

Traditional Open Drug List California Student Health Plans

Drug list — Three 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). We're here to help. If you are a current Anthem member with questions about your pharmacy benefits, we're here to help. Just call us at the Member Services number on your ID card.

The product names to which this formulary applies are shown below.

Academy of the Art University	Saint Mary's College
Azusa Pacific University	Santa Clara University
California State University, Fullerton	San Diego State University Graduate
California State University, Northridge	San Mateo Community College District
Caltech	University of California, Los Angeles Extension Student Health Plan
City College of San Francisco	University of California Extension Student Health Plan
Foothill DeAnza Community College District	

Here are a few things to remember:

- You can view and search our current drug lists when you visit anthem.com/ca/pharmacyinformation. Please note: The formulary is subject to change and all previous versions of the formulary are no longer in effect.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/pharmacyinformation.
- 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 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.

Traditional Drug List - California Student Health Plans

Three-Tier

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Traditional Open Drug List / California Student Health Plan – 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 you pay after you have paid the deductible, if a deductible applies to the health care benefit.

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

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

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

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

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

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

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

“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.

“Non-formulary drug” means a prescription drug that is not listed on this 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” means your expenses for health care benefits that aren't reimbursed by your health insurance. Out-of-pocket costs include deductibles, copayments, and coinsurance for covered health care benefits, plus all costs for health care benefits that are not covered.

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

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

"Prescription drug" means a drug that by law requires a prescription.

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

"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 will need to get this drug through a specialty pharmacy.

"Step therapy (ST)" means a specific sequence in which prescription drugs for a particular medical condition must be tried. If a drug is subject to step therapy in this formulary, you may have to try one or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

Frequently Asked Questions

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

This is a complete listing of all drugs approved through the Pharmacy & Therapeutics (P&T) process to be on the drug list. If your drug is not on the list, your doctor can request a coverage review. Current members can find out more by reading your Certificate/Evidence of Coverage or your Summary Plan Description, which you received when you signed up for your plan.

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 *lowercase italicized letters*;

ANALGESIC OPIOID AGONISTS - ARTHRITIS AND PAIN DRUGS

ABSTRAL SUBLINGUAL TABLET 100 MCG, 200 MCG, 300 MCG, 400 MCG, 600 MCG, 800 MCG (*fentanyl*)

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

codeine sulfate oral tablet 15 mg, 30 mg

- 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.

levonorgestrel-ethinyl estrad (Portia Oral Tablet 0.15-0.03 Mg)

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 and choose Prescription Benefits or call 833-236-6196. 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. You can also talk to your doctor or pharmacist to see if there's another drug on the drug list 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 on the list, your doctor can ask us to review the coverage to determine medical necessity. This process is called preapproval or prior authorization.

Your doctor can get the process started by completing an electronic Prior Authorization, calling the Pharmacy 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.covermymeds.com/main/partners/anthem>.
2. Log in at anthem.com/ca and choose **Pharmacy**.
 - o Go to **Pharmacy Resources** and **Search Your Drug List** for your medication.
 - o Choose the correct medication strength and form.
 - o Scroll down to **Definition of Restrictions** and locate the applicable Fax Form in the table.
 - o Your doctor [completes and faxes the form](#) to us at 844-474-3347.
3. Calling Pharmacy Member Services number on the back of your member ID card.

Note: If your request is not approved and you want to take a drug that's not on the drug list, you will have to pay the full cost for it.

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.

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. These include contraceptive products when prescribed to a female. 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 1 drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions. Some plans split Tier 1 into Tier 1a and Tier 1b:
 - Tier 1a drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.
 - Tier 1b drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.
- Tier 2 drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.
- Tier 3 drugs have the highest cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA or specialty drugs that are used to treat serious, long-term health conditions and that may need special handling.

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.¹

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 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.¹

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.

Certain drug(s) may not be on the drug list based on your plan's benefit design. Refer to your Certificate/Evidence of Coverage or your Summary Plan Description for more details.

¹ 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, bold type.

Generic drugs are in lower case, plain 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 will need to get this drug through a specialty pharmacy.

ST = step therapy. You must use a recommended drug first before another prescribed drug will be covered.

Tier 1 = drugs have the lowest cost share for you. These are usually generic drugs that offer the best value compared to other drugs that treat the same conditions.

Tier 1a = drugs have the lowest cost share. These are often generic drugs that offer the greatest value compared to others that treat the same conditions.

Tier 1b = drugs have a low cost share. These are typically generic drugs that offer the greatest value compared to others that treat the same conditions.

Tier 2 = drugs have a higher cost share than Tier 1. They may be preferred brand drugs, based on how well they work and their cost compared to other drugs used for the same type of treatment. Some are generic drugs that may cost more because they're newer to the market.

Tier 3 = have the highest cost share. They often include non-preferred brand and generic drugs. They may cost more than drugs on lower tiers that are used to treat the same condition. Tier 3 may also include drugs that were recently approved by the FDA or specialty drugs that are used to treat serious, long-term health conditions and that may need special handling.

Three-Tier

CURRENT AS OF 5/15/2023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADHD/ANTI-NARCOLEPSY/ANTI-OBESITY/ANOREXIANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ADHD AGENT - SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>clonidine hcl er oral tablet extended release 12 hour</i>	1 or 1b*	PA; QL (4 tablets per 1 day)
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg</i>	1 or 1b*	PA; DO
<i>guanfacine hcl er oral tablet extended release 24 hour 3 mg, 4 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 1 MG, 2 MG (<i>guanfacine hcl</i>)	3	PA; DO
INTUNIV ORAL TABLET EXTENDED RELEASE 24 HOUR 3 MG, 4 MG (<i>guanfacine hcl</i>)	3	PA; QL (1 tablet per 1 day)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>clonidine hcl</i>)	3	PA; QL (4 tablets per 1 day)
*ADHD AGENT - SELECTIVE NOREPINEPHRINE REUPTAKE INHIBITOR*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
<i>atomoxetine hcl oral capsule 10 mg, 18 mg, 25 mg, 40 mg</i>	1 or 1b*	PA; DO
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 150 MG (<i>viloxazine hcl</i>)	3	ST; DO
QELBREE ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>viloxazine hcl</i>)	3	ST; QL (3 capsules per 1 day)
STRATTERA ORAL CAPSULE 10 MG, 18 MG, 25 MG, 40 MG (<i>atomoxetine hcl</i>)	3	PA; DO
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG (<i>atomoxetine hcl</i>)	3	PA; QL (1 capsule per 1 day)
*AMPHETAMINE MIXTURES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
ADDERALL ORAL TABLET 10 MG, 12.5 MG, 15 MG, 5 MG, 7.5 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; DO
ADDERALL ORAL TABLET 20 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; QL (3 tablets per 1 day)
ADDERALL ORAL TABLET 30 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; QL (2 tablets per 1 day)
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 5 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; DO
ADDERALL XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 25 MG, 30 MG (<i>amphetamine-dextroamphetamine</i>)	3	ST; QL (1 capsule per 1 day)
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>amphetamine-dextroamphet er oral capsule extended release 24 hour 20 mg, 25 mg, 30 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)

