringer's solution for irrigation</i>	Tier 1	
<i>ringer's solution for irrigation</i> (Tis-u-sol)	Tier 1	
<i>water for irrigation, sterile irrigation soln</i>	Tier 1	
<i>water for irrigation, sterile irrigation soln</i> (Argyle Sterile Water 100m)	Tier 1	
POTASSIUM REMOVING AGENTS - DRUGS TO LOWER POTASSIUM		
<i>sodium polystyrene sulfonate oral susp 15 gm/60ml</i> (Sps)	Tier 1	
<i>sodium polystyrene sulfonate powder</i>	Tier 1	
VELTASSA POW 8.4GM (<i>patiromer sorbitex calcium</i>)	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
VELTASSA POW 16.8GM (<i>patiromer sorbitex calcium</i>)	Tier 2	
VELTASSA POW 25.2GM (<i>patiromer sorbitex calcium</i>)	Tier 2	
SCLEROSING AGENTS - DRUGS TO TREAT VEIN CONDITIONS		
<i>sodium tetradecyl sulfate inj 1%</i> (Sotradecol)	Tier 1	
<i>sodium tetradecyl sulfate inj 3%</i>	Tier 1	
<i>sodium tetradecyl sulfate inj 3%</i> (Sotradecol)	Tier 1	
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
ANESTHETICS TOPICAL ORAL		
<i>lidocaine hcl laryngotracheal soln 4%</i>	Tier 1	
<i>lidocaine hcl viscous soln 2%</i>	Tier 1	
ANTI-INFECTIVES - THROAT		
<i>clotrimazole troche 10 mg</i>	Tier 1	
<i>nystatin susp 100000 unit/ml</i>	Tier 1	
ANTISEPTICS - MOUTH/THROAT		
<i>chlorhexidine gluconate soln 0.12%</i>	Tier 1	
<i>chlorhexidine gluconate soln 0.12%</i> (Periogard)	Tier 1	
STEROIDS - MOUTH/THROAT/DENTAL		
<i>triamcinolone acetonide dental paste 0.1%</i>	Tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i> (Kourzeq)	Tier 1	
<i>triamcinolone acetonide dental paste 0.1%</i> (Oralene Dental Paste)	Tier 1	
THROAT PRODUCTS - MISC.		
<i>cevimeline hcl cap 30 mg</i>	Tier 1	
EPISIL LIQ (<i>oral wound care products</i>)	Tier 2	
EVOXAC CAP 30MG (<i>cevimeline hcl</i>)	Tier 3	
MUGARD LIQ (<i>oral wound care products</i>)	Tier 2	PA
<i>pilocarpine hcl tab 5 mg</i>	Tier 1	
<i>pilocarpine hcl tab 7.5 mg</i>	Tier 1	
SALAGEN TAB 5MG (<i>pilocarpine hcl (oral)</i>)	Tier 3	
SALAGEN TAB 7.5MG (<i>pilocarpine hcl (oral)</i>)	Tier 3	
MULTIVITAMINS - DRUGS FOR NUTRITION		
PRENATAL VITAMINS		
<i>prenat w/o a w/feum-methfol-fa-dha cap 27-0.6-0.4-300 mg</i> (Pnv-dha)	Tier 1	
<i>prenatal vit w/ dss-iron carbonyl-fa tab 90-1 mg</i> (Inatal Gt)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>prenatal vit w/ fe fum-methylfolate-fa tab 27-0.6-0.4 mg</i> (Pnv-select)	Tier 1	
<i>prenatal vit w/ fe fumarate-fa chew tab 29-1 mg</i> (Prenatal 19)	Tier 1	
<i>prenatal vit w/ fe fumarate-fa tab 28-1 mg</i> (Trinate)	Tier 1	
<i>prenatal vit w/ iron carbonyl-fa tab 50-1.25 mg</i> (Elite-ob)	Tier 1	

