

# Select 4 Tier Drug List

## Drug list — Four Tier Drug Plan

Your prescription benefit comes with a drug list, which is also called a formulary. This list is made up of brand-name and generic prescription drugs approved by the U.S. Food & Drug Administration (FDA).

The following is a list of plan names to which this formulary may apply. Additional plans may be applicable. If you are a current Anthem member with questions about your pharmacy benefits, we're here to help. Just call us at the Pharmacy Member Services number on your ID card.

Anthem Bronze EPO 65/5600/40%  
 Anthem Bronze PPO/Select PPO 40/5600/40%  
 Anthem Bronze PPO/Select PPO 5000/45% w/HSA  
 Anthem Bronze PPO/Select PPO 60/6000/30%  
 Anthem Bronze PPO/Select PPO 65/4600/40%  
 Anthem Bronze PPO/Select PPO 6600/0% w/HSA  
 Anthem Bronze PPO/Select PPO 70/6300/35%  
 Anthem Bronze Select PPO 6000/40% w/HSA  
 Anthem Gold Advantage PPO 30/500/20%  
 Anthem Gold EPO 35/500/20%  
 Anthem Gold EPO 35/1700/20%  
 Anthem Gold HMO/Select/Priority Select HMO 25  
 Anthem Gold HMO/Select/Priority Select HMO 35  
 Anthem Gold HMO/Select HMO 30  
 Anthem Gold PPO/Select PPO 20/30%  
 Anthem Gold PPO/Select PPO 30/500/20%  
 Anthem Gold PPO/Select PPO 30/750/20%  
 Anthem Gold PPO/Select PPO 35/1000/20%  
 Anthem Gold PPO 35/1000/20%  
 Anthem Gold Select PPO 30/20%  
 Anthem Gold Select PPO 25/1000/25%  
 Anthem Gold Select PPO 25/1200/25%  
 Anthem Gold Select PPO 30/60/500/20%  
 Anthem Platinum HMO/Select/Priority Select HMO 10

Anthem Platinum HMO/Select/Priority Select HMO 20  
 Anthem Platinum PPO/Select PPO 15/250/10%  
 Anthem Platinum PPO/Select PPO 20/10%  
 Anthem Platinum Select HMO 15  
 Anthem Platinum Select PPO 15/10%  
 Anthem Silver Advantage PPO 40/1350/40%  
 Anthem Silver Advantage PPO 45/1500/40%  
 Anthem Silver EPO 2000/25% w/HSA  
 Anthem Silver EPO 50/2200/35%  
 Anthem Silver HMO/Select HMO 2250/40%  
 Anthem Silver HMO/Select/Priority Select HMO 55  
 Anthem Silver HMO/Select HMO 55/2100/40%  
 Anthem Silver HMO/Select HMO 55/2250/40%  
 Anthem Silver PPO/Select PPO 2000/25% w/HSA-RxC  
 Anthem Silver PPO/Select PPO 40/1500/40%  
 Anthem Silver PPO/Select PPO 40/1750/40%  
 Anthem Silver PPO/Select PPO 50/2000/40%  
 Anthem Silver PPO/Select PPO 55/1750/35%  
 Anthem Silver Priority Select HMO 55/2250/40%  
 Anthem Silver Select HMO 2100/40%  
 Anthem Silver Select PPO 45/1700/35%  
 Anthem Silver Select PPO 45/2000/20%

Here are a few things to remember:

- You can view and search our current drug lists when you visit [anthem.com/ca](https://www.anthem.com/ca) and choose Prescription Benefits. Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.
- Additional tools and resources are available for current Anthem members to view the most up-to-date list of drugs for your plan - including drugs that have been added, generic drugs and more – by logging in at [anthem.com/ca](https://www.anthem.com/ca).
- Your coverage has limitations and exclusions, which means there are certain rules about what's covered by your plan and what isn't. Already a member? You can view your Certificate/Evidence of Coverage or your Summary Plan Description by logging in at [anthem.com/ca](https://www.anthem.com/ca) and go to **My Plan ->Benefits-> Plan Documents**.
- You and your doctor can use this list as a guide to choose drugs that are best for you. Drugs that aren't on this list may not be covered by your plan and may cost you more out of pocket. To help you see how the drug list works with your drug benefit, we've included some frequently asked questions (FAQ) in this document about how the list is set up and what to do if a drug you take isn't on it.

2020 California Select Drug List

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## Select Drug List – Informational Section

### Definitions

“**\$0**” next to a drug means this is a preventive drug. For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

“**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 an enrollee pays after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“**Copayment**” means a fixed dollar amount that an enrollee pays for a covered health care benefit after the enrollee has paid the deductible, if a deductible applies to the health care benefit, such as the prescription drug benefit.

“**Deductible**” means the amount an enrollee pays for covered health care benefits before the enrollee’s health plan begins payment for all or part of the cost of the health care benefit under the terms of the policy.

“**Dose Optimization (DO)**” means dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

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

“**Enrollee**” is a person enrolled in a health plan who is entitled to receive services from the plan. All references to enrollees in this this formulary template shall also include subscriber as defined in this section below.

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

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

“**Generic drug**” is the same drug as its BRAND name equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use. A generic drug is listed in **bold** and *italicized* lowercase letters.

“**Limited Distribution (LD)**” means limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

“**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.

“**Nonformulary drug**” is a prescription drug that is not listed on the health plan’s formulary.

“**Oral Chemotherapy (OC)**” Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.

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

**“Prescribing provider”** is a health care provider authorized to write a prescription to treat a medical condition for a health plan enrollee.

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

**“Prescription drug”** is a drug that is prescribed by the enrollee’s prescribing provider and requires a prescription under applicable law.

**“Prior Authorization (PA)”** is a health plan’s requirement that the enrollee or the enrollee’s prescribing provider obtain the health plan’s authorization for a prescription drug before the health plan will cover the drug. The health plan shall grant a prior authorization when it is medically necessary for the enrollee to obtain the drug.

**“Quantity limit (QL)”** means a restriction on the number of doses of a prescription drug covered by a health insurance product during a specific time period, or any other limitation on the quantity of a drug that is covered.

**“Specialty Drugs (SP)”** means specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

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

**“Subscriber”** means the person who is responsible for payment to a plan or whose employment or other status, except for family dependency, is the basis for eligibility for membership in the plan.

## Frequently Asked Questions

### How do I know what drugs are covered under my benefits?

This is a complete listing of all the drugs on the drug list. But, it's possible a drug(s) on this list may not be covered, depending on your plan's design.

Your pharmacy benefit covers prescription drugs, including Specialty Drugs, that may be administered to you as part of a doctor's visit, home care visit, or at an outpatient Facility when they are Covered Services. Benefits that are administered to you in your provider's office are typically covered under your medical benefit. This may include Drugs for infusion therapy, chemotherapy, blood products, certain injectables and any drug that must be administered by a Provider.

### How can I find a drug on the list?

(A) A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the BRAND name or **generic** name of the drug in the alphabetical index; and

(B) If a **generic** equivalent for a BRAND name drug is not available on the market or is not covered, the drug will not be separately listed by its **generic** name.

You can search the PDF drug list by:

- Drug name, using Ctrl + F on your keyboard, then type in the name of the drug you're looking for.
- Drug class, using the categories listed in alphabetical order.

### How are drugs shown on the list?

- A drug is listed alphabetically by its BRAND name and **generic** names in the therapeutic category and class to which it belongs;
- The **generic** name for a BRAND name drug is included after the BRAND name in parentheses and all **bold and italicized lowercase** letters;

<b>PSEUDOBULBAR AFFECT (PBA) AGENTS, NMDA ANTAGONISTS TYPE - DRUGS FOR SEVERE MENTAL DISORDERS</b>
<b><i>NUEDEXTA ORAL CAPSULE (dextromethorphan)</i></b>

- 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 **bold and italicized lowercase letters**; and

<b>AMINOPENICILLIN ANTIBIOTIC - ANTIBIOTICS</b>
<b><i>amoxicillin oral capsule</i></b>

- If a **generic** drug is marketed under a proprietary, trademark-protected BRAND name, the BRAND name will be listed after the **generic** name in parentheses and regular typeface with the first letter of each word capitalized.

<b><i>levonorgestrel-ethinyl estrad (Portia 28 Oral Tablet)</i></b>
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The "Under Coverage Requirements and Limits" section will indicate if you need preapproval before you can take the drug (called prior authorization or PA), or if you need to try other drugs first for your treatment (called step therapy or ST).

*Note: The presence of a prescription drug on the formulary does not guarantee that your doctor will prescribe that prescription drug for a particular medical condition.*

### **What are my options for getting my prescriptions?**

You have plenty of choices about how and where to get your prescription medicines, including local pharmacies in your plan, convenient home delivery or specialty pharmacies. Most plans include our home delivery program at no extra cost to you.

Current Anthem members can find out more by logging in at [anthem.com/ca](https://www.anthem.com/ca) and choose Prescription Benefits or call 833-203-1739. For more details about your coverage, you can call the phone number on your member ID card.

### **What if my drug isn't on the list?**

We understand that only you and your doctor know what is best for you. If you want to take a drug that's not on the drug list, you may have to pay the full cost for it. You can also talk to your doctor or pharmacist to see if there's another drug covered by your plan that will work just as well, or if generic or OTC drugs are an option. Only you and your doctor can decide what drugs are right for you.

If a drug you're taking isn't covered, your doctor can ask us to review the coverage. This process is called preapproval or prior authorization.

Your doctor can get the process started by completing an electronic Prior Authorization, calling the Member Services number on the back of your member ID card or by downloading a prior authorization form from our website and submitting it. If your request is approved, the amount you pay for the drug will depend on your plan's benefit.

There are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to <https://www.covermyeds.com/main/partners/anthem>.
2. Log in at [anthem.com/ca](https://www.anthem.com/ca) and choose **Pharmacy**.
  - Go to **Pharmacy Resources** and **Search Your Drug List** for your medication.
  - Choose the correct medication strength and form.
  - Scroll down to **Definition of Restrictions** and locate the applicable Fax Form in the table.
  - Your doctor [completes and faxes the form](#) to us at 844-474-3347.
3. Calling Member Services number on the back of your member ID card.

### **Who decides what drugs are on the list?**

The drugs on the list are reviewed through our Pharmacy and Therapeutics (P&T) process. In this process, a group of independent doctors, pharmacists and other health care professionals decides which drugs we include on our lists. This group meets regularly to look at new and existing drugs and recommends drugs based on how safe they are, how well they work and the value they offer our members.

### **What is a specialty drug and how do I get them?**

If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered. Specialty drugs come in many forms like pills, liquids, injections (shots), infusions or inhalers and may need special storage and handling. Typically benefits for specialty drugs that are self-administered will be covered under the pharmacy benefit. Benefits for specialty drugs that are administered to you in your provider's office are typically covered under your medical benefit. If you use pharmacies that are not in the network, your medicine may not be covered and you may have to pay the full cost. For more details about your coverage, you can call the phone number on your member ID card.

### **Does the drug list change, and how will I know if it does?**

Drugs on our list are reviewed and updated on a monthly basis. Sometimes, drugs are added, removed, change tiers or have updated requirements. The changes will usually go into effect the first day of the month. But don't worry, we'll let you know if a drug you take is taken off the list and, in some cases, if a drug you take is moved to a higher tier.

You can always check the drug list to make sure medicines you take are still on it. You'll find the most up-to-date drug list when you log in at [anthem.com/ca](https://www.anthem.com/ca).



**What kind of drugs can I find on the formulary?**

We cover FDA-approved preventive care drugs with zero cost share in compliance with the Affordable Care Act (ACA) and California state regulations. Your doctor may need to write a prescription for these preventive services to be covered by your plan, even if they are listed as over-the-counter. The availability or coverage of these medications without cost-sharing may be subject to criteria established by the health plan.

We cover FDA-approved equipment and supplies for the management and treatment of insulin-using diabetes, non-insulin-using diabetes and gestational diabetes as medically necessary. Medication encompasses insulin, insulin pumps, and oral hypoglycemic agents. Covered supplies and equipment are limited to glucose monitors, test strips, syringes and lancets. Covered benefits also include outpatient self-management and educational services used to treat diabetes if services are provided through a program authorized by the State's Diabetes Control Project within the Bureau of Health.

**What drugs can I find in each tier?**

We place drugs on different tiers based on how well they work to improve health, whether there are over-the-counter (OTC) options and their costs compared to other drugs used for the same type of treatment. The lower the tier, the lower your share of the cost. Here's a breakdown of the tiers in your plan:

- Tier one shall consist of most generic drugs and low-cost preferred brand name drugs.
- Tier two shall consist of non-preferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health insurer's pharmacy and therapeutics committee based on safety, efficacy, and cost.
- Tier three shall consist of non-preferred brand name drugs or drugs that are recommended by the health insurer's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.
- Tier four shall consist of drugs that are biologics, drugs that the FDA or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the insured to have special training or clinical monitoring for self-administration, or drugs that cost the health insurer more than six hundred dollars (\$600) net of rebates for a one-month supply.

**How will I know how much my drug will cost?**

Current Anthem members can go online and with the Price a Medication Tool, get pharmacy-specific pricing from a number of local retail pharmacies in your zip code.

*Note: For oral chemotherapy drugs - Notwithstanding any deductible, the total amount of copayments and coinsurance an insured is required to pay shall not exceed two hundred dollars (\$200) for an individual prescription of up to a 30-day supply of a prescribed orally administered anticancer medication covered by the policy.*

### **How does Anthem promote safety?**

When you go to a pharmacy, the pharmacist will get an electronic message from Anthem if a drug needs prior authorization, requires step therapy or has a limit on the amount that can be given. Here's a closer look at all of the programs we've put into place to help make sure you get the care you need, while helping to keep you safe.<sup>1</sup>

Our clinical edit programs are:

- Prior authorization, which requires you to get approval before taking a medicine. This helps make sure a drug is used properly and focuses on drugs that may have:
  - Risk of side effects.
  - Risk of harmful effects when taken with other drugs.
  - Potential for incorrect use or abuse.
  - Rules for use with certain conditions.
- Step therapy, which requires that other drugs be tried first. It focuses on whether a drug is right for your condition.
- Dose optimization, which involves changing from taking a dose twice a day to once a day, when medically appropriate. Taking fewer doses may lower your costs; a single higher dose of a drug taken once a day may cost less than a lower dose taken twice a day.
- Quantity Limits impose a limit on the amount in a prescription and how often it can be refilled.
  - If a refill request is submitted too soon or the doctor prescribes an amount that's higher than what is allowed, the drug won't be covered at that time.
  - If there are medical reasons to prescribe the drug as originally dosed, the doctor can ask for review by our Prior Authorization Center.

Also, If you're taking a medicine that is considered a specialty drug, you may need to use a specialty pharmacy in order for your drug to be covered.

### **How does my doctor start the Prior Authorization process?**

If your drug is on our formulary but requires a PA or Step Therapy, there are a few options for your doctor to start the Prior Authorization (PA) process:

1. Submit an electronic PA request by going to <https://www.covermymeds.com/main/partners/anthem>.
2. Log in at [anthem.com/ca](https://anthem.com/ca) and choose Pharmacy.
  - Go to Pharmacy Resources and Search Your Drug List for your medication.
  - Choose the correct medication strength and form.
  - Scroll down to Definition of Restrictions and locate the applicable Fax Form in the table.
  - Your doctor completes the form and faxes it to Anthem at 844-474-3347.
3. Calling Pharmacy Member Services number on the back of your member ID card.

### **What is Step Therapy? How does it work?**

Step therapy requires trying other drugs before certain medications may be covered. The pharmacy will let you know if step therapy is required and you must first try the drug or treatment included in the program. If the drug or treatment does not treat the condition well, the doctor can contact our Prior Authorization Center to ask that we approve the original drug.<sup>1</sup>

A few more notes about the exception process:

- If we fail to respond to a completed prior authorization or step therapy exception request within 72 hours of receiving a non-urgent request and 24 hours of receiving a request based on exigent circumstances, the request is deemed approved and we may not deny any subsequent requests for this medication.
- Don't worry, if you've changed policies, we won't ask you to repeat an approved step therapy request that is already being used to treat a medical condition provided that the drug is still appropriately prescribed and is considered safe and effective.

A note about opioid analgesics. The member cost share for certain abuse-deterrent opioid analgesics may be lower in some states because of laws in those states. Opioid analgesics are a type of painkiller. In response to the global opioid epidemic, the U.S. Food and Drug Administration (FDA) has encouraged drug manufacturers to develop opioids with properties that help deter their misuse and abuse.

Drug(s) may be excluded from the list based on your plan's benefit design.

<sup>1</sup> If the Prior Authorization Center concludes the prescription claim should be denied, members and their doctors will get letters that explain the appeals and/or grievance process.

## **KEY**

Here are some terms and notes you'll find on the drug list.

**BRAND name drugs are in UPPER CASE, plain type.**

***generic drugs are in lower case, italic bold type.***

**\$0** = preventive drugs. For some members, this product may be covered at 100% with \$0 cost share with a prescription from your provider if specified criteria are met.

**DO** = dose optimization. Usually, this means you may have to switch from taking a drug twice a day to taking it once a day at a higher strength.

**LD** = limited distribution. These drugs are available only through certain pharmacies or wholesalers, depending on what the manufacturer decides.

**OC** = oral chemotherapy. These drugs after deductible shall not exceed \$200 per an individual prescription for up to a 30 day supply.

**PA** = prior authorization. You may need to get benefits approved before certain prescriptions can be filled.

**QL** = quantity limits. There are limits on the amount of medicine covered within a certain amount of time.

**SP** = specialty drugs. Specialty drugs are used to treat difficult, long-term conditions. You may need to get this drug through a specialty pharmacy.

**ST** = step therapy. You may need to use another recommended drug first before a prescribed drug is covered.

**Tier 1** = Tier one shall consist of most generic drugs and low-cost preferred brand name drugs.

**Tier 2** = Tier two shall consist of non-preferred generic drugs, preferred brand name drugs, and any other drugs recommended by the health insurer's pharmacy and therapeutics committee based on safety, efficacy, and cost.

**Tier 3** = Tier three shall consist of non-preferred brand name drugs or drugs that are recommended by the health insurer's pharmacy and therapeutics committee based on safety, efficacy, and cost, or that generally have a preferred and often less costly therapeutic alternative at a lower tier.

**Tier 4** = Tier four shall consist of drugs that are biologics, drugs that the FDA or the manufacturer requires to be distributed through a specialty pharmacy, drugs that require the insured to have special training or clinical monitoring for self-administration, or drugs that cost the health insurer more than six hundred dollars (\$600) net of rebates for a one-month supply.

## 2020 California Select Drug List

CURRENT AS OF 1/1/2020

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>atomoxetine hcl oral capsule</i>	Tier 2	PA
<b>*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour</i>	Tier 1	PA
<i>amphetamine-dextroamphetamine oral tablet</i>	Tier 1	PA
<b>*AMPHETAMINES*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour</i>	Tier 1	PA
<i>dextroamphetamine sulfate oral solution</i>	Tier 1	PA
<i>dextroamphetamine sulfate oral tablet</i>	Tier 1	PA
VYVANSE ORAL CAPSULE ( <i>lisdexamfetamine dimesylate</i> )	Tier 3	PA
VYVANSE ORAL TABLET CHEWABLE ( <i>lisdexamfetamine dimesylate</i> )	Tier 3	PA
<i>dextroamphetamine sulfate</i> (Zenedi Oral Tablet)	Tier 1	PA
<b>*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER</b>		
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour</i>	Tier 1	PA
<i>dexmethylphenidate hcl oral tablet</i>	Tier 1	PA
<i>methylphenidate hcl</i> (Metadate Er Oral Tablet Extended Release)	Tier 1	PA
<i>methylphenidate hcl er (cd) oral capsule extended release</i>	Tier 1	PA
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour</i>	Tier 1	PA
<i>methylphenidate hcl er oral tablet extended release</i>	Tier 1	PA
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	Tier 1	PA
<i>methylphenidate hcl oral solution</i>	Tier 1	PA
<i>methylphenidate hcl oral tablet</i>	Tier 1	PA
<b>*AMINOGLYCOSIDES* - DRUGS FOR INFECTIONS</b>		
<b>*AMINOGLYCOSIDES*** - ANTIBIOTICS</b>		
<i>neomycin sulfate oral tablet</i>	Tier 1	
<i>paromomycin sulfate oral capsule</i>	Tier 1	
<i>tobramycin inhalation nebulization solution</i>	Tier 4	SP

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Effective 1/1/20

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANALGESICS - ANTI-INFLAMMATORY* - DRUGS FOR PAIN AND FEVER</b>		
<b>*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS</b>		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION ( <i>golimumab</i> )	Tier 4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>golimumab</i> )	Tier 4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>golimumab</i> )	Tier 4	PA; SP; QL (1 syringe per 28 days)
<b>*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS</b>		
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML, 80 MG/0.8ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (1 kit per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT ( <i>adalimumab</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION ( <i>golimumab</i> )	Tier 4	PA; SP