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Effective 05152023

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 5 mg, 7.5 mg</i>	1 or 1b*	PA; DO
<i>amphetamine-dextroamphetamine oral tablet 20 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
MYDAYIS ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>amphetamine-dextroamphetamine</i>)	2	PA; QL (1 capsule per 1 day)
*AMPHETAMINES*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (<i>amphetamine</i>)	3	ST; QL (1 tablet per 1 day)
<i>amphetamine sulfate oral tablet 10 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>amphetamine sulfate oral tablet 5 mg</i>	1 or 1b*	DO
DESOXYN ORAL TABLET (<i>methamphetamine hcl</i>)	3	ST; QL (5 tablets per 1 day)
DEXEDRINE ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>dextroamphetamine sulfate</i>)	3	ST; QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	1 or 1b*	PA; QL (4 capsules per 1 day)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1 or 1b*	PA; DO
<i>dextroamphetamine sulfate oral solution</i>	1 or 1b*	PA; QL (60 mL per 1 day)
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 15 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 20 mg, 30 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	1 or 1b*	PA; DO
DYANAVAL XR ORAL SUSPENSION EXTENDED RELEASE (<i>amphetamine</i>)	3	ST; QL (8 mL per 1 day)
DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 5 MG (<i>amphetamine</i>)	3	ST; DO
DYANAVAL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 15 MG, 20 MG (<i>amphetamine</i>)	3	ST; QL (1 tablet per 1 day)
EVEKEO ODT ORAL TABLET DISPERSIBLE (<i>amphetamine sulfate</i>)	3	ST; QL (2 tablets per 1 day)
EVEKEO ORAL TABLET 10 MG (<i>amphetamine sulfate</i>)	3	PA; QL (6 tablets per 1 day)
EVEKEO ORAL TABLET 5 MG (<i>amphetamine sulfate</i>)	3	PA; DO
<i>methamphetamine hcl oral tablet</i>	3	ST; QL (5 tablets per 1 day)
<i>procentra oral solution</i>	1 or 1b*	PA; QL (60 mL per 1 day)
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; DO
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; QL (1 capsule per 1 day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; DO
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG (<i>lisdexamfetamine dimesylate</i>)	2	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XELSTRYM TRANSDERMAL PATCH (<i>dextroamphetamine</i>)	3	ST; QL (1 patch per 1 day)
<i>zenzedi oral tablet 10 mg, 7.5 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>zenzedi oral tablet 15 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>zenzedi oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>zenzedi oral tablet 20 mg, 30 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
*ANALEPTICS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>caffeine citrate intravenous solution</i>	1 or 1b*	
<i>caffeine citrate oral solution</i>	1 or 1b*	
DOPRAM INTRAVENOUS SOLUTION (<i>doxapram hcl</i>)	3	
*ANOREXIANT COMBINATIONS*** - DRUGS FOR THE NERVOUS SYSTEM		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>phentermine-topiramate</i>)	3	PA; QL (1 capsule per 1 day)
*ANOREXIANTS NON-AMPHETAMINE*** - DRUGS FOR THE NERVOUS SYSTEM		
ADIPEX-P ORAL CAPSULE (<i>phentermine hcl</i>)	3	PA; QL (1 capsule per 1 day)
ADIPEX-P ORAL TABLET (<i>phentermine hcl</i>)	3	PA; QL (1 tablet per 1 day)
<i>benzphetamine hcl oral tablet</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>diethylpropion hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>diethylpropion hcl oral tablet</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
LOMAIRA ORAL TABLET (<i>phentermine hcl</i>)	3	PA; QL (3 tablets per 1 day)
PHENDIMETRAZINE TARTRATE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR	3	PA; QL (1 capsule per 1 day)
<i>phendimetrazine tartrate oral tablet</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>phentermine hcl oral capsule</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>phentermine hcl oral tablet</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
*ANTI-OBESITY - GLP-1 RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide - weight management</i>)	3	PA; QL (3 mg per 1 day)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>semaglutide-weight management</i>)	2	PA; QL (1 pen per 1 week)
*ANTI-OBESITY AGENT COMBINATIONS** - DRUGS FOR THE NERVOUS SYSTEM		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>naltrexone-bupropion hcl</i>)	3	PA; QL (4 tablets per 1 day)
*DOPAMINE AND NOREPINEPHRINE REUPTAKE INHIBITORS (DNRIS)*** - DRUGS FOR SLEEP DISORDER		
SUNOSI ORAL TABLET 150 MG (<i>solriamfetol hcl</i>)	3	PA; QL (1 tablet per 1 day)
SUNOSI ORAL TABLET 75 MG (<i>solriamfetol hcl</i>)	3	PA; DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HISTAMINE H3-RECEPTOR ANTAGONIST/INVERSE AGONISTS*** - DRUGS FOR SLEEP DISORDER		
WAKIX ORAL TABLET 17.8 MG (<i>pitolisant hcl</i>)	3	PA; QL (2 tablets per 1 day)
WAKIX ORAL TABLET 4.45 MG (<i>pitolisant hcl</i>)	3	PA; DO
*LIPASE INHIBITORS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>orlistat oral capsule</i>	1 or 1b*	PA; QL (3 capsules per 1 day)
XENICAL ORAL CAPSULE (<i>orlistat</i>)	3	PA; QL (3 capsules per 1 day)
*MELANOCORTIN 4 (MC4) RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
IMCIVREE SUBCUTANEOUS SOLUTION (<i>setmelanotide acetate</i>)	3	PA; QL (9 vials per 30 days)
*STIMULANT COMBINATIONS*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
AZSTARYS ORAL CAPSULE (<i>serdexmethylphen-dexmethylphen</i>)	3	ST; QL (1 capsule per 1 day)
*STIMULANTS - MISC.*** - DRUGS FOR ATTENTION DEFICIT DISORDER		
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG (<i>methylphenidate hcl</i>)	3	ST; DO
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG, 50 MG, 60 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 capsule per 1 day)
<i>armodafinil oral tablet 150 mg, 200 mg, 250 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>armodafinil oral tablet 50 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 18 MG, 27 MG (<i>methylphenidate hcl</i>)	3	ST; DO
CONCERTA ORAL TABLET EXTENDED RELEASE 36 MG (<i>methylphenidate hcl</i>)	3	ST; QL (2 tablets per 1 day)
CONCERTA ORAL TABLET EXTENDED RELEASE 54 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 tablet per 1 day)
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE (<i>methylphenidate</i>)	3	ST; QL (2 tablets per 1 day)
DAYTRANA TRANSDERMAL PATCH 10 MG/9HR, 15 MG/9HR (<i>methylphenidate</i>)	3	ST; DO
DAYTRANA TRANSDERMAL PATCH 20 MG/9HR, 30 MG/9HR (<i>methylphenidate</i>)	3	ST; QL (1 patch per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg</i>	1 or 1b*	ST; DO
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 25 mg</i>	1 or 1b*	ST; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 5 mg</i>	1 or 1b*	PA; DO
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; DO
FOCALIN ORAL TABLET 10 MG (<i>dexmethylphenidate hcl</i>)	3	ST; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FOCALIN ORAL TABLET 2.5 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	3	ST; DO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 5 MG (<i>dexmethylphenidate hcl</i>)	3	ST; DO
FOCALIN XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG, 30 MG, 35 MG, 40 MG (<i>dexmethylphenidate hcl</i>)	3	ST; QL (1 capsule per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 60 MG, 80 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 capsule per 1 day)
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 20 MG, 40 MG (<i>methylphenidate hcl</i>)	3	ST; DO
METHYLIN ORAL SOLUTION 10 MG/5ML (<i>methylphenidate hcl</i>)	3	ST; QL (30 mL per 1 day)
METHYLIN ORAL SOLUTION 5 MG/5ML (<i>methylphenidate hcl</i>)	3	ST; QL (60 mL per 1 day)
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (cd) oral capsule extended release 40 mg, 50 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg, 20 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	1 or 1b*	PA; QL (2 capsules per 1 day)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 45 mg, 63 mg</i>	3	ST; QL (1 tablet per 1 day)
<i>methylphenidate hcl er (osm) oral tablet extended release 54 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
METHYLPHENIDATE HCL ER (OSM) ORAL TABLET EXTENDED RELEASE 72 MG	3	ST; QL (1 tablet per 1 day)
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 40 mg, 50 mg, 60 mg</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	1 or 1b*	PA; QL (30 mL per 1 day)
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	1 or 1b*	PA; QL (60 mL per 1 day)
<i>methylphenidate hcl oral tablet 10 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate hcl oral tablet 20 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
<i>methylphenidate hcl oral tablet chewable 2.5 mg</i>	1 or 1b*	ST; DO
<i>methylphenidate hcl oral tablet chewable 5 mg</i>	1 or 1b*	PA; DO
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr</i>	1 or 1b*	ST; DO
<i>methylphenidate transdermal patch 20 mg/9hr, 30 mg/9hr</i>	1 or 1b*	ST; QL (1 patch per 1 day)
<i>modafinil oral tablet 100 mg</i>	1 or 1b*	PA; DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>modafinil oral tablet 200 mg</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG (<i>armodafinil</i>)	3	PA; QL (1 tablet per 1 day)
NUVIGIL ORAL TABLET 50 MG (<i>armodafinil</i>)	3	PA; QL (2 tablets per 1 day)
PROVIGIL ORAL TABLET 100 MG (<i>modafinil</i>)	3	PA; DO
PROVIGIL ORAL TABLET 200 MG (<i>modafinil</i>)	3	PA; QL (1 tablet per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG (<i>methylphenidate hcl</i>)	3	ST; DO
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 30 MG (<i>methylphenidate hcl</i>)	3	ST; QL (2 tablets per 1 day)
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 40 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 tablet per 1 day)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER (<i>methylphenidate hcl</i>)	3	ST; QL (12 mL per 1 day)
RELEXII ORAL TABLET EXTENDED RELEASE (<i>methylphenidate hcl</i>)	3	ST; QL (1 tablet per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG (<i>methylphenidate hcl</i>)	3	ST; DO
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 30 MG (<i>methylphenidate hcl</i>)	3	ST; QL (2 capsules per 1 day)
RITALIN LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 40 MG (<i>methylphenidate hcl</i>)	3	ST; QL (1 capsule per 1 day)
RITALIN ORAL TABLET 10 MG, 5 MG (<i>methylphenidate hcl</i>)	3	ST; DO
RITALIN ORAL TABLET 20 MG (<i>methylphenidate hcl</i>)	3	ST; QL (3 tablets per 1 day)
ALLERGENIC EXTRACTS/BIOLOGICALS MISC - BIOLOGICAL AGENTS		
*ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
ACACIA SUBCUTANEOUS SOLUTION	3	
ALDER SUBCUTANEOUS SOLUTION	3	
<i>alternaria alternata injection solution</i>	3	
AMERICAN BEECH SUBCUTANEOUS SOLUTION	3	
AMERICAN COCKROACH SUBCUTANEOUS SOLUTION	3	
AMERICAN ELM SUBCUTANEOUS SOLUTION	3	
ARIZONA CYPRESS SUBCUTANEOUS SOLUTION	3	
ASPERGILLUS FUMIGATUS INJECTION SOLUTION	3	
AUREOBASIDIUM PULLULANS INJECTION SOLUTION	3	
BAHIA SUBCUTANEOUS SOLUTION	3	
BALD CYPRESS SUBCUTANEOUS SOLUTION	3	
BAYBERRY (WAX MYRTLE) SUBCUTANEOUS SOLUTION	3	
BERMUDA GRASS INJECTION SOLUTION	3	
BERMUDA GRASS SUBCUTANEOUS SOLUTION	3	
BOTRYTIS CINEREA INJECTION SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BROME SUBCUTANEOUS SOLUTION	3	
CALIFORNIA PEPPER TREE SUBCUTANEOUS SOLUTION	3	
CANDIDA ALBICANS EXTRACT INJECTION SOLUTION	3	
CAT HAIR EXTRACT INJECTION SOLUTION	3	
CAT HAIR EXTRACT SUBCUTANEOUS SOLUTION	3	
CATTLE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
CEDAR ELM SUBCUTANEOUS SOLUTION	3	
CLADOSPORIUM CLADOSPORIODES INJECTION SOLUTION	3	
CLADOSPORIUM CLADOSPORIODES INTRADERMAL SOLUTION	3	
COCKLEBUR SUBCUTANEOUS SOLUTION	3	
CORN POLLEN SUBCUTANEOUS SOLUTION	3	
DANDELION SUBCUTANEOUS SOLUTION	3	
DOG EPITHELIUM SUBCUTANEOUS SOLUTION	3	
DOG FENNEL SUBCUTANEOUS SOLUTION	3	
EASTERN COTTONWOOD SUBCUTANEOUS SOLUTION	3	
EPICOCCUM NIGRUM INJECTION SOLUTION	3	
FIRE ANT SUBCUTANEOUS SOLUTION	3	
GERMAN COCKROACH SUBCUTANEOUS SOLUTION	3	
GOLDENROD SUBCUTANEOUS SOLUTION	3	
GRASS POLLEN(K-O-R-T-SWT VERN) INJECTION SOLUTION	3	
GRASTEK SUBLINGUAL TABLET SUBLINGUAL (<i>timothy grass pollen allergen</i>)	3	PA; QL (1 tablet per 1 day)
HACKBERRY SUBCUTANEOUS SOLUTION	3	
HONEY BEE VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED (<i>honey bee venom</i>)	3	
HORSE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
JOHNSON GRASS SUBCUTANEOUS SOLUTION	3	
JUNE GRASS POLLEN STANDARDIZED SUBCUTANEOUS SOLUTION	3	
KOCHIA SUBCUTANEOUS SOLUTION	3	
LENSCALE SUBCUTANEOUS SOLUTION	3	
MEADOW FESCUE GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
MELALEUCA SUBCUTANEOUS SOLUTION	3	
MESQUITE SUBCUTANEOUS SOLUTION	3	
MITE (D. FARINAE) INJECTION SOLUTION	3	
MITE (D. FARINAE) SUBCUTANEOUS SOLUTION	3	
MITE (D. PTERONYSSINUS) INJECTION SOLUTION	3	
MITE (D. PTERONYSSINUS) SUBCUTANEOUS SOLUTION	3	
MIXED RAGWEED SUBCUTANEOUS SOLUTION	3	