MUSCULOSKELETAL THERAPY AGENTS - DRUGS TO TREAT MUSCLE SPASMS

CENTRAL MUSCLE RELAXANTS

<i>baclofen intrathecal inj 10 mg/20ml (500 mcg/ml)</i>	Tier 1	
<i>baclofen intrathecal inj 20 mg/20ml (1000 mcg/ml)</i>	Tier 1	
<i>baclofen intrathecal inj 40 mg/20ml (2000 mcg/ml)</i>	Tier 1	
<i>baclofen oral soln 5 mg/5ml</i>	Tier 1	
<i>baclofen oral soln 10 mg/5ml</i>	Tier 1	
<i>baclofen tab 5 mg</i>	Tier 1	
<i>baclofen tab 10 mg</i>	Tier 1	
<i>baclofen tab 20 mg</i>	Tier 1	
<i>carisoprodol tab 350 mg</i>	Tier 1	
<i>chlorzoxazone tab 500 mg</i>	Tier 1	
<i>cyclobenzaprine hcl tab 5 mg</i>	Tier 1	
<i>cyclobenzaprine hcl tab 10 mg</i>	Tier 1	
LYVISPAH GRA 5MG (<i>baclofen</i>)	Tier 2	
LYVISPAH GRA 10MG (<i>baclofen</i>)	Tier 2	
LYVISPAH GRA 20MG (<i>baclofen</i>)	Tier 2	
<i>metaxalone tab 800 mg</i>	Tier 1	
<i>methocarbamol inj 1000 mg/10ml</i>	Tier 1	
<i>methocarbamol tab 500 mg</i>	Tier 1	
<i>methocarbamol tab 750 mg</i>	Tier 1	
<i>orphenadrine citrate inj 30 mg/ml</i>	Tier 1	
<i>orphenadrine citrate tab er 12hr 100 mg</i>	Tier 1	
<i>tizanidine hcl cap 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl cap 4 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl cap 6 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 2 mg (base equivalent)</i>	Tier 1	
<i>tizanidine hcl tab 4 mg (base equivalent)</i>	Tier 1	
ZANAFLEX TAB 4MG (<i>tizanidine hcl</i>)	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DIRECT MUSCLE RELAXANTS		
DANTRIUM CAP 25MG (<i>dantrolene sodium</i>)	Tier 3	
<i>dantrolene sodium cap 25 mg</i>	Tier 1	
<i>dantrolene sodium cap 50 mg</i>	Tier 1	
<i>dantrolene sodium cap 100 mg</i>	Tier 1	
<i>dantrolene sodium for iv soln 20 mg</i>	Tier 1	
<i>dantrolene sodium for iv soln 20 mg</i> (Revonto)	Tier 1	
VISCOSUPPLEMENTS - DRUGS TO TREAT JOINT CONDITIONS		
DUROLANE INJ 60MG/3ML (<i>sodium hyaluronate (viscosupplement)</i>)	Tier 2	PA
EUFLEXXA INJ 10MG/ML (<i>sodium hyaluronate (viscosupplement)</i>)	Tier 2	PA
GELSYN-3 INJ 16.8/2ML (<i>sodium hyaluronate (viscosupplement)</i>)	Tier 2	PA
SUPARTZ FX INJ 25/2.5ML (<i>sodium hyaluronate (viscosupplement)</i>)	Tier 2	PA
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
NASAL AGENT COMBINATIONS		
<i>azelastine hcl-fluticasone prop nasal spray 137-50 mcg/act</i>	Tier 1	
NASAL ANTIALLERGY		
<i>azelastine hcl nasal spray 0.1% (137 mcg/spray)</i>	Tier 1	
<i>azelastine hcl nasal spray 0.15% (205.5 mcg/spray)</i>	Tier 1	
<i>olopatadine hcl nasal soln 0.6%</i>	Tier 1	
NASAL ANTICHOLINERGICS		
<i>ipratropium bromide nasal soln 0.03% (21 mcg/spray)</i>	Tier 1	
<i>ipratropium bromide nasal soln 0.06% (42 mcg/spray)</i>	Tier 1	
NASAL STEROIDS		
<i>flunisolide nasal soln 25 mcg/act (0.025%)</i>	Tier 1	
<i>fluticasone propionate nasal susp 50 mcg/act</i>	Tier 1	
<i>mometasone furoate nasal susp 50 mcg/act</i>	Tier 1	
SYMPATHOMIMETIC DECONGESTANTS		
<i>epinephrine hcl nasal soln 0.1%</i>	Tier 1	
NEUROMUSCULAR AGENTS - DRUGS FOR THE NERVES AND MUSCLES		
ALS AGENTS		
<i>riluzole tab 50 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
DEPOLARIZING MUSCLE RELAXANTS		
<i>succinylcholine chloride inj 20 mg/ml</i>	Tier 1	
NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS		
DYSPOIN INJ 300UNIT (<i>abobotulinumtoxinA</i>)	Tier 2	PA
DYSPOIN INJ 500UNIT (<i>abobotulinumtoxinA</i>)	Tier 2	PA
XEOMIN INJ 50 UNIT (<i>incobotulinumtoxinA</i>)	Tier 2	PA
XEOMIN INJ 100UNIT (<i>incobotulinumtoxinA</i>)	Tier 2	PA
XEOMIN INJ 200UNIT (<i>incobotulinumtoxinA</i>)	Tier 2	PA
NONDEPOLARIZING MUSCLE RELAXANTS		
<i>atracurium besylate iv soln 100 mg/10ml</i>	Tier 1	
<i>atracurium besylate preservative free (pf) iv soln 50 mg/5ml</i>	Tier 1	
<i>cisatracurium besylate (pf) iv soln 10 mg/5ml (2 mg/ml)</i>	Tier 1	
<i>cisatracurium besylate (pf) iv soln 200 mg/20ml (10 mg/ml)</i>	Tier 1	
<i>cisatracurium besylate iv soln 20 mg/10ml (2 mg/ml)</i>	Tier 1	
<i>rocuronium bromide iv soln 50 mg/5ml (10 mg/ml)</i>	Tier 1	
<i>rocuronium bromide iv soln 100 mg/10ml (10 mg/ml)</i>	Tier 1	
<i>vecuronium bromide for inj 10 mg</i>	Tier 1	
<i>vecuronium bromide for inj 20 mg</i>	Tier 1	
NUTRIENTS - DRUGS FOR NUTRITION		
CARBOHYDRATES		
<i>dextrose inj 5%</i>	Tier 1	
<i>dextrose inj 10%</i>	Tier 1	
<i>dextrose inj 25%</i>	Tier 1	
<i>dextrose inj 50%</i>	Tier 1	
<i>dextrose inj 70%</i>	Tier 1	
PROTEINS		
<i>amino acid infusion 15%</i> (Aminosyn II)	Tier 1	
<i>amino acid infusion 15%</i> (Clinisol Sf 15%)	Tier 1	
<i>amino acid infusion 15%</i> (Plenaminate)	Tier 1	
<i>amino acids cap</i> (Aminoam Rms)	Tier 1	
<i>amino acids cap</i> (Aminorelieve Rms)	Tier 1	
OPHTHALMIC AGENTS - DRUGS TO TREAT EYE CONDITIONS		
BETA-BLOCKERS - OPTHALMIC		
<i>betaxolol hcl ophth soln 0.5%</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
BETOPTIC-S SUS 0.25% OP (<i>betaxolol hcl (ophth)</i>)	Tier 2	
<i>brimonidine tartrate-timolol maleate ophth soln 0.2-0.5%</i>	Tier 1	
<i>carteolol hcl ophth soln 1%</i>	Tier 1	
<i>dorzolamide hcl-timolol maleate ophth soln 2-0.5%</i>	Tier 1	
<i>dorzolamide hcl-timolol maleate pf ophth soln 2-0.5%</i>	Tier 1	
<i>levobunolol hcl ophth soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth gel forming soln 0.25%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5%</i>	Tier 1	
<i>timolol maleate ophth soln 0.5% (once-daily)</i>	Tier 1	
<i>timolol maleate ophth soln 0.25%</i>	Tier 1	
<i>timolol maleate preservative free ophth soln 0.5%</i> (Timolol Maleate)	Tier 1	
<i>timolol maleate preservative free ophth soln 0.25%</i>	Tier 1	
CYCLOPLEGIC MYDRIATICS		
<i>atropine sulfate ophth soln 1%</i>	Tier 1	
<i>cyclopentolate hcl ophth soln 1%</i>	Tier 1	
<i>phenylephrine hcl ophth soln 2.5%</i>	Tier 1	
<i>phenylephrine hcl ophth soln 2.5%</i> (Altafrin)	Tier 1	
<i>phenylephrine hcl ophth soln 10%</i>	Tier 1	
<i>phenylephrine hcl ophth soln 10%</i> (Altafrin)	Tier 1	
<i>tropicamide ophth soln 0.5%</i>	Tier 1	
<i>tropicamide ophth soln 1%</i>	Tier 1	
MIOTICS		
<i>pilocarpine hcl ophth soln 1%</i>	Tier 1	
<i>pilocarpine hcl ophth soln 2%</i>	Tier 1	
<i>pilocarpine hcl ophth soln 4%</i>	Tier 1	
OPHTHALMIC - ANGIOGENESIS INHIBITORS		
BYOOVIZ INJ 0.5MG (<i>ranibizumab-nuna</i>)	Tier 2	PA
CIMERLI INJ 0.3MG (<i>ranibizumab-eqrn</i>)	Tier 2	PA
CIMERLI INJ 0.5MG (<i>ranibizumab-eqrn</i>)	Tier 2	PA
OPHTHALMIC ADRENERGIC AGENTS		
ALPHAGAN P SOL 0.1% (<i>brimonidine tartrate</i>)	Tier 2	
ALPHAGAN P SOL 0.15% (<i>brimonidine tartrate</i>)	Tier 2	