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Effective 1/1/20

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>golimumab</i> )	Tier 4	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>golimumab</i> )	Tier 4	PA; SP; QL (1 syringe per 28 days)
<b>*GOLD COMPOUNDS*** - ARTHRITIS AND PAIN DRUGS</b>		
RIDAURA ORAL CAPSULE ( <i>auranofin</i> )	Tier 3	
<b>*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>diclofenac potassium oral tablet</i>	Tier 1	
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	Tier 1	
<i>diclofenac sodium oral tablet delayed release</i>	Tier 1	
<i>ibuprofen</i> (Ibu Oral Tablet)	Tier 1	
<i>ibuprofen oral suspension</i>	Tier 1	QL (4 mL per 1 day)
<i>ibuprofen oral tablet</i>	Tier 1	
<i>indomethacin er oral capsule extended release</i>	Tier 1	QL (2 capsule per 1 day)
<i>indomethacin oral capsule 25 mg</i>	Tier 1	QL (3 capsule per 1 day)
<i>indomethacin oral capsule 50 mg</i>	Tier 1	QL (4 capsule per 1 day)
<i>ketorolac tromethamine oral tablet</i>	Tier 1	QL (20 tablets per 30 days)
<i>meclofenamate sodium oral capsule</i>	Tier 1	
<i>meloxicam oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>nabumetone oral tablet</i>	Tier 1	
<i>naproxen dr oral tablet delayed release</i>	Tier 1	
<i>naproxen oral suspension</i>	Tier 1	
<i>naproxen oral tablet</i>	Tier 1	
<i>naproxen sodium oral tablet</i>	Tier 1	
<i>sulindac oral tablet</i>	Tier 1	
<b>*SELECTIVE COSTIMULATION MODULATORS*** - ARTHRITIS AND PAIN DRUGS</b>		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>abatacept</i> )	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED ( <i>abatacept</i> )	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML ( <i>abatacept</i> )	Tier 4	PA; SP; QL (4 syringes per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML, 87.5 MG/0.7ML ( <i>abatacept</i> )	Tier 4	PA; SP; QL (4 injections per 28 days)
<b>*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS</b>		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE ( <i>etanercept</i> )	Tier 4	PA; SP; QL (4 cartridges per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML ( <i>etanercept</i> )	Tier 4	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML ( <i>etanercept</i> )	Tier 4	PA; SP; QL (4 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>etanercept</i> )	Tier 4	PA; SP; QL (8 vials per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>etanercept</i> )	Tier 4	PA; SP; QL (4 pens per 28 days)
<b>*ANALGESICS - NONNARCOTIC* - DRUGS FOR PAIN AND FEVER</b>		
<b>*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>butalbital-acetaminophen oral tablet</i>	Tier 1	
<i>butalbital-apap oral tablet</i>	Tier 1	
<i>butalbital-apap-caffeine oral capsule</i>	Tier 1	
<i>butalbital-apap-caffeine oral tablet</i>	Tier 1	
<i>butalbital-asa-caffeine oral capsule</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral capsule</i>	Tier 1	
<i>butalbital-aspirin-caffeine oral tablet</i>	Tier 2	
TENCON ORAL TABLET ( <i>butalbital-acetaminophen</i> )	Tier 1	
<i>butalbital-apap-caffeine</i> (Zebutal Oral Capsule)	Tier 2	
<b>*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS</b>		
BAYER ASPIRIN EXTRA STRENGTH ORAL TABLET ( <i>aspirin</i> )	Tier 1	
<i>diflunisal oral tablet</i>	Tier 1	
<b>*ANALGESICS - OPIOID* - DRUGS FOR PAIN AND FEVER</b>		
<b>*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>acetaminophen-codeine #2 oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>acetaminophen-codeine #3 oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>acetaminophen-codeine #4 oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>acetaminophen-codeine oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>butalbital-asa-caff-codeine</i> (Ascomp-Codeine Oral Capsule)	Tier 1	PA; QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule</i>	Tier 1	PA; QL (6 capsules per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	Tier 1	PA; QL (6 capsules per 1 day)
<b>*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>hydrocodone-acetaminophen oral solution 2.5-108 mg/5ml, 5-217 mg/10ml, 7.5-325 mg/15ml</i>	Tier 1	QL (30 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i>	Tier 1	QL (5 tablets per 1 day)
<i>hydrocodone-acetaminophen</i> (Vicodin Es Oral Tablet)	Tier 2	QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>hydrocodone-acetaminophen</i> (Vicodin Hp Oral Tablet)	Tier 2	QL (6 tablets per 1 day)
<b>*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>codeine sulfate oral tablet</i>	Tier 2	PA; QL (6 tablets per 1 day)
<i>fentanyl transdermal patch 72 hour</i>	Tier 2	PA; QL (15 patches per 30 days)
<i>hydromorphone hcl oral liquid</i>	Tier 1	QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>hydromorphone hcl rectal suppository</i>	Tier 2	QL (4 suppositories per 1 day)
<i>meperidine hcl oral solution</i>	Tier 1	QL (30 mL per 1 day)
<i>meperidine hcl oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>methadone hcl</i> (Methadone Hcl Intensol Oral Concentrate)	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	Tier 1	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution</i>	Tier 1	PA; QL (30 mL per 1 day)
<i>methadone hcl oral tablet</i>	Tier 1	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	Tier 1	PA; QL (1 tablet per 1 day)
<i>methadone hcl</i> (Methadose Oral Tablet Soluble)	Tier 1	PA; QL (1 tablet per 1 day)
<i>morphine sulfate (concentrate) oral solution</i>	Tier 1	QL (6 mL per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	Tier 2	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	Tier 2	PA; QL (3 tablets per 1 day)
<i>morphine sulfate oral solution</i>	Tier 1	QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>morphine sulfate rectal suppository</i>	Tier 1	QL (6 suppositories per 1 day)
<i>oxycodone hcl oral capsule</i>	Tier 2	QL (6 capsules per 1 day)
<i>oxycodone hcl oral concentrate 10 mg/0.5ml</i>	Tier 2	QL (7 days supply per 1 day)
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	Tier 2	QL (6 mL per 1 day)
<i>oxycodone hcl oral solution</i>	Tier 2	QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
<i>oxymorphone hcl oral tablet</i>	Tier 2	QL (6 tablets per 1 day)
<i>tramadol hcl oral tablet</i>	Tier 1	QL (8 tablet per 1 day)
<b>*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>oxycodone-acetaminophen</i> (Endocet Oral Tablet)	Tier 2	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>oxycodone-aspirin oral tablet</i>	Tier 1	QL (6 tablets per 1 day)
<i>oxycodone-ibuprofen oral tablet</i>	Tier 1	QL (4 tablets per 1 day)
<b>*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS</b>		
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	Tier 2	QL (12 tablets per 90 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	Tier 2	QL (3 tablets per 90 days)

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Effective 1/1/20



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<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	Tier 1	QL (12 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	Tier 1	QL (3 tablets per 1 day)
<i>butorphanol tartrate nasal solution</i>	Tier 1	QL (2 bottles per 30 days)
<b>*ANDROGENS-ANABOLIC* - HORMONES</b>		
<b>*ANABOLIC STEROIDS*** - DRUGS FOR MEN</b>		
<i>oxandrolone oral tablet</i>	Tier 2	PA
<b>*ANDROGENS*** - DRUGS FOR MEN</b>		
<i>danazol oral capsule</i>	Tier 2	
<i>methitest oral tablet</i>	Tier 3	
<i>testosterone cypionate injection solution</i>	Tier 1	PA
<i>testosterone cypionate intramuscular solution</i>	Tier 1	PA
<i>testosterone transdermal gel 12.5 mg/lact (1%), 20.25 mg/lact (1.62%)</i>	Tier 2	PA; QL (1 bottle per 30 days)
<i>testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	Tier 2	PA; QL (1 packet per 1 day)
<i>testosterone transdermal gel 25 mg/2.5gm (1%)</i>	Tier 2	PA; QL (2 packets per 1 day)
<b>*ANORECTAL AGENTS* - RECTAL PREPARATIONS</b>		
<b>*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS</b>		
<i>hydrocortisone</i> (Colocort Rectal Enema)	Tier 1	
<i>hydrocortisone rectal enema</i>	Tier 1	
<b>*RECTAL ANESTHETIC/STEROIDS*** - RECTAL PREPARATIONS</b>		
<i>hydrocortisone ace-pramoxine rectal cream</i>	Tier 1	
<b>*RECTAL STEROIDS*** - RECTAL PREPARATIONS</b>		
<i>hydrocortisone acetate rectal suppository</i>	Tier 1	
<i>hydrocortisone rectal cream</i>	Tier 1	
<i>hydrocortisone</i> (Procto-Med Hc Rectal Cream)	Tier 1	
<i>hydrocortisone</i> (Procto-Pak Rectal Cream)	Tier 1	
<i>hydrocortisone</i> (Proctosol Hc Rectal Cream)	Tier 1	
<i>hydrocortisone</i> (Proctozone-Hc Rectal Cream)	Tier 1	
<b>*ANTHELMINTICS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTHELMINTICS*** - DRUGS FOR PARASITES</b>		
<i>ivermectin oral tablet</i>	Tier 1	
<i>praziquantel oral tablet</i>	Tier 2	
<b>*ANTIANGINAL AGENTS* - DRUGS FOR THE HEART</b>		
<b>*NITRATES*** - DRUGS FOR ANGINA</b>		
<i>isosorbide dinitrate er oral tablet extended release</i>	Tier 1	

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<i>isosorbide dinitrate oral tablet</i>	Tier 1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	Tier 1	
<i>isosorbide mononitrate oral tablet</i>	Tier 1	
NITRO-BID TRANSDERMAL OINTMENT ( <i>nitroglycerin</i> )	Tier 2	
<i>nitroglycerin er oral capsule extended release</i>	Tier 2	
<i>nitroglycerin sublingual tablet sublingual</i>	Tier 1	
<i>nitroglycerin translingual solution</i>	Tier 2	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE ( <i>nitroglycerin</i> )	Tier 1	
<b>*ANTI-ANXIETY AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTI-ANXIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY</b>		
<i>buspirone hcl oral tablet</i>	Tier 1	
<i>hydroxyzine hcl oral syrup</i>	Tier 1	
<i>hydroxyzine hcl oral tablet</i>	Tier 1	
<i>hydroxyzine pamoate oral capsule</i>	Tier 1	
<b>*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>alprazolam oral tablet</i>	Tier 1	
<i>diazepam</i> (Diazepam Intensol Oral Concentrate)	Tier 1	
<i>diazepam oral concentrate</i>	Tier 1	
<i>diazepam oral solution</i>	Tier 1	
<i>diazepam oral tablet</i>	Tier 1	
<i>lorazepam oral tablet</i>	Tier 1	
<b>*ANTIARRHYTHMICS* - DRUGS FOR THE HEART</b>		
<b>*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>disopyramide phosphate oral capsule</i>	Tier 2	
<i>quinidine sulfate oral tablet</i>	Tier 1	
<b>*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>mexiletine hcl oral capsule</i>	Tier 2	
<b>*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>flecainide acetate oral tablet</i>	Tier 2	
<i>propafenone hcl er oral capsule extended release 12 hour</i>	Tier 2	
<i>propafenone hcl oral tablet</i>	Tier 2	
<b>*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS</b>		
<i>dofetilide oral capsule</i>	Tier 2	
MULTAQ ORAL TABLET ( <i>dronedaron hcl</i> )	Tier 3	

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<b>*ANTIASTHMATIC AND BRONCHODILATOR AGENTS* - DRUGS FOR THE LUNGS</b>		
<b>*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD</b>		
ADVAIR HFA INHALATION AEROSOL ( <i>fluticasone-salmeterol</i> )	Tier 2	QL (1 inhaler per 30 days)
DULERA INHALATION AEROSOL ( <i>mometasone furo-formoterol fum</i> )	Tier 2	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated</i>	Tier 1	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	Tier 2	
SYMBICORT INHALATION AEROSOL ( <i>budesonide-formoterol fumarate</i> )	Tier 2	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol</i> (Wixela Inhub Inhalation Aerosol Powder Breath Activated)	Tier 1	QL (1 inhaler per 30 days)
<b>*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD</b>		
<i>cromolyn sodium inhalation nebulization solution</i>	Tier 2	
<b>*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD</b>		
ALBUTEROL SULFATE HFA INHALATION AEROSOL SOLUTION	Tier 1	QL (2 inhalers per 30 days)
<i>albuterol sulfate inhalation nebulization solution</i>	Tier 1	
<i>albuterol sulfate oral syrup</i>	Tier 1	
<i>levalbuterol tartrate inhalation aerosol</i>	Tier 1	QL (2 inhalers per 30 days)
<i>metaproterenol sulfate oral syrup</i>	Tier 1	
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>salmeterol xinafoate</i> )	Tier 2	QL (1 inhaler per 30 days)
<b>*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD</b>		
<i>ipratropium bromide inhalation solution</i>	Tier 1	QL (300 mL per 30 days)
SPIRIVA HANDHALER INHALATION CAPSULE ( <i>tiotropium bromide monohydrate</i> )	Tier 3	QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION ( <i>tiotropium bromide monohydrate</i> )	Tier 3	QL (1 inhaler per 30 days)
<b>*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD</b>		
<i>montelukast sodium oral packet</i>	Tier 1	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable</i>	Tier 1	QL (1 tablet per 1 day)
<b>*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR ASTHMA/COPD</b>		
DALIRESP ORAL TABLET ( <i>roflumilast</i> )	Tier 3	PA; QL (1 tablet per 1 day)
<b>*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD</b>		
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>mometasone furoate</i> )	Tier 2	QL (1 inhaler per 30 days)

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ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>mometasone furoate</i> )	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>mometasone furoate</i> )	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>mometasone furoate</i> )	Tier 2	QL (1 inhaler per 30 days)
ASMANEX (7 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>mometasone furoate</i> )	Tier 2	QL (1 inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	Tier 1	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	Tier 1	QL (60 mL per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/BLIST, 50 MCG/BLIST ( <i>fluticasone propionate (inhal)</i> )	Tier 2	QL (1 inhaler per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/BLIST ( <i>fluticasone propionate (inhal)</i> )	Tier 2	QL (4 inhalers per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT ( <i>fluticasone propionate hfa</i> )	Tier 2	QL (1 inhaler per 30 days)
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT ( <i>fluticasone propionate hfa</i> )	Tier 2	QL (2 inhalers per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>budesonide</i> )	Tier 2	QL (2 inhalers per 30 days)
<b>*XANTHINES*** - DRUGS FOR ASTHMA/COPD</b>		
THEOCHRON ORAL TABLET EXTENDED RELEASE 12 HOUR ( <i>theophylline</i> )	Tier 1	
<i>theophylline er oral tablet extended release 12 hour</i>	Tier 1	
<i>theophylline er oral tablet extended release 24 hour</i>	Tier 1	
<i>theophylline oral solution</i>	Tier 1	
<b>*ANTICOAGULANTS* - DRUGS FOR THE BLOOD</b>		
<b>*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>warfarin sodium</i> (Jantoven Oral Tablet)	Tier 1	
<i>warfarin sodium oral tablet</i>	Tier 1	
<b>*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>enoxaparin sodium injection solution</i>	Tier 4	QL (1 syringe per 1 day)
<i>enoxaparin sodium subcutaneous solution</i>	Tier 4	QL (1 syringe per 1 day)
<b>*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS</b>		
<i>fondaparinux sodium subcutaneous solution</i>	Tier 4	QL (1 syringe per 1 day)

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<b>*ANTICONVULSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTICONVULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>clonazepam oral tablet</i>	Tier 1	
<i>clonazepam oral tablet dispersible</i>	Tier 1	
<b>*ANTICONVULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>carbamazepine er oral capsule extended release 12 hour</i>	Tier 1	
<i>carbamazepine er oral tablet extended release 12 hour</i>	Tier 1	
<i>carbamazepine oral suspension</i>	Tier 1	
<i>carbamazepine oral tablet</i>	Tier 1	
<i>carbamazepine oral tablet chewable</i>	Tier 1	
<i>carbamazepine</i> (Epilex Oral Tablet)	Tier 1	
<i>gabapentin oral capsule</i>	Tier 2	
<i>gabapentin oral solution</i>	Tier 2	
<i>gabapentin oral tablet</i>	Tier 2	
<i>lamotrigine oral tablet</i>	Tier 1	
<i>lamotrigine oral tablet chewable</i>	Tier 1	
<i>levetiracetam er oral tablet extended release 24 hour</i>	Tier 2	
<i>levetiracetam oral solution</i>	Tier 2	
<i>levetiracetam oral tablet</i>	Tier 2	
<i>oxcarbazepine oral suspension</i>	Tier 2	
<i>oxcarbazepine oral tablet</i>	Tier 2	
<i>primidone oral tablet</i>	Tier 1	
<i>topiramate oral capsule sprinkle</i>	Tier 1	
<i>topiramate oral tablet</i>	Tier 1	
<i>zonisamide oral capsule</i>	Tier 2	
<b>*CARBAMATES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>felbamate oral suspension</i>	Tier 2	
<i>felbamate oral tablet</i>	Tier 2	
<b>*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>tiagabine hcl oral tablet</i>	Tier 2	
<b>*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
DILANTIN ORAL CAPSULE ( <i>phenytoin sodium extended</i> )	Tier 3	
PEGANONE ORAL TABLET ( <i>ethotoin</i> )	Tier 3	
<i>phenytoin sodium extended oral capsule</i>	Tier 1	

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<b>*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>ethosuximide oral capsule</i>	Tier 1	
<i>ethosuximide oral solution</i>	Tier 1	
<b>*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>divalproex sodium er oral tablet extended release 24 hour</i>	Tier 2	
<i>divalproex sodium oral capsule delayed release sprinkle</i>	Tier 2	
<i>divalproex sodium oral tablet delayed release</i>	Tier 2	
<i>valproic acid oral capsule</i>	Tier 1	
<i>valproic acid oral solution</i>	Tier 1	
<b>*ANTIDEPRESSANTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION</b>		
<i>mirtazapine oral tablet</i>	Tier 1	
<i>mirtazapine oral tablet dispersible</i>	Tier 1	
<b>*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION</b>		
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg</i>	Tier 1	DO
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg</i>	Tier 1; \$0	
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 200 mg</i>	Tier 1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg</i>	Tier 1	DO
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>bupropion hcl oral tablet 100 mg</i>	Tier 1	QL (4.5 tablets per 1 day)
<i>bupropion hcl oral tablet 75 mg</i>	Tier 1	DO
<i>maprotiline hcl oral tablet</i>	Tier 1	
<b>*MODIFIED CYCLICS*** - DRUGS FOR DEPRESSION</b>		
<i>nefazodone hcl oral tablet</i>	Tier 1	
<i>trazodone hcl oral tablet</i>	Tier 1	
<b>*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION</b>		
<i>phenelzine sulfate oral tablet</i>	Tier 1	
<i>tranylcypromine sulfate oral tablet</i>	Tier 1	
<b>*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION</b>		
<i>citalopram hydrobromide oral solution</i>	Tier 1	QL (20 mL per 1 day)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	Tier 1	DO
<i>citalopram hydrobromide oral tablet 40 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>escitalopram oxalate oral solution</i>	Tier 1	QL (20 mL per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	Tier 1	DO

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<i>escitalopram oxalate oral tablet 20 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluoxetine hcl oral capsule 10 mg, 20 mg</i>	Tier 1	DO
<i>fluoxetine hcl oral capsule 40 mg</i>	Tier 1	QL (2 capsule per 1 day)
<i>fluoxetine hcl oral capsule delayed release</i>	Tier 1	QL (4 capsules per 28 days)
<i>fluoxetine hcl oral solution</i>	Tier 1	QL (20 mL per 1 day)
<i>fluoxetine hcl oral tablet 10 mg</i>	Tier 1	DO
<i>fluoxetine hcl oral tablet 20 mg</i>	Tier 1	
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	Tier 1	DO
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	Tier 1	DO
<i>paroxetine hcl oral tablet 30 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 40 mg</i>	Tier 1	QL (1.5 tablets per 1 day)
<i>sertraline hcl oral concentrate</i>	Tier 1	QL (10 mL per 1 day)
<i>sertraline hcl oral tablet 100 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>sertraline hcl oral tablet 25 mg, 50 mg</i>	Tier 1	DO
<b>*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION</b>		
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	Tier 1	DO
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 60 mg</i>	Tier 2	QL (2 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	Tier 2	DO
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	Tier 2	QL (3 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg, 75 mg</i>	Tier 1	DO
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 225 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg, 75 mg</i>	Tier 1	DO
<i>venlafaxine hcl oral tablet</i>	Tier 1	QL (3 tablets per 1 day)
<b>*TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION</b>		
<i>amitriptyline hcl oral tablet</i>	Tier 1	
<i>amoxapine oral tablet</i>	Tier 1	
<i>clomipramine hcl oral capsule</i>	Tier 2	
<i>desipramine hcl oral tablet</i>	Tier 2	
<i>doxepin hcl oral capsule</i>	Tier 1	

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<i>doxepin hcl oral concentrate</i>	Tier 1	
<i>imipramine hcl oral tablet</i>	Tier 1	
<i>nortriptyline hcl oral capsule</i>	Tier 1	
<i>nortriptyline hcl oral solution</i>	Tier 1	
<i>protriptyline hcl oral tablet</i>	Tier 2	
<i>trimipramine maleate oral capsule</i>	Tier 1	
<b>*ANTIDIABETICS* - HORMONES</b>		
<b>*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES</b>		
<i>acarbose oral tablet</i>	Tier 1	
<b>*BIGUANIDES*** - DRUGS FOR DIABETES</b>		
<i>metformin hcl er oral tablet extended release 24 hour</i>	Tier 1	
<i>metformin hcl oral tablet</i>	Tier 1	
<b>*DIABETIC OTHER*** - DRUGS FOR DIABETES</b>		
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED ( <i>glucagon hcl (rdna)</i> )	Tier 2	
GLUCAGON EMERGENCY INJECTION KIT ( <i>glucagon (rdna)</i> )	Tier 2	
<b>*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES</b>		
<i>alogliptin benzoate oral tablet</i>	Tier 1	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET ( <i>sitagliptin phosphate</i> )	Tier 2	ST; QL (1 tablet per 1 day)
ONGLYZA ORAL TABLET ( <i>saxagliptin hcl</i> )	Tier 3	ST; QL (1 tablet per 1 day)
TRADJENTA ORAL TABLET ( <i>linagliptin</i> )	Tier 2	ST; DO
<b>*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES</b>		
JANUMET ORAL TABLET ( <i>sitagliptin-metformin hcl</i> )	Tier 2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG ( <i>sitagliptin-metformin hcl</i> )	Tier 2	ST; QL (1 tablet per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG ( <i>sitagliptin-metformin hcl</i> )	Tier 2	ST; QL (2 tablets per 1 day)
JENTADUETO ORAL TABLET ( <i>linagliptin-metformin hcl</i> )	Tier 2	ST; QL (2 tablets per 1 day)
<b>*HUMAN INSULIN*** - DRUGS FOR DIABETES</b>		
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin lispro</i> )	Tier 2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>insulin lispro prot &amp; lispro</i> )	Tier 2	
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION ( <i>insulin lispro prot &amp; lispro</i> )	Tier 2	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>insulin lispro prot &amp; lispro</i> )	Tier 2	