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MIXED VESPID VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
MOUNTAIN CEDAR SUBCUTANEOUS SOLUTION	3	
MOUSE EPITHELIUM SUBCUTANEOUS SOLUTION	3	
MUCOR INJECTION SOLUTION	3	
MUCOR INTRADERMAL SOLUTION	3	
MUGWORT SUBCUTANEOUS SOLUTION	3	
OLIVE TREE SUBCUTANEOUS SOLUTION	3	
ORCHARD GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
PALFORZIA (12 MG DAILY DOSE) ORAL (peanut powder-dnfp)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (120 MG DAILY DOSE) ORAL (peanut powder-dnfp)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (160 MG DAILY DOSE) ORAL (peanut powder-dnfp)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (20 MG DAILY DOSE) ORAL (peanut powder-dnfp)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (200 MG DAILY DOSE) ORAL (peanut powder-dnfp)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (240 MG DAILY DOSE) ORAL (peanut powder-dnfp)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (3 MG DAILY DOSE) ORAL (peanut powder-dnfp)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (300 MG MAINTENANCE) ORAL PACKET (peanut powder-dnfp)	3	PA; QL (1 packet per 1 day)
PALFORZIA (300 MG TITRATION) ORAL PACKET (peanut powder-dnfp)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (40 MG DAILY DOSE) ORAL (peanut powder-dnfp)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (6 MG DAILY DOSE) ORAL (peanut powder-dnfp)	3	PA; QL (1 kit per 1 fill)
PALFORZIA (80 MG DAILY DOSE) ORAL (peanut powder-dnfp)	3	PA; QL (1 kit per 1 fill)
PALFORZIA INITIAL ESCALATION ORAL (peanut powder-dnfp)	3	PA; QL (1 kit per 1 fill)
PENICILLIUM NOTATUM INJECTION SOLUTION	3	
PERENNIAL RYE GRASS POLLEN INJECTION SOLUTION	3	
PRIVET SUBCUTANEOUS SOLUTION	3	
QUEEN PALM SUBCUTANEOUS SOLUTION	3	
RABBIT EPITHELIUM SUBCUTANEOUS SOLUTION	3	
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL (short ragweed pollen ext)	3	PA; QL (1 tablet per 1 day)
RED MAPLE SUBCUTANEOUS SOLUTION	3	
RED MULBERRY SUBCUTANEOUS SOLUTION	3	
RED TOP GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
ROUGH MARSH ELDER SUBCUTANEOUS SOLUTION	3	
RUSSIAN THISTLE SUBCUTANEOUS SOLUTION	3	
SACCHAROMYCES CEREVISIAE INJECTION SOLUTION	3	
SHAGBARK HICKORY SUBCUTANEOUS SOLUTION	3	
SHEEP SORREL SUBCUTANEOUS SOLUTION	3	
SHORT RAGWEED POLLEN EXT SUBCUTANEOUS SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPINY PIGWEED SUBCUTANEOUS SOLUTION	3	
SWEET GUM SUBCUTANEOUS SOLUTION	3	
SWEET VERNAL GRASS POLLEN SUBCUTANEOUS SOLUTION	3	
TALL RAGWEED SUBCUTANEOUS SOLUTION	3	
TIMOTHY GRASS POLLEN ALLERGEN INJECTION SOLUTION	3	
TIMOTHY GRASS POLLEN ALLERGEN SUBCUTANEOUS SOLUTION	3	
TRICHOPHYTON MENTAGROPHYTES SUBCUTANEOUS SOLUTION	3	
VENOMIL HONEY BEE VENOM INJECTION KIT (<i>honey bee venom</i>)	3	
VENOMIL MIXED VESPID VENOM INJECTION SOLUTION RECONSTITUTED (<i>mixed vespid venom</i>)	3	
VENOMIL WASP VENOM INJECTION KIT (<i>wasp venom</i>)	3	
VENOMIL WHITE FACED HORNET INJECTION KIT (<i>white faced hornet venom</i>)	3	
VENOMIL YELLOW HORNET VENOM INJECTION KIT (<i>yellow hornet venom</i>)	3	
VENOMIL YELLOW JACKET VENOM INJECTION KIT (<i>yellow jacket venom</i>)	3	
WASP VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
WESTERN JUNIPER SUBCUTANEOUS SOLUTION	3	
WHITE BIRCH SUBCUTANEOUS SOLUTION	3	
WHITE MULBERRY SUBCUTANEOUS SOLUTION	3	
WHITE OAK SUBCUTANEOUS SOLUTION	3	
WHITE PINE SUBCUTANEOUS SOLUTION	3	
WHITE-FACED HORNET VENOM INJECTION SOLUTION RECONSTITUTED (<i>white faced hornet venom</i>)	3	
YELLOW DOCK SUBCUTANEOUS SOLUTION	3	
YELLOW HORNET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
YELLOW JACKET VENOM PROTEIN INJECTION SOLUTION RECONSTITUTED	3	
*MIXED ALLERGENIC EXTRACTS*** - BIOLOGICAL AGENTS		
DUST MITE MIXED ALLERGEN EXT INJECTION SOLUTION	3	
DUST MITE MIXED ALLERGEN EXT SUBCUTANEOUS SOLUTION	3	
MIXED FEATHERS SUBCUTANEOUS SOLUTION	3	
ODACTRA SUBLINGUAL TABLET SUBLINGUAL (<i>dust mite mixed allergen ext</i>)	3	PA; QL (1 tablet per 1 day)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL (<i>grass mix pollens allergen ext</i>)	3	PA; QL (1 tablet per 1 day)
SORREL/DOCK MIX SUBCUTANEOUS SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMEBICIDES - DRUGS FOR INFECTIONS		
*AMEBICIDES*** - DRUGS FOR PARASITES		
SOLOSEC ORAL PACKET (<i>secnidazole</i>)	3	PA; QL (2 grams per 1 fill)
AMINOGLYCOSIDES - DRUGS FOR INFECTIONS		
*AMINOGLYCOSIDES*** - ANTIBIOTICS		
<i>amikacin sulfate injection solution</i>	1 or 1b*	
ARIKAYCE INHALATION SUSPENSION (<i>amikacin sulfate liposome</i>)	3	PA; QL (1 kit per 28 days)
BETHKIS INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	3	SP; QL (224 mL per 28 days)
<i>gentamicin in saline intravenous solution</i>	1 or 1b*	
<i>gentamicin sulfate injection solution</i>	1 or 1b*	
HUMATIN ORAL CAPSULE (<i>paromomycin sulfate</i>)	3	
KITABIS PAK INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	3	SP; QL (10 mL per 1 day)
<i>neomycin sulfate oral tablet</i>	1 or 1a*	
<i>paromomycin sulfate oral capsule</i>	1 or 1b*	
<i>streptomycin sulfate intramuscular solution reconstituted</i>	1 or 1b*	
TOBI INHALATION NEBULIZATION SOLUTION (<i>tobramycin</i>)	3	SP; QL (10 mL per 1 day)
TOBI PODHALER INHALATION CAPSULE (<i>tobramycin</i>)	3	LD; SP; QL (224 capsules per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1 or 1b*	SP; QL (224 ML per 28 days)
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	1 or 1b*	QL (10 mL per 1 day)
<i>tobramycin sulfate injection solution 1.2 gm/30ml</i>	1 or 1b*	QL (900 mL per 30 days)
<i>tobramycin sulfate injection solution 10 mg/ml, 80 mg/2ml</i>	1 or 1b*	QL (180 mL per 30 days)
<i>tobramycin sulfate injection solution 2 gm/50ml</i>	1 or 1b*	QL (1500 mL per 30 days)
<i>tobramycin sulfate injection solution reconstituted</i>	1 or 1b*	QL (30 vials per 30 days)
ZEMDRI INTRAVENOUS SOLUTION (<i>plazomicin sulfate</i>)	3	
ANALGESICS - ANTI-INFLAMMATORY - DRUGS FOR PAIN AND FEVER		
*ANTIRHEUMATIC - JANUS KINASE (JAK) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OLUMIANT ORAL TABLET 1 MG, 4 MG (<i>baricitinib</i>)	3	PA; QL (1 tablet per 1 day)
OLUMIANT ORAL TABLET 2 MG (<i>baricitinib</i>)	3	PA; SP; QL (1 tablet per 1 day)
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>upadacitinib</i>)	3	PA; QL (1 tablet per 1 day)
XELJANZ ORAL SOLUTION (<i>tofacitinib citrate</i>)	3	PA; QL (10 mL per 1 day)
XELJANZ ORAL TABLET (<i>tofacitinib citrate</i>)	3	PA; SP; QL (2 tablets per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG (<i>tofacitinib citrate</i>)	3	PA; SP; QL (1 tablet per 1 day)
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG (<i>tofacitinib citrate</i>)	3	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIRHEUMATIC ANTIMETABOLITES*** - ARTHRITIS AND PAIN DRUGS		
OTREXUP SUBCUTANEOUS SOLUTION AUTO-INJECTOR (methotrexate (anti-rheumatic))	3	PA; SP; QL (4 auto-injector per 28 days)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR (methotrexate (anti-rheumatic))	3	PA; SP; QL (4 auto-injector per 28 days)
REDITREX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (methotrexate (anti-rheumatic))	3	PA; QL (4 auto-injector per 28 days)
*ANTI-TNF-ALPHA - MONOCLONAL ANTIBODIES*** - ARTHRITIS AND PAIN DRUGS		
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (adalimumab-atto)	3	PA; QL (2 autoinjector per 28 days)
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (adalimumab-atto)	3	PA; QL (2 syringes per 28 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT (adalimumab)	2	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML (adalimumab)	2	PA; SP; QL (2 EA per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML (adalimumab)	2	PA; SP; QL (2 pens per 28 days)
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML (adalimumab)	2	PA; SP; QL (1 pen per 310 days (QL exception needed for maintenance therapies)
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT (adalimumab)	2	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT (adalimumab)	2	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT (adalimumab)	2	PA; SP; QL (1 kit per 365 days)