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<i>apraclonidine hcl ophth soln 0.5% (base equivalent)</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.1%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.2%</i>	Tier 1	
<i>brimonidine tartrate ophth soln 0.15%</i>	Tier 1	
SIMBRINZA SUS 1-0.2% (<i>brinzolamide-brimonidine tartrate</i>)	Tier 2	
OPHTHALMIC ANTI-INFECTIVES		
<i>bacitracin ophth oint 500 unit/gm</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i>	Tier 1	
<i>bacitracin-polymyxin b ophth oint</i> (Polycin)	Tier 1	
BESIVANCE SUS 0.6% (<i>besifloxacin hcl</i>)	Tier 2	
<i>ciprofloxacin hcl ophth soln 0.3% (base equivalent)</i>	Tier 1	
<i>erythromycin ophth oint 5 mg/gm</i>	Tier 1	
<i>gatifloxacin ophth soln 0.5%</i>	Tier 1	
<i>gentamicin sulfate ophth soln 0.3%</i>	Tier 1	
<i>levofloxacin ophth soln 1.5%</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base eq) (2 times daily)</i>	Tier 1	
<i>moxifloxacin hcl ophth soln 0.5% (base equiv)</i>	Tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i>	Tier 1	
<i>neomycin-bacitrac zn-polymyx 5(3.5)mg-400unt-10000unt op oin</i> (Neo-polycin)	Tier 1	
<i>neomycin-polymy-gramicid op sol 1.75-10000-0.025mg-unt-mg/ml</i>	Tier 1	
OCUFLOX DRO 0.3% OP (<i>ofloxacin (ophth)</i>)	Tier 3	
<i>ofloxacin ophth soln 0.3%</i>	Tier 1	
<i>polymyxin b-trimethoprim ophth soln 10000 unit/ml-0.1%</i>	Tier 1	
<i>sulfacetamide sodium ophth oint 10%</i>	Tier 1	
<i>sulfacetamide sodium ophth soln 10%</i>	Tier 1	
<i>tobramycin ophth soln 0.3%</i>	Tier 1	
TOBREX OIN 0.3% OP (<i>tobramycin (ophth)</i>)	Tier 3	
<i>trifluridine ophth soln 1%</i>	Tier 1	
VIGAMOX DRO 0.5% (<i>moxifloxacin hcl (ophth)</i>)	Tier 3	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPHTHALMIC IMMUNOMODULATORS		
RESTASIS EMU 0.05% OP (cyclosporine (ophth))	Tier 1	
RESTASIS MUL EMU 0.05% OP (cyclosporine (ophth))	Tier 2	
OPHTHALMIC INTEGRIN ANTAGONISTS		
XIIDRA DRO 5% (lifitegrast)	Tier 2	
OPHTHALMIC LOCAL ANESTHETICS		
proparacaine hcl ophth soln 0.5%	Tier 1	
tetracaine hcl ophth soln 0.5%	Tier 1	
tetracaine hcl ophth soln 0.5% (Altacaine)	Tier 1	
OPHTHALMIC STEROIDS		
bacitracin-polymyxin-neomycin-hc ophth oint 1%	Tier 1	
bacitracin-polymyxin-neomycin-hc ophth oint 1% (Neo-polycin Hc)	Tier 1	
dexamethasone sodium phosphate ophth soln 0.1%	Tier 1	
difluprednate ophth emulsion 0.05%	Tier 1	
fluorometholone ophth susp 0.1%	Tier 1	
loteprednol etabonate ophth gel 0.5%	Tier 1	
loteprednol etabonate ophth susp 0.2%	Tier 1	
loteprednol etabonate ophth susp 0.5%	Tier 1	
MAXITROL OIN 0.1% OP (neomycin-polymy-dexameth)	Tier 3	
MAXITROL SUS 0.1% OP (neomycin-polymy-dexameth)	Tier 3	
neomycin-polymyxin-dexamethasone ophth oint 0.1%	Tier 1	
neomycin-polymyxin-dexamethasone ophth susp 0.1%	Tier 1	
neomycin-polymyxin-hc ophth susp	Tier 1	
PRED SOD PHO SOL 1% OP	Tier 3	
prednisolone acetate ophth susp 1%	Tier 1	
sulfacetamide sodium-prednisolone ophth soln 10-0.23(0.25)%	Tier 1	
TOBRADEX OIN 0.3-0.1% (tobramycin-dexamethasone)	Tier 2	
tobramycin-dexamethasone ophth susp 0.3-0.1%	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OPHTHALMICS - MISC.		
ACULAR LS SOL 0.4% (ketorolac tromethamine (ophth))	Tier 3	
ACULAR SOL 0.5% OP (ketorolac tromethamine (ophth))	Tier 3	
azelastine hcl ophth soln 0.05%	Tier 1	
bepotastine besilate ophth soln 1.5%	Tier 1	
brinzolamide ophth susp 1%	Tier 1	
bromfenac sodium ophth soln 0.07% (base equivalent)	Tier 1	
bromfenac sodium ophth soln 0.09% (base equiv) (once-daily)	Tier 1	
bromfenac sodium ophth soln 0.075% (base equivalent)	Tier 1	
cromolyn sodium ophth soln 4%	Tier 1	
diclofenac sodium ophth soln 0.1%	Tier 1	
dorzolamide hcl ophth soln 2%	Tier 1	
epinastine hcl ophth soln 0.05%	Tier 1	
fluorescein sodium iv soln 10%	Tier 1	
fluorescein sodium iv soln 10% (Ak-fluor)	Tier 1	
fluorescein w/ benoxinate ophth soln 0.25-0.4%	Tier 1	
fluorescein w/ benoxinate ophth soln 0.25-0.4% (Altafluor Benox)	Tier 1	
fluorescein w/ proparacaine ophth soln 0.25-0.5%	Tier 1	
flurbiprofen sodium ophth soln 0.03%	Tier 1	
ILEVRO DRO 0.3% OP (nepafenac)	Tier 2	
ketorolac tromethamine ophth soln 0.4%	Tier 1	
ketorolac tromethamine ophth soln 0.5%	Tier 1	
olopatadine hcl ophth soln 0.2% (base equivalent)	Tier 1	
PROLENSA SOL 0.07% (bromfenac sodium (ophth))	Tier 2	
PROSTAGLANDINS - OPHTHALMIC		
bimatoprost ophth soln 0.03%	Tier 1	
latanoprost ophth soln 0.005%	Tier 1	
tafluprost preservative free (pf) ophth soln 0.0015%	Tier 1	
travoprost ophth soln 0.004% (benzalkonium free) (bak free)	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
OTIC AGENTS - DRUGS TO TREAT CONDITIONS OF THE EAR		
OTIC AGENTS - MISCELLANEOUS		
<i>acetic acid otic soln 2%</i>	Tier 1	
OTIC ANTI-INFECTIVES		
<i>ciprofloxacin hcl otic soln 0.2% (base equivalent)</i>	Tier 1	
<i>ofloxacin otic soln 0.3%</i>	Tier 1	
OTIC COMBINATIONS		
<i>ciprofloxacin-dexamethasone otic susp 0.3-0.1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic soln 1%</i>	Tier 1	
<i>neomycin-polymyxin-hc otic susp 3.5 mg/ml-10000 unit/ml-1%</i>	Tier 1	
OTIC STEROIDS		
<i>fluocinolone acetonide (otic) oil 0.01%</i>	Tier 1	
<i>fluocinolone acetonide (otic) oil 0.01% (Flac)</i>	Tier 1	
<i>hydrocortisone w/ acetic acid otic soln 1-2%</i>	Tier 1	
OXYTOCICS - DRUGS FOR PREGNANCY		
ABORTIFACIENTS/AGENTS FOR CERVICAL RIPENING		
<i>carboprost tromethamine im soln 250 mcg/ml</i>	Tier 1	
OXYTOCICS - DRUGS FOR PREGNANCY		
<i>methylergonovine maleate inj 0.2 mg/ml</i>	Tier 1	
<i>methylergonovine maleate tab 0.2 mg</i>	Tier 1	
<i>methylergonovine maleate tab 0.2 mg (Methergine)</i>	Tier 1	
<i>oxytocin inj 10 unit/ml</i>	Tier 1	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - DRUGS FOR IMMUNE SYSTEM CONDITIONS		
IMMUNE SERUMS		
<i>CUTAQUIG SOL 1.65GM (immune globulin (human)-hipp)</i>	Tier 2	PA
<i>CUTAQUIG SOL 1GM (immune globulin (human)-hipp)</i>	Tier 2	PA
<i>CUTAQUIG SOL 2GM (immune globulin (human)-hipp)</i>	Tier 2	PA
<i>CUTAQUIG SOL 3.3GM (immune globulin (human)-hipp)</i>	Tier 2	PA
<i>CUTAQUIG SOL 4GM (immune globulin (human)-hipp)</i>	Tier 2	PA

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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CUTAQUIG SOL 8GM (<i>immune globulin (human)-hipp</i>)	Tier 2	PA
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PENICILLINS - DRUGS TO TREAT INFECTIONS

AMINOPENICILLINS

<i>amoxicillin (trihydrate) cap 250 mg</i>	Tier 1
<i>amoxicillin (trihydrate) cap 500 mg</i>	Tier 1
<i>amoxicillin (trihydrate) chew tab 125 mg</i>	Tier 1
<i>amoxicillin (trihydrate) chew tab 250 mg</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 125 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 200 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 250 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) for susp 400 mg/5ml</i>	Tier 1
<i>amoxicillin (trihydrate) tab 500 mg</i>	Tier 1
<i>amoxicillin (trihydrate) tab 875 mg</i>	Tier 1
<i>ampicillin cap 500 mg</i>	Tier 1
<i>ampicillin sodium for inj 1 gm</i>	Tier 1
<i>ampicillin sodium for inj 2 gm</i>	Tier 1
<i>ampicillin sodium for inj 125 mg</i>	Tier 1
<i>ampicillin sodium for inj 250 mg</i>	Tier 1
<i>ampicillin sodium for inj 500 mg</i>	Tier 1
<i>ampicillin sodium for iv soln 1 gm</i>	Tier 1
<i>ampicillin sodium for iv soln 2 gm</i>	Tier 1
<i>ampicillin sodium for iv soln 10 gm</i>	Tier 1