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HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION ( <i>insulin lispro prot &amp; lispro</i> )	Tier 2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>insulin nph isophane &amp; regular</i> )	Tier 2	
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION ( <i>insulin nph isophane &amp; regular</i> )	Tier 2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR ( <i>insulin nph human (isophane)</i> )	Tier 2	
HUMULIN N SUBCUTANEOUS SUSPENSION ( <i>insulin nph human (isophane)</i> )	Tier 2	
HUMULIN R INJECTION SOLUTION ( <i>insulin regular human</i> )	Tier 2	
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION ( <i>insulin regular human</i> )	Tier 2	PA
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin regular human</i> )	Tier 2	PA
<i>insulin lispro (1 unit dial) subcutaneous solution pen-injector</i>	Tier 2	
<i>insulin lispro subcutaneous solution</i>	Tier 2	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>insulin glargine</i> )	Tier 2	
LANTUS SUBCUTANEOUS SOLUTION ( <i>insulin glargine</i> )	Tier 2	
<b>*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES</b>		
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>semaglutide</i> )	Tier 3	ST; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>semaglutide</i> )	Tier 3	ST; QL (2 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>dulaglutide</i> )	Tier 3	ST; QL (4 pens per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>liraglutide</i> )	Tier 2	ST; QL (1 box (2 pens) per 30 days)
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES</b>		
FARXIGA ORAL TABLET ( <i>dapagliflozin propanediol</i> )	Tier 3	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET ( <i>empagliflozin</i> )	Tier 2	ST; QL (1 tablet per 1 day)
<b>*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES</b>		
<i>glipizide-metformin hcl oral tablet</i>	Tier 1	
<i>glyburide-metformin oral tablet</i>	Tier 1	
<b>*SULFONYLUREAS*** - DRUGS FOR DIABETES</b>		
<i>glimepiride oral tablet</i>	Tier 1	
<i>glipizide er oral tablet extended release 24 hour</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>glipizide oral tablet</i>	Tier 1	
<i>glipizide xl oral tablet extended release 24 hour</i>	Tier 1	
<i>glyburide oral tablet</i>	Tier 1	
<i>tolbutamide oral tablet</i>	Tier 2	
<b>*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES</b>		
<i>pioglitazone hcl oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<b>*ANTIDIARRHEALS* - DRUGS FOR THE STOMACH</b>		
<b>*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA</b>		
<i>diphenoxylate-atropine oral liquid</i>	Tier 1	
<i>diphenoxylate-atropine oral tablet</i>	Tier 1	
MOTOFEN ORAL TABLET ( <i>difenoxin-atropine</i> )	Tier 3	
<b>*ANTIDOTES* - DRUGS FOR OVERDOSE OR POISONING</b>		
<b>*ANTIDOTES - CHELATING AGENTS*** - DRUGS FOR OVERDOSE OR POISONING</b>		
CHEMET ORAL CAPSULE ( <i>succimer</i> )	Tier 3	PA
<b>*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING</b>		
<i>naloxone hcl injection solution</i>	Tier 2	QL (6 vial per 90 days)
<i>naloxone hcl injection solution cartridge</i>	Tier 2	QL (6 syringes per 90 days)
<i>naloxone hcl injection solution prefilled syringe</i>	Tier 2	QL (6 syringes per 90 days)
<i>naltrexone hcl oral tablet</i>	Tier 1	
<b>*ANTIEMETICS* - DRUGS FOR THE STOMACH</b>		
<b>*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>ondansetron hcl oral solution</i>	Tier 2	QL (8 mL per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	Tier 2	QL (8 tablets per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	Tier 2	QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	Tier 2	QL (24 tablets per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	Tier 2	QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	Tier 2	QL (24 tablets per 30 days)
<i>palonosetron hcl intravenous solution</i>	Tier 2	
<i>palonosetron hcl intravenous solution prefilled syringe</i>	Tier 2	
<b>*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA</b>		
<i>meclizine hcl oral tablet</i>	Tier 1	
<i>scopolamine transdermal patch 72 hour</i>	Tier 2	
<i>trimethobenzamide hcl oral capsule</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTIFUNGALS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTIFUNGALS*** - DRUGS FOR FUNGUS</b>		
<i>flucytosine oral capsule</i>	Tier 2	PA
<i>griseofulvin microsize oral suspension</i>	Tier 1	
<i>griseofulvin microsize oral tablet</i>	Tier 1	
<i>griseofulvin ultramicrosize oral tablet</i>	Tier 1	
<i>nystatin oral tablet</i>	Tier 1	
<i>terbinafine hcl oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<b>*IMIDAZOLES*** - DRUGS FOR FUNGUS</b>		
<i>ketoconazole oral tablet</i>	Tier 1	QL (2 tablets per 1 day)
<b>*TRIAZOLES*** - DRUGS FOR FUNGUS</b>		
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	Tier 1	QL (40 mL per 1 day)
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	Tier 1	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg</i>	Tier 1	QL (4 tablets per 1 day)
<i>fluconazole oral tablet 150 mg, 200 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>fluconazole oral tablet 50 mg</i>	Tier 1	QL (8 tablets per 1 day)
<i>itraconazole oral capsule</i>	Tier 2	PA; QL (126 capsules per 30 days)
<b>*ANTIHISTAMINES* - DRUGS FOR THE LUNGS</b>		
<b>*ANTIHISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES</b>		
<i>carbinoxamine maleate oral solution</i>	Tier 1	
<i>carbinoxamine maleate oral tablet</i>	Tier 1	
<i>clemastine fumarate oral tablet</i>	Tier 1	
<i>diphenhydramine hcl injection solution</i>	Tier 2	
<i>diphenhydramine hcl oral capsule</i>	Tier 1	
<b>*ANTIHISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES</b>		
<i>allergy 24-hr oral tablet</i>	Tier 1	
<i>desloratadine oral tablet</i>	Tier 1	
<i>desloratadine oral tablet dispersible</i>	Tier 1	
<i>hm fexofenadine hcl oral tablet</i>	Tier 1	
<i>kp fexofenadine hcl oral tablet</i>	Tier 1	
<i>levocetirizine dihydrochloride oral solution</i>	Tier 1	
<i>levocetirizine dihydrochloride oral tablet</i>	Tier 1	
<i>qc fexofenadine hydrochloride oral tablet</i>	Tier 1	
<i>sm fexofenadine hcl oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTIHISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES</b>		
<i>promethazine hcl</i> (Phenadoz Rectal Suppository)	Tier 2	
<i>promethazine hcl oral solution</i>	Tier 1	
<i>promethazine hcl oral syrup</i>	Tier 1	
<i>promethazine hcl oral tablet</i>	Tier 1	
<i>promethazine hcl rectal suppository</i>	Tier 2	
<i>promethazine hcl</i> (Promethegan Rectal Suppository)	Tier 2	
<b>*ANTIHISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES</b>		
<i>cyproheptadine hcl oral syrup</i>	Tier 1	
<b>*ANTIHYPERLIPIDEMICS* - DRUGS FOR THE HEART</b>		
<b>*ANTIHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL</b>		
<i>omega-3-acid ethyl esters oral capsule</i>	Tier 1	QL (4 capsules per 1 day)
<b>*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL</b>		
<i>colesevelam hcl oral packet</i>	Tier 2	
<i>colesevelam hcl oral tablet</i>	Tier 2	
<b>*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL</b>		
<i>fenofibrate micronized oral capsule 130 mg, 43 mg</i>	Tier 1	
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 67 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>fenofibric acid oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet</i>	Tier 1	
<b>*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL</b>		
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	Tier 1; \$0	DO
<i>atorvastatin calcium oral tablet 40 mg</i>	Tier 1	DO
<i>atorvastatin calcium oral tablet 80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>fluvastatin sodium er oral tablet extended release 24 hour</i>	Tier 1; \$0	
<i>fluvastatin sodium oral capsule</i>	Tier 1; \$0	DO
<i>lovastatin oral tablet 10 mg, 20 mg</i>	Tier 1; \$0	DO
<i>lovastatin oral tablet 40 mg</i>	Tier 1; \$0	QL (2 tablets per 1 day)
<i>pravastatin sodium oral tablet 10 mg, 20 mg</i>	Tier 1; \$0	DO
<i>pravastatin sodium oral tablet 40 mg</i>	Tier 1; \$0	
<i>pravastatin sodium oral tablet 80 mg</i>	Tier 1; \$0	QL (1 tablet per 1 day)
<i>rosuvastatin calcium oral tablet 10 mg, 5 mg</i>	Tier 2; \$0	DO
<i>rosuvastatin calcium oral tablet 20 mg</i>	Tier 2	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>rosuvastatin calcium oral tablet 40 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	Tier 1; \$0	DO
<i>simvastatin oral tablet 80 mg</i>	Tier 1	PA; QL (1 tablet per 1 day)
<b>*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL</b>		
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>niacin er (antihyperlipidemic) oral tablet extended release 500 mg</i>	Tier 1	QL (1 tablet per 1 day)
<b>*ANTIHYPERTENSIVES* - DRUGS FOR THE HEART</b>		
<b>*ACE INHIBITOR &amp; CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine besy-benazepril hcl oral capsule</i>	Tier 1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg</i>	Tier 1	DO
<i>trandolapril-verapamil hcl er oral tablet extended release 2-180 mg, 2-240 mg, 4-240 mg</i>	Tier 1	QL (1 tablet per 1 day)
<b>*ACE INHIBITORS &amp; THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>benazepril-hydrochlorothiazide oral tablet</i>	Tier 1	
<i>enalapril-hydrochlorothiazide oral tablet</i>	Tier 1	
<i>fosinopril sodium-hctz oral tablet</i>	Tier 1	
<i>lisinopril-hydrochlorothiazide oral tablet</i>	Tier 1	
<i>quinapril-hydrochlorothiazide oral tablet</i>	Tier 1	
<b>*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>benazepril hcl oral tablet</i>	Tier 1	
<i>enalapril maleate oral tablet</i>	Tier 1	
<i>fosinopril sodium oral tablet</i>	Tier 1	
<i>lisinopril oral tablet</i>	Tier 1	
<i>quinapril hcl oral tablet</i>	Tier 1	
<i>ramipril oral capsule</i>	Tier 1	
<i>trandolapril oral tablet</i>	Tier 1	
<b>*ADRENOLYTICS-CENTRAL &amp; THIAZIDE/THIAZIDE-LIKE COMB*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>methyldopa-hydrochlorothiazide oral tablet</i>	Tier 1	
<b>*AGENTS FOR PHEOCHROMOCYTOMA*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>phenoxybenzamine hcl oral capsule</i>	Tier 2	PA; QL (12 capsules per 1 day)
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; CA CHANNEL BLOCKER COMB*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	Tier 1	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	Tier 1	DO
<b>*ANGIOTENSIN II RECEPTOR ANTAG &amp; THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>candesartan cilexetil-hctz oral tablet 32-25 mg</i>	Tier 1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	Tier 1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	Tier 1	DO
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	Tier 2	DO
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	Tier 1	DO
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<b>*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>irbesartan oral tablet 150 mg, 75 mg</i>	Tier 1	DO
<i>irbesartan oral tablet 300 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 100 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>losartan potassium oral tablet 25 mg, 50 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>olmesartan medoxomil oral tablet 20 mg</i>	Tier 2	DO
<i>olmesartan medoxomil oral tablet 40 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>olmesartan medoxomil oral tablet 5 mg</i>	Tier 2	QL (2 tablets per 1 day)
<i>valsartan oral tablet 160 mg</i>	Tier 1	QL (2 tablets per 1 day)
<i>valsartan oral tablet 320 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>valsartan oral tablet 40 mg, 80 mg</i>	Tier 1	QL (3 tablets per 1 day)
<b>*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg</i>	Tier 1	DO
<b>*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>clonidine hcl oral tablet</i>	Tier 1	
<i>guanfacine hcl oral tablet</i>	Tier 1	
<i>methylidopa oral tablet</i>	Tier 1	

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<b>*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>doxazosin mesylate oral tablet</i>	Tier 1	
<i>prazosin hcl oral capsule</i>	Tier 1	
<i>terazosin hcl oral capsule</i>	Tier 1	
<b>*BETA BLOCKER &amp; DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>atenolol-chlorthalidone oral tablet</i>	Tier 1	
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	Tier 1	
<i>metoprolol-hydrochlorothiazide oral tablet</i>	Tier 1	
<i>propranolol-hctz oral tablet</i>	Tier 1	
<b>*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>hydralazine hcl oral tablet</i>	Tier 1	
<i>minoxidil oral tablet</i>	Tier 1	
<b>*ANTI-INFECTIVE AGENTS - MISC.* - DRUGS FOR INFECTIONS</b>		
<b>*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS</b>		
<i>metronidazole oral capsule</i>	Tier 1	
<i>metronidazole oral tablet</i>	Tier 1	
<i>trimethoprim oral tablet</i>	Tier 1	
<b>*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS</b>		
<i>sulfamethoxazole-trimethoprim oral suspension</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim oral tablet</i>	Tier 1	
<i>sulfamethoxazole-trimethoprim</i> (Sulfatrim Pediatric Oral Suspension)	Tier 1	
<b>*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED ( <i>nitazoxanide</i> )	Tier 3	
ALINIA ORAL TABLET ( <i>nitazoxanide</i> )	Tier 3	
<b>*CARBAPENEMS*** - ANTIBIOTICS</b>		
<i>ertapenem sodium injection solution reconstituted</i>	Tier 2	
<b>*LEPROSTATICS*** - ANTIBIOTICS</b>		
<i>dapsone oral tablet</i>	Tier 2	
<b>*LINCOSAMIDES*** - ANTIBIOTICS</b>		
<i>clindamycin hcl oral capsule</i>	Tier 1	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	Tier 1	
<b>*OXAZOLIDINONES*** - ANTIBIOTICS</b>		
<i>linezolid oral suspension reconstituted</i>	Tier 2	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	Tier 2	PA; QL (28 tablets per 30 days)

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<b>*ANTIMALARIALS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTIMALARIAL COMBINATIONS*** - DRUGS FOR PARASITES</b>		
<i>atovaquone-proguanil hcl oral tablet</i>	Tier 1	
COARTEM ORAL TABLET ( <i>artemether-lumefantrine</i> )	Tier 3	
<b>*ANTIMALARIALS*** - DRUGS FOR PARASITES</b>		
<i>chloroquine phosphate oral tablet</i>	Tier 1	
DARAPRIM ORAL TABLET ( <i>pyrimethamine</i> )	Tier 3	PA; LD; QL (3 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet</i>	Tier 1	
<i>mefloquine hcl oral tablet</i>	Tier 1	
<i>primaquine phosphate oral tablet</i>	Tier 3	
<i>quinine sulfate oral capsule</i>	Tier 2	PA; QL (60 capsules per 365 days)
<b>*ANTIMYASTHENIC AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
<b>*ANTIMYASTHENIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES</b>		
<i>guanidine hcl oral tablet</i>	Tier 2	
<i>pyridostigmine bromide oral tablet</i>	Tier 2	
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES</b>		
<i>guanidine hcl oral tablet</i>	Tier 2	
<i>pyridostigmine bromide oral tablet</i>	Tier 2	
<b>*ANTIMYASTHENIC/CHOLINERGIC AGENTS* - DRUGS FOR NERVES AND MUSCLES</b>		
<i>guanidine hcl oral tablet</i>	Tier 2	
<i>pyridostigmine bromide oral tablet</i>	Tier 2	
<b>*ANTIMYCOBACTERIAL AGENTS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTI TB COMBINATIONS*** - ANTIBIOTICS</b>		
RIFATER ORAL TABLET ( <i>isoniazid-rifamp-pyrazinamide</i> )	Tier 3	
<b>*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS</b>		
<i>cycloserine oral capsule</i>	Tier 2	
<i>ethambutol hcl oral tablet</i>	Tier 2	
<i>isoniazid oral syrup</i>	Tier 1	
<i>isoniazid oral tablet</i>	Tier 1	
PRIFTIN ORAL TABLET ( <i>rifapentine</i> )	Tier 3	
<i>pyrazinamide oral tablet</i>	Tier 2	
<i>rifabutin oral capsule</i>	Tier 2	
<i>rifampin oral capsule</i>	Tier 2	
SIRTURO ORAL TABLET ( <i>bedaquiline fumarate</i> )	Tier 3	

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<b>*ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES* - DRUGS FOR CANCER</b>		
<b>*ALKYLATING AGENTS*** - DRUGS FOR CANCER</b>		
MYLERAN ORAL TABLET ( <i>busulfan</i> )	Tier 4; OC	
<b>*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>abiraterone acetate oral tablet</i>	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
ZYTIGA ORAL TABLET ( <i>abiraterone acetate</i> )	Tier 4; OC	PA; SP; LD; QL (2 tablets per 1 day)
<b>*ANTIADRENALS*** - DRUGS FOR CANCER</b>		
LYSODREN ORAL TABLET ( <i>mitotane</i> )	Tier 4; OC	LD; QL (38 tablets per 1 day)
<b>*ANTIANDROGENS*** - DRUGS FOR CANCER</b>		
<i>bicalutamide oral tablet</i>	Tier 2; OC	
<i>flutamide oral capsule</i>	Tier 2; OC	
<i>nilutamide oral tablet</i>	Tier 4; OC	QL (1 tablet per 1 day)
XTANDI ORAL CAPSULE ( <i>enzalutamide</i> )	Tier 4; OC	PA; SP; LD; QL (4 capsules per 1 day)
<b>*ANTIESTROGENS*** - DRUGS FOR CANCER</b>		
<i>tamoxifen citrate oral tablet</i>	Tier 2; OC; \$0	
<i>toremifene citrate oral tablet</i>	Tier 4; OC	QL (1 tablet per 1 day)
<b>*ANTIMETABOLITES*** - DRUGS FOR CANCER</b>		
<i>capecitabine oral tablet</i>	Tier 4; OC	PA; SP
<i>mercaptopurine oral tablet</i>	Tier 2; OC	
<i>methotrexate oral tablet</i>	Tier 2; OC	
<i>methotrexate sodium oral tablet</i>	Tier 2; OC	
TABLOID ORAL TABLET ( <i>thioguanine</i> )	Tier 4; OC	
<b>*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
TAFINLAR ORAL CAPSULE ( <i>dabrafenib mesylate</i> )	Tier 4; OC	PA; SP; LD; QL (4 capsules per 1 day)
ZELBORAF ORAL TABLET ( <i>vemurafenib</i> )	Tier 4; OC	PA; SP; LD; QL (8 tablets per 1 day)
<b>*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER</b>		
ERIVEDGE ORAL CAPSULE ( <i>vismodegib</i> )	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
ODOMZO ORAL CAPSULE ( <i>sonidegib phosphate</i> )	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER</b>		
FARYDAK ORAL CAPSULE ( <i>panobinostat lactate</i> )	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
ZOLINZA ORAL CAPSULE ( <i>vorinostat</i> )	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)
<b>*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER</b>		
POMALYST ORAL CAPSULE 1 MG ( <i>pomalidomide</i> )	Tier 4; OC	PA; SP; LD; QL (4 capsules per 1 day)
POMALYST ORAL CAPSULE 2 MG ( <i>pomalidomide</i> )	Tier 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
POMALYST ORAL CAPSULE 3 MG, 4 MG ( <i>pomalidomide</i> )	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
<b>*ANTINEOPLASTIC - MEK INHIBITORS*** - DRUGS FOR CANCER</b>		
MEKINIST ORAL TABLET 0.5 MG ( <i>trametinib dimethyl sulfoxide</i> )	Tier 4; OC	PA; SP; LD; QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	Tier 4; OC	PA; SP; LD; QL (1 tablet per 1 day)
<b>*ANTINEOPLASTIC - MONOCLONAL ANTIBODIES*** - DRUGS FOR CANCER</b>		
ERBITUX INTRAVENOUS SOLUTION ( <i>cetuximab</i> )	Tier 4	PA; SP
<b>*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
AFINITOR DISPERZ ORAL TABLET SOLUBLE ( <i>everolimus</i> )	Tier 4; OC	PA; SP
AFINITOR ORAL TABLET ( <i>everolimus</i> )	Tier 4; OC	PA; SP
<b>*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
NEXAVAR ORAL TABLET ( <i>sorafenib tosylate</i> )	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
STIVARGA ORAL TABLET ( <i>regorafenib</i> )	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
SUTENT ORAL CAPSULE 12.5 MG ( <i>sunitinib malate</i> )	Tier 4; OC	PA; SP; QL (3 capsules per 1 day)
SUTENT ORAL CAPSULE 25 MG, 37.5 MG, 50 MG ( <i>sunitinib malate</i> )	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
<b>*ANTINEOPLASTIC - TYROSINE KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
BOSULIF ORAL TABLET 100 MG ( <i>bosutinib</i> )	Tier 4; OC	PA; SP; QL (4 tablets per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG ( <i>bosutinib</i> )	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
CAPRELSA ORAL TABLET 100 MG ( <i>vandetanib</i> )	Tier 4; OC	PA; LD; QL (3 tablets per 1 day)
CAPRELSA ORAL TABLET 300 MG ( <i>vandetanib</i> )	Tier 4; OC	PA; LD; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMETRIQ (100 MG DAILY DOSE) ORAL KIT ( <i>cabozantinib s-malate</i> )	Tier 4; OC	PA; LD; QL (2 capsules per 1 day)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT ( <i>cabozantinib s-malate</i> )	Tier 4; OC	PA; LD; QL (4 capsules per 1 day)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT ( <i>cabozantinib s-malate</i> )	Tier 4; OC	PA; LD; QL (3 capsules per 1 day)
<i>erlotinib hcl oral tablet</i>	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
GILOTRIF ORAL TABLET ( <i>afatinib dimaleate</i> )	Tier 3; OC	PA; LD; QL (1 tablet per 1 day)
ICLUSIG ORAL TABLET 15 MG ( <i>ponatinib hcl</i> )	Tier 4; OC	PA; LD; QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET 45 MG ( <i>ponatinib hcl</i> )	Tier 4; OC	PA; LD; QL (1 tablet per 1 day)
<i>imatinib mesylate oral tablet 100 mg</i>	Tier 4; OC	PA; SP; QL (8 tablets per 1 day)
<i>imatinib mesylate oral tablet 400 mg</i>	Tier 4; OC	PA; SP; QL (2 tablets per 1 day)
IMBRUVICA ORAL CAPSULE ( <i>ibrutinib</i> )	Tier 4; OC	PA; LD; QL (1 capsule per 1 day)
IMBRUVICA ORAL TABLET ( <i>ibrutinib</i> )	Tier 4; OC	PA; LD; QL (1 tablet per 1 day)
INLYTA ORAL TABLET 1 MG ( <i>axitinib</i> )	Tier 4; OC	PA; SP; LD; QL (8 tablets per 1 day)
INLYTA ORAL TABLET 5 MG ( <i>axitinib</i> )	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; LD
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; LD; QL (3 capsules per 1 day)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; LD; QL (3 capsules per 1 day)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; LD
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK ( <i>lenvatinib mesylate</i> )	Tier 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
SPRYCEL ORAL TABLET ( <i>dasatinib</i> )	Tier 4; OC	PA; SP; QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 100 MG, 150 MG ( <i>erlotinib hcl</i> )	Tier 4; OC	PA; SP; LD; QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 25 MG ( <i>erlotinib hcl</i> )	Tier 4; OC	PA; SP; LD; QL (3 tablets per 1 day)
TASIGNA ORAL CAPSULE 150 MG, 200 MG ( <i>nilotinib hcl</i> )	Tier 4; OC	PA; SP; QL (4 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TASIGNA ORAL CAPSULE 50 MG ( <i>nilotinib hcl</i> )	Tier 4; OC	PA; SP; QL (4 capsule per 1 day)
TYKERB ORAL TABLET ( <i>lapatinib ditosylate</i> )	Tier 4; OC	PA; SP; LD; QL (6 tablets per 1 day)
VOTRIENT ORAL TABLET ( <i>pazopanib hcl</i> )	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
XALKORI ORAL CAPSULE ( <i>crizotinib</i> )	Tier 4; OC	PA; SP; LD; QL (2 capsules per 1 day)
<b>*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER</b>		
ALFERON N INJECTION SOLUTION ( <i>interferon alfa-n3</i> )	Tier 4	SP
<i>hydroxyurea oral capsule</i>	Tier 2; OC	
INTRON A INJECTION SOLUTION ( <i>interferon alfa-2b</i> )	Tier 4	SP; LD
INTRON A INJECTION SOLUTION RECONSTITUTED ( <i>interferon alfa-2b</i> )	Tier 4	SP; LD
MATULANE ORAL CAPSULE ( <i>procarbazine hcl</i> )	Tier 4; OC	LD
<b>*AROMATASE INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>anastrozole oral tablet</i>	Tier 2; OC	QL (1 tablet per 1 day)
<i>exemestane oral tablet</i>	Tier 2; OC	QL (2 tablets per 1 day)
<i>letrozole oral tablet</i>	Tier 2; OC	QL (1 tablet per 1 day)
<b>*ESTROGENS-ANTINEOPLASTIC*** - DRUGS FOR CANCER</b>		
EMCYT ORAL CAPSULE ( <i>estramustine phosphate sodium</i> )	Tier 4; OC	PA
<b>*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER</b>		
<i>leucovorin calcium oral tablet</i>	Tier 2	
<b>*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER</b>		
<i>temozolomide oral capsule 100 mg, 250 mg</i>	Tier 4; OC	PA; SP; QL (2 capsule per 1 day)
<i>temozolomide oral capsule 140 mg, 180 mg</i>	Tier 4; OC	PA; SP; QL (2 capsules per 1 day)
<i>temozolomide oral capsule 20 mg</i>	Tier 4; OC	PA; SP; QL (4 capsule per 1 day)
<i>temozolomide oral capsule 5 mg</i>	Tier 4; OC	PA; SP; QL (3 capsule per 1 day)
<b>*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER</b>		
JAKAFI ORAL TABLET 10 MG ( <i>ruxolitinib phosphate</i> )	Tier 4; OC	PA; SP; LD; QL (5 tablets per 1 day)
JAKAFI ORAL TABLET 15 MG ( <i>ruxolitinib phosphate</i> )	Tier 4; OC	PA; SP; LD; QL (100 tablets per 30 days)
JAKAFI ORAL TABLET 20 MG ( <i>ruxolitinib phosphate</i> )	Tier 4; OC	PA; SP; LD; QL (2.5 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JAKAFI ORAL TABLET 25 MG ( <i>ruxolitinib phosphate</i> )	Tier 4; OC	PA; SP; LD; QL (2 tablets per 1 day)
JAKAFI ORAL TABLET 5 MG ( <i>ruxolitinib phosphate</i> )	Tier 4; OC	PA; SP; LD; QL (10 tablets per 1 day)
<b>*LHRH ANALOGS*** - DRUGS FOR CANCER</b>		
<i>leuprolide acetate injection kit</i>	Tier 4	PA; SP
<b>*MITOTIC INHIBITORS*** - DRUGS FOR CANCER</b>		
<i>etoposide oral capsule</i>	Tier 4; OC	SP
<b>*NITROGEN MUSTARDS*** - DRUGS FOR CANCER</b>		
<i>cyclophosphamide oral capsule</i>	Tier 4; OC	SP
LEUKERAN ORAL TABLET ( <i>chlorambucil</i> )	Tier 4; OC	
<i>melfalan oral tablet</i>	Tier 4; OC	SP
<b>*NITROSOUREAS*** - DRUGS FOR CANCER</b>		
GLEOSTINE ORAL CAPSULE ( <i>Iomustine</i> )	Tier 4; OC	PA
<b>*RETINOIDS*** - DRUGS FOR CANCER</b>		
<i>tretinoin oral capsule</i>	Tier 2; OC	
<b>*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER</b>		
<i>bexarotene oral capsule</i>	Tier 4; OC	PA; SP; QL (10 capsules per 1 day)
<b>*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER</b>		
HYCAMTIN ORAL CAPSULE ( <i>topotecan hcl</i> )	Tier 4; OC	PA; SP
<b>*ANTIPARKINSON AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTIPARKINSON ANTICHOLINERGICS*** - DRUGS FOR PARKINSON</b>		
<i>benztropine mesylate oral tablet</i>	Tier 1	
<i>trihexyphenidyl hcl oral solution</i>	Tier 1	
<i>trihexyphenidyl hcl oral tablet</i>	Tier 1	
<b>*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON</b>		
<i>amantadine hcl oral capsule</i>	Tier 2	QL (4 capsule per 1 day)
<i>amantadine hcl oral syrup</i>	Tier 2	
<i>amantadine hcl oral tablet</i>	Tier 2	QL (4 tablets per 1 day)
<i>bromocriptine mesylate oral capsule</i>	Tier 1	
<i>bromocriptine mesylate oral tablet</i>	Tier 1	
<b>*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON</b>		
<i>rasagiline mesylate oral tablet</i>	Tier 2	