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT (adalimumab)	2	PA; SP; QL (1 kit per 365 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML (adalimumab)	2	PA; SP; QL (2 EA per 28 days)
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML (adalimumab)	2	PA; SP; QL (2 syringes per 28 days)
SIMPONI ARIA INTRAVENOUS SOLUTION (golimumab)	2	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (golimumab)	2	PA; SP; QL (1 pen per 28 days)
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (golimumab)	2	PA; SP; QL (1 syringe per 28 days)
*CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 50 MG (celecoxib)	3	ST; QL (2 capsules per 1 day)
CELEBREX ORAL CAPSULE 400 MG (celecoxib)	3	ST; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1 or 1b*	ST; QL (2 capsules per 1 day)
<i>celecoxib oral capsule 400 mg</i>	1 or 1b*	ST; QL (1 capsule per 1 day)
*GOLD COMPOUNDS*** - ARTHRITIS AND PAIN DRUGS		
RIDAURA ORAL CAPSULE (<i>auranofin</i>)	2	QL (3 capsules per 1 day)
*INTERLEUKIN-1 BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>rilonacept</i>)	3	PA; LD; SP; QL (4 vials per 28 days)
*INTERLEUKIN-1 RECEPTOR ANTAGONIST (IL-1RA)*** - ARTHRITIS AND PAIN DRUGS		
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>anakinra</i>)	3	PA; QL (1 syringe per 1 day)
*INTERLEUKIN-1BETA BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
ILARIS SUBCUTANEOUS SOLUTION (<i>canakinumab</i>)	3	PA; LD; SP; QL (2 vials per 28 days)
*INTERLEUKIN-6 RECEPTOR INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tocilizumab</i>)	3	PA; SP; QL (4 autoinjectors per 28 days)
ACTEMRA INTRAVENOUS SOLUTION (<i>tocilizumab</i>)	3	PA; SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tocilizumab</i>)	3	PA; SP; QL (4 syringes per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>sarilumab</i>)	3	PA; SP; QL (2 injection per 28 days)
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>sarilumab</i>)	3	PA; SP; QL (2 injection per 28 days)
*NONSTEROIDAL ANTI-INFLAMMATORY AGENT COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
ARTHROTEC ORAL TABLET DELAYED RELEASE 50-0.2 MG (<i>diclofenac-misoprostol</i>)	3	ST; QL (4 tablet per 1 day)
ARTHROTEC ORAL TABLET DELAYED RELEASE 75-0.2 MG (<i>diclofenac-misoprostol</i>)	3	ST; QL (2 tablets per 1 day)
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>diclofenac-misoprostol oral tablet delayed release 75-0.2 mg</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
DUEXIS ORAL TABLET (<i>ibuprofen-famotidine</i>)	3	ST; QL (3 tablets per 1 day)
<i>ibuprofen-famotidine oral tablet</i>	3	ST; QL (3 tablets per 1 day)
NAPROXIN COMBINATION KIT (<i>naproxen-capsaicin</i>)	3	
<i>naproxen-esomeprazole mg oral tablet delayed release</i>	3	ST; QL (2 tablets per 1 day)
VIMOVO ORAL TABLET DELAYED RELEASE (<i>naproxen-esomeprazole</i>)	3	ST; QL (2 tablets per 1 day)
*NONSTEROIDAL ANTI-INFLAMMATORY AGENTS (NSAIDS)*** - ARTHRITIS AND PAIN DRUGS		
ANAPROX DS ORAL TABLET (<i>naproxen sodium</i>)	3	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANJESO INTRAVENOUS INJECTABLE (<i>meloxicam</i>)	3	
CALDOLOR INTRAVENOUS SOLUTION (<i>ibuprofen</i>)	3	
DAYPRO ORAL TABLET (<i>oxaprozin</i>)	3	QL (2 tablets per 1 day)
<i>diclofenac potassium oral capsule</i>	3	ST; QL (4 capsule per 1 day)
<i>diclofenac potassium oral tablet 25 mg</i>	3	ST; QL (4 tablets per 1 day)
<i>diclofenac potassium oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>diclofenac sodium er oral tablet extended release 24 hour</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 25 mg</i>	1 or 1b*	QL (5 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
EC-NAPROSYN ORAL TABLET DELAYED RELEASE (<i>naproxen</i>)	3	ST
<i>ec-naproxen oral tablet delayed release</i>	1 or 1b*	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>etodolac er oral tablet extended release 24 hour 600 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>etodolac oral capsule 200 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>etodolac oral capsule 300 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>etodolac oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
FELDENE ORAL CAPSULE (<i>piroxicam</i>)	3	QL (1 capsule per 1 day)
FENOPROFEN CALCIUM ORAL CAPSULE 200 MG	3	ST; QL (6 capsule per 1 day)
<i>fenoprofen calcium oral capsule 400 mg</i>	3	ST; QL (4 capsule per 1 day)
<i>fenoprofen calcium oral tablet</i>	3	ST; QL (4 tablets per 1 day)
<i>flurbiprofen oral tablet 100 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>flurbiprofen oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>ibu oral tablet</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>ibuprofen lysine intravenous solution</i>	1 or 1b*	
<i>ibuprofen oral suspension</i>	1 or 1a*	QL (4 mL per 1 day)
<i>ibuprofen oral tablet</i>	1 or 1a*	QL (4 tablets per 1 day)
INDOCIN ORAL SUSPENSION (<i>indomethacin</i>)	3	ST; QL (40 mL per 1 day)
INDOCIN RECTAL SUPPOSITORY (<i>indomethacin</i>)	3	ST; QL (4 suppositories per 1 day)
<i>indomethacin er oral capsule extended release</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>indomethacin oral capsule 25 mg</i>	1 or 1b*	QL (3 capsule per 1 day)
<i>indomethacin oral capsule 50 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>indomethacin sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>ketoprofen er oral capsule extended release 24 hour</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>ketoprofen oral capsule 25 mg</i>	3	ST; QL (8 capsules per 1 day)
<i>ketoprofen oral capsule 50 mg</i>	3	ST; QL (4 capsules per 1 day)
<i>ketorolac tromethamine injection solution 15 mg/ml</i>	1 or 1b*	QL (4 ML per 30 days)
KETOROLAC TROMETHAMINE INJECTION SOLUTION 30 MG/ML	1 or 1b*	QL (2 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ketorolac tromethamine intramuscular solution</i>	1 or 1b*	QL (2 mL per 30 days)
KETOROLAC TROMETHAMINE NASAL SOLUTION	3	ST; QL (5 bottle per 30 days)
<i>ketorolac tromethamine oral tablet</i>	1 or 1a*	QL (20 tablets per 30 days)
LODINE ORAL TABLET (<i>etodolac</i>)	3	QL (2 tablets per 1 day)
<i>lofena oral tablet</i>	3	ST; QL (4 tablets per 1 day)
<i>meclofenamate sodium oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>mefenamic acid oral capsule</i>	1 or 1b*	QL (29 capsule per 1 fill)
<i>meloxicam oral capsule</i>	3	ST; QL (1 capsule per 1 day)
<i>meloxicam oral suspension</i>	3	ST; QL (10 mL per 1 day)
<i>meloxicam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>nabumetone oral tablet 500 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>nabumetone oral tablet 750 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
NALFON ORAL CAPSULE (<i>fenoprofen calcium</i>)	3	ST; QL (4 capsule per 1 day)
NALFON ORAL TABLET (<i>fenoprofen calcium</i>)	3	ST; QL (4 tablets per 1 day)
NAPRELAN ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>naproxen sodium</i>)	3	ST; QL (2 tablets per 1 day)
NAPROSYN ORAL SUSPENSION (<i>naproxen</i>)	3	QL (60 mL per 1 day)
NAPROSYN ORAL TABLET (<i>naproxen</i>)	3	ST; QL (2 tablets per 1 day)
<i>naproxen oral suspension</i>	3	ST; QL (60 mL per 1 day)
<i>naproxen oral tablet 250 mg, 375 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>naproxen oral tablet 500 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>naproxen oral tablet delayed release</i>	1 or 1b*	
<i>naproxen sodium er oral tablet extended release 24 hour</i>	3	ST; QL (2 tablets per 1 day)
<i>naproxen sodium oral tablet 275 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>naproxen sodium oral tablet 550 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
NEOPROFEN INTRAVENOUS SOLUTION (<i>ibuprofen lysine</i>)	3	
<i>oxaprozin oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>piroxicam oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
RELAFEN DS ORAL TABLET (<i>nabumetone</i>)	3	ST; QL (2 tablets per 1 day)
SPRIX NASAL SOLUTION (<i>ketorolac tromethamine</i>)	3	ST; QL (5 bottle per 30 days)
<i>sulindac oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
ZIPSOR ORAL CAPSULE (<i>diclofenac potassium</i>)	3	ST; QL (4 capsule per 1 day)
ZORVOLEX ORAL CAPSULE (<i>diclofenac</i>)	3	ST; QL (3 capsule per 1 day)
*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