NATURAL PENICILLINS

<i>penicillin g potassium for inj 5000000 unit</i>	Tier 1
<i>penicillin g potassium for inj 5000000 unit</i> (Pfizerpen)	Tier 1
<i>penicillin g potassium for inj 20000000 unit</i>	Tier 1
<i>penicillin g potassium for inj 20000000 unit</i> (Pfizerpen)	Tier 1
<i>penicillin g sodium for inj 5000000 unit</i>	Tier 1
<i>penicillin v potassium for soln 125 mg/5ml</i>	Tier 1
<i>penicillin v potassium for soln 250 mg/5ml</i>	Tier 1
<i>penicillin v potassium tab 250 mg</i>	Tier 1
<i>penicillin v potassium tab 500 mg</i>	Tier 1

PENICILLIN COMBINATIONS

<i>amoxicillin & k clavulanate chew tab 200-28.5 mg</i>	Tier 1
<i>amoxicillin & k clavulanate chew tab 400-57 mg</i>	Tier 1

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>amoxicillin & k clavulanate for susp 200-28.5 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 250-62.5 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 400-57 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate for susp 600-42.9 mg/5ml</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 250-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 500-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab 875-125 mg</i>	Tier 1	
<i>amoxicillin & k clavulanate tab er 12hr 1000-62.5 mg</i>	Tier 1	
<i>ampicillin & sulbactam sodium for inj 1.5 (1-0.5) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for inj 3 (2-1) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 1.5 (1-0.5) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 3 (2-1) gm</i>	Tier 1	
<i>ampicillin & sulbactam sodium for iv soln 15 (10-5) gm</i>	Tier 1	
AUGMENTIN SUS 125/5ML (<i>amoxicillin & pot clavulanate</i>)	Tier 3	
AUGMENTIN SUS ES-600 (<i>amoxicillin & pot clavulanate</i>)	Tier 3	
AUGMENTIN TAB 500MG (<i>amoxicillin & pot clavulanate</i>)	Tier 3	
<i>piperacillin sod-tazobactam na for inj 3.375 gm (3-0.375 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 2.25 gm (2-0.25 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 4.5 gm (4-0.5 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 13.5 gm (12-1.5 gm)</i>	Tier 1	
<i>piperacillin sod-tazobactam sod for inj 40.5 gm (36-4.5 gm)</i>	Tier 1	
PENICILLINASE-RESISTANT PENICILLINS		
<i>dicloxacillin sodium cap 250 mg</i>	Tier 1	
<i>dicloxacillin sodium cap 500 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>nafcillin sodium for inj 1 gm</i>	Tier 1	
<i>nafcillin sodium for inj 2 gm</i>	Tier 1	
<i>nafcillin sodium for iv soln 10 gm</i>	Tier 1	
<i>oxacillin sodium for inj 1 gm (base equivalent)</i>	Tier 1	
<i>oxacillin sodium for inj 2 gm (base equivalent)</i>	Tier 1	
<i>oxacillin sodium for iv soln 10 gm (base equivalent)</i>	Tier 1	

PHARMACEUTICAL ADJUVANTS - PRODUCTS FOR DRUG COMPOUNDING

LIQUID VEHICLES

<i>bacteriostatic sodium chloride inj soln 0.9%</i>	Tier 1	
<i>glycine diluent for injection</i>	Tier 1	
<i>water for injection</i>	Tier 1	

SEMI SOLID VEHICLES

<i>white petrolatum topical gel</i>	Tier 1	
<i>white petrolatum topical gel (Vaseline)</i>	Tier 1	

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

PROGESTINS - DRUGS TO REGULATE FEMALE HORMONES

<i>medroxyprogesterone acetate tab 2.5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 5 mg</i>	Tier 1	
<i>medroxyprogesterone acetate tab 10 mg</i>	Tier 1	
<i>megestrol acetate susp 625 mg/5ml</i>	Tier 1	
<i>norethindrone acetate tab 5 mg</i>	Tier 1	
<i>progesterone cap 100 mg</i>	Tier 1	
<i>progesterone cap 200 mg</i>	Tier 1	
<i>progesterone im in oil 50 mg/ml</i>	Tier 1	
PROVERA TAB 2.5MG (<i>medroxyprogesterone acetate</i>)	Tier 3	
PROVERA TAB 5MG (<i>medroxyprogesterone acetate</i>)	Tier 3	
PROVERA TAB 10MG (<i>medroxyprogesterone acetate</i>)	Tier 3	

PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS

AGENTS FOR CHEMICAL DEPENDENCY

<i>acamprosate calcium tab delayed release 333 mg</i>	Tier 1	
<i>disulfiram tab 250 mg</i>	Tier 1	
<i>disulfiram tab 500 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
ANTI-CATAPLECTIC AGENTS		
LUMRYZ PAK 6GM (<i>sodium oxybate</i>)	Tier 2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 7.5GM (<i>sodium oxybate</i>)	Tier 2	PA, QL (1 packet every 1 day)
LUMRYZ PAK 9GM (<i>sodium oxybate</i>)	Tier 2	PA, QL (1 packet every 1 day)
LUMRYZ PKG 4.5GM (<i>sodium oxybate</i>)	Tier 2	PA, QL (1 packet every 1 day)
XYWAV SOL 0.5GM/ML (<i>calcium, magnesium, potassium, & sodium oxybates</i>)	Tier 2	PA, QL (18 mL every 1 day)
ANTIDEMENTIA AGENTS - DRUGS TO TREAT DEMENTIA AND MEMORY LOSS		
ARICEPT TAB 5MG (<i>donepezil hydrochloride</i>)	Tier 3	
ARICEPT TAB 10MG (<i>donepezil hydrochloride</i>)	Tier 3	
ARICEPT TAB 23MG (<i>donepezil hydrochloride</i>)	Tier 3	
<i>donepezil hydrochloride orally disintegrating tab 5 mg</i>	Tier 1	
<i>donepezil hydrochloride orally disintegrating tab 10 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 5 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 10 mg</i>	Tier 1	
<i>donepezil hydrochloride tab 23 mg</i>	Tier 1	
EXELON DIS 4.6MG/24 (<i>rivastigmine</i>)	Tier 3	
EXELON DIS 9.5MG/24 (<i>rivastigmine</i>)	Tier 3	
EXELON DIS 13.3/24 (<i>rivastigmine</i>)	Tier 3	
<i>galantamine hydrobromide cap er 24hr 8 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 16 mg</i>	Tier 1	
<i>galantamine hydrobromide cap er 24hr 24 mg</i>	Tier 1	
<i>galantamine hydrobromide oral soln 4 mg/ml</i>	Tier 1	
<i>galantamine hydrobromide tab 4 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 8 mg</i>	Tier 1	
<i>galantamine hydrobromide tab 12 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 7 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 14 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 21 mg</i>	Tier 1	
<i>memantine hcl cap er 24hr 28 mg</i>	Tier 1	
<i>memantine hcl oral solution 2 mg/ml</i>	Tier 1	
<i>memantine hcl tab 5 mg</i>	Tier 1	
<i>memantine hcl tab 10 mg</i>	Tier 1	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>memantine hcl tab 28 x 5 mg & 21 x 10 mg titration pack</i>	Tier 1	
NAMZARIC CAP (<i>memantine hcl-donepezil hcl</i>)	Tier 2	
NAMZARIC CAP 7-10MG (<i>memantine hcl-donepezil hcl</i>)	Tier 2	
NAMZARIC CAP 14-10MG (<i>memantine hcl-donepezil hcl</i>)	Tier 2	
NAMZARIC CAP 21-10MG (<i>memantine hcl-donepezil hcl</i>)	Tier 2	
NAMZARIC CAP 28-10MG (<i>memantine hcl-donepezil hcl</i>)	Tier 2	
<i>rivastigmine tartrate cap 1.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 3 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 4.5 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine tartrate cap 6 mg (base equivalent)</i>	Tier 1	
<i>rivastigmine td patch 24hr 4.6 mg/24hr</i>	Tier 1	
<i>rivastigmine td patch 24hr 9.5 mg/24hr</i>	Tier 1	
<i>rivastigmine td patch 24hr 13.3 mg/24hr</i>	Tier 1	
COMBINATION PSYCHOTHERAPEUTICS		
<i>chlordiazepoxide-amitriptyline tab 5-12.5 mg</i>	Tier 1	
<i>chlordiazepoxide-amitriptyline tab 10-25 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 3-25 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 6-25 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 6-50 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 12-25 mg</i>	Tier 1	
<i>olanzapine-fluoxetine hcl cap 12-50 mg</i>	Tier 1	
<i>perphenazine-amitriptyline tab 2-10 mg</i>	Tier 1	
<i>perphenazine-amitriptyline tab 2-25 mg</i>	Tier 1	
<i>perphenazine-amitriptyline tab 4-10 mg</i>	Tier 1	
<i>perphenazine-amitriptyline tab 4-25 mg</i>	Tier 1	
<i>perphenazine-amitriptyline tab 4-50 mg</i>	Tier 1	
MOVEMENT DISORDER DRUG THERAPY		
AUSTEDO TAB 6MG (<i>deutetrabenazine</i>)	Tier 2	PA, QL (2 tabs every 1 day)
AUSTEDO TAB 9MG (<i>deutetrabenazine</i>)	Tier 2	PA, QL (4 tabs every 1 day)
AUSTEDO TAB 12MG (<i>deutetrabenazine</i>)	Tier 2	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 6MG (<i>deutetrabenazine</i>)	Tier 2	PA, QL (3 tabs every 1 day)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
AUSTEDO XR TAB 12MG (deutetrabenazine)	Tier 2	PA, QL (4 tabs every 1 day)
AUSTEDO XR TAB 24MG (deutetrabenazine)	Tier 2	PA, QL (2 tabs every 1 day)
AUSTEDO XR TAB TITR KIT (deutetrabenazine)	Tier 2	PA, QL (42 tabs every 28 days)
INGREZZA CAP 40-80MG (valbenazine tosylate)	Tier 2	PA, QL (1 cap every 1 day)
INGREZZA CAP 40MG (valbenazine tosylate)	Tier 2	PA, QL (1 cap every 1 day)
INGREZZA CAP 60MG (valbenazine tosylate)	Tier 2	PA, QL (1 cap every 1 day)
INGREZZA CAP 80MG (valbenazine tosylate)	Tier 2	PA, QL (1 cap every 1 day)
tetrabenazine tab 12.5 mg	Tier 1	PA, QL (4 tabs every 1 day)
tetrabenazine tab 25 mg	Tier 1	PA, QL (2 tabs every 1 day)
MULTIPLE SCLEROSIS AGENTS - DRUGS TO TREAT MULTIPLE SCLEROSIS		
AVONEX PEN KIT 30MCG (interferon beta-1a)	Tier 2	PA, QL (4 injections every 28 days)
AVONEX PREFL KIT 30MCG (interferon beta-1a)	Tier 2	PA, QL (4 injections every 28 days)
BETASERON INJ 0.3MG (interferon beta-1b)	Tier 2	PA, QL (15 injections every 30 days)
COPAXONE INJ 40MG/ML (glatiramer acetate)	Tier 2	PA, QL (12 injections every 28 days)
dalfampridine tab er 12hr 10 mg	Tier 1	PA, QL (2 tabs every 1 day)
dimethyl fumarate capsule delayed release 120 mg	Tier 1	PA, QL (14 caps every 28 days)
dimethyl fumarate capsule delayed release 240 mg	Tier 1	PA, QL (2 caps every 1 day)
dimethyl fumarate capsule dr starter pack 120 mg & 240 mg	Tier 1	PA, QL (2 caps every 1 day)
fingolimod hcl cap 0.5 mg (base equiv)	Tier 1	PA, QL (1 cap every 1 day)
glatiramer acetate soln prefilled syringe 20 mg/ml	Tier 1	PA, QL (1 injection every 1 day)
glatiramer acetate soln prefilled syringe 20 mg/ml (Glatopa)	Tier 1	PA, QL (1 injection every 1 day)
glatiramer acetate soln prefilled syringe 40 mg/ml	Tier 1	PA, QL (12 injections every 28 days)
glatiramer acetate soln prefilled syringe 40 mg/ml (Glatopa)	Tier 1	PA, QL (12 injections every 28 days)
KESIMPTA INJ 20/.4ML (ofatumumab (ms))	Tier 2	PA, QL (1 pen every 28 days)
MAYZENT PAK STARTER (siponimod fumarate)	Tier 2	PA, QL (12 tabs every 5 days)

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
MAYZENT PAK STARTER (<i>siponimod fumarate</i>)	Tier 2	PA, QL (7 tabs every 4 days)
MAYZENT TAB 0.25MG (<i>siponimod fumarate</i>)	Tier 2	PA, QL (12 tabs every 5 days)
MAYZENT TAB 1MG (<i>siponimod fumarate</i>)	Tier 2	PA, QL (1 tab every 1 day)
MAYZENT TAB 2MG (<i>siponimod fumarate</i>)	Tier 2	PA, QL (1 tab every 1 day)
OCREVUS INJ 300/10ML (<i>ocrelizumab</i>)	Tier 2	PA, QL (2 vials every 24 weeks)
REBIF INJ 22/0.5 (<i>interferon beta-1a</i>)	Tier 2	PA, QL (6 mL every 28 days)
REBIF INJ 44/0.5 (<i>interferon beta-1a</i>)	Tier 2	PA, QL (6 mL every 28 days)
REBIF REBIDO INJ 22/0.5 (<i>interferon beta-1a</i>)	Tier 2	PA, QL (6 mL every 28 days)
REBIF REBIDO INJ 44/0.5 (<i>interferon beta-1a</i>)	Tier 2	PA, QL (6 mL every 28 days)
REBIF REBIDO INJ TITRATN (<i>interferon beta-1a</i>)	Tier 2	PA, QL (12 injections every 28 days)
REBIF TITRTN INJ PACK (<i>interferon beta-1a</i>)	Tier 2	PA, QL (12 syringes every 28 days)
<i>teriflunomide tab 7 mg</i>	Tier 1	PA, QL (1 tab every 1 day)
<i>teriflunomide tab 14 mg</i>	Tier 1	PA, QL (1 tab every 1 day)
TYSABRI INJ 300/15ML (<i>natalizumab</i>)	Tier 2	PA, QL (15 mL every 28 days)
VUMERITY CAP 231MG (<i>diroximel fumarate</i>)	Tier 2	PA, QL (4 caps every 1 day)
ZEPOSIA 7DAY CAP STR PACK (<i>ozanimod hcl</i>)	Tier 2	PA, QL (7 caps every 7 days)
ZEPOSIA CAP .92MG (<i>ozanimod hcl</i>)	Tier 2	PA, QL (1 cap every 1 day)
ZEPOSIA CAP STR KIT (<i>ozanimod hcl</i>)	Tier 2	PA, QL (28 caps every 28 days)
POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS		
<i>gabapentin (once-daily) tab 300 mg</i>	Tier 1	
<i>gabapentin (once-daily) tab 600 mg</i>	Tier 1	
GRALISE TAB 300MG (<i>gabapentin (once-daily)</i>)	Tier 2	
GRALISE TAB 450MG (<i>gabapentin (once-daily)</i>)	Tier 2	
GRALISE TAB 600MG (<i>gabapentin (once-daily)</i>)	Tier 2	
GRALISE TAB 750MG (<i>gabapentin (once-daily)</i>)	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
GRALISE TAB 900MG (<i>gabapentin (once-daily)</i>)	Tier 2	
<i>pregabalin tab er 24hr 82.5 mg</i>	Tier 1	
<i>pregabalin tab er 24hr 165 mg</i>	Tier 1	
<i>pregabalin tab er 24hr 330 mg</i>	Tier 1	
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS TO TREAT NERVOUS SYSTEM DISORDERS		
<i>ergoloid mesylates tab 1 mg</i>	Tier 1	
<i>pimozide tab 1 mg</i>	Tier 1	
<i>pimozide tab 2 mg</i>	Tier 1	
SMOKING DETERRENTS		
<i>bupropion hcl (smoking deterrent) tab er 12hr 150 mg</i>	Tier 1	ACA
<i>varenicline tartrate tab 0.5 mg (base equiv)</i>	Tier 1	ACA
<i>varenicline tartrate tab 1 mg (base equiv)</i>	Tier 1	ACA
<i>varenicline tartrate tab 11 x 0.5 mg & 42 x 1 mg start pack</i>	Tier 1	ACA
TRANSTHYRETIN AMYLOIDOSIS AGENTS		
TEGSEDI INJ 284/1.5 (<i>inotersen sodium</i>)	Tier 2	PA, QL (4 syringes every 28 days)
RESPIRATORY AGENTS - MISC. - DRUGS TO TREAT BREATHING DISORDERS		
ALPHA-PROTEINASE INHIBITOR (HUMAN)		
PROLASTIN-C INJ 1000MG (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 2	PA
ZEMAIRA INJ 1000MG (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 2	PA
ZEMAIRA INJ 4000MG (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 2	PA
ZEMAIRA INJ 5000MG (<i>alpha1-proteinase inhibitor (human)</i>)	Tier 2	PA
CYSTIC FIBROSIS AGENTS		
PULMOZYME SOL 1MG/ML (<i>dornase alfa</i>)	Tier 3	PA, QL (5 mL every 1 day)
PULMONARY FIBROSIS AGENTS		
OFEV CAP 100MG (<i>nintedanib esylate</i>)	Tier 2	PA, QL (2 caps every 1 day)
OFEV CAP 150MG (<i>nintedanib esylate</i>)	Tier 2	PA, QL (2 caps every 1 day)
<i>pirfenidone cap 267 mg</i>	Tier 1	PA, QL (9 caps every 1 day)
<i>pirfenidone tab 267 mg</i>	Tier 1	PA, QL (9 tabs every 1 day)
<i>pirfenidone tab 801 mg</i>	Tier 1	PA, QL (3 tabs every 1 day)