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<i>selegiline hcl oral capsule</i>	Tier 2	
<i>selegiline hcl oral tablet</i>	Tier 2	
<b>*DECARBOXYLASE INHIBITORS*** - DRUGS FOR PARKINSON</b>		
<i>carbidopa oral tablet</i>	Tier 2	
<b>*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON</b>		
<i>carbidopa-levodopa er oral tablet extended release</i>	Tier 2	
<i>carbidopa-levodopa oral tablet</i>	Tier 1	
<i>carbidopa-levodopa oral tablet dispersible</i>	Tier 2	
<b>*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE ( <i>apomorphine hcl</i> )	Tier 4	PA; SP; LD; QL (2 mL per 1 day)
<i>pramipexole dihydrochloride oral tablet</i>	Tier 2	QL (3 tablets per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	Tier 2	
<i>ropinirole hcl oral tablet</i>	Tier 1	
<b>*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON</b>		
<i>entacapone oral tablet</i>	Tier 2	QL (8 tablets per 1 day)
<b>*ANTIPSYCHOTICS/ANTIMANIC AGENTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTIMANIC AGENTS*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>lithium carbonate er oral tablet extended release</i>	Tier 1	
<i>lithium carbonate oral capsule</i>	Tier 1	
<i>lithium carbonate oral tablet</i>	Tier 1	
<i>lithium oral solution</i>	Tier 2	
<b>*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>ziprasidone hcl oral capsule</i>	Tier 2	
<b>*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>risperidone oral solution</i>	Tier 1	
<i>risperidone oral tablet</i>	Tier 1	
<i>risperidone oral tablet dispersible</i>	Tier 2	
<b>*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>haloperidol oral tablet</i>	Tier 1	
<b>*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>clozapine oral tablet</i>	Tier 2	

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<i>clozapine oral tablet dispersible</i>	Tier 2	
<b>*DIBENZOTHIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>quetiapine fumarate oral tablet</i>	Tier 2	
<b>*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>loxapine succinate oral capsule</i>	Tier 1	
<b>*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>chlorpromazine hcl oral tablet</i>	Tier 2	
<i>fluphenazine hcl oral concentrate</i>	Tier 1	
<i>fluphenazine hcl oral elixir</i>	Tier 1	
<i>fluphenazine hcl oral tablet</i>	Tier 1	
<i>perphenazine oral tablet</i>	Tier 1	
<i>prochlorperazine maleate oral tablet</i>	Tier 1	
<i>thioridazine hcl oral tablet</i>	Tier 1	
<i>trifluoperazine hcl oral tablet</i>	Tier 1	
<b>*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>aripiprazole oral solution</i>	Tier 2	
<i>aripiprazole oral tablet</i>	Tier 2	
<b>*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>olanzapine oral tablet</i>	Tier 2	
<i>olanzapine oral tablet dispersible</i>	Tier 2	
<b>*THIOXANTHENES*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>thiothixene oral capsule</i>	Tier 1	
<b>*ANTIVIRALS* - DRUGS FOR INFECTIONS</b>		
<b>*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>abacavir sulfate-lamivudine oral tablet</i>	Tier 2	
<i>abacavir-lamivudine-zidovudine oral tablet</i>	Tier 2	
BIKTARVY ORAL TABLET ( <i>bictegravir-emtricitab-tenofof</i> )	Tier 2	
GENVOYA ORAL TABLET ( <i>elviteg-cobic-emtricit-tenofaf</i> )	Tier 2	
KALETRA ORAL TABLET ( <i>lopinavir-ritonavir</i> )	Tier 2	
<i>lamivudine-zidovudine oral tablet</i>	Tier 1	
<i>lopinavir-ritonavir oral solution</i>	Tier 2	
STRIBILD ORAL TABLET ( <i>elviteg-cobic-emtricit-tenofdf</i> )	Tier 2	

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TRIUMEQ ORAL TABLET ( <i>abacavir-dolutegravir-lamivud</i> )	Tier 2	
TRUVADA ORAL TABLET ( <i>emtricitabine-tenofovir df</i> )	Tier 2	
<b>*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS</b>		
SELZENTRY ORAL TABLET ( <i>maraviroc</i> )	Tier 2	
<b>*ANTIRETROVIRALS - FUSION INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED ( <i>enfuvirtide</i> )	Tier 2	PA
<b>*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
ISENTRESS ORAL TABLET ( <i>raltegravir potassium</i> )	Tier 2	
ISENTRESS ORAL TABLET CHEWABLE ( <i>raltegravir potassium</i> )	Tier 2	
TIVICAY ORAL TABLET ( <i>dolutegravir sodium</i> )	Tier 2	
<b>*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
APTIVUS ORAL CAPSULE ( <i>tipranavir</i> )	Tier 2	
APTIVUS ORAL SOLUTION ( <i>tipranavir</i> )	Tier 2	
<i>atazanavir sulfate oral capsule</i>	Tier 2	
CRIXIVAN ORAL CAPSULE ( <i>indinavir sulfate</i> )	Tier 2	
<i>fosamprenavir calcium oral tablet</i>	Tier 2	
INVIRASE ORAL TABLET ( <i>saquinavir mesylate</i> )	Tier 2	
LEXIVA ORAL SUSPENSION ( <i>fosamprenavir calcium</i> )	Tier 2	
NORVIR ORAL SOLUTION ( <i>ritonavir</i> )	Tier 2	
PREZISTA ORAL SUSPENSION ( <i>darunavir ethanolate</i> )	Tier 2	
PREZISTA ORAL TABLET ( <i>darunavir ethanolate</i> )	Tier 2	
<i>ritonavir oral tablet</i>	Tier 2	
VIRACEPT ORAL TABLET ( <i>nelfinavir mesylate</i> )	Tier 2	
<b>*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
EDURANT ORAL TABLET ( <i>rilpivirine hcl</i> )	Tier 2	PA
<i>efavirenz oral capsule</i>	Tier 2	
<i>efavirenz oral tablet</i>	Tier 2	
INTELENCE ORAL TABLET ( <i>etravirine</i> )	Tier 2	PA
<i>nevirapine oral suspension</i>	Tier 1	
<i>nevirapine oral tablet</i>	Tier 1	
RESCRIPTOR ORAL TABLET ( <i>delavirdine mesylate</i> )	Tier 2	

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<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>abacavir sulfate oral solution</i>	Tier 1	
<i>abacavir sulfate oral tablet</i>	Tier 1	
<i>didanosine oral capsule delayed release</i>	Tier 1	
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS</b>		
EMTRIVA ORAL CAPSULE ( <i>emtricitabine</i> )	Tier 2	
EMTRIVA ORAL SOLUTION ( <i>emtricitabine</i> )	Tier 2	
<i>lamivudine oral tablet</i>	Tier 1	
<b>*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>stavudine oral capsule</i>	Tier 1	
<i>zidovudine oral capsule</i>	Tier 1	
<i>zidovudine oral syrup</i>	Tier 1	
<i>zidovudine oral tablet</i>	Tier 1	
<b>*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>tenofovir disoproxil fumarate oral tablet</i>	Tier 2	
VIREAD ORAL POWDER ( <i>tenofovir disoproxil fumarate</i> )	Tier 2	
VIREAD ORAL TABLET ( <i>tenofovir disoproxil fumarate</i> )	Tier 2	
<b>*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>adefovir dipivoxil oral tablet</i>	Tier 4	SP
BARACLUDGE ORAL SOLUTION ( <i>entecavir</i> )	Tier 4	
EPIVIR HBV ORAL SOLUTION ( <i>lamivudine</i> )	Tier 2	
VEMLIDY ORAL TABLET ( <i>tenofovir alafenamide fumarate</i> )	Tier 4	SP
<b>*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
PEGASYS PROCLICK SUBCUTANEOUS SOLUTION ( <i>peginterferon alfa-2a</i> )	Tier 4	SP; QL (2 pens per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	Tier 4	SP; QL (2 syringes per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	Tier 4	SP; QL (4 vials per 28 days)
PEGINTRON SUBCUTANEOUS KIT ( <i>peginterferon alfa-2b</i> )	Tier 4	SP
<i>ribavirin oral capsule</i>	Tier 4	SP
<i>ribavirin oral tablet</i>	Tier 4	SP
<b>*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>acyclovir oral capsule</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>acyclovir oral suspension</i>	Tier 1	
<i>acyclovir oral tablet</i>	Tier 1	
<i>valacyclovir hcl oral tablet</i>	Tier 1	
<b>*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>famciclovir oral tablet</i>	Tier 1	
<b>*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>rimantadine hcl oral tablet</i>	Tier 1	
<b>*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS</b>		
<i>oseltamivir phosphate oral capsule 30 mg</i>	Tier 2	QL (20 capsules per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg</i>	Tier 2	QL (10 capsules per 90 days)
<i>oseltamivir phosphate oral capsule 75 mg</i>	Tier 2	QL (10 capsule per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	Tier 2	QL (180 ML per 90 days)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED ( <i>zanamivir</i> )	Tier 2	QL (1 package per 90 days)
<b>*ASSORTED CLASSES* - VITAMINS AND MINERALS</b>		
<b>*ANTILEPTOTICS*** - VITAMINS AND MINERALS</b>		
THALOMID ORAL CAPSULE 100 MG, 50 MG ( <i>thalidomide</i> )	Tier 4; OC	PA; SP; QL (1 capsule per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG ( <i>thalidomide</i> )	Tier 4; OC	PA; SP; QL (2 capsules per 1 day)
<b>*CHELATING AGENTS*** - VITAMINS AND MINERALS</b>		
DEPEN TITRATABS ORAL TABLET ( <i>penicillamine</i> )	Tier 3	PA
<i>penicillamine oral capsule</i>	Tier 2	
<i>trientine hcl oral capsule</i>	Tier 2	PA; SP
<b>*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS</b>		
<i>cyclosporine modified oral capsule</i>	Tier 4	
<i>cyclosporine modified oral solution</i>	Tier 4	
<i>cyclosporine oral capsule</i>	Tier 4	
<i>cyclosporine modified</i> (Gengraf Oral Capsule)	Tier 4	
<i>cyclosporine modified</i> (Gengraf Oral Solution)	Tier 4	
<b>*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS</b>		
REVLIMID ORAL CAPSULE ( <i>lenalidomide</i> )	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
<b>*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS</b>		
<i>mycophenolate mofetil oral capsule</i>	Tier 4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mycophenolate mofetil oral tablet</i>	Tier 4	
<i>mycophenolate sodium oral tablet delayed release</i>	Tier 4	
<b>*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS</b>		
<i>sirolimus oral solution</i>	Tier 4	
<b>*POTASSIUM REMOVING RESINS*** - VITAMINS AND MINERALS</b>		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension)	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier 2	
<i>sodium polystyrene sulfonate rectal suspension</i>	Tier 2	
<i>sodium polystyrene sulfonate</i> (Sps Oral Suspension)	Tier 2	
<b>*PURINE ANALOGS*** - VITAMINS AND MINERALS</b>		
<i>azathioprine oral tablet</i>	Tier 2	
<b>*BETA BLOCKERS* - DRUGS FOR THE HEART</b>		
<b>*ALPHA-BETA BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>carvedilol oral tablet</i>	Tier 1	
<b>*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>acebutolol hcl oral capsule</i>	Tier 1	
<i>atenolol oral tablet</i>	Tier 1	
<i>betaxolol hcl oral tablet</i>	Tier 1	
<i>bisoprolol fumarate oral tablet</i>	Tier 1	
<i>metoprolol succinate er oral tablet extended release 24 hour</i>	Tier 1	
<i>metoprolol tartrate oral tablet</i>	Tier 1	
<b>*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>propranolol hcl er oral capsule extended release 24 hour</i>	Tier 1	
<i>propranolol hcl oral solution</i>	Tier 1	
<i>propranolol hcl oral tablet</i>	Tier 1	
<i>sotalol hcl</i> (Sorine Oral Tablet)	Tier 2	
<i>sotalol hcl (af) oral tablet</i>	Tier 2	
<i>sotalol hcl oral tablet</i>	Tier 2	
<i>sotalol hydrochloride oral tablet</i>	Tier 2	
<i>timolol maleate oral tablet</i>	Tier 1	
<b>*CALCIUM CHANNEL BLOCKERS* - DRUGS FOR THE HEART</b>		
<b>*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 30 Mg)	Tier 2	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nifedipine</i> (Afeditab Cr Oral Tablet Extended Release 24 Hour 60 Mg)	Tier 2	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	Tier 1	DO
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg)	Tier 1	DO
<i>diltiazem hcl coated beads</i> (Cartia Xt Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	DO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	DO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg, 300 mg, 360 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 180 mg</i>	Tier 1	DO
<i>diltiazem hcl er coated beads oral tablet extended release 24 hour 240 mg, 300 mg, 360 mg, 420 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour</i>	Tier 2	QL (2 capsule per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	DO
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>diltiazem hcl oral tablet 120 mg</i>	Tier 1	QL (3 tablet per 1 day)
<i>diltiazem hcl oral tablet 30 mg, 60 mg, 90 mg</i>	Tier 1	QL (4 tablet per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg</i>	Tier 1	DO
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	Tier 1	DO
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 180 Mg)	Tier 1	DO
<i>diltiazem hcl coated beads</i> (Matzim La Oral Tablet Extended Release 24 Hour 240 Mg, 300 Mg, 360 Mg, 420 Mg)	Tier 1	QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg</i>	Tier 2	DO
<i>nifedipine er oral tablet extended release 24 hour 60 mg, 90 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	Tier 2	DO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg, 90 mg</i>	Tier 2	QL (1 tablet per 1 day)
<i>nifedipine oral capsule</i>	Tier 2	QL (4 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</i>	Tier 1	DO
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 120 Mg, 180 Mg)	Tier 1	DO
<i>diltiazem hcl er beads</i> (Taztia Xt Oral Capsule Extended Release 24 Hour 240 Mg, 300 Mg, 360 Mg)	Tier 1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg</i>	Tier 1	DO
<i>verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg</i>	Tier 1	QL (1 capsule per 1 day)
<i>verapamil hcl er oral capsule extended release 24 hour 240 mg</i>	Tier 1	QL (2 capsule per 1 day)
<i>verapamil hcl er oral tablet extended release</i>	Tier 1	QL (2 tablets per 1 day)
<i>verapamil hcl oral tablet 120 mg, 80 mg</i>	Tier 1	QL (4 tablet per 1 day)
<i>verapamil hcl oral tablet 40 mg</i>	Tier 1	QL (3 tablets per 1 day)
<b>*CARDIOTONICS* - DRUGS FOR THE HEART</b>		
<b>*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART</b>		
<i>digoxin</i> (Digox Oral Tablet)	Tier 1	
<i>digoxin oral solution</i>	Tier 1	
<i>digoxin oral tablet</i>	Tier 1	
LANOXIN ORAL TABLET ( <i>digoxin</i> )	Tier 3	
<b>*CARDIOVASCULAR AGENTS - MISC.* - DRUGS FOR THE HEART</b>		
<b>*CALCIUM CHANNEL BLOCKER &amp; HMG COA REDUCTASE INHIBIT COMB*** - DRUGS FOR CHOLESTEROL</b>		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	Tier 1	DO
<b>*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
VENTAVIS INHALATION SOLUTION ( <i>iloprost</i> )	Tier 4	PA; SP; LD; QL (9 mL per 1 day)
<b>*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
ADEMPAS ORAL TABLET ( <i>riociguat</i> )	Tier 4	PA; SP; LD; QL (3 tablets per 1 day)
<b>*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
LETAIRIS ORAL TABLET ( <i>ambrisentan</i> )	Tier 4	PA; SP; LD; QL (1 tablet per 1 day)