OTEZLA ORAL TABLET (<i>apremilast</i>)	3	PA; SP; QL (2 tablets per 1 day)
OTEZLA ORAL TABLET THERAPY PACK (<i>apremilast</i>)	3	PA; SP; QL (1 pack per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PYRIMIDINE SYNTHESIS INHIBITORS*** - ARTHRITIS AND PAIN DRUGS		
ARAVA ORAL TABLET (<i>leflunomide</i>)	3	QL (1 tablet per 1 day)
<i>leflunomide oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
*SELECTIVE COSTIMULATION MODULATORS*** - ARTHRITIS AND PAIN DRUGS		
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>abatacept</i>)	3	PA; SP; QL (4 Syringes per 28 days)
ORENCIA INTRAVENOUS SOLUTION RECONSTITUTED (<i>abatacept</i>)	3	PA; SP; QL (4 vials per 28 days)
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>abatacept</i>)	3	PA; SP; QL (4 syringes per 28 days)
*SOLUBLE TUMOR NECROSIS FACTOR RECEPTOR AGENTS*** - ARTHRITIS AND PAIN DRUGS		
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE (<i>etanercept</i>)	2	PA; SP; QL (4 cartridge per 28 days)
ENBREL SUBCUTANEOUS SOLUTION (<i>etanercept</i>)	2	PA; QL (8 injections per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML (<i>etanercept</i>)	2	PA; SP; QL (8 syringes per 28 days)
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/ML (<i>etanercept</i>)	2	PA; SP; QL (4 syringes per 28 days)
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>etanercept</i>)	2	PA; SP; QL (4 pens per 28 days)
ANALGESICS - NONNARCOTIC - DRUGS FOR PAIN AND FEVER		
*ANALGESICS OTHER*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen intravenous solution</i>	1 or 1b*	
<i>clonidine hcl (analgesia) epidural solution</i>	1 or 1b*	
DURACLON EPIDURAL SOLUTION (<i>clonidine hcl (analgesia)</i>)	3	
*ANALGESICS-SEDATIVES*** - ARTHRITIS AND PAIN DRUGS		
ALLZITAL ORAL TABLET (<i>butalbital-acetaminophen</i>)	3	QL (12 tablets per 1 day)
<i>bac oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>bupap oral tablet</i>	3	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>butalbital-acetaminophen oral tablet 50-300 mg</i>	3	QL (6 tablets per 1 day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>butalbital-apap-cafeine oral capsule 50-300-40 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>butalbital-apap-cafeine oral capsule 50-325-40 mg</i>	3	QL (6 capsules per 1 day)
<i>butalbital-apap-cafeine oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>butalbital-aspirin-cafeine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>esgic oral capsule</i>	3	QL (6 capsules per 1 day)
ESGIC ORAL TABLET (<i>butalbital-apap-cafeine</i>)	3	QL (6 tablets per 1 day)
FIORICET ORAL CAPSULE (<i>butalbital-apap-cafeine</i>)	3	QL (6 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>tencon oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>zebutal oral capsule</i>	3	QL (6 capsules per 1 day)
*SALICYLATE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>sm aspirin tri-buffered oral tablet</i>	1 or 1b*; \$0	
<i>tri-buffered aspirin oral tablet</i>	1 or 1b*; \$0	
*SALICYLATES*** - ARTHRITIS AND PAIN DRUGS		
<i>adult aspirin regimen oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin 81 oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin 81 oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin adult low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin childrens oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin ec low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin ec low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin oral tablet</i>	1 or 1a*; \$0	
<i>aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>aspirin regimen oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bayer advanced aspirin reg st oral tablet</i>	1 or 1a*; \$0	
<i>bayer aspirin ec low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bayer aspirin oral tablet</i>	1 or 1a*; \$0	
BAYER ASPIRIN ORAL TABLET DELAYED RELEASE (aspirin)	1 or 1a*; \$0	
<i>bayer low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>bayer low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>cvs aspirin adult low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>cvs aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs aspirin oral tablet</i>	1 or 1a*; \$0	
<i>cvs genuine aspirin oral tablet</i>	1 or 1a*; \$0	
<i>diflunisal oral tablet</i>	1 or 1b*	
<i>ecotrin low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin adult low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>eq aspirin oral tablet</i>	1 or 1a*; \$0	
<i>eq aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>eq aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>genuine aspirin oral tablet</i>	1 or 1a*; \$0	
<i>gnp adult aspirin low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>gnp aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp aspirin oral tablet</i>	1 or 1a*; \$0	
<i>gnp aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense aspirin adults oral tablet</i>	1 or 1a*; \$0	
<i>goodsense aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense aspirin oral tablet</i>	1 or 1a*; \$0	
<i>goodsense aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>goodsense aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>h-e-b aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>hm adult aspirin oral tablet</i>	1 or 1a*; \$0	
<i>hm aspirin ec low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>hm aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>hm aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kls aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kp aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>meijer aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>mm aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>px aspirin oral tablet</i>	1 or 1a*; \$0	
<i>px aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>px enteric aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>qc aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc aspirin oral tablet</i>	1 or 1a*; \$0	
<i>qc aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>qc enteric aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra aspirin adult low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin adult low strength oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin childrens oral tablet chewable</i>	1 or 1a*; \$0	
<i>ra aspirin ec adult low st oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra aspirin oral tablet</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ra pain relief aspirin oral tablet</i>	1 or 1a*; \$0	
<i>sb aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb aspirin oral tablet</i>	1 or 1a*; \$0	
<i>sb childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>sb low dose asa ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin adult low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin ec low strength oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>sm aspirin low dose oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm aspirin oral tablet</i>	1 or 1a*; \$0	
<i>sm childrens aspirin oral tablet chewable</i>	1 or 1a*; \$0	
<i>st joseph aspirin oral tablet delayed release</i>	1 or 1a*; \$0	
<i>st joseph low dose oral tablet chewable</i>	1 or 1a*; \$0	
<i>st joseph low dose oral tablet delayed release</i>	1 or 1a*; \$0	
*SELECTIVE N-TYPE NEURONAL CALCIUM CHANNEL BLOCKERS*** - ARTHRITIS AND PAIN DRUGS		
PRIALT INTRATHECAL SOLUTION (ziconotide acetate)	3	PA
ANALGESICS - OPIOID - DRUGS FOR PAIN AND FEVER		
*CODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>acetaminophen-codeine oral solution</i>	1 or 1a*	QL (30 mL per 1 day)
<i>acetaminophen-codeine oral tablet 300-15 mg</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>acetaminophen-codeine oral tablet 300-30 mg, 300-60 mg</i>	1 or 1a*	QL (6 tablet per 1 day)
<i>ascomp-codeine oral capsule</i>	1 or 1b*	QL (6 capsule per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	1 or 1b*	QL (6 capsule per 1 day)
<i>butalbital-asa-caff-codeine oral capsule</i>	1 or 1b*	QL (6 capsule per 1 day)
FIORICET/CODEINE ORAL CAPSULE (butalbital-apap-caff-cod)	3	QL (6 capsules per 1 day)