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 197

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

GLYCYLCYCLINES

tigecycline for iv soln 50 mg Tier 1

TETRACYCLINES - DRUGS TO TREAT INFECTIONS

demeclocycline hcl tab 150 mg Tier 1

demeclocycline hcl tab 300 mg Tier 1

doxycycline hyclate cap 50 mg Tier 1

doxycycline hyclate cap 100 mg Tier 1

doxycycline hyclate for inj 100 mg Tier 1

doxycycline hyclate for inj 100 mg (Doxy 100) Tier 1

doxycycline hyclate tab 20 mg Tier 1

doxycycline hyclate tab 100 mg Tier 1

doxycycline monohydrate cap 50 mg Tier 1

doxycycline monohydrate cap 100 mg Tier 1

doxycycline monohydrate cap 100 mg Tier 1
(Mondoxyne NI)

doxycycline monohydrate for susp 25 mg/5ml Tier 1

doxycycline monohydrate tab 50 mg Tier 1

doxycycline monohydrate tab 75 mg Tier 1

doxycycline monohydrate tab 100 mg Tier 1

doxycycline monohydrate tab 100 mg Tier 1
(Avidoxy)

doxycycline monohydrate tab 150 mg Tier 1

minocycline hcl cap 50 mg Tier 1

minocycline hcl cap 75 mg Tier 1

minocycline hcl cap 100 mg Tier 1

minocycline hcl tab 50 mg Tier 1

minocycline hcl tab 75 mg Tier 1

minocycline hcl tab 100 mg Tier 1

tetracycline hcl cap 250 mg Tier 1

tetracycline hcl cap 500 mg Tier 1

VIBRAMYCIN CAP 100MG (*doxycycline hyclate*) Tier 3

VIBRAMYCIN SUS 25MG/5ML (*doxycycline monohydrate*) Tier 3

THYROID AGENTS - DRUGS TO REGULATE THYROID LEVELS

ANTITHYROID AGENTS

methimazole tab 5 mg Tier 1

methimazole tab 10 mg Tier 1

propylthiouracil tab 50 mg Tier 1

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications 198
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
 Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME

**DRUG TIER COVERAGE
REQUIREMENTS AND
LIMITS**

THYROID HORMONES

levothyroxine sodium for iv inj 100 mcg	Tier 1
levothyroxine sodium for iv inj 200 mcg	Tier 1
levothyroxine sodium for iv inj 500 mcg	Tier 1
levothyroxine sodium tab 25 mcg	Tier 1
levothyroxine sodium tab 25 mcg (Euthyrox)	Tier 1
levothyroxine sodium tab 25 mcg (Levo-t)	Tier 1
levothyroxine sodium tab 25 mcg (Levoxyl)	Tier 1
levothyroxine sodium tab 25 mcg (Unithroid)	Tier 1
levothyroxine sodium tab 50 mcg	Tier 1
levothyroxine sodium tab 50 mcg (Euthyrox)	Tier 1
levothyroxine sodium tab 50 mcg (Levo-t)	Tier 1
levothyroxine sodium tab 50 mcg (Levoxyl)	Tier 1
levothyroxine sodium tab 50 mcg (Unithroid)	Tier 1
levothyroxine sodium tab 75 mcg	Tier 1
levothyroxine sodium tab 75 mcg (Euthyrox)	Tier 1
levothyroxine sodium tab 75 mcg (Levo-t)	Tier 1
levothyroxine sodium tab 75 mcg (Levoxyl)	Tier 1
levothyroxine sodium tab 75 mcg (Unithroid)	Tier 1
levothyroxine sodium tab 88 mcg	Tier 1
levothyroxine sodium tab 88 mcg (Euthyrox)	Tier 1
levothyroxine sodium tab 88 mcg (Levo-t)	Tier 1
levothyroxine sodium tab 88 mcg (Levoxyl)	Tier 1
levothyroxine sodium tab 88 mcg (Unithroid)	Tier 1
levothyroxine sodium tab 100 mcg	Tier 1
levothyroxine sodium tab 100 mcg (Euthyrox)	Tier 1
levothyroxine sodium tab 100 mcg (Levo-t)	Tier 1
levothyroxine sodium tab 100 mcg (Levoxyl)	Tier 1
levothyroxine sodium tab 100 mcg (Unithroid)	Tier 1
levothyroxine sodium tab 112 mcg	Tier 1
levothyroxine sodium tab 112 mcg (Euthyrox)	Tier 1
levothyroxine sodium tab 112 mcg (Levo-t)	Tier 1
levothyroxine sodium tab 112 mcg (Levoxyl)	Tier 1
levothyroxine sodium tab 112 mcg (Unithroid)	Tier 1
levothyroxine sodium tab 125 mcg	Tier 1
levothyroxine sodium tab 125 mcg (Euthyrox)	Tier 1
levothyroxine sodium tab 125 mcg (Levo-t)	Tier 1
levothyroxine sodium tab 125 mcg (Levoxyl)	Tier 1
levothyroxine sodium tab 125 mcg (Unithroid)	Tier 1
levothyroxine sodium tab 137 mcg	Tier 1
levothyroxine sodium tab 137 mcg (Euthyrox)	Tier 1