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<b>*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>tadalafil (pah) oral tablet</i>	Tier 4	PA; SP; QL (2 tablet per 1 day)
<b>*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>tadalafil oral tablet 10 mg, 20 mg</i>	Tier 1	PA; QL (8 tablets per 25 days)
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	Tier 1	PA; QL (30 tablets per 25 days)
<b>*CEPHALOSPORINS* - DRUGS FOR INFECTIONS</b>		
<b>*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS</b>		
<i>cefadroxil oral capsule</i>	Tier 1	
<i>cefadroxil oral suspension reconstituted</i>	Tier 1	
<i>cefadroxil oral tablet</i>	Tier 1	
<i>cephalexin oral capsule</i>	Tier 1	
<i>cephalexin oral suspension reconstituted</i>	Tier 1	
<i>cephalexin oral tablet</i>	Tier 1	
<b>*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS</b>		
<i>cefaclor er oral tablet extended release 12 hour</i>	Tier 2	
<i>cefaclor oral capsule</i>	Tier 1	
<i>cefaclor oral suspension reconstituted</i>	Tier 1	
<i>cefprozil oral suspension reconstituted</i>	Tier 1	
<i>cefprozil oral tablet</i>	Tier 1	
<i>cefuroxime axetil oral tablet</i>	Tier 1	
<b>*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS</b>		
<i>cefdinir oral capsule</i>	Tier 1	
<i>cefdinir oral suspension reconstituted</i>	Tier 1	
<i>cefditoren pivoxil oral tablet</i>	Tier 2	
<i>cefixime oral capsule</i>	Tier 2	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	Tier 2	
<i>cefpodoxime proxetil oral tablet</i>	Tier 2	
SUPRAX ORAL CAPSULE ( <i>cefixime</i> )	Tier 3	
SUPRAX ORAL SUSPENSION RECONSTITUTED ( <i>cefixime</i> )	Tier 3	
<b>*CONTRACEPTIVES* - DRUGS FOR WOMEN</b>		
<b>*BIPHASIC CONTRACEPTIVES - ORAL *** - BIRTH CONTROL PILLS</b>		
<i>desogestrel-ethinyl estradiol (Azurette Oral Tablet)</i>	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol (Bekyree Oral Tablet)</i>	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol (Kariva Oral Tablet)</i>	Tier 1; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LO LOESTRIN FE ORAL TABLET ( <i>norethin-eth estrad-fe biphas</i> )	Tier 3; \$0	
<i>desogestrel-ethinyl estradiol</i> (Pimtrex Oral Tablet)	Tier 1; \$0	
<i>viorele oral tablet</i>	Tier 1; \$0	
<b>*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>levonorgestrel-ethinyl estrad</i> (Altavera Oral Tablet)	Tier 1; \$0	
<i>alyacen 1/35 oral tablet</i>	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Apri Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Eq Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aubra Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Aurovela 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Aurovela Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Aviane Oral Tablet)	Tier 1; \$0	
BALCOLTRA ORAL TABLET ( <i>levonorgest-eth estrad-fe bisg</i> )	Tier 3; \$0	
<i>norethindrone-eth estradiol</i> (Balziva Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Blisovi Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>briellyn oral tablet</i>	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Eq Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Chateal Oral Tablet)	Tier 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Cryselle-28 Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Cyclafem 1/35 Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Cyred Eq Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Cyred Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Dasetta 1/35 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Delyla Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	Tier 1; \$0	
<i>drospiren-eth estrad-levomefol oral tablet</i>	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	Tier 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Elinest Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Emoquette Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Enskyce Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Estarylla Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol oral tablet</i>	Tier 1; \$0	

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<i>levonorgestrel-ethinyl estrad</i> (Falmina Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Femynor Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Gianvi Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Hailey 24 Fe Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Isibloom Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Jasmiel Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Juleber Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Junel 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Junel Fe 24 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estradiol-fe</i> (Kaitlib Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/35 Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Kelnor 1/50 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Kurvelo Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Larin 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin 24 Fe Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Larin Fe 1/20 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Larissia Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estradiol-fe</i> (Layolis Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lessina Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Levora 0.15/30 (28) Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lillow Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Loryna Oral Tablet)	Tier 1; \$0	
<i>norgestrel-ethinyl estradiol</i> (Low-Ogestrel Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Lutera Oral Tablet)	Tier 1; \$0	
<i>marlissa oral tablet</i>	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Melodetta 24 Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Mibelas 24 Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethindrone acet-ethinyl est</i> (Microgestin 1/20 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1.5/30 Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Microgestin Fe 1/20 Oral Tablet)	Tier 1; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestimate-eth estradiol</i> (Mili Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Mono-Linyah Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Mononessa Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Necon 0.5/35 (28) Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Nikki Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe oral tablet</i>	Tier 1; \$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	Tier 1; \$0	
<i>norethindrone acet-ethinyl est oral tablet</i>	Tier 1; \$0	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	Tier 1; \$0	
<i>norgestimate-eth estradiol oral tablet</i>	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 0.5/35 (28) Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (21) Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Nortrel 1/35 (28) Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Ocella Oral Tablet)	Tier 1; \$0	
OGESTREL ORAL TABLET ( <i>norgestrel-ethinyl estradiol</i> )	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Orsythia Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Philith Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Pirmella 1/35 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Portia-28 Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Previfem Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Reclipsen Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Sprintec 28 Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Sronyx Oral Tablet)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Syeda Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Eq Oral Tablet)	Tier 1; \$0	
<i>norethin ace-eth estrad-fe</i> (Tarina Fe 1/20 Oral Tablet)	Tier 1; \$0	
TAYTULLA ORAL CAPSULE ( <i>norethin ace-eth estrad-fe</i> )	Tier 3; \$0	
<i>drospiren-eth estrad-levomefol</i> (Tydemy Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad</i> (Vienva Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Vyfemla Oral Tablet)	Tier 1; \$0	
<i>norgestimate-eth estradiol</i> (Vylibra Oral Tablet)	Tier 1; \$0	
<i>norethindrone-eth estradiol</i> (Wera Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estradiol-fe</i> (Wymzya Fe Oral Tablet Chewable)	Tier 1; \$0	
<i>drospirenone-ethinyl estradiol</i> (Zarah Oral Tablet)	Tier 1; \$0	
<i>ethynodiol diac-eth estradiol</i> (Zovia 1/35E (28) Oral Tablet)	Tier 1; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS</b>		
XULANE TRANSDERMAL PATCH WEEKLY ( <i>norelgestromin-eth estradiol</i> )	Tier 1; \$0	
<b>*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS</b>		
NUVARING VAGINAL RING ( <i>etonogestrel-ethinyl estradiol</i> )	Tier 3; \$0	
<b>*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>levonorgestrel-ethinyl estrad</i> (Amethyst Oral Tablet)	Tier 1; \$0	
<i>levonorgestrel-ethinyl estrad oral tablet</i>	Tier 1; \$0	
<b>*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS</b>		
AFTERA ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
ECONTRA EZ ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
ECONTRA ONE-STEP ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
ELLA ORAL TABLET ( <i>ulipristal acetate</i> )	Tier 3; \$0	
<i>levonorgestrel oral tablet</i>	Tier 1; \$0	QL (1 tablet per 30 days)
MY CHOICE ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
MY WAY ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
OPCICON ONE-STEP ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
OPTION 2 ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
TAKE ACTION ORAL TABLET ( <i>levonorgestrel</i> )	Tier 1; \$0	QL (1 tablet per 30 days)
<b>*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>levonorgest-eth estrad 91-day</i> (Amethia Lo Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Amethia Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Ashlyna Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Lo Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Camrese Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Daysee Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Fayosim Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Introvale Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Jolesa Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth est &amp; eth est oral tablet</i>	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day oral tablet</i>	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Rivelsa Oral Tablet)	Tier 1; \$0	
<i>levonorgest-eth estrad 91-day</i> (Setlakin Oral Tablet)	Tier 1; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*FOUR PHASE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
NATAZIA ORAL TABLET ( <i>estradiol valerate-dienogest</i> )	Tier 3; \$0	
<b>*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS</b>		
<i>medroxyprogesterone acetate intramuscular suspension</i>	Tier 1; \$0	
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe</i>	Tier 1; \$0	
<b>*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>norethindrone</i> (Camila Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Deblitane Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Errin Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Heather Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Incassia Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Jencycla Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Lyza Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Nora-Be Oral Tablet)	Tier 1; \$0	
<i>norethindrone oral tablet</i>	Tier 1; \$0	
<i>norethindrone</i> (Norlyda Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Norlyroc Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Sharobel Oral Tablet)	Tier 1; \$0	
<i>norethindrone</i> (Tulana Oral Tablet)	Tier 1; \$0	
<b>*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS</b>		
<i>alyacen 7/7/7 oral tablet</i>	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Aranelle Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Caziant Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Cyclafem 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Dasetta 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Enpresse-28 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Leena Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Levonest Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic oral tablet</i>	Tier 1; \$0	
<i>norgestim-eth estrad triphasic oral tablet</i>	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Nortrel 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norethin-eth estrad triphasic</i> (Pirmella 7/7/7 Oral Tablet)	Tier 1; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tilia Fe Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri Femynor Oral Tablet)	Tier 1; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>norgestim-eth estrad triphasic</i> (Tri-Estarylla Oral Tablet)	Tier 1; \$0	
<i>norethindron-ethinyl estrad-fe</i> (Tri-Legest Fe Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Linyah Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Estarylla Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Marzia Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Lo-Sprintec Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Mili Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Trinessa (28) Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Previfem Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Sprintec Oral Tablet)	Tier 1; \$0	
<i>levonorg-eth estrad triphasic</i> (Trivora (28) Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Lo Oral Tablet)	Tier 1; \$0	
<i>norgestim-eth estrad triphasic</i> (Tri-Vylibra Oral Tablet)	Tier 1; \$0	
<i>desogestrel-ethinyl estradiol</i> (Velivet Oral Tablet)	Tier 1; \$0	
<b>*CORTICOSTEROIDS* - HORMONES</b>		
<b>*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION</b>		
<i>budesonide oral capsule delayed release particles</i>	Tier 2	QL (3 capsule per 1 day)
<i>cortisone acetate oral tablet</i>	Tier 1	
<i>dexamethasone</i> (Decadron Oral Tablet)	Tier 1	
<i>dexamethasone oral elixir</i>	Tier 1	
<i>dexamethasone oral solution</i>	Tier 1	
<i>dexamethasone oral tablet</i>	Tier 1	
<i>hydrocortisone oral tablet</i>	Tier 1	
<i>methylprednisolone oral tablet</i>	Tier 1	
<i>methylprednisolone oral tablet therapy pack</i>	Tier 1	
<i>prednisolone oral solution</i>	Tier 1	
<i>prednisolone oral syrup</i>	Tier 1	
<i>prednisolone sodium phosphate oral solution</i>	Tier 1	
<i>prednisone oral solution</i>	Tier 1	
<i>prednisone oral tablet</i>	Tier 1	
<i>prednisone oral tablet therapy pack</i>	Tier 1	
<b>*MINERALOCORTICOID*** - DRUGS FOR INFLAMMATION</b>		
<i>fludrocortisone acetate oral tablet</i>	Tier 1	
<b>*COUGH/COLD/ALLERGY* - DRUGS FOR THE LUNGS</b>		
<b>*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES</b>		
<i>benzonatate oral capsule</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD</b>		
<i>hydrocodone-homatropine oral syrup</i>	Tier 1	
<i>hydromet oral syrup</i>	Tier 1	
<b>*ANTITUSSIVE-EXPECTORANT*** - DRUGS FOR COUGH AND COLD</b>		
<i>cheratussin ac oral syrup</i>	Tier 1	PA
<i>g tussin ac oral solution</i>	Tier 1	PA
<i>guaiaatussin ac oral syrup</i>	Tier 1	PA
<i>guaifenesin ac oral syrup</i>	Tier 1	PA
<i>guaifenesin-codeine oral solution</i>	Tier 1	PA
<i>virtussin alc oral solution</i>	Tier 1	PA
<b>*DECONGESTANT &amp; ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>promethazine vc oral syrup</i>	Tier 1	
<i>promethazine-phenylephrine oral syrup</i>	Tier 1	
<b>*MUCOLYTICS*** - DRUGS FOR THE LUNGS</b>		
<i>acetylcysteine inhalation solution</i>	Tier 2	
<b>*NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>promethazine-dm oral syrup</i>	Tier 1	
<b>*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>pseudoeph-bromphen-dm</i> (Bromfed Dm Oral Syrup)	Tier 1	
<i>pseudoeph-bromphen-dm oral syrup</i>	Tier 1	
<b>*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>hydrocod polst-cpm polst er oral suspension extended release</i>	Tier 1	
<i>promethazine-codeine oral solution</i>	Tier 1	PA
<i>promethazine-codeine oral syrup</i>	Tier 1	PA
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE ( <i>codeine polst-chlorphen polst</i> )	Tier 3	PA
<b>*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD</b>		
<i>promethazine vclcodeine oral syrup</i>	Tier 1	PA
<i>promethazine-phenyleph-codeine oral syrup</i>	Tier 1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER</b>		
<b>*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER</b>		
IBRANCE ORAL CAPSULE ( <i>palbociclib</i> )	Tier 4; OC	PA; SP; LD; QL (1 capsule per 1 day)
<b>*DERMATOLOGICALS* - DRUGS FOR THE SKIN</b>		
<b>*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN</b>		
<i>clindamycin phosphate external foam</i>	Tier 1	
<i>clindamycin phosphate external gel</i>	Tier 1	
<i>clindamycin phosphate external lotion</i>	Tier 1	
<i>clindamycin phosphate external solution</i>	Tier 1	
<i>clindamycin phosphate external swab</i>	Tier 1	
<i>dapsone external gel</i>	Tier 2	
<i>ery external pad</i>	Tier 1	
<i>erythromycin external gel</i>	Tier 1	
<i>erythromycin external pad</i>	Tier 1	
<i>erythromycin external solution</i>	Tier 1	
<i>sulfacetamide sodium (acne) external lotion</i>	Tier 1	
<b>*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
<i>adapalene-benzoyl peroxide external gel</i>	Tier 2	
<i>benzoyl peroxide-erythromycin external gel</i>	Tier 1	
<i>bp 10-1 external emulsion</i>	Tier 1	
<i>bp cleansing wash external emulsion</i>	Tier 1	
<i>clindamycin phos-benzoyl perox external gel</i>	Tier 1	
<i>sss 10-5 external cream</i>	Tier 1	
<i>sss 10-5 external foam</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external cream</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external emulsion</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external liquid</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external lotion</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external pad</i>	Tier 1	
<i>sulfacetamide sodium-sulfur external suspension</i>	Tier 1	
<i>sulfacetamide sod-sulfur wash external kit</i>	Tier 1	
<i>sulfacetamide-sulfur in urea external emulsion</i>	Tier 2	
<b>*ACNE PRODUCTS*** - DRUGS FOR THE SKIN</b>		
<i>adapalene external cream</i>	Tier 1	
<i>adapalene external gel</i>	Tier 1	

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<i>isotretinoin</i> (Amnesteem Oral Capsule)	Tier 2	PA
<i>tretinoin</i> (Avita External Cream)	Tier 1	PA
<i>benzoyl peroxide cleanser external liquid</i>	Tier 1	
<i>benzoyl peroxide external foam</i>	Tier 1	
<i>bpo foaming cloths external</i>	Tier 1	
<i>isotretinoin</i> (Claravis Oral Capsule)	Tier 2	PA
<i>benzoyl peroxide</i> (Pr Benzoyl Peroxide Wash External Liquid)	Tier 1	
<i>tretinoin external cream</i>	Tier 1	PA
<i>tretinoin external gel</i>	Tier 1	PA
<i>isotretinoin</i> (Zenatane Oral Capsule)	Tier 2	PA
<b>*AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS*** - DRUGS FOR THE SKIN</b>		
VEREGEN EXTERNAL OINTMENT ( <i>sinecatechins</i> )	Tier 3	
<b>*AGENTS FOR FACIAL WRINKLES - RETINOIDS*** - DRUGS FOR THE SKIN</b>		
<i>tretinoin (emollient) external cream</i>	Tier 1	PA
<b>*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
CORTISPORIN EXTERNAL OINTMENT ( <i>bacit-poly-neo hc</i> )	Tier 1	
<b>*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
ALTABAX EXTERNAL OINTMENT ( <i>retapamulin</i> )	Tier 3	
<i>mupirocin external ointment</i>	Tier 1	
<b>*ANTIFUNGALS - TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
<i>clotrimazole-betamethasone external cream</i>	Tier 1	
<i>clotrimazole-betamethasone external lotion</i>	Tier 1	
<i>nystatin-triamcinolone external cream</i>	Tier 1	
<i>nystatin-triamcinolone external ointment</i>	Tier 1	
<b>*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>ciclopirox external gel</i>	Tier 1	
<i>ciclopirox external shampoo</i>	Tier 1	
<i>ciclopirox external solution</i>	Tier 1	
<i>ciclopirox olamine external cream</i>	Tier 1	
<i>ciclopirox olamine external suspension</i>	Tier 1	
<i>nystatin</i> (Nyamyc External Powder)	Tier 1	
<i>nystatin external cream</i>	Tier 1	
<i>nystatin external ointment</i>	Tier 1	
<i>nystatin external powder</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nystatin</i> (Nystop External Powder)	Tier 1	
<b>*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>diclofenac sodium transdermal gel</i>	Tier 2	QL (1000 grams per 30 days)
<b>*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>fluorouracil external cream</i>	Tier 1	QL (40 grams per 365 days)
<i>fluorouracil external solution</i>	Tier 1	QL (10 mL per 365 days)
<b>*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN</b>		
<i>acitretin oral capsule</i>	Tier 2	
<i>methoxsalen rapid oral capsule</i>	Tier 2; OC	SP
<b>*ANTIPSORIATICS*** - DRUGS FOR THE SKIN</b>		
<i>calcipotriene external cream</i>	Tier 1	
<i>calcipotriene external ointment</i>	Tier 1	
<i>calcipotriene external solution</i>	Tier 1	
<i>calcipotriene</i> (Calcitrene External Ointment)	Tier 2	
<b>*ANTISEBORRHEIC COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
<i>sodium sulfacetamide wash external liquid</i>	Tier 2	
<b>*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN</b>		
<i>selenium sulfide external lotion</i>	Tier 1	
<i>selenium sulfide external shampoo</i>	Tier 1	
<i>sodium sulfacetamide external shampoo</i>	Tier 1	
<i>sulfacetamide sodium external gel</i>	Tier 1	
<i>sulfacetamide sodium external liquid</i>	Tier 1	
<b>*BURN PRODUCTS*** - DRUGS FOR THE SKIN</b>		
<i>silver sulfadiazine external cream</i>	Tier 1	
<i>silver sulfadiazine</i> (Ssd External Cream)	Tier 1	
<i>silver sulfadiazine</i> (Thermazene External Cream)	Tier 1	
<b>*CORTICOSTEROIDS - TOPICAL*** - DRUGS FOR THE SKIN</b>		
<i>alclometasone dipropionate external cream</i>	Tier 1	
<i>alclometasone dipropionate external ointment</i>	Tier 1	
<i>amcinonide external cream</i>	Tier 1	
<i>amcinonide external lotion</i>	Tier 1	
<i>amcinonide external ointment</i>	Tier 2	
<i>betamethasone dipropionate aug external cream</i>	Tier 1	
<i>betamethasone dipropionate aug external gel</i>	Tier 1	
<i>betamethasone dipropionate aug external lotion</i>	Tier 1	
<i>betamethasone dipropionate aug external ointment</i>	Tier 1	

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<i>betamethasone dipropionate external cream</i>	Tier 1	
<i>betamethasone dipropionate external lotion</i>	Tier 1	
<i>betamethasone dipropionate external ointment</i>	Tier 1	
<i>betamethasone valerate external cream</i>	Tier 1	
<i>betamethasone valerate external foam</i>	Tier 1	
<i>betamethasone valerate external lotion</i>	Tier 1	
<i>betamethasone valerate external ointment</i>	Tier 1	
<i>clobetasol prop emollient base external cream</i>	Tier 1	
<i>clobetasol propionate e external cream</i>	Tier 1	
<i>clobetasol propionate emulsion external foam</i>	Tier 1	
<i>clobetasol propionate external cream</i>	Tier 1	
<i>clobetasol propionate external foam</i>	Tier 1	
<i>clobetasol propionate external gel</i>	Tier 1	
<i>clobetasol propionate external lotion</i>	Tier 1	
<i>clobetasol propionate external ointment</i>	Tier 1	
<i>clobetasol propionate external shampoo</i>	Tier 1	
<i>clobetasol propionate external solution</i>	Tier 1	
<i>clocortolone pivalate external cream</i>	Tier 1	
<i>clobetasol propionate</i> (Clodan External Shampoo)	Tier 1	
<i>desonide external cream</i>	Tier 1	
<i>desonide external lotion</i>	Tier 1	
<i>desonide external ointment</i>	Tier 1	
<i>desoximetasone external cream</i>	Tier 1	
<i>desoximetasone external gel</i>	Tier 1	
<i>desoximetasone external ointment</i>	Tier 1	
<i>diflorasone diacetate external cream</i>	Tier 1	
<i>diflorasone diacetate external ointment</i>	Tier 1	
<i>fluocinolone acetonide body external oil</i>	Tier 1	
<i>fluocinolone acetonide external cream</i>	Tier 1	
<i>fluocinolone acetonide external ointment</i>	Tier 1	
<i>fluocinolone acetonide external solution</i>	Tier 1	
<i>fluocinolone acetonide scalp external oil</i>	Tier 1	
<i>fluocinonide emulsified base external cream</i>	Tier 1	
<i>fluocinonide external cream</i>	Tier 1	
<i>fluocinonide external gel</i>	Tier 1	
<i>fluocinonide external ointment</i>	Tier 1	
<i>fluocinonide external solution</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flurandrenolide external cream</i>	Tier 2	
<i>flurandrenolide external lotion</i>	Tier 2	
<i>flurandrenolide external ointment</i>	Tier 2	
<i>fluticasone propionate external cream</i>	Tier 1	
<i>fluticasone propionate external lotion</i>	Tier 1	
<i>fluticasone propionate external ointment</i>	Tier 1	
<i>halcinonide external cream</i>	Tier 1	
<i>halobetasol propionate external cream</i>	Tier 1	
<i>halobetasol propionate external ointment</i>	Tier 1	
HALOG EXTERNAL CREAM ( <i>halcinonide</i> )	Tier 1	
HALOG EXTERNAL OINTMENT ( <i>halcinonide</i> )	Tier 1	
<i>hydrocortisone butyr lipo base external cream</i>	Tier 1	
<i>hydrocortisone butyrate external cream</i>	Tier 1	
<i>hydrocortisone butyrate external lotion</i>	Tier 1	
<i>hydrocortisone butyrate external ointment</i>	Tier 1	
<i>hydrocortisone butyrate external solution</i>	Tier 1	
<i>hydrocortisone external cream</i>	Tier 1	
<i>hydrocortisone external lotion</i>	Tier 1	
<i>hydrocortisone external ointment</i>	Tier 1	
<i>hydrocortisone valerate external cream</i>	Tier 1	
<i>hydrocortisone valerate external ointment</i>	Tier 1	
<i>mometasone furoate external cream</i>	Tier 1	
<i>mometasone furoate external ointment</i>	Tier 1	
<i>mometasone furoate external solution</i>	Tier 1	
<i>prednicarbate external cream</i>	Tier 1	
<i>prednicarbate external ointment</i>	Tier 1	
<i>triamcinolone acetonide external cream</i>	Tier 1	
<i>triamcinolone acetonide external lotion</i>	Tier 1	
<i>triamcinolone acetonide external ointment</i>	Tier 1	
TRIANEX EXTERNAL OINTMENT ( <i>triamcinolone acetonide</i> )	Tier 2	
<i>triamcinolone acetonide</i> (Triderm External Cream)	Tier 1	
<b>*EMOLLIENTS*** - DRUGS FOR THE SKIN</b>		
<i>ammonium lactate external cream</i>	Tier 1	
<i>ammonium lactate external lotion</i>	Tier 1	
<b>*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL *** - DRUGS FOR THE SKIN</b>		
<i>clotrimazole af external cream</i>	Tier 1	
<i>clotrimazole anti-fungal external cream</i>	Tier 1	