*DIHYDROCODEINE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>apap-caff-dihydrocodeine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>trezix oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
*HYDROCODONE COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
<i>hydrocodone-acetaminophen oral solution</i>	1 or 1b*	QL (90 mL per 1 day)
<i>hydrocodone-acetaminophen oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>hydrocodone-ibuprofen oral tablet</i>	1 or 1b*	QL (5 tablets per 1 day)
*OPIOID AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
ACTIQ BUCCAL LOZENGE ON A HANDLE (fentanyl citrate)	3	PA; QL (4 lozenge per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CODEINE SULFATE ORAL TABLET 15 MG	3	QL (6 tablets per 1 day)
<i>codeine sulfate oral tablet 30 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
CODEINE SULFATE ORAL TABLET 60 MG	3	QL (6 tablet per 1 day)
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tramadol hcl</i>)	3	PA; QL (1 capsule per 1 day)
DEMEROL INJECTION SOLUTION (<i>meperidine hcl</i>)	3	QL (4 mL per 1 day)
DILAUDID INJECTION SOLUTION (<i>hydromorphone hcl</i>)	3	QL (6 mL per 1 day)
DILAUDID ORAL LIQUID (<i>hydromorphone hcl</i>)	3	QL (24 mL per 1 day)
DILAUDID ORAL TABLET (<i>hydromorphone hcl</i>)	3	QL (6 tablets per 1 day)
DSUVIA SUBLINGUAL TABLET SUBLINGUAL (<i>sufentanil citrate</i>)	3	
<i>duramorph injection solution</i>	1 or 1b*	QL (6 mL per 1 day)
FENTANYL CITRATE (PF) INJECTION SOLUTION 100 MCG/2ML, 250 MCG/5ML	1 or 1b*	
<i>fentanyl citrate (pf) injection solution 1000 mcg/20ml, 2500 mcg/50ml, 500 mcg/10ml</i>	1 or 1b*	
FENTANYL CITRATE (PF) INJECTION SOLUTION 50 MCG/ML	3	
<i>fentanyl citrate (pf) injection solution cartridge</i>	1 or 1b*	
<i>fentanyl citrate buccal lozenge on a handle</i>	1 or 1b*	PA; QL (4 lozenge per 1 day)
<i>fentanyl citrate buccal tablet</i>	1 or 1b*	PA; QL (4 tablet per 1 day)
FENTANYL CITRATE PF INJECTION SOLUTION PREFILLED SYRINGE	3	
<i>fentanyl transdermal patch 72 hour</i>	1 or 1b*	PA; QL (15 patches per 30 days)
FENTORA BUCCAL TABLET (<i>fentanyl citrate</i>)	3	PA; QL (4 tablet per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg</i>	3	PA; QL (2 capsules per 1 day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 30 mg, 40 mg, 50 mg</i>	3	PA; QL (2 capsule per 1 day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>hydromorphone hcl injection solution</i>	1 or 1b*	QL (2 mL per 1 day)
<i>hydromorphone hcl oral liquid</i>	1 or 1b*	QL (24 mL per 1 day)
<i>hydromorphone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 1 MG/ML, 2 MG/ML	3	QL (6 mL per 1 day)
HYDROMORPHONE HCL PF INJECTION SOLUTION 10 MG/ML	3	QL (1 injection per 30 days)
HYDROMORPHONE HCL PF INJECTION SOLUTION 4 MG/ML	3	QL (2 mL per 1 day)
<i>hydromorphone hcl pf injection solution 50 mg/5ml, 500 mg/50ml</i>	1 or 1b*	QL (1 injection per 30 days)
HYSINGLA ER ORAL TABLET ER 24 HOUR ABUSE-DETERRENT (<i>hydrocodone bitartrate</i>)	3	PA; QL (1 tablet per 1 day)
INFUMORPH 200 INJECTION SOLUTION (<i>morphine sulfate microinfusion</i>)	3	QL (2 vials per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFUMORPH 500 INJECTION SOLUTION (<i>morphine sulfate microinfusion</i>)	3	QL (2 vials per 30 days)
<i>levorphanol tartrate oral tablet</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>meperidine hcl injection solution</i>	1 or 1b*	QL (4 mL per 1 day)
<i>meperidine hcl oral solution</i>	1 or 1b*	QL (7 days per 1 fill)
<i>meperidine hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
METHADONE HCL INJECTION SOLUTION	3	PA; QL (1 mL per 1 day)
<i>methadone hcl intensol oral concentrate</i>	1 or 1b*	PA; QL (6 mL per 1 day)
<i>methadone hcl oral concentrate</i>	1 or 1b*	PA; QL (6 mL per 1 day)
<i>methadone hcl oral solution</i>	1 or 1b*	PA; QL (30 mL per 1 day)
<i>methadone hcl oral tablet 10 mg</i>	1 or 1b*	PA; QL (6 tablet per 1 day)
<i>methadone hcl oral tablet 5 mg</i>	1 or 1b*	PA; QL (6 tablets per 1 day)
<i>methadone hcl oral tablet soluble</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
METHADOSE ORAL CONCENTRATE (<i>methadone hcl</i>)	3	PA; QL (6 mL per 1 day)
<i>methadose oral tablet soluble</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
METHADOSE SUGAR-FREE ORAL CONCENTRATE (<i>methadone hcl</i>)	3	PA; QL (6 mL per 1 day)
<i>mitigo injection solution</i>	1 or 1b*	QL (2 vials per 30 days)
<i>morphine sulfate (concentrate) oral solution</i>	1 or 1b*	QL (6 mL per 1 day)
<i>morphine sulfate (pf) injection solution 0.5 mg/ml, 1 mg/ml</i>	1 or 1b*	QL (6 mL per 1 day)
MORPHINE SULFATE (PF) INJECTION SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 5 MG/ML, 8 MG/ML	3	QL (6 mL per 1 day)
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 1 MG/ML	3	
MORPHINE SULFATE (PF) INTRAVENOUS SOLUTION 10 MG/ML, 2 MG/ML, 4 MG/ML, 8 MG/ML	3	QL (6 mL per 1 day)
<i>morphine sulfate er beads oral capsule extended release 24 hour</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>morphine sulfate er oral capsule extended release 24 hour</i>	1 or 1b*	PA; QL (2 capsules per 1 day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg, 60 mg</i>	1 or 1b*	PA; QL (3 tablet per 1 day)
MORPHINE SULFATE INJECTION SOLUTION	3	QL (6 mL per 1 day)
<i>morphine sulfate intravenous solution</i>	1 or 1b*	QL (6 mL per 1 day)
<i>morphine sulfate oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>morphine sulfate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 200 MG (<i>morphine sulfate</i>)	3	PA; QL (2 tablets per 1 day)
MS CONTIN ORAL TABLET EXTENDED RELEASE 15 MG, 30 MG, 60 MG (<i>morphine sulfate</i>)	3	PA; QL (3 tablet per 1 day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>tapentadol hcl</i>)	3	PA; QL (2 tablets per 1 day)
NUCYNTA ORAL TABLET 100 MG (<i>tapentadol hcl</i>)	3	QL (181 tablets per 30 days)
NUCYNTA ORAL TABLET 50 MG (<i>tapentadol hcl</i>)	3	QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NUCYNTA ORAL TABLET 75 MG (<i>tapentadol hcl</i>)	3	QL (8 tablet per 1 day)
OLINVIK INTRAVENOUS SOLUTION (<i>oliceridine fumarate</i>)	3	
OXAYDO ORAL TABLET (<i>oxycodone hcl</i>)	3	QL (6 tablets per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 10 mg, 20 mg, 40 mg</i>	3	PA; QL (2 tablets per 1 day)
<i>oxycodone hcl er oral tablet er 12 hour abuse-deterrent 80 mg</i>	3	PA; QL (2 tablet per 1 day)
<i>oxycodone hcl oral capsule</i>	1 or 1b*	QL (7 days per 1 fill)
<i>oxycodone hcl oral concentrate</i>	1 or 1b*	QL (6 mL per 1 day)
<i>oxycodone hcl oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>oxycodone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 10 MG, 15 MG, 20 MG, 30 MG, 40 MG (<i>oxycodone hcl</i>)	3	PA; QL (2 tablets per 1 day)
OXYCONTIN ORAL TABLET ER 12 HOUR ABUSE-DETERRENT 60 MG, 80 MG (<i>oxycodone hcl</i>)	3	PA; QL (2 tablet per 1 day)
<i>oxymorphone hcl er oral tablet extended release 12 hour</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>oxymorphone hcl oral tablet 10 mg</i>	1 or 1b*	QL (6 tablet per 1 day)
<i>oxymorphone hcl oral tablet 5 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
QDOLO ORAL SOLUTION (<i>tramadol hcl</i>)	3	QL (80 mL per 1 day)
<i>remifentanyl hcl intravenous solution reconstituted</i>	1 or 1b*	
ROXICODONE ORAL TABLET (<i>oxycodone hcl</i>)	3	QL (6 tablets per 1 day)
ROXYBOND ORAL TABLET ABUSE-DETERRENT 15 MG, 30 MG (<i>oxycodone hcl</i>)	3	
ROXYBOND ORAL TABLET ABUSE-DETERRENT 5 MG (<i>oxycodone hcl</i>)	3	QL (6 tablets per 1 day)
SUBSYS SUBLINGUAL LIQUID 100 MCG, 1200 (600 X 2) MCG, 1600 (800 X 2) MCG, 200 MCG (<i>fentanyl</i>)	3	PA; QL (4 units per 1 day)
SUBSYS SUBLINGUAL LIQUID 400 MCG, 600 MCG, 800 MCG (<i>fentanyl</i>)	3	PA; QL (120 units per 30 days)
SUFENTANIL CITRATE INTRAVENOUS SOLUTION	1 or 1b*	
<i>tramadol hcl (er biphasic) oral capsule extended release 24 hour</i>	1 or 1b*	PA; QL (1 capsule per 1 day)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
<i>tramadol hcl er oral tablet extended release 24 hour</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
TRAMADOL HCL ORAL SOLUTION	3	QL (80 mL per 1 day)
<i>tramadol hcl oral tablet 100 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>tramadol hcl oral tablet 50 mg</i>	1 or 1b*	QL (8 tablet per 1 day)