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
 Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
levothyroxine sodium tab 137 mcg (Levo-t)	Tier 1	
levothyroxine sodium tab 137 mcg (Levoxyl)	Tier 1	
levothyroxine sodium tab 137 mcg (Unithroid)	Tier 1	
levothyroxine sodium tab 150 mcg	Tier 1	
levothyroxine sodium tab 150 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 150 mcg (Levo-t)	Tier 1	
levothyroxine sodium tab 150 mcg (Levoxyl)	Tier 1	
levothyroxine sodium tab 150 mcg (Unithroid)	Tier 1	
levothyroxine sodium tab 175 mcg	Tier 1	
levothyroxine sodium tab 175 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 175 mcg (Levo-t)	Tier 1	
levothyroxine sodium tab 175 mcg (Levoxyl)	Tier 1	
levothyroxine sodium tab 175 mcg (Unithroid)	Tier 1	
levothyroxine sodium tab 200 mcg	Tier 1	
levothyroxine sodium tab 200 mcg (Euthyrox)	Tier 1	
levothyroxine sodium tab 200 mcg (Levo-t)	Tier 1	
levothyroxine sodium tab 200 mcg (Levoxyl)	Tier 1	
levothyroxine sodium tab 200 mcg (Unithroid)	Tier 1	
levothyroxine sodium tab 300 mcg	Tier 1	
levothyroxine sodium tab 300 mcg (Levo-t)	Tier 1	
levothyroxine sodium tab 300 mcg (Unithroid)	Tier 1	
liothyronine sodium iv soln 10 mcg/ml	Tier 1	
liothyronine sodium tab 5 mcg	Tier 1	
liothyronine sodium tab 25 mcg	Tier 1	
liothyronine sodium tab 50 mcg	Tier 1	
SYNTHROID TAB 25MCG (levothyroxine sodium)	Tier 2	
SYNTHROID TAB 50MCG (levothyroxine sodium)	Tier 2	
SYNTHROID TAB 75MCG (levothyroxine sodium)	Tier 2	
SYNTHROID TAB 88MCG (levothyroxine sodium)	Tier 2	
SYNTHROID TAB 100MCG (levothyroxine sodium)	Tier 2	
SYNTHROID TAB 112MCG (levothyroxine sodium)	Tier 2	
SYNTHROID TAB 125MCG (levothyroxine sodium)	Tier 2	
SYNTHROID TAB 137MCG (levothyroxine sodium)	Tier 2	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **200**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior
Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
SYNTHROID TAB 150MCG (<i>levothyroxine sodium</i>)	Tier 2	
SYNTHROID TAB 175MCG (<i>levothyroxine sodium</i>)	Tier 2	
SYNTHROID TAB 200MCG (<i>levothyroxine sodium</i>)	Tier 2	
SYNTHROID TAB 300MCG (<i>levothyroxine sodium</i>)	Tier 2	

ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR ULCERS AND STOMACH ACID

ANTISPASMODICS - DRUGS FOR STOMACH SPASMS

<i>atropine sulfate inj 8 mg/20ml (0.4 mg/ml)</i>	Tier 1	
<i>atropine sulfate iv soln 0.4 mg/ml</i>	Tier 1	
<i>atropine sulfate iv soln 1 mg/ml</i>	Tier 1	
<i>atropine sulfate soln prefill syr 0.5 mg/5ml (0.1 mg/ml)</i>	Tier 1	
<i>atropine sulfate soln prefill syr 0.25 mg/5ml (0.05 mg/ml)</i>	Tier 1	
<i>atropine sulfate soln prefill syr 1 mg/10ml (0.1 mg/ml)</i>	Tier 1	
<i>chlordiazepoxide hcl-clidinium bromide cap 5-2.5 mg</i>	Tier 1	
<i>dicyclomine hcl cap 10 mg</i>	Tier 1	
<i>dicyclomine hcl inj 10 mg/ml</i>	Tier 1	
<i>dicyclomine hcl oral soln 10 mg/5ml</i>	Tier 1	
<i>dicyclomine hcl tab 20 mg</i>	Tier 1	
<i>glycopyrrolate inj 0.2 mg/ml</i>	Tier 1	
<i>glycopyrrolate inj 0.4 mg/2ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate inj 1 mg/5ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate inj 4 mg/20ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate inj pf soln pref syr 0.4 mg/2ml (0.2 mg/ml)</i>	Tier 1	
<i>glycopyrrolate inj pf soln prefilled syringe 0.2 mg/ml</i>	Tier 1	
<i>glycopyrrolate oral soln 1 mg/5ml</i>	Tier 1	
<i>glycopyrrolate tab 1 mg</i>	Tier 1	
<i>glycopyrrolate tab 2 mg</i>	Tier 1	
<i>hyoscyamine sulfate elixir 0.125 mg/5ml</i>	Tier 1	
<i>hyoscyamine sulfate sl tab 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate sl tab 0.125 mg (Oscimin)</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **AGE** - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits 201

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
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<i>hyoscyamine sulfate soln 0.125 mg/ml</i>	Tier 1	
<i>hyoscyamine sulfate tab 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate tab 0.125 mg (Oscimin)</i>	Tier 1	
<i>hyoscyamine sulfate tab disint 0.125 mg</i>	Tier 1	
<i>hyoscyamine sulfate tab disint 0.125 mg (Nulev)</i>	Tier 1	
LEVSIN TAB 0.125MG (<i>hyoscyamine sulfate</i>)	Tier 3	
LEVSIN/SL SUB 0.125MG (<i>hyoscyamine sulfate</i>)	Tier 3	
<i>methscopolamine bromide tab 2.5 mg</i>	Tier 1	
<i>methscopolamine bromide tab 5 mg</i>	Tier 1	

H-2 ANTAGONISTS

<i>cimetidine tab 200 mg</i>	Tier 1	
<i>cimetidine tab 300 mg</i>	Tier 1	
<i>cimetidine tab 400 mg</i>	Tier 1	
<i>cimetidine tab 800 mg</i>	Tier 1	
<i>famotidine for susp 40 mg/5ml</i>	Tier 1	
<i>famotidine in nacl 0.9% iv soln 20 mg/50ml</i>	Tier 1	
<i>famotidine inj 40 mg/4ml</i>	Tier 1	
<i>famotidine inj 200 mg/20ml</i>	Tier 1	
<i>famotidine preservative free inj 20 mg/2ml</i>	Tier 1	
<i>famotidine tab 20 mg</i>	Tier 1	
<i>famotidine tab 40 mg</i>	Tier 1	
<i>nizatidine cap 150 mg</i>	Tier 1	
<i>nizatidine cap 300 mg</i>	Tier 1	
PEPCID TAB 20MG (<i>famotidine</i>)	Tier 3	
PEPCID TAB 40MG (<i>famotidine</i>)	Tier 3	

MISC. ANTI-ULCER

<i>sucralfate tab 1 gm</i>	Tier 1	
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PROTON PUMP INHIBITORS

<i>esomeprazole magnesium cap delayed release 20 mg (base eq)</i>	Tier 1	
<i>esomeprazole magnesium cap delayed release 40 mg (base eq)</i>	Tier 1	
<i>esomeprazole magnesium for delayed release susp packet 10 mg</i>	Tier 1	
<i>esomeprazole magnesium for delayed release susp packet 20 mg</i>	Tier 1	
<i>esomeprazole magnesium for delayed release susp packet 40 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>esomeprazole sodium for intravenous soln 40 mg (base equiv)</i>	Tier 1	
<i>lansoprazole cap delayed release 15 mg</i>	Tier 1	
<i>lansoprazole cap delayed release 30 mg</i>	Tier 1	
<i>omeprazole cap delayed release 10 mg</i>	Tier 1	
<i>omeprazole cap delayed release 20 mg</i>	Tier 1	
<i>omeprazole cap delayed release 40 mg</i>	Tier 1	
<i>pantoprazole sodium ec tab 20 mg (base equiv)</i>	Tier 1	
<i>pantoprazole sodium ec tab 40 mg (base equiv)</i>	Tier 1	
<i>pantoprazole sodium for iv soln 40 mg (base equiv)</i>	Tier 1	
<i>rabeprazole sodium ec tab 20 mg</i>	Tier 1	
ULCER DRUGS - PROSTAGLANDINS		
CYTOTEC TAB 100MCG (<i>misoprostol</i>)	Tier 3	
CYTOTEC TAB 200MCG (<i>misoprostol</i>)	Tier 3	
<i>misoprostol tab 100 mcg</i>	Tier 1	
<i>misoprostol tab 200 mcg</i>	Tier 1	
ULCER THERAPY COMBINATIONS		
<i>amoxicil cap & clarithro tab & lansopraz cap dr 500 & 500 & 30mg</i>	Tier 1	
<i>bismuth subcit-metronidazole-tetracycline cap 140-125-125 mg</i>	Tier 1	
TALICIA CAP (<i>amoxicillin-rifabutin-omeprazole</i>)	Tier 2	
URINARY ANTISPASMODICS - DRUGS TO TREAT URINARY INCONTINENCE		
URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOLINERGIC)		
<i>darifenacin hydrobromide tab er 24hr 7.5 mg (base equiv)</i>	Tier 1	
<i>darifenacin hydrobromide tab er 24hr 15 mg (base equiv)</i>	Tier 1	
DETROL TAB 1MG (<i>tolterodine tartrate</i>)	Tier 3	
DETROL TAB 2MG (<i>tolterodine tartrate</i>)	Tier 3	
<i>fesoterodine fumarate tab er 24hr 4 mg</i>	Tier 1	
<i>fesoterodine fumarate tab er 24hr 8 mg</i>	Tier 1	
<i>oxybutynin chloride solution 5 mg/5ml</i>	Tier 1	
<i>oxybutynin chloride tab 5 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 5 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 10 mg</i>	Tier 1	
<i>oxybutynin chloride tab er 24hr 15 mg</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications **203**
AGE - Age Limit **GNDR** - Gender Edit **ONC** - Oral Oncology Medications **PA** - Prior Authorization **QL** - Quantity Limits

PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
<i>solifenacin succinate tab 5 mg</i>	Tier 1	
<i>solifenacin succinate tab 10 mg</i>	Tier 1	
<i>tolterodine tartrate cap er 24hr 2 mg</i>	Tier 1	
<i>tolterodine tartrate cap er 24hr 4 mg</i>	Tier 1	
<i>tolterodine tartrate tab 1 mg</i>	Tier 1	
<i>tolterodine tartrate tab 2 mg</i>	Tier 1	
<i>tropium chloride cap er 24hr 60 mg</i>	Tier 1	
<i>tropium chloride tab 20 mg</i>	Tier 1	
URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS		
GEMTESA TAB 75MG (<i>vibegron</i>)	Tier 2	
URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS		
<i>bethanechol chloride tab 5 mg</i>	Tier 1	
<i>bethanechol chloride tab 10 mg</i>	Tier 1	
<i>bethanechol chloride tab 25 mg</i>	Tier 1	
<i>bethanechol chloride tab 50 mg</i>	Tier 1	
URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS		
<i>flavoxate hcl tab 100 mg</i>	Tier 1	
VAGINAL AND RELATED PRODUCTS - DRUGS TO TREAT VAGINAL CONDITIONS		
VAGINAL ANTI-INFECTIVES		
CLEOCIN CRE 2% VAG (<i>clindamycin phosphate vaginal</i>)	Tier 3	
<i>clindamycin phosphate vaginal cream 2%</i>	Tier 1	
<i>metronidazole vaginal gel 0.75%</i>	Tier 1	
<i>miconazole nitrate vaginal suppos 200 mg</i> (Miconazole 3)	Tier 1	
<i>terconazole vaginal cream 0.4%</i>	Tier 1	
<i>terconazole vaginal cream 0.8%</i>	Tier 1	
<i>terconazole vaginal suppos 80 mg</i>	Tier 1	
VAGINAL ESTROGENS		
<i>estradiol vaginal cream 0.1 mg/gm</i>	Tier 1	
IMVEXXY MAIN SUP 4MCG (<i>estradiol vaginal</i>)	Tier 2	
IMVEXXY MAIN SUP 10MCG (<i>estradiol vaginal</i>)	Tier 2	
IMVEXXY STRT SUP 4MCG (<i>estradiol vaginal</i>)	Tier 2	
IMVEXXY STRT SUP 10MCG (<i>estradiol vaginal</i>)	Tier 2	
VAGIFEM TAB 10MCG (<i>estradiol vaginal</i>)	Tier 1	
VAGINAL PROGESTINS		
CRINONE GEL 4% VAG (<i>progesterone vaginal</i>)	Tier 2	

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PRESCRIPTION DRUG NAME	DRUG TIER	COVERAGE REQUIREMENTS AND LIMITS
CRINONE GEL 8% VAG (<i>progesterone (vaginal)</i>)	Tier 2	
ENDOMETRIN SUP 100MG (<i>progesterone (vaginal)</i>)	Tier 2	
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
ANAPHYLAXIS THERAPY AGENTS - DRUGS FOR ACUTE ALLERGIC REACTION		
AUVI-Q INJ 0.1MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	
AUVI-Q INJ 0.3MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	
AUVI-Q INJ 0.15MG (<i>epinephrine (anaphylaxis)</i>)	Tier 2	
<i>epinephrine inj 1 mg/ml (1:1000)</i>	Tier 1	
<i>epinephrine inj 30 mg/30ml (1 mg/ml) (1:1000)</i>	Tier 1	
<i>epinephrine solution auto-injector 0.3 mg/0.3ml (1:1000)</i>	Tier 1	
<i>epinephrine solution auto-injector 0.15 mg/0.15ml (1:1000)</i>	Tier 1	
NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS		
<i>droxidopa cap 100 mg</i>	Tier 1	PA, QL (3 caps every 1 day)
<i>droxidopa cap 200 mg</i>	Tier 1	PA, QL (6 caps every 1 day)
<i>droxidopa cap 300 mg</i>	Tier 1	PA, QL (6 caps every 1 day)
VASOPRESSORS - DRUGS TO TREAT HEART AND CIRCULATION CONDITIONS		
<i>ephedrine sulfate iv soln 50 mg/ml</i>	Tier 1	
<i>midodrine hcl tab 2.5 mg</i>	Tier 1	
<i>midodrine hcl tab 5 mg</i>	Tier 1	
<i>midodrine hcl tab 10 mg</i>	Tier 1	
<i>norepinephrine bitartrate iv soln 1 mg/ml (base equivalent)</i>	Tier 1	
<i>phenylephrine hcl iv soln 10 mg/ml</i>	Tier 1	
VITAMINS - DRUGS FOR NUTRITION		
OIL SOLUBLE VITAMINS		
<i>ergocalciferol cap 1.25 mg (50000 unit)</i>	Tier 1	
<i>phytonadione inj 1 mg/0.5ml (2 mg/ml)</i>	Tier 1	
<i>phytonadione inj 10 mg/ml</i>	Tier 1	
<i>phytonadione tab 5 mg</i>	Tier 1	
WATER SOLUBLE VITAMINS		
<i>pyridoxine hcl inj 100 mg/ml</i>	Tier 1	
<i>thiamine hcl inj 100 mg/ml</i>	Tier 1	

- Covered at Tier 0 with DAW (dispense as written) **ACA** - Preventive Medications
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bupivacaine 0.75% in dextrose inj 8.25%	164
bupivacaine hcl inj 0.25%	164
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bupivacaine hcl preservative free (pf) inj 0.25%	164
bupivacaine hcl preservative free (pf) inj 0.5%	164
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buprenorphine hcl-naloxone hcl sl film 8-2 mg (base equiv)	39
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buprenorphine hcl-naloxone hcl sl tab 8-2 mg (base equiv)	39
buprenorphine hcl sl tab 2 mg (base equiv)	39
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buprenorphine td patch weekly 15 mcg/hr	39
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37.5-150-200 mg	94
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carboplatin iv soln 150 mg/15ml	83
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fenofibrate tab 54 mg	74	fenentanyl td patch 72hr 12 mcg/hr	34
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equiv)	34	fesoterodine fumarate tab er 24hr 8 mg	
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fluoxetine hcl cap 20 mg	60
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fluoxetine hcl tab 10 mg	60
fluoxetine hcl tab 20 mg	60
fluphenazine decanoate inj 25 mg/ml	99
fluphenazine hcl elixir 2.5 mg/5ml	99
fluphenazine hcl inj 2.5 mg/ml	99
fluphenazine hcl oral conc 5 mg/ml	99
fluphenazine hcl tab 10 mg	99
fluphenazine hcl tab 1 mg	99
fluphenazine hcl tab 2.5 mg	99
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fosinopril sodium & hydrochlorothiazide tab 10-12.5 mg	79
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fosinopril sodium tab 10 mg	76
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