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<i>clotrimazole external cream</i>	Tier 1	
<i>clotrimazole external solution</i>	Tier 1	
CLOTRIMAZOLE GRX EXTERNAL CREAM ( <i>clotrimazole</i> )	Tier 1	
<i>cvs clotrimazole external cream</i>	Tier 1	
<i>cvs clotrimazole external solution</i>	Tier 1	
<i>econazole nitrate external cream</i>	Tier 1	
<i>ketoconazole external cream</i>	Tier 1	
<i>ketoconazole external foam</i>	Tier 1	
<i>ketoconazole external shampoo</i>	Tier 1	
<i>kp clotrimazole external cream</i>	Tier 1	
<i>qc clotrimazole external cream</i>	Tier 1	
<i>ra clotrimazole external cream</i>	Tier 1	
<i>tgt clotrimazole external cream</i>	Tier 1	
<b>*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL *** - DRUGS FOR THE SKIN</b>		
<i>imiquimod external cream</i>	Tier 1	PA; QL (48 packets per 365 days)
<b>*KERATOLYTIC/ANTIMITOTIC AGENTS*** - DRUGS FOR THE SKIN</b>		
<i>podofilox external solution</i>	Tier 1	
<i>salicylic acid external cream</i>	Tier 1	
<i>salicylic acid external foam</i>	Tier 1	
<i>salicylic acid external gel</i>	Tier 1	
<i>salicylic acid external lotion</i>	Tier 1	
<i>salicylic acid external shampoo</i>	Tier 1	
<i>salicylic acid external solution</i>	Tier 1	
<i>salicylic acid wart remover external liquid</i>	Tier 1	
<b>*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL *** - DRUGS FOR THE SKIN</b>		
<i>pimecrolimus external cream</i>	Tier 1	PA
<i>tacrolimus external ointment</i>	Tier 1	PA
<b>*ROSACEA AGENTS*** - DRUGS FOR THE SKIN</b>		
<i>azelaic acid external gel</i>	Tier 2	
<i>doxycycline oral capsule delayed release</i>	Tier 2	PA
<i>metronidazole external cream</i>	Tier 1	
<i>metronidazole external gel</i>	Tier 1	
<i>metronidazole external lotion</i>	Tier 1	
<i>metronidazole</i> (Rosadan External Cream)	Tier 1	
<i>metronidazole</i> (Rosadan External Gel)	Tier 1	

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<b>*SCABICIDES &amp; PEDICULICIDES*** - DRUGS FOR THE SKIN</b>		
<i>lindane external shampoo</i>	Tier 1	
<i>malathion external lotion</i>	Tier 1	
<i>permethrin external cream</i>	Tier 1	
<i>spinosad external suspension</i>	Tier 1	
<b>*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
<i>lidocaine-prilocaine external cream</i>	Tier 1	QL (1 gram per 1 day)
<i>lidocaine-prilocaine external kit</i>	Tier 1	
<b>*TOPICAL STEROID COMBINATIONS*** - DRUGS FOR THE SKIN</b>		
<i>calcipotriene-betameth diprop external ointment</i>	Tier 1	
<b>*DIAGNOSTIC PRODUCTS*</b>		
<b>*DIAGNOSTIC DRUGS***</b>		
GLUCAGEN DIAGNOSTIC INJECTION SOLUTION RECONSTITUTED ( <i>glucagon hcl rdna (diagnostic)</i> )	Tier 2	
<i>glucagon hcl (diagnostic) injection solution reconstituted</i>	Tier 2	
<b>*DIAGNOSTIC TESTS***</b>		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP ( <i>glucose blood</i> )	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK COMPACT PLUS IN VITRO STRIP ( <i>glucose blood</i> )	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE IN VITRO STRIP ( <i>glucose blood</i> )	Tier 2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP ( <i>glucose blood</i> )	Tier 2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP ( <i>glucose blood</i> )	Tier 2	QL (204 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )	Tier 2	QL (204 strips per 30 days)
<b>*DIETARY PRODUCTS/DIETARY MANAGEMENT PRODUCTS* - DRUGS FOR NUTRITION</b>		
<b>*INFANT FOODS*** - DRUGS FOR NUTRITION</b>		
ENFAGROW PREMIUM LIPIL ORAL POWDER ( <i>infant foods</i> )	Tier 3	
ENFAGROW PREMIUM OLDER TODDLER ORAL POWDER ( <i>infant foods</i> )	Tier 3	
SIMILAC PURE BLISS ORAL POWDER ( <i>infant foods</i> )	Tier 3	
<b>*NUTRITIONAL SUPPLEMENTS*** - DRUGS FOR NUTRITION</b>		
KATE FARMS STANDARD 1.0 ORAL LIQUID ( <i>nutritional supplements</i> )	Tier 3	
NUTRAMINE ORAL PACKET ( <i>nutritional supplements</i> )	Tier 3	
PKU SPHERE 20 ORAL PACKET ( <i>nutritional supplements</i> )	Tier 3	
<b>*DIGESTIVE AIDS* - DRUGS FOR THE STOMACH</b>		
<b>*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH</b>		
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES ( <i>pancrelipase (lip-prot-amyl)</i> )	Tier 2	

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<b>*DIURETICS* - DRUGS FOR THE HEART</b>		
<b>*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>acetazolamide er oral capsule extended release 12 hour</i>	Tier 1	
<i>acetazolamide oral tablet</i>	Tier 1	
<i>methazolamide oral tablet</i>	Tier 2	
<b>*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amiloride-hydrochlorothiazide oral tablet</i>	Tier 1	
<i>triamterene-hctz oral capsule</i>	Tier 1	
<i>triamterene-hctz oral tablet</i>	Tier 1	
<b>*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>ethacrynic acid oral tablet</i>	Tier 2	
<i>furosemide oral solution</i>	Tier 1	
<i>furosemide oral tablet</i>	Tier 1	
<i>toremide oral tablet</i>	Tier 1	
<b>*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>amiloride hcl oral tablet</i>	Tier 2	
DYRENIUM ORAL CAPSULE ( <i>triamterene</i> )	Tier 3	
<i>spironolactone oral tablet</i>	Tier 1	
<i>triamterene oral capsule</i>	Tier 2	
<b>*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE</b>		
<i>chlorthalidone oral tablet</i>	Tier 1	
<i>hydrochlorothiazide oral capsule</i>	Tier 1	
<i>hydrochlorothiazide oral tablet</i>	Tier 1	
<i>indapamide oral tablet</i>	Tier 1	
<b>*ENDOCRINE AND METABOLIC AGENTS - MISC.* - HORMONES</b>		
<b>*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>alendronate sodium oral solution</i>	Tier 1	
<i>alendronate sodium oral tablet 10 mg, 40 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	Tier 1	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT ( <i>alendronate-cholecalciferol</i> )	Tier 3	ST; QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET 70-5600 MG-UNIT ( <i>alendronate-cholecalciferol</i> )	Tier 3	ST
<i>ibandronate sodium oral tablet</i>	Tier 1	QL (1 tablet per 28 days)

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<i>risedronate sodium oral tablet 150 mg</i>	Tier 1	QL (1 tablet per 30 days)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	Tier 1	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	Tier 1	QL (4 tablets per 28 days)
<b>*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	Tier 4	PA; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	Tier 4	PA
<b>*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>calcitonin (salmon) nasal solution</i>	Tier 2	QL (1 bottle per 30 days)
<b>*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>levocarnitine oral solution</i>	Tier 1	
<i>levocarnitine oral tablet</i>	Tier 2	
<b>*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN</b>		
<i>cabergoline oral tablet</i>	Tier 1	
<b>*GROWTH HORMONES*** - DRUGS FOR GROWTH</b>		
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION ( <i>somatropin</i> )	Tier 4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION ( <i>somatropin</i> )	Tier 4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION ( <i>somatropin</i> )	Tier 4	PA; SP
<b>*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>nitisinone oral capsule</i>	Tier 4	PA
ORFADIN ORAL CAPSULE ( <i>nitisinone</i> )	Tier 4	PA; LD
<b>*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
CYSTADANE ORAL POWDER ( <i>betaine</i> )	Tier 3	LD
<b>*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
CARBAGLU ORAL TABLET ( <i>carglumic acid</i> )	Tier 4	PA; LD
<b>*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>paricalcitol oral capsule</i>	Tier 1	PA
<b>*OVULATION STIMULANTS-GONADOTROPINS*** - DRUGS FOR WOMEN</b>		
<i>chorionic gonadotropin intramuscular solution reconstituted</i>	Tier 4	PA; SP

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<b>*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
KUVAN ORAL TABLET SOLUBLE ( <i>sapropterin dihydrochloride</i> )	Tier 4	PA; SP; LD
<b>*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>raloxifene hcl oral tablet</i>	Tier 1; \$0	
<b>*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH</b>		
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG ( <i>octreotide acetate</i> )	Tier 4	PA; SP; QL (1 kit per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG ( <i>octreotide acetate</i> )	Tier 4	PA; SP; QL (2 kits per 28 days)
<b>*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS</b>		
<i>sodium phenylbutyrate oral tablet</i>	Tier 2	PA; QL (40 tablets per 1 day)
<b>*VASOPRESSIN*** - HORMONES</b>		
<i>desmopressin ace spray refrig nasal solution</i>	Tier 2	
<i>desmopressin acetate oral tablet</i>	Tier 1	
<i>desmopressin acetate spray nasal solution</i>	Tier 2	
<b>*ESTROGENS* - HORMONES</b>		
<b>*ESTROGEN &amp; PROGESTIN*** - DRUGS FOR WOMEN</b>		
<i>estradiol-norethindrone acet</i> (Amabelz Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet oral tablet</i>	Tier 1	
<i>norethindrone-eth estradiol</i> (Fyavolv Oral Tablet)	Tier 1	
<i>norethindrone-eth estradiol</i> (Jinteli Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet</i> (Lopreeza Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet</i> (Mimvey Lo Oral Tablet)	Tier 1	
<i>estradiol-norethindrone acet</i> (Mimvey Oral Tablet)	Tier 1	
<i>norethindrone-eth estradiol oral tablet</i>	Tier 1	
PREMPHASE ORAL TABLET ( <i>conj estrog-medroxyprogest ace</i> )	Tier 3	
PREMPRO ORAL TABLET ( <i>conj estrog-medroxyprogest ace</i> )	Tier 3	
<b>*ESTROGENS*** - DRUGS FOR WOMEN</b>		
<i>estradiol oral tablet</i>	Tier 1	
<i>estradiol transdermal patch twice weekly</i>	Tier 1	QL (8 patches per 28 days)
<i>estradiol transdermal patch weekly</i>	Tier 1	
PREMARIN ORAL TABLET ( <i>estrogens conjugated</i> )	Tier 3	QL (1 tablet per 1 day)
<b>*FLUOROQUINOLONES* - DRUGS FOR INFECTIONS</b>		
<b>*FLUOROQUINOLONES*** - ANTIBIOTICS</b>		
<i>ciprofloxacin hcl oral tablet</i>	Tier 1	QL (28 tablets per 30 days)
<i>levofloxacin oral tablet</i>	Tier 2	QL (14 tablets per 30 days)

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Effective 1/1/20

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ofloxacin oral tablet</i>	Tier 1	QL (28 tablets per 30 days)
<b>*GASTROINTESTINAL AGENTS - MISC.* - DRUGS FOR THE STOMACH</b>		
<b>*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME</b>		
AMITIZA ORAL CAPSULE ( <i>lubiprostone</i> )	Tier 3	
<b>*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH</b>		
<i>metoclopramide hcl oral solution</i>	Tier 1	
<i>metoclopramide hcl oral tablet</i>	Tier 1	
<i>metoclopramide hcl oral tablet dispersible 10 mg</i>	Tier 2	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	Tier 1	
<b>*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE</b>		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR ( <i>mesalamine</i> )	Tier 3	QL (4 capsules per 1 day)
<i>balsalazide disodium oral capsule</i>	Tier 1	QL (9 capsule per 1 day)
<i>sulfasalazine oral tablet</i>	Tier 1	QL (8 tablets per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	Tier 1	QL (8 tablets per 1 day)
<b>*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH</b>		
<i>enulose oral solution</i>	Tier 1	
<i>generlac oral solution</i>	Tier 1	
<i>lactulose encephalopathy oral solution</i>	Tier 1	
<b>*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH</b>		
<i>calcium acetate (phos binder) oral tablet</i>	Tier 2	
<i>sevelamer carbonate oral packet</i>	Tier 1	
<i>sevelamer carbonate oral tablet</i>	Tier 1	
<i>sevelamer hcl oral tablet</i>	Tier 1	
<b>*GENITOURINARY AGENTS - MISCELLANEOUS* - DRUGS FOR THE URINARY SYSTEM</b>		
<b>*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE</b>		
<i>finasteride oral tablet</i>	Tier 1	
<b>*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	Tier 1	
<i>tamsulosin hcl oral capsule</i>	Tier 1	
<b>*CITRATES*** - DRUGS FOR INFECTIONS</b>		
<i>potassium citrate er oral tablet extended release</i>	Tier 2	

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<i>potassium citrate-citric acid oral solution</i>	Tier 1	
<b>*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM</b>		
<i>sodium chloride irrigation solution</i>	Tier 1	
<b>*INTERSTITIAL CYSTITIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM</b>		
ELMIRON ORAL CAPSULE ( <i>pentosan polysulfate sodium</i> )	Tier 3	
<b>*URINARY ANALGESICS*** - DRUGS FOR INFECTIONS</b>		
<i>phenazopyridine hcl</i> (Phenazo Oral Tablet)	Tier 1	
<i>phenazopyridine hcl oral tablet</i>	Tier 1	
<b>*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS</b>		
<b>*GLYCOPEPTIDES*** - DRUGS FOR INFECTIONS</b>		
<i>vancomycin hcl oral capsule</i>	Tier 2	PA
<b>*GOUT AGENTS* - DRUGS FOR PAIN AND FEVER</b>		
<b>*GOUT AGENT COMBINATIONS*** - GOUT DRUGS</b>		
<i>colchicine-probenecid oral tablet</i>	Tier 1	
<b>*GOUT AGENTS*** - GOUT DRUGS</b>		
<i>allopurinol oral tablet</i>	Tier 1	
<i>colchicine oral capsule</i>	Tier 2	PA; QL (2 capsules per 1 day)
<i>colchicine oral tablet</i>	Tier 2	QL (2.3 tablets per 1 day)
<b>*URICOSURICS*** - GOUT DRUGS</b>		
<i>probenecid oral tablet</i>	Tier 1	
<b>*HEMATOLOGICAL AGENTS - MISC.* - DRUGS FOR THE BLOOD</b>		
<b>*C1 INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
BERINERT INTRAVENOUS KIT ( <i>c1 esterase inhibitor (human)</i> )	Tier 4	PA; SP; LD
<b>*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD</b>		
<i>pentoxifylline er oral tablet extended release</i>	Tier 1	
<b>*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
<i>cilostazol oral tablet</i>	Tier 2	
<b>*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD</b>		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	Tier 2	QL (2 capsule per 1 day)
<b>*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD</b>		
<i>dipyridamole oral tablet</i>	Tier 2	
<b>*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD</b>		
<i>anagrelide hcl oral capsule</i>	Tier 2	

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<b>*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD</b>		
<i>clopidogrel bisulfate oral tablet 300 mg</i>	Tier 2	
<i>clopidogrel bisulfate oral tablet 75 mg</i>	Tier 2	QL (1 tablet per 1 day)
<b>*HEMATOPOIETIC AGENTS* - DRUGS FOR NUTRITION</b>		
<b>*COBALAMINS*** - DRUGS FOR NUTRITION</b>		
<i>cyanocobalamin injection solution</i>	Tier 1	
<b>*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION</b>		
DROXIA ORAL CAPSULE ( <i>hydroxyurea</i> )	Tier 4	
<b>*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION ( <i>darbepoetin alfa</i> )	Tier 4	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE ( <i>darbepoetin alfa</i> )	Tier 4	PA; SP
<b>*ERYTHROPOIETINS*** - DRUGS FOR NUTRITION</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION ( <i>darbepoetin alfa</i> )	Tier 4	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE ( <i>darbepoetin alfa</i> )	Tier 4	PA; SP
<b>*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION</b>		
<i>folic acid oral tablet</i>	Tier 1	
<i>kp folic acid oral tablet</i>	Tier 1	
<b>*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION</b>		
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT ( <i>pegfilgrastim</i> )	Tier 4	PA; SP; QL (2 injectors/kits per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>pegfilgrastim</i> )	Tier 4	PA; SP; QL (2 syringes per 28 days)
<b>*IRON COMBINATIONS*** - DRUGS FOR NUTRITION</b>		
<i>fe c tab plus oral tablet</i>	Tier 1	
ICAR-C PLUS ORAL TABLET ( <i>iron-vit c-vit b12-folic acid</i> )	Tier 1	
<b>*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** - DRUGS FOR NUTRITION</b>		
PROMACTA ORAL TABLET ( <i>eltrombopag olamine</i> )	Tier 4	PA; SP; LD
<b>*HEMOSTATICS* - DRUGS FOR THE BLOOD</b>		
<b>*HEMOSTATICS - SYSTEMIC*** - DRUGS TO PREVENT BLEEDING</b>		
<i>tranexamic acid oral tablet</i>	Tier 1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS</b>		
<b>*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR INFECTIONS</b>		
SOFOSBUVIR-VELPATASVIR ORAL TABLET	Tier 4	PA; SP; QL (1 tablet per 1 day)
<b>*HYPNOTICS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ANTIHISTAMINE HYPNOTICS*** - DRUGS FOR INSOMNIA</b>		
<i>cvs sleep aid nighttime oral capsule</i>	Tier 1	
<i>eq nighttime sleep aid max st oral capsule</i>	Tier 1	
<b>*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA</b>		
<i>phenobarbital oral elixir</i>	Tier 1	
<i>phenobarbital oral solution</i>	Tier 1	
<i>phenobarbital oral tablet</i>	Tier 1	
<b>*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
<i>temazepam oral capsule</i>	Tier 1	
<b>*HYPNOTICS - TRICYCLIC AGENTS*** - DRUGS FOR INSOMNIA</b>		
SILENOR ORAL TABLET ( <i>doxepin hcl</i> )	Tier 3	QL (1 tablet per 1 day)
<b>*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA</b>		
<i>zaleplon oral capsule</i>	Tier 1	QL (1 capsule per 1 day)
<i>zolpidem tartrate oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<b>*LAXATIVES* - DRUGS FOR THE STOMACH</b>		
<b>*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION</b>		
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-C Oral Solution Reconstituted)	Tier 1; \$0	
<i>peg 3350-kcl-nabcb-nacl-nasulf</i> (Gavilyte-G Oral Solution Reconstituted)	Tier 1; \$0	
<i>peg 3350-kcl-na bicarb-nacl</i> (Gavilyte-N With Flavor Pack Oral Solution Reconstituted)	Tier 1; \$0	
MOVIPREP ORAL SOLUTION RECONSTITUTED ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	Tier 3	
<i>peg 3350/electrolytes oral solution reconstituted</i>	Tier 1; \$0	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	Tier 1; \$0	
<i>peg-3350/electrolytes oral solution reconstituted</i>	Tier 1; \$0	
<i>bisacodyl-peg-kcl-nabicar-nacl</i> (Peg-Prep Oral Kit)	Tier 1; \$0	
PLENVU ORAL SOLUTION RECONSTITUTED ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	Tier 3	
<i>peg 3350-kcl-na bicarb-nacl</i> (Trilyte Oral Solution Reconstituted)	Tier 1; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION</b>		
<i>constulose oral solution</i>	Tier 1	
<i>lactulose oral solution</i>	Tier 1	
<i>peg 3350 oral packet</i>	Tier 1; \$0	
<i>peg 3350 oral powder</i>	Tier 1; \$0	
<i>polyethylene glycol 3350 oral packet</i>	Tier 1; \$0	
<i>polyethylene glycol 3350 oral powder</i>	Tier 1; \$0	
<i>sb polyethylene glycol 3350 oral powder</i>	Tier 1; \$0	
<b>*SALINE LAXATIVE MIXTURES*** - DRUGS TO PREVENT CONSTIPATION</b>		
OSMOPREP ORAL TABLET ( <i>sod phos mono-sod phos dibasic</i> )	Tier 3	
<b>*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES</b>		
<b>*LHRH/GNRH AGONIST ANALOG COMBINATIONS*** - HORMONES</b>		
LUPANETA PACK COMBINATION KIT 11.25 & 5 MG ( <i>leuprolide &amp; norethindrone</i> )	Tier 4	PA; SP; QL (1 kit per 84 days)
LUPANETA PACK COMBINATION KIT 3.75 & 5 MG ( <i>leuprolide &amp; norethindrone</i> )	Tier 4	PA; SP; QL (1 kit per 28 days)
<b>*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE</b>		
<b>*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - DRUGS FOR THE EYE</b>		
XIIDRA OPHTHALMIC SOLUTION ( <i>lifitegrast</i> )	Tier 3	PA; QL (2 vial per 1 day)
<b>*MACROLIDES* - DRUGS FOR INFECTIONS</b>		
<b>*AZITHROMYCIN*** - ANTIBIOTICS</b>		
<i>azithromycin oral packet</i>	Tier 1	QL (2 packets per 30 days)
<i>azithromycin oral suspension reconstituted 100 mg/5ml</i>	Tier 1	QL (15 ML per 30 days)
<i>azithromycin oral suspension reconstituted 200 mg/5ml</i>	Tier 1	QL (15 mL per 30 days)
<i>azithromycin oral tablet 250 mg</i>	Tier 1	QL (6 tablets per 30 days)
<i>azithromycin oral tablet 500 mg</i>	Tier 1	QL (3 tablets per 30 days)
<i>azithromycin oral tablet 600 mg</i>	Tier 1	QL (8 tablets per 28 days)
<b>*CLARITHROMYCIN*** - ANTIBIOTICS</b>		
<i>clarithromycin er oral tablet extended release 24 hour</i>	Tier 1	
<i>clarithromycin oral suspension reconstituted</i>	Tier 1	
<i>clarithromycin oral tablet</i>	Tier 1	
<b>*ERYTHROMYCINS*** - ANTIBIOTICS</b>		
E.E.S. 400 ORAL TABLET ( <i>erythromycin ethylsuccinate</i> )	Tier 2	
<i>erythromycin base</i> (Ery-Tab Oral Tablet Delayed Release)	Tier 1	