ULTIVA INTRAVENOUS SOLUTION RECONSTITUTED (<i>remifentanyl hcl</i>)	3	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 9 MG (<i>oxycodone</i>)	3	PA; QL (2 capsules per 1 day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 27 MG, 36 MG (<i>oxycodone</i>)	3	PA; QL (2 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OPIOID COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
APADAZ ORAL TABLET (<i>benzhydrocodone-acetaminophen</i>)	3	QL (6 tablets per 1 day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET	3	QL (6 tablets per 1 day)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>endocet oral tablet 5-325 mg</i>	1 or 1b*	QL (6 tablet per 1 day)
NALOCET ORAL TABLET	3	QL (6 tablet per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 10-300 MG/5ML	3	QL (30 mL per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL SOLUTION 5-325 MG/5ML	1 or 1b*	QL (30 ML per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG	3	QL (6 tablets per 1 day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 7.5-325 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
OXYCODONE-ACETAMINOPHEN ORAL TABLET 2.5-300 MG	3	QL (6 tablet per 1 day)
<i>oxycodone-acetaminophen oral tablet 5-325 mg</i>	1 or 1b*	QL (6 tablet per 1 day)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 7.5-325 MG (<i>oxycodone-acetaminophen</i>)	3	QL (6 tablets per 1 day)
PERCOCET ORAL TABLET 5-325 MG (<i>oxycodone-acetaminophen</i>)	3	QL (6 tablet per 1 day)
PROLATE ORAL SOLUTION (<i>oxycodone-acetaminophen</i>)	3	QL (30 mL per 1 day)
PROLATE ORAL TABLET (<i>oxycodone-acetaminophen</i>)	3	QL (6 tablets per 1 day)
*OPIOID PARTIAL AGONISTS*** - ARTHRITIS AND PAIN DRUGS		
BELBUCA BUCCAL FILM (<i>buprenorphine hcl</i>)	3	PA; QL (2 film per 1 day)
BUPRENEX INJECTION SOLUTION (<i>buprenorphine hcl</i>)	3	QL (3 mL per 1 day)
<i>buprenorphine hcl injection solution</i>	1 or 1b*	QL (3 mL per 1 day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1 or 1b*	QL (12 tablets per 90 days)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1 or 1b*	QL (3 tablets per 90 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1 or 1b*	QL (2 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1 or 1b*	QL (12 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1 or 1b*	QL (6 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1 or 1b*	QL (3 films per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1 or 1b*	QL (12 tablets per 1 day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>buprenorphine transdermal patch weekly</i>	1 or 1b*	PA; QL (1 package per 28 days)
<i>butorphanol tartrate injection solution 1 mg/ml</i>	1 or 1b*	QL (8 mL per 1 day)
<i>butorphanol tartrate injection solution 2 mg/ml</i>	1 or 1b*	QL (4 mL per 1 day)
<i>butorphanol tartrate nasal solution</i>	1 or 1b*	QL (2 bottles per 30 days)
BUTRANS TRANSDERMAL PATCH WEEKLY (<i>buprenorphine</i>)	3	PA; QL (1 package per 28 days)
<i>nalbuphine hcl injection solution</i>	1 or 1b*	QL (2 mL per 1 day)
<i>pentazocine-naloxone hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
SUBLOCADE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>buprenorphine</i>)	3	SP; QL (1 syringe per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUBOXONE SUBLINGUAL FILM 12-3 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (2 films per 1 day)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (12 films per 1 day)
SUBOXONE SUBLINGUAL FILM 4-1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (6 films per 1 day)
SUBOXONE SUBLINGUAL FILM 8-2 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (3 films per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (23 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (12 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (1 tablet per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (5 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 5.7-1.4 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (3 tablets per 1 day)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 8.6-2.1 MG (<i>buprenorphine hcl-naloxone hcl</i>)	3	QL (2 tablets per 1 day)
*TRAMADOL COMBINATIONS*** - ARTHRITIS AND PAIN DRUGS		
SEGLENTIS ORAL TABLET (<i>celecoxib-tramadol hcl</i>)	3	QL (4 tablets per 1 day)
tramadol-acetaminophen oral tablet	1 or 1b*	QL (8 tablet per 1 day)
ANDROGENS-ANABOLIC - HORMONES		
*ANABOLIC STEROIDS*** - DRUGS FOR MEN		
oxandrolone oral tablet 10 mg	1 or 1b*	PA; QL (2 tablets per 1 day)
oxandrolone oral tablet 2.5 mg	1 or 1b*	PA; QL (4 tablets per 1 day)
*ANDROGENS*** - DRUGS FOR MEN		
ANDRODERM TRANSDERMAL PATCH 24 HOUR (<i>testosterone</i>)	3	PA; QL (1 patch per 1 day)
ANDROGEL PUMP TRANSDERMAL GEL (<i>testosterone</i>)	3	PA; QL (1 bottle per 30 days)
AVEED INTRAMUSCULAR SOLUTION (<i>testosterone undecanoate</i>)	3	PA
danazol oral capsule 100 mg, 50 mg	1 or 1b*	QL (2 capsules per 1 day)
danazol oral capsule 200 mg	1 or 1b*	QL (4 capsules per 1 day)
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION (<i>testosterone cypionate</i>)	1 or 1b*	PA
FORTESTA TRANSDERMAL GEL (<i>testosterone</i>)	3	PA; QL (1 bottle per 30 days)
JATENZO ORAL CAPSULE 158 MG, 198 MG (<i>testosterone undecanoate</i>)	3	PA; QL (4 capsules per 1 day)
JATENZO ORAL CAPSULE 237 MG (<i>testosterone undecanoate</i>)	3	PA; QL (2 capsules per 1 day)
KYZATREX ORAL CAPSULE (<i>testosterone undecanoate</i>)	3	PA; QL (2 capsules per 1 day)
METHITEST ORAL TABLET	3	
methyltestosterone oral capsule	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NATESTO NASAL GEL (testosterone)	3	PA; QL (3 pump bottles per 30 days)
TESTIM TRANSDERMAL GEL (testosterone)	3	PA; QL (1 packet per 1 day)
TESTOPEL IMPLANT PELLET (testosterone)	3	PA
testosterone cypionate intramuscular solution	1 or 1b*	PA
testosterone enanthate intramuscular solution	1 or 1b*	PA
testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)	1 or 1b*	PA; QL (2 bottle per 30 days)
testosterone transdermal gel 10 mg/act (2%)	1 or 1b*	PA; QL (1 pump per 30 days)
testosterone transdermal gel 12.5 mg/act (1%)	1 or 1b*	PA; QL (2 bottles per 30 days)
testosterone transdermal gel 20.25 mg/1.25gm (1.62%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)	1 or 1b*	PA; QL (1 packet per 1 day)
testosterone transdermal gel 25 mg/2.5gm (1%)	1 or 1b*	PA; QL (2 packet per 1 day)
testosterone transdermal solution	1 or 1b*	PA; QL (1 pump bottle per 30 days)
TLANDO ORAL CAPSULE (testosterone undecanoate)	3	PA; QL (4 capsules per 1 day)
VOGELXO PUMP TRANSDERMAL GEL (testosterone)	3	PA; QL (2 bottles per 30 days)
VOGELXO TRANSDERMAL GEL (testosterone)	3	PA; QL (1 tube per 1 day)
XYOSTED SUBCUTANEOUS SOLUTION AUTO-INJECTOR (testosterone enanthate)	3	PA
ANORECTAL AND RELATED PRODUCTS - RECTAL PREPARATIONS		
*INTRARECTAL STEROIDS*** - RECTAL PREPARATIONS		
budesonide rectal foam	1 or 1b*	QL (4.78 gm per 1 day)
CORTENEMA RECTAL ENEMA (hydrocortisone)	3	
CORTIFOAM EXTERNAL FOAM (hydrocortisone acetate)	3	QL (2.15 gram per 1 day)
hydrocortisone rectal enema	1 or 1b*	
UCERIS RECTAL FOAM (budesonide)	3	QL (4.78 gm per 1 day)
*NITRATE VASODILATING AGENTS*** - RECTAL PREPARATIONS		
RECTIV RECTAL OINTMENT (nitroglycerin)	3	QL (1 unit per 1 day)
*RECTAL ANESTHETIC/STEROIDS*** - RECTAL PREPARATIONS		
ANALPRAM-HC EXTERNAL CREAM (hydrocortisone ace-pramoxine)	3	
ANALPRAM-HC EXTERNAL LOTION (hydrocortisone ace-pramoxine)	3	
hydrocortisone ace-pramoxine external cream	1 or 1b*	
PROCTOFOAM HC EXTERNAL FOAM (hydrocortisone ace-pramoxine)	3	
*RECTAL STEROIDS*** - RECTAL PREPARATIONS		
ANUSOL-HC EXTERNAL CREAM (hydrocortisone)	3	
hydrocortisone (perianal) external cream	1 or 1b*	
PROCTOCORT EXTERNAL CREAM (hydrocortisone)	3	
procto-med hc external cream	1 or 1b*	
proctosol hc external cream	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>proctozone-hc external cream</i>	1 or 1b*	
ANTHELMINTICS - DRUGS FOR INFECTIONS		
*ANTHELMINTICS*** - DRUGS FOR PARASITES		
<i>albendazole oral tablet</i>	1 or 1b*	PA; QL (4 tablets per 1 day)
BENZNIDAZOLE ORAL TABLET	3	
BILTRICIDE ORAL TABLET (<i>praziquantel</i>)	3	