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ERYTHROCIN STEARATE ORAL TABLET ( <i>erythromycin stearate</i> )	Tier 1	
<i>erythromycin base oral capsule delayed release particles</i>	Tier 2	
<i>erythromycin base oral tablet</i>	Tier 2	
<i>erythromycin ethylsuccinate oral tablet</i>	Tier 2	
<i>erythromycin oral tablet delayed release</i>	Tier 1	
<i>erythromycin stearate oral tablet</i>	Tier 1	
<b>*MEDICAL DEVICES* - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<b>*CERVICAL CAPS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
FEMCAP VAGINAL DEVICE ( <i>cervical caps</i> )	Tier 3; \$0	
<b>*DIAPHRAGMS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
CAYA VAGINAL DIAPHRAGM ( <i>diaphragm arc-spring</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM ( <i>diaphragm wide seal</i> )	Tier 3; \$0	
<b>*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
ACCU-CHEK AVIVA CONNECT KIT ( <i>blood glucose monitoring suppl</i> )	Tier 2	
ACCU-CHEK AVIVA IN VITRO SOLUTION ( <i>blood glucose calibration</i> )	Tier 2	
ACCU-CHEK AVIVA PLUS KIT ( <i>blood glucose monitoring suppl</i> )	Tier 2	
ACCU-CHEK COMPACT PLUS CARE KIT ( <i>blood glucose monitoring suppl</i> )	Tier 2	
ACCU-CHEK COMPACT PLUS CONTROL IN VITRO SOLUTION ( <i>blood glucose calibration</i> )	Tier 2	
ACCU-CHEK FASTCLIX LANCET KIT ( <i>lancets misc.</i> )	Tier 2	

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ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID ( <i>blood glucose calibration</i> )	Tier 2	
ACCU-CHEK GUIDE KIT ( <i>blood glucose monitoring suppl</i> )	Tier 2	
ACCU-CHEK MULTICLIX LANCET DEV KIT ( <i>lancets misc.</i> )	Tier 2	
ACCU-CHEK MULTICLIX LANCETS ( <i>lancets</i> )	Tier 2	
ACCU-CHEK NANO SMARTVIEW KIT ( <i>blood glucose monitoring suppl</i> )	Tier 2	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID ( <i>blood glucose calibration</i> )	Tier 2	
ACCU-CHEK SOFTCLIX LANCET DEV KIT ( <i>lancets misc.</i> )	Tier 2	
ACCU-CHEK SOFTCLIX LANCETS ( <i>lancets</i> )	Tier 2	
ACCUTREND GLUCOSE CONTROL IN VITRO SOLUTION ( <i>blood glucose calibration</i> )	Tier 2	
<i>acti-lance 28g</i>	Tier 3	
<i>acti-lance lite lancets 28g</i>	Tier 3	
<i>acti-lance special lancets 17g</i>	Tier 3	
E-Z JECT LANCET MICRO-THIN 33G ( <i>lancets</i> )	Tier 3	
E-Z JECT LANCET SUPER THIN 30G ( <i>lancets</i> )	Tier 3	
E-Z JECT LANCETS ( <i>lancets</i> )	Tier 3	
E-Z JECT LANCETS 21G ( <i>lancets</i> )	Tier 3	
LIFESCAN UNISTIK 2 ( <i>lancets</i> )	Tier 2	
ONETOUCH COMBO PACK ( <i>lancets</i> )	Tier 2	
ONETOUCH DELICA LANCETS 33G ( <i>lancets</i> )	Tier 2	
ONETOUCH DELICA LANCETS FINE ( <i>lancets</i> )	Tier 2	
ONETOUCH DELICA LANCING DEV ( <i>lancet devices</i> )	Tier 2	
ONETOUCH FINEPOINT LANCETS ( <i>lancets</i> )	Tier 2	
ONETOUCH ULTRA 2 KIT ( <i>blood glucose monitoring suppl</i> )	Tier 2	
ONETOUCH ULTRA CONTROL IN VITRO SOLUTION ( <i>blood glucose calibration</i> )	Tier 2	
ONETOUCH ULTRA MINI KIT ( <i>blood glucose monitoring suppl</i> )	Tier 2	
ONETOUCH ULTRASOFT LANCETS ( <i>lancets</i> )	Tier 2	
ONETOUCH VERIO FLEX SYSTEM KIT ( <i>blood glucose monitoring suppl</i> )	Tier 2	
ONETOUCH VERIO IN VITRO SOLUTION ( <i>blood glucose calibration</i> )	Tier 2	
ONETOUCH VERIO IQ SYSTEM KIT ( <i>blood glucose monitoring suppl</i> )	Tier 2	
ONETOUCH VERIO KIT ( <i>blood glucose monitoring suppl</i> )	Tier 2	
RA E-ZJECT LANCETS 28G ( <i>lancets</i> )	Tier 3	

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RA E-ZJECT LANCETS THIN 26G ( <i>lancets</i> )	Tier 3	
RA E-ZJECT LANCETS THIN 28G ( <i>lancets</i> )	Tier 3	
RA E-ZJECT LANCETS ULTRA THIN ( <i>lancets</i> )	Tier 3	
<b>*NEBULIZERS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
FLYP NEBULIZER ( <i>nebulizers</i> )	Tier 3	
HOMENEB WITH SIDESTREAM ( <i>nebulizers</i> )	Tier 3	
INNOSPIRE GO PORTABLE MESH NEB ( <i>nebulizers</i> )	Tier 3	
PARI LC PLUS NEB SET PED MASK ( <i>nebulizers</i> )	Tier 3	
PHILLIPS WILLIS THE WHALE NEB ( <i>nebulizers</i> )	Tier 3	
PROCARE COMPRESSOR NEBULIZER ( <i>nebulizers</i> )	Tier 3	
<b>*NEEDLES &amp; SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
LUER LOCK SAFETY SYRINGES ( <i>syringe/needle (disp)</i> )	Tier 3	
<i>syringe luer lock</i>	Tier 3	
VANISHPOINT SAFETY SYRINGE ( <i>syringe/needle (disp)</i> )	Tier 3	
<b>*SPACER/AEROSOL-HOLDING CHAMBERS &amp; SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT</b>		
<i>pro comfort spacer adult</i>	Tier 3	
<i>pro comfort spacer child</i>	Tier 3	
<b>*MIGRAINE PRODUCTS* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ERGOT COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>ergotamine-caffeine oral tablet</i>	Tier 1	
MIGERGOT RECTAL SUPPOSITORY ( <i>ergotamine-caffeine</i> )	Tier 1	
<b>*MIGRAINE PRODUCTS*** - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>dihydroergotamine mesylate nasal solution</i>	Tier 2	QL (8 bottles per 30 days)
<b>*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES</b>		
<i>naratriptan hcl oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate oral tablet</i>	Tier 1	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	Tier 2	QL (4 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	Tier 2	QL (5 vial per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	Tier 2	QL (4 syringes per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	Tier 2	QL (4 cartridges per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sumatriptan succinate subcutaneous solution prefilled syringe</i>	Tier 2	QL (2 syringes per 30 days)
<b>*MINERALS &amp; ELECTROLYTES* - DRUGS FOR NUTRITION</b>		
<b>*CALCIUM COMBINATIONS*** - DRUGS FOR NUTRITION</b>		
<i>calcium + d3 oral tablet</i>	Tier 1	
PRONUTRIENTS CALCIUM+D3 ORAL TABLET ( <i>calcium carb-cholecalciferol</i> )	Tier 1	
<b>*FLUORIDE*** - DRUGS FOR NUTRITION</b>		
<i>fluritab oral tablet chewable</i>	Tier 1; \$0	
<i>sodium fluoride</i> (Ludent Oral Tablet Chewable)	Tier 1; \$0	
<i>sodium fluoride oral solution</i>	Tier 1; \$0	
<i>sodium fluoride oral tablet</i>	Tier 1	
<i>sodium fluoride oral tablet chewable</i>	Tier 1; \$0	
<b>*POTASSIUM COMBINATIONS*** - DRUGS FOR NUTRITION</b>		
EFFER-K ORAL TABLET EFFERVESCENT ( <i>potassium bicarb-citric acid</i> )	Tier 3	
<i>pot bicarb-pot chloride oral tablet effervescent</i>	Tier 1	
<b>*POTASSIUM*** - DRUGS FOR NUTRITION</b>		
<i>potassium bicarbonate</i> (Effer-K Oral Tablet Effervescent)	Tier 1	
<i>potassium chloride</i> (Klor-Con 10 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride crys er</i> (Klor-Con M10 Oral Tablet Extended Release)	Tier 1	
KLOR-CON M15 ORAL TABLET EXTENDED RELEASE ( <i>potassium chloride crys er</i> )	Tier 1	
<i>potassium chloride crys er</i> (Klor-Con M20 Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride</i> (Klor-Con Oral Tablet Extended Release)	Tier 1	
<i>potassium chloride</i> (Klor-Con Sprinkle Oral Capsule Extended Release)	Tier 1	
<i>potassium bicarbonate</i> (Klor-Con/Ef Oral Tablet Effervescent)	Tier 1	
<i>potassium bicarbonate oral tablet effervescent</i>	Tier 1	
<i>potassium chloride crys er oral tablet extended release 10 meq</i>	Tier 1	
<i>potassium chloride crys er oral tablet extended release 20 meq</i>	Tier 1	
<i>potassium chloride er oral capsule extended release</i>	Tier 1	
<i>potassium chloride er oral tablet extended release</i>	Tier 1	
<b>*SODIUM*** - DRUGS FOR NUTRITION</b>		
<i>sodium chloride (pf) injection solution</i>	Tier 1	
<i>sodium chloride injection solution</i>	Tier 1	
<i>sodium chloride intravenous solution</i>	Tier 1	

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<b>*MONOBACTAMS*** - DRUGS FOR INFECTIONS</b>		
<b>*MONOBACTAMS*** - DRUGS FOR INFECTIONS</b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED ( <i>aztreonam lysine</i> )	Tier 4	LD
<b>*MOUTH/THROAT/DENTAL AGENTS* - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>lidocaine viscous hcl mouth/throat solution</i>	Tier 1	QL (10 mL per 1 day)
<b>*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>clotrimazole mouth/throat lozenge</i>	Tier 2	QL (5 tablet per 1 day)
<i>clotrimazole mouth/throat troche</i>	Tier 2	QL (5 tablet per 1 day)
<i>nystatin mouth/throat suspension</i>	Tier 1	
<b>*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>chlorhexidine gluconate mouth/throat solution</i>	Tier 1	
<i>chlorhexidine gluconate</i> (Paroex Mouth/Throat Solution)	Tier 1	
<i>chlorhexidine gluconate</i> (Periogard Mouth/Throat Solution)	Tier 1	
<b>*DENTAL PRODUCTS - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>sod fluoride-potassium nitrate</i> (Fluoridex Sensitivity Relief Dental Paste)	Tier 1	
<b>*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>sodium fluoride</i> (Dentagel Dental Gel)	Tier 1	
<i>sf dental gel</i>	Tier 1	
<i>sodium fluoride dental gel</i>	Tier 1	
<b>*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>cevimeline hcl oral capsule</i>	Tier 2	
<b>*STEROIDS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste)	Tier 1	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier 1	
<b>*MULTIVITAMINS* - DRUGS FOR NUTRITION</b>		
<b>*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION</b>		
<i>multivitamin/fluoride oral solution</i>	Tier 1; \$0	
<i>multi-vitamin/fluoride oral solution</i>	Tier 1; \$0	
<i>multivitamin/fluoride oral tablet chewable</i>	Tier 1; \$0	

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<i>multivitamins/fluoride oral tablet chewable</i>	Tier 1; \$0	
<i>pediatric multivitamins-fl</i> (Mvc-Fluoride Oral Tablet Chewable)	Tier 1; \$0	
<i>polyvitamin/fluoride oral solution</i>	Tier 3; \$0	
<b>*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION</b>		
<i>adclf (0.5mg/ml) oral solution</i>	Tier 1; \$0	
<i>tri-vitamin/fluoride oral solution</i>	Tier 1; \$0	
<i>tri-vitelfluoride oral solution</i>	Tier 1; \$0	
<i>vitamins acd-fluoride oral solution</i>	Tier 1; \$0	
<b>*PRENATAL MV &amp; MIN W/FE-FA*** - DRUGS FOR NUTRITION</b>		
BAL-CARE DHA ORAL ( <i>prenat-fepoly-fered-fa-omega 3</i> )	Tier 2	
<i>c-nate dha oral capsule</i>	Tier 3	
<i>completenate oral tablet chewable</i>	Tier 2	
ELITE-OB ORAL TABLET ( <i>prenatal vit-iron carbonyl-fa</i> )	Tier 1	
MYNATAL ADVANCE ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )	Tier 2	
MYNATAL ORAL CAPSULE ( <i>prenatal multivit-min-fe-fa</i> )	Tier 2	
MYNATAL ORAL TABLET ( <i>prenatal vit-dss-fe cbn-fa</i> )	Tier 2	
<i>mynatal plus oral tablet</i>	Tier 2	
<i>mynatal-z oral tablet</i>	Tier 2	
<i>mynate 90 plus oral tablet extended release</i>	Tier 2	
OBSTETRIX DHA ORAL ( <i>prenatal-fecbn-fa-dss-omega 3</i> )	Tier 2	
<i>pnv prenatal plus multivitamin oral tablet</i>	Tier 2	
<i>pnv-omega oral capsule</i>	Tier 3	
PRENATABS RX ORAL TABLET ( <i>prenatal vit-iron carbonyl-fa</i> )	Tier 1	
<i>prenatal 19 oral tablet</i>	Tier 1	
<i>prenatal 19 oral tablet 29-1 mg</i>	Tier 2	
<i>prenatal low iron oral tablet</i>	Tier 2	
<i>prenatal one daily oral tablet</i>	Tier 2	
<i>prenatal oral tablet</i>	Tier 2	
<i>prenatal plus iron oral tablet</i>	Tier 2	
<i>prenatal plus oral tablet</i>	Tier 2	
PRENATAL-U ORAL CAPSULE ( <i>prenatal wlo a vit-fe fum-fa</i> )	Tier 2	
<i>preplus oral tablet</i>	Tier 2	
<i>se-natal 19 oral tablet</i>	Tier 2	
<i>se-natal 19 oral tablet chewable</i>	Tier 2	
TARON-C DHA ORAL CAPSULE ( <i>prenat-fefum-fepo-fa-omega 3</i> )	Tier 2	
<b>*PRENATAL MV &amp; MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** - DRUGS FOR NUTRITION</b>		
<i>complete natal dha oral</i>	Tier 2	

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PR NATAL 400 EC ORAL ( <i>prenat-febis-fepro-fa-ca-omega</i> )	Tier 2	
PR NATAL 400 ORAL ( <i>prenat-febis-fepro-fa-ca-omega</i> )	Tier 2	
PR NATAL 430 EC ORAL ( <i>prenat-febis-fepro-fa-ca-omega</i> )	Tier 2	
PR NATAL 430 ORAL ( <i>prenat-febis-fepro-fa-ca-omega</i> )	Tier 2	
<b>*PRENATAL MV &amp; MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION</b>		
<i>pnv-dha+docusate oral capsule</i>	Tier 3	
<i>prenaissance plus oral capsule</i>	Tier 3	
TARON-PREX ORAL CAPSULE ( <i>prenat-fefum-dss-fa-dha w/o a</i> )	Tier 2	
<i>tl-select oral capsule</i>	Tier 3	
<b>*MUSCULOSKELETAL THERAPY AGENTS* - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<b>*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<i>baclofen oral tablet</i>	Tier 2	
<i>chlorzoxazone oral tablet</i>	Tier 1	
<i>cyclobenzaprine hcl oral tablet</i>	Tier 1	
<i>tizanidine hcl oral capsule</i>	Tier 1	
<i>tizanidine hcl oral tablet</i>	Tier 1	
<b>*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES</b>		
<i>dantrolene sodium oral capsule</i>	Tier 2	
<b>*NASAL AGENTS - SYSTEMIC AND TOPICAL* - DRUGS FOR THE NOSE</b>		
<b>*NASAL ANTIHISTAMINES*** - ALLERGY</b>		
<i>azelastine hcl nasal solution</i>	Tier 1	QL (1 bottle per 28 days)
<i>olopatadine hcl nasal solution</i>	Tier 1	QL (1 bottle per 30 days)
<b>*NASAL STEROIDS*** - ALLERGY</b>		
<i>fluticasone propionate nasal suspension</i>	Tier 1	QL (1 bottle per 30 days)
<i>triamcinolone acetonide nasal aerosol</i>	Tier 1	QL (1 bottle per 30 days)
<b>*OPHTHALMIC AGENTS* - DRUGS FOR THE EYE</b>		
<b>*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA</b>		
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	Tier 1	
<b>*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA</b>		
<i>betaxolol hcl ophthalmic solution</i>	Tier 1	
<i>carteolol hcl ophthalmic solution</i>	Tier 1	
<i>timolol maleate ophthalmic gel forming solution</i>	Tier 1	
<i>timolol maleate ophthalmic solution</i>	Tier 1	

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<b>*MIOTICS - CHOLINESTERASE INHIBITORS*** - DRUGS FOR GLAUCOMA</b>		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED ( <i>echothiophate iodide</i> )	Tier 3	
<b>*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE</b>		
ALOCRILOPHTHALMIC SOLUTION ( <i>nedocromil sodium</i> )	Tier 3	ST; QL (1 bottle per 30 days)
ALOMIDOPHTHALMIC SOLUTION ( <i>Iodoxamide tromethamine</i> )	Tier 3	ST; QL (1 bottle per 30 days)
<i>azelastine hcl ophthalmic solution</i>	Tier 1	QL (1 bottle per 24 days)
<i>cromolyn sodium ophthalmic solution</i>	Tier 1	QL (1 bottle per 30 days)
<i>epinastine hcl ophthalmic solution</i>	Tier 1	QL (1 bottle per 30 days)
<i>olopatadine hcl ophthalmic solution 0.1 %</i>	Tier 2	ST; QL (1 bottle per 30 days)
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	Tier 2	ST; QL (3 mL per 30 days)
<b>*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>bacitracin ophthalmic ointment</i>	Tier 1	
BESIVANCE OPHTHALMIC SUSPENSION ( <i>besifloxacin hcl</i> )	Tier 3	
<i>ciprofloxacin hcl ophthalmic solution</i>	Tier 1	
<i>erythromycin ophthalmic ointment</i>	Tier 1	
GENTAK OPHTHALMIC OINTMENT ( <i>gentamicin sulfate</i> )	Tier 1	
<i>gentamicin sulfate ophthalmic solution</i>	Tier 1	
<i>levofloxacin ophthalmic solution</i>	Tier 1	
<i>moxifloxacin hcl ophthalmic solution</i>	Tier 1	
<i>ofloxacin ophthalmic solution</i>	Tier 1	
<i>tobramycin ophthalmic solution</i>	Tier 1	
<b>*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>ak-poly-bac ophthalmic ointment</i>	Tier 1	
<i>bacitracin-polymyxin b ophthalmic ointment</i>	Tier 1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	Tier 1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	Tier 1	
<i>neomycin-bacitracin zn-polymyx</i> (Neo-Polycin Ophthalmic Ointment)	Tier 1	
<i>bacitracin-polymyxin b</i> (Polycin Ophthalmic Ointment)	Tier 1	
<i>polymyxin b-trimethoprim ophthalmic solution</i>	Tier 1	
<b>*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
ZIRGAN OPHTHALMIC GEL ( <i>ganciclovir</i> )	Tier 3	
<b>*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA</b>		
<i>dorzolamide hcl ophthalmic solution</i>	Tier 1	

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<b>*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>diclofenac sodium ophthalmic solution</i>	Tier 1	
<i>ketorolac tromethamine ophthalmic solution</i>	Tier 1	
<b>*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA</b>		
<i>apraclonidine hcl ophthalmic solution</i>	Tier 1	
<i>brimonidine tartrate ophthalmic solution</i>	Tier 1	
<b>*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	Tier 1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	Tier 1	
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	Tier 1	
<i>bacitracin-polymyx-neo-hc (Neo-Polycin Hc Ophthalmic Ointment)</i>	Tier 1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	Tier 1	
<i>tobramycin-dexamethasone ophthalmic suspension</i>	Tier 1	
<b>*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>dexamethasone sodium phosphate ophthalmic solution</i>	Tier 1	
<i>fluorometholone ophthalmic suspension</i>	Tier 1	
LOTEMAX OPHTHALMIC GEL ( <i>loteprednol etabonate</i> )	Tier 3	
LOTEMAX OPHTHALMIC OINTMENT ( <i>loteprednol etabonate</i> )	Tier 3	
LOTEMAX OPHTHALMIC SUSPENSION ( <i>loteprednol etabonate</i> )	Tier 3	
<i>loteprednol etabonate ophthalmic suspension</i>	Tier 2	
<i>prednisolone acetate ophthalmic suspension</i>	Tier 1	
<i>prednisolone sodium phosphate ophthalmic solution</i>	Tier 1	
<b>*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>sulfacetamide sodium ophthalmic ointment</i>	Tier 1	
<i>sulfacetamide sodium ophthalmic solution</i>	Tier 1	
<b>*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA</b>		
<i>bimatoprost ophthalmic solution</i>	Tier 2	
<i>latanoprost ophthalmic solution</i>	Tier 1	
LUMIGAN OPHTHALMIC SOLUTION ( <i>bimatoprost</i> )	Tier 3	
TRAVATAN Z OPHTHALMIC SOLUTION ( <i>travoprost</i> )	Tier 3	
<b>*OTIC AGENTS* - DRUGS FOR THE EAR</b>		
<b>*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL</b>		
<i>acetic acid otic solution</i>	Tier 1	

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<b>*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS</b>		
<i>ciprofloxacin hcl otic solution</i>	Tier 1	
<i>ofloxacin otic solution</i>	Tier 1	
<b>*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
CIPRODEX OTIC SUSPENSION ( <i>ciprofloxacin-dexamethasone</i> )	Tier 3	
<i>neomycin-polymyxin-hc otic solution</i>	Tier 1	
<i>neomycin-polymyxin-hc otic suspension</i>	Tier 1	
<b>*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES</b>		
<i>hydrocortisone-acetic acid</i> (Acetasol Hc Otic Solution)	Tier 2	
<i>fluocinolone acetonide otic oil</i>	Tier 1	
<i>hydrocortisone-acetic acid otic solution</i>	Tier 2	
<b>*OXYTOCICS* - HORMONES</b>		
<b>*OXYTOCICS*** - DRUGS FOR WOMEN</b>		
<i>methylergonovine maleate oral tablet</i>	Tier 1	
<b>*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS</b>		
<b>*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS</b>		
HYQVIA SUBCUTANEOUS KIT ( <i>immune globulin-hyaluronidase</i> )	Tier 4	PA; SP
<b>*PENICILLINS* - DRUGS FOR INFECTIONS</b>		
<b>*AMINOPENICILLINS*** - ANTIBIOTICS</b>		
<i>amoxicillin oral capsule</i>	Tier 1	
<i>amoxicillin oral suspension reconstituted</i>	Tier 1	
<i>amoxicillin oral tablet</i>	Tier 1	
<i>amoxicillin oral tablet chewable</i>	Tier 1	
<i>ampicillin oral capsule</i>	Tier 1	
<b>*NATURAL PENICILLINS*** - ANTIBIOTICS</b>		
<i>penicillin v potassium oral solution reconstituted</i>	Tier 1	
<i>penicillin v potassium oral tablet</i>	Tier 1	
<b>*PENICILLIN COMBINATIONS*** - ANTIBIOTICS</b>		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet</i>	Tier 1	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	Tier 1	
<b>*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS</b>		
<i>dicloxacillin sodium oral capsule</i>	Tier 1	

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<b>*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER</b>		
<b>*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER</b>		
ZYDELIG ORAL TABLET ( <i>idelalisib</i> )	Tier 4; OC	PA; SP; LD; QL (2 tablets per 1 day)
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER</b>		
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS** - DRUGS FOR CANCER</b>		
LYNPARZA ORAL TABLET ( <i>olaparib</i> )	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER</b>		
<b>*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER</b>		
LYNPARZA ORAL TABLET ( <i>olaparib</i> )	Tier 4; OC	PA; SP; LD; QL (4 tablets per 1 day)
<b>*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION</b>		
<b>*POTASSIUM REMOVING AGENTS*** - DRUGS FOR NUTRITION</b>		
<i>sodium polystyrene sulfonate</i> (Kionex Oral Suspension)	Tier 2	
<i>sodium polystyrene sulfonate oral powder</i>	Tier 2	
<i>sodium polystyrene sulfonate oral suspension</i>	Tier 2	
<i>sodium polystyrene sulfonate rectal suspension</i>	Tier 2	
<i>sodium polystyrene sulfonate</i> (Sps Oral Suspension)	Tier 2	
<b>*PROGESTINS* - HORMONES</b>		
<b>*PROGESTINS*** - DRUGS FOR WOMEN</b>		
<i>medroxyprogesterone acetate oral tablet</i>	Tier 1	QL (1 tablet per 1 day)
<i>norethindrone acetate oral tablet</i>	Tier 1	
<i>progesterone micronized oral capsule 100 mg</i>	Tier 1	QL (2 capsules per 1 day)
<i>progesterone micronized oral capsule 200 mg</i>	Tier 1	QL (1 capsule per 1 day)
<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.* - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>acamprosate calcium oral tablet delayed release</i>	Tier 2	QL (6 tablets per 1 day)
<i>disulfiram oral tablet</i>	Tier 1	
<b>*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE</b>		
<i>galantamine hydrobromide er oral capsule extended release 24 hour</i>	Tier 2	

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<i>galantamine hydrobromide oral solution</i>	Tier 2	
<i>galantamine hydrobromide oral tablet</i>	Tier 2	
<i>rivastigmine tartrate oral capsule</i>	Tier 2	
<b>*FIBROMYALGIA AGENT - SNRIS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN</b>		
SAVELLA ORAL TABLET ( <i>milnacipran hcl</i> )	Tier 3	QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL ( <i>milnacipran hcl</i> )	Tier 3	QL (1 pack per 365 days)
<b>*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
EXTAVIA SUBCUTANEOUS KIT ( <i>interferon beta-1b</i> )	Tier 4	PA; SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>peginterferon beta-1a</i> )	Tier 4	PA; SP; LD
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>peginterferon beta-1a</i> )	Tier 4	PA; SP; LD
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR ( <i>peginterferon beta-1a</i> )	Tier 4	PA; SP; LD
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>peginterferon beta-1a</i> )	Tier 4	PA; SP; LD
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE ( <i>interferon beta-1a</i> )	Tier 4	PA; SP
<b>*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE</b>		
<i>memantine hcl oral solution</i>	Tier 2	
<i>memantine hcl oral tablet</i>	Tier 2	
<b>*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS*** - DRUGS FOR DEPRESSION</b>		
<i>fluoxetine hcl (pmdd) oral capsule</i>	Tier 1	DO
<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>	Tier 1	DO
<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>	Tier 1	

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<b>*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS</b>		
<i>ergoloid mesylates oral tablet</i>	Tier 2	
<i>pimozide oral tablet</i>	Tier 2	
<b>*SMOKING DETERRENTS*** - DRUGS FOR DEPRESSION</b>		
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	Tier 1; \$0	QL (2 tablets per 1 day)
CHANTIX CONTINUING MONTH PAK ORAL TABLET ( <i>varenicline tartrate</i> )	Tier 3; \$0	QL (60 tablets per 30 days)
CHANTIX ORAL TABLET ( <i>varenicline tartrate</i> )	Tier 3; \$0	QL (2 tablets per 1 day)
CHANTIX STARTING MONTH PAK ORAL TABLET ( <i>varenicline tartrate</i> )	Tier 3; \$0	QL (1 dose pack per 365 days)
NICOTROL INHALATION INHALER ( <i>nicotine</i> )	Tier 3; \$0	
NICOTROL NS NASAL SOLUTION ( <i>nicotine</i> )	Tier 3; \$0	
<b>*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS</b>		
GILENYA ORAL CAPSULE ( <i>ingolimod hcl</i> )	Tier 4	PA; SP; QL (1 capsule per 1 day)
<b>*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
<b>*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR CANCER</b>		
OFEV ORAL CAPSULE ( <i>nintedanib esylate</i> )	Tier 4	PA; SP; LD; QL (2 capsules per 1 day)
<b>*RESPIRATORY AGENTS - MISC.* - DRUGS FOR THE LUNGS</b>		
<b>*CFTR POTENTIATORS*** - DRUGS FOR CYSTIC FIBROSIS</b>		
KALYDECO ORAL PACKET ( <i>ivacaftor</i> )	Tier 4	PA; LD; QL (2 packets per 1 day)
KALYDECO ORAL TABLET ( <i>ivacaftor</i> )	Tier 4	PA; LD; QL (2 tablets per 1 day)
<b>*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<b>*SEROTONIN MODULATORS*** - DRUGS FOR THE NERVOUS SYSTEM</b>		
<i>nefazodone hcl oral tablet</i>	Tier 1	
<i>trazodone hcl oral tablet</i>	Tier 1	
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES</b>		
<b>*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - HORMONES</b>		
SYNJARDY ORAL TABLET ( <i>empagliflozin-metformin hcl</i> )	Tier 2	ST; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG ( <i>dapagliflozin-metformin hcl</i> )	Tier 3	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG ( <i>dapagliflozin-metformin hcl</i> )	Tier 3	ST; QL (2 tablets per 1 day)
<b>*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<b>*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT</b>		
<i>triamcinolone acetonide</i> (Oralene Mouth/Throat Paste)	Tier 1	
<i>triamcinolone acetonide mouth/throat paste</i>	Tier 1	
<b>*SULFONAMIDES*</b>		
<b>*SULFONAMIDES***</b>		
<i>sulfadiazine oral tablet</i>	Tier 2	
<b>*TETRACYCLINES* - DRUGS FOR INFECTIONS</b>		
<b>*TETRACYCLINES*** - ANTIBIOTICS</b>		
<i>avidoxy oral tablet</i>	Tier 1	
<i>minocycline hcl</i> (Coremino Oral Tablet Extended Release 24 Hour)	Tier 1	PA
<i>demeclocycline hcl oral tablet</i>	Tier 2	
<i>doxycycline hyclate oral capsule</i>	Tier 1	
<i>doxycycline hyclate oral tablet</i>	Tier 1	
<i>doxycycline hyclate oral tablet delayed release</i>	Tier 1	PA
<i>doxycycline monohydrate oral capsule</i>	Tier 1	
<i>doxycycline monohydrate oral suspension reconstituted</i>	Tier 1	
<i>doxycycline monohydrate oral tablet</i>	Tier 1	
<i>minocycline hcl er oral tablet extended release 24 hour</i>	Tier 1	PA
<i>minocycline hcl oral capsule</i>	Tier 1	
<i>minocycline hcl oral tablet</i>	Tier 1	
<i>doxycycline hyclate</i> (Morgidox Oral Capsule)	Tier 1	
<i>tetracycline hcl oral capsule</i>	Tier 1	
<b>*THYROID AGENTS* - HORMONES</b>		
<b>*ANTITHYROID AGENTS*** - DRUGS FOR THYROID</b>		
<i>methimazole oral tablet</i>	Tier 1	
<i>propylthiouracil oral tablet</i>	Tier 1	
<b>*THYROID HORMONES*** - DRUGS FOR THYROID</b>		
<i>levothyroxine sodium</i> (Euthyrox Oral Tablet)	Tier 1	
<i>levothyroxine sodium</i> (Levo-T Oral Tablet)	Tier 1	
<i>levothyroxine sodium oral tablet</i>	Tier 1	
<i>levothyroxine sodium</i> (Levoxyl Oral Tablet)	Tier 1	

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<i>liothyronine sodium oral tablet</i>	Tier 1	
NATURE-THROID ORAL TABLET ( <i>thyroid</i> )	Tier 1	
<i>np thyroid oral tablet</i>	Tier 1	
SYNTHROID ORAL TABLET ( <i>levothyroxine sodium</i> )	Tier 1	
<i>thyroid oral tablet</i>	Tier 1	
<i>levothyroxine sodium</i> (Unithroid Oral Tablet)	Tier 1	
WESTHROID ORAL TABLET ( <i>thyroid</i> )	Tier 1	
<b>*TOXOIDS* - BIOLOGICAL AGENTS</b>		
<b>*TOXOID COMBINATIONS*** - VACCINES</b>		
ADACEL INTRAMUSCULAR SUSPENSION ( <i>tetanus-diphth-acell pertussis</i> )	Tier 3; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION ( <i>tetanus-diphth-acell pertussis</i> )	Tier 3; \$0	
DAPTACEL INTRAMUSCULAR SUSPENSION ( <i>diphth-acell pertussis-tetanus</i> )	Tier 3; \$0	
<i>diphtheria-tetanus toxoids dt intramuscular suspension</i>	Tier 3; \$0	
INFANRIX INTRAMUSCULAR SUSPENSION ( <i>diphth-acell pertussis-tetanus</i> )	Tier 3; \$0	
KINRIX INTRAMUSCULAR SUSPENSION ( <i>dtap-ipv vaccine</i> )	Tier 3; \$0	
PEDIARIX INTRAMUSCULAR SUSPENSION ( <i>dtap-hepatitis b recomb-ipv</i> )	Tier 3; \$0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>dtap-ipv-hib vaccine</i> )	Tier 3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION ( <i>dtap-ipv vaccine</i> )	Tier 3; \$0	
TDVAX INTRAMUSCULAR SUSPENSION ( <i>tetanus-diphtheria toxoids td</i> )	Tier 3; \$0	
TENIVAC INTRAMUSCULAR INJECTABLE ( <i>tetanus-diphtheria toxoids td</i> )	Tier 3; \$0	
<b>*ULCER DRUGS* - DRUGS FOR THE STOMACH</b>		
<b>*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS</b>		
<i>dicyclomine hcl oral capsule</i>	Tier 1	
<i>dicyclomine hcl oral solution</i>	Tier 1	
<i>dicyclomine hcl oral tablet</i>	Tier 1	
<b>*BELLADONNA ALKALOIDS*** - DRUGS FOR STOMACH CRAMPS</b>		
<i>hyoscyamine sulfate er oral tablet extended release 12 hour</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet</i>	Tier 1	
<i>hyoscyamine sulfate oral tablet dispersible</i>	Tier 1	
<i>hyoscyamine sulfate sl sublingual tablet sublingual</i>	Tier 1	
<i>hyoscyamine sulfate sublingual tablet sublingual</i>	Tier 1	

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<b>*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>cimetidine 200 oral tablet</i>	Tier 1	
<i>cimetidine hcl oral solution</i>	Tier 1	
<i>cimetidine oral tablet</i>	Tier 1	
<i>cvs heartburn relief oral tablet</i>	Tier 1	
<i>famotidine oral suspension reconstituted</i>	Tier 1	
<i>famotidine oral tablet</i>	Tier 1	
<i>gnp heartburn relief oral tablet</i>	Tier 1	
<i>hm famotidine oral tablet</i>	Tier 1	
<i>px acid reducer max st oral tablet</i>	Tier 1	
<i>ranitidine 150 max strength oral tablet</i>	Tier 1	
<i>ranitidine hcl oral capsule</i>	Tier 1	
<i>ranitidine hcl oral syrup</i>	Tier 1	
<i>ranitidine hcl oral tablet</i>	Tier 1	
<i>sb cimetidine oral tablet</i>	Tier 1	
<b>*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
CARAFATE ORAL SUSPENSION ( <i>sucralfate</i> )	Tier 1	
<i>sucralfate oral tablet</i>	Tier 1	
<b>*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>cvs lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>eq lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>eql lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>gnp lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>goodsense lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>hm lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>kls lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>omeprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	Tier 2	QL (1 tablet per 1 day)
<i>ra lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<i>sm lansoprazole oral capsule delayed release</i>	Tier 1	QL (1 capsule per 1 day)
<b>*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS</b>		
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	Tier 1	
<i>glycopyrrolate oral tablet 1.5 mg</i>	Tier 2	

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<i>methscopolamine bromide oral tablet</i>	Tier 1	
<b>*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID</b>		
<i>misoprostol oral tablet</i>	Tier 1	
<b>*URINARY ANTI-INFECTIVES* - DRUGS FOR THE URINARY SYSTEM</b>		
<b>*URINARY ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS</b>		
<i>methenamine hippurate oral tablet</i>	Tier 2	
<i>methenamine mandelate oral tablet</i>	Tier 2	
<i>nitrofurantoin macrocrystal oral capsule</i>	Tier 1	
<i>nitrofurantoin monohyd macro oral capsule</i>	Tier 1	
<i>nitrofurantoin oral suspension</i>	Tier 1	
<b>*URINARY ANTISPASMODICS* - DRUGS FOR THE URINARY SYSTEM</b>		
<b>*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER</b>		
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier 1	
<i>oxybutynin chloride oral syrup</i>	Tier 1	
<i>oxybutynin chloride oral tablet</i>	Tier 1	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 1	
<i>tolterodine tartrate oral tablet</i>	Tier 1	
<b>*URINARY ANTISPASMODIC - ANTIMUSCARINICS (ANTICHOL)*** (NEW) - DRUGS FOR THE BLADDER</b>		
<i>oxybutynin chloride er oral tablet extended release 24 hour</i>	Tier 1	
<i>oxybutynin chloride oral syrup</i>	Tier 1	
<i>oxybutynin chloride oral tablet</i>	Tier 1	
<i>tolterodine tartrate er oral capsule extended release 24 hour</i>	Tier 1	
<i>tolterodine tartrate oral tablet</i>	Tier 1	
<b>*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER</b>		
<i>bethanechol chloride oral tablet</i>	Tier 2	
<b>*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** (NEW) - DRUGS FOR THE BLADDER</b>		
<i>bethanechol chloride oral tablet</i>	Tier 2	
<b>*VACCINES* - BIOLOGICAL AGENTS</b>		
<b>*BACTERIAL VACCINES*** - VACCINES</b>		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>haemophilus b polysac conj vac</i> )	Tier 3; \$0	
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>meningococcal b recomb omv adj</i> )	Tier 2; \$0	

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HIBERIX INJECTION SOLUTION RECONSTITUTED ( <i>haemophilus b polysac conj vac</i> )	Tier 3; \$0	
MENACTRA INTRAMUSCULAR INJECTABLE ( <i>meningococcal a c y&amp;w-135 conj</i> )	Tier 3; \$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>meningococcal a c y&amp;w-135 olig</i> )	Tier 3; \$0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION ( <i>haemophilus b polysac conj vac</i> )	Tier 3; \$0	
PNEUMOVAX 23 INJECTION INJECTABLE ( <i>pneumococcal vac polyvalent</i> )	Tier 2; \$0	
PREVNAR 13 INTRAMUSCULAR SUSPENSION ( <i>pneumococcal 13-val conj vacc</i> )	Tier 2; \$0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>meningococcal b vac (recomb)</i> )	Tier 2; \$0	
TYPHIM VI INTRAMUSCULAR SOLUTION ( <i>typhoid vi polysaccharide vacc</i> )	Tier 3	
VIVOTIF ORAL CAPSULE DELAYED RELEASE ( <i>typhoid vaccine</i> )	Tier 2	
<b>*VIRAL VACCINE COMBINATIONS*** - VACCINES</b>		
M-M-R II INJECTION SOLUTION RECONSTITUTED ( <i>measles, mumps &amp; rubella vac</i> )	Tier 3; \$0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED ( <i>measles-mumps-rubella-varicell</i> )	Tier 3; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>hepatitis a-hep b recomb vac</i> )	Tier 3; \$0	
<b>*VIRAL VACCINES*** - VACCINES</b>		
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac split quad</i> )	Tier 1; \$0	QL (2 injections per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac split quad</i> )	Tier 1; \$0	QL (2 injections per 180 days)
ENGERIX-B INJECTION SUSPENSION ( <i>hepatitis b vac recombinant</i> )	Tier 3; \$0	
FLUAD INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac a&amp;b surf ant adj</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac split quad</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE ( <i>influenza vac recomb ha quad</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac subunit quad</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac subunit quad</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac split quad</i> )	Tier 1; \$0	QL (2 injections per 180 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac split quad</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUMIST QUADRIVALENT NASAL SUSPENSION ( <i>influenza virus vac live quad</i> )	Tier 1; \$0	QL (2 units per 180 days)
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac split high-dose</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac split quad</i> )	Tier 1; \$0	QL (2 injections per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>influenza vac split quad</i> )	Tier 1; \$0	QL (2 injections per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION ( <i>hpv 9-valent recomb vaccine</i> )	Tier 2; \$0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>hpv 9-valent recomb vaccine</i> )	Tier 2; \$0	
HAVRIX INTRAMUSCULAR SUSPENSION ( <i>hepatitis a vaccine</i> )	Tier 3; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION ( <i>hepatitis b vac recomb adj</i> )	Tier 3; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE ( <i>hepatitis b vac recomb adj</i> )	Tier 3; \$0	
IMOVAX RABIES INTRAMUSCULAR INJECTABLE ( <i>rabies virus vaccine, hdc</i> )	Tier 3	
IPOL INJECTION INJECTABLE ( <i>poliovirus vaccine inactivated</i> )	Tier 3; \$0	
IXIARO INTRAMUSCULAR SUSPENSION ( <i>japanese encephalitis vac inac</i> )	Tier 3	
RABAERT INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>rabies vaccine, pcec</i> )	Tier 3	
RECOMBIVAX HB INJECTION SUSPENSION ( <i>hepatitis b vac recombinant</i> )	Tier 3; \$0	
ROTARIX ORAL SUSPENSION RECONSTITUTED ( <i>rotavirus vaccine live oral</i> )	Tier 3; \$0	
ROTATEQ ORAL SOLUTION ( <i>rotavirus vac live pentavalent</i> )	Tier 3; \$0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>zoster vac recomb adjuvanted</i> )	Tier 2; \$0	
VAQTA INTRAMUSCULAR SUSPENSION ( <i>hepatitis a vaccine</i> )	Tier 3; \$0	
VARIVAX SUBCUTANEOUS INJECTABLE ( <i>varicella virus vaccine live</i> )	Tier 3; \$0	
YF-VAX SUBCUTANEOUS INJECTABLE ( <i>yellow fever vaccine</i> )	Tier 3	
ZOSTAVAX SUBCUTANEOUS SUSPENSION RECONSTITUTED ( <i>zoster vaccine live</i> )	Tier 2; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<b>*VAGINAL PRODUCTS* - DRUGS FOR WOMEN</b>		
<b>*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS</b>		
<i>terconazole vaginal cream</i>	Tier 1	
<i>terconazole vaginal suppository</i>	Tier 1	
<b>*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS</b>		
<i>clindamycin phosphate vaginal cream</i>	Tier 1	
<i>metronidazole vaginal gel</i>	Tier 1	
<i>metronidazole</i> (Vandazole Vaginal Gel)	Tier 1	
<b>*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN</b>		
<i>estradiol vaginal cream</i>	Tier 2	
<i>estradiol vaginal tablet</i>	Tier 2	QL (18 tablets per 28 days)
ESTRING VAGINAL RING ( <i>estradiol</i> )	Tier 3	QL (1 ring per 90 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG ( <i>estradiol</i> )	Tier 3	QL (18 tablets per 28 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG ( <i>estradiol</i> )	Tier 3	
PREMARIN VAGINAL CREAM ( <i>estrogens, conjugated</i> )	Tier 3	QL (1 grams per 1 day)
<i>estradiol</i> (Yuvaferm Vaginal Tablet)	Tier 2	QL (18 tablets per 28 days)
<b>*VASOPRESSORS* - DRUGS FOR THE HEART</b>		
<b>*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION</b>		
<i>epinephrine injection solution auto-injector</i>	Tier 1	QL (2 pens per 1 fill)
<b>*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION</b>		
<i>midodrine hcl oral tablet</i>	Tier 2	
<b>*VITAMINS* - DRUGS FOR NUTRITION</b>		
<b>*VITAMIN D*** - DRUGS FOR NUTRITION</b>		
<i>ergocalciferol oral capsule</i>	Tier 1	
<i>vitamin d (ergocalciferol) oral capsule</i>	Tier 1	

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