EMVERM ORAL TABLET CHEWABLE (<i>mebendazole</i>)	3	
<i>ivermectin oral tablet</i>	1 or 1b*	PA; QL (9 tablets per 1 fill)
<i>praziquantel oral tablet</i>	1 or 1b*	
STROMECTOL ORAL TABLET (<i>ivermectin</i>)	3	PA; QL (9 tablets per 1 fill)
ANTIANGINAL AGENTS - DRUGS FOR THE HEART		
*ANTIANGINALS-OTHER*** - DRUGS FOR ANGINA		
ASPRUZY SPRINKLE ORAL PACKET (<i>ranolazine</i>)	3	PA; QL (2 sachets per 1 day)
<i>ranolazine er oral tablet extended release 12 hour</i>	1 or 1b*	QL (2 tablets per 1 day)
*NITRATES*** - DRUGS FOR ANGINA		
GONITRO SUBLINGUAL PACKET (<i>nitroglycerin</i>)	3	
ISORDIL TITRADOSE ORAL TABLET (<i>isosorbide dinitrate</i>)	3	
<i>isosorbide dinitrate oral tablet</i>	1 or 1b*	
<i>isosorbide mononitrate er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>isosorbide mononitrate oral tablet</i>	1 or 1b*	
NITRO-BID TRANSDERMAL OINTMENT (<i>nitroglycerin</i>)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.4 MG/HR, 0.6 MG/HR (<i>nitroglycerin</i>)	3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR (<i>nitroglycerin</i>)	2	
<i>nitroglycerin in d5w intravenous solution</i>	1 or 1b*	
NITROGLYCERIN INTRAVENOUS SOLUTION	3	
<i>nitroglycerin sublingual tablet sublingual</i>	1 or 1b*	
<i>nitroglycerin transdermal patch 24 hour</i>	1 or 1b*	
<i>nitroglycerin translingual solution</i>	1 or 1b*	
NITROLINGUAL TRANSLINGUAL SOLUTION (<i>nitroglycerin</i>)	3	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL (<i>nitroglycerin</i>)	3	
ANTIANXIETY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIANXIETY AGENTS - MISC.*** - DRUGS FOR ANXIETY		
<i>buspirone hcl oral tablet 10 mg, 15 mg, 5 mg, 7.5 mg</i>	1 or 1b*	DO
<i>buspirone hcl oral tablet 30 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>droperidol injection solution</i>	1 or 1b*	
<i>hydroxyzine hcl intramuscular solution</i>	1 or 1b*	
<i>hydroxyzine hcl oral syrup</i>	1 or 1b*	QL (100 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydroxyzine hcl oral tablet 10 mg, 25 mg	1 or 1b*	DO
hydroxyzine hcl oral tablet 50 mg	1 or 1b*	QL (8 tablets per 1 day)
hydroxyzine pamoate oral capsule 100 mg	1 or 1a*	QL (4 capsules per 1 day)
hydroxyzine pamoate oral capsule 25 mg, 50 mg	1 or 1a*	DO
meprobamate oral tablet 200 mg	3	DO
meprobamate oral tablet 400 mg	3	QL (4 tablets per 1 day)
VISTARIL ORAL CAPSULE (hydroxyzine pamoate)	3	DO
*BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg	1 or 1b*	DO
alprazolam er oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL (2 tablets per 1 day)
ALPRAZOLAM INTENSOL ORAL CONCENTRATE (alprazolam)	3	QL (4 mL per 1 day)
alprazolam oral tablet	1 or 1b*	QL (3 tablets per 1 day)
alprazolam oral tablet dispersible	1 or 1b*	QL (3 tablets per 1 day)
alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg	1 or 1b*	DO
alprazolam xr oral tablet extended release 24 hour 2 mg, 3 mg	1 or 1b*	QL (2 tablets per 1 day)
ATIVAN INJECTION SOLUTION (lorazepam)	3	
ATIVAN ORAL TABLET (lorazepam)	3	QL (3 tablets per 1 day)
chlordiazepoxide hcl oral capsule	1 or 1b*	QL (4 capsules per 1 day)
clorazepate dipotassium oral tablet	1 or 1b*	QL (4 tablets per 1 day)
diazepam injection solution	1 or 1a*	
diazepam intensol oral concentrate	1 or 1a*	QL (8 mL per 1 day)
DIAZEPAM INTRAMUSCULAR SOLUTION AUTO-INJECTOR	3	
diazepam oral concentrate	1 or 1a*	QL (8 mL per 1 day)
diazepam oral solution	1 or 1a*	
diazepam oral tablet	1 or 1a*	QL (4 tablets per 1 day)
lorazepam injection solution	1 or 1b*	
lorazepam intensol oral concentrate	1 or 1b*	QL (3 mL per 1 day)
lorazepam oral concentrate	1 or 1b*	QL (3 mL per 1 day)
lorazepam oral tablet	1 or 1b*	QL (3 tablets per 1 day)
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG (lorazepam)	3	ST; DO
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 2 MG, 3 MG (lorazepam)	3	ST; QL (2 capsule per 1 day)
oxazepam oral capsule	1 or 1b*	QL (4 capsules per 1 day)
VALIUM ORAL TABLET (diazepam)	3	QL (4 tablets per 1 day)
XANAX ORAL TABLET (alprazolam)	3	QL (3 tablets per 1 day)
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 0.5 MG, 1 MG (alprazolam)	3	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XANAX XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2 MG, 3 MG (<i>alprazolam</i>)	3	QL (2 tablets per 1 day)
ANTIARRHYTHMICS - DRUGS FOR THE HEART		
*ANTIARRHYTHMICS - MISC.*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>adenosine intravenous solution</i>	1 or 1b*	
*ANTIARRHYTHMICS TYPE I-A*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>disopyramide phosphate oral capsule</i>	1 or 1b*	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>disopyramide phosphate</i>)	2	
NORPACE ORAL CAPSULE (<i>disopyramide phosphate</i>)	3	
<i>procainamide hcl injection solution</i>	1 or 1b*	
<i>quinidine gluconate er oral tablet extended release</i>	1 or 1b*	
<i>quinidine sulfate oral tablet</i>	1 or 1a*	
*ANTIARRHYTHMICS TYPE I-B*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>lidocaine hcl (cardiac) intravenous solution prefilled syringe</i>	1 or 1b*	
LIDOCAINE HCL (CARDIAC) PF INTRAVENOUS SOLUTION	3	
<i>lidocaine hcl (cardiac) pf intravenous solution prefilled syringe</i>	1 or 1b*	
<i>lidocaine in d5w intravenous solution</i>	1 or 1b*	
<i>mexiletine hcl oral capsule</i>	1 or 1b*	
*ANTIARRHYTHMICS TYPE I-C*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>flecainide acetate oral tablet 100 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>flecainide acetate oral tablet 150 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>flecainide acetate oral tablet 50 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>propafenone hcl er oral capsule extended release 12 hour</i>	1 or 1b*	
<i>propafenone hcl oral tablet</i>	1 or 1b*	
RYTHMOL SR ORAL CAPSULE EXTENDED RELEASE 12 HOUR (<i>propafenone hcl</i>)	3	
*ANTIARRHYTHMICS TYPE III*** - DRUGS FOR ABNORMAL HEART RHYTHMS		
<i>amiodarone hcl intravenous solution</i>	1 or 1b*	
<i>amiodarone hcl oral tablet 100 mg, 400 mg</i>	1 or 1b*	
<i>amiodarone hcl oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
CORVERT INTRAVENOUS SOLUTION (<i>ibutilide fumarate</i>)	3	
<i>dofetilide oral capsule</i>	1 or 1b*	
<i>ibutilide fumarate intravenous solution</i>	1 or 1b*	
MULTAQ ORAL TABLET (<i>dronedarone hcl</i>)	3	QL (2 tablets per 1 day)
NEXTERONE INTRAVENOUS SOLUTION (<i>amiodarone hcl in dextrose</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pacerone oral tablet 100 mg, 400 mg</i>	1 or 1b*	
<i>pacerone oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
TIKOSYN ORAL CAPSULE (<i>dofetilide</i>)	3	
ANTIASTHMATIC AND BRONCHODILATOR AGENTS - DRUGS FOR THE LUNGS		
*5-LIPOXYGENASE INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
<i>zileuton er oral tablet extended release 12 hour</i>	3	PA; QL (4 tablets per 1 day)
ZYFLO ORAL TABLET (<i>zileuton</i>)	3	PA; QL (4 tablets per 1 day)
*ADRENERGIC COMBINATIONS*** - DRUGS FOR ASTHMA/COPD		
ADVAIR DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	3	QL (1 package per 30 days)
ADVAIR HFA INHALATION AEROSOL (<i>fluticasone-salmeterol</i>)	2	QL (1 inhaler per 30 days)
AIRDUO DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol(sensor)</i>)	3	ST; QL (0.04 EA per 1 day)
AIRDUO RESPICLICK 113/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	3	QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 232/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	3	QL (1 inhaler per 30 days)
AIRDUO RESPICLICK 55/14 INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone-salmeterol</i>)	3	QL (1 inhaler per 30 days)
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>umeclidinium-vilanterol</i>)	2	QL (1 inhaler per 30 days)
BEVESPI AEROSPHERE INHALATION AEROSOL (<i>glycopyrrolate-formoterol</i>)	3	ST; QL (1 inhaler per 30 days)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>fluticasone furoate-vilanterol</i>)	2	QL (1 inhaler per 30 days)
BREZTRI AEROSPHERE INHALATION AEROSOL (<i>budeson-glycopyrrrol-formoterol</i>)	2	QL (1 inhaler per 30 days)
<i>budesonide-formoterol fumarate inhalation aerosol</i>	1 or 1b*	QL (1.02 grams per 1 day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION (<i>ipratropium-albuterol</i>)	2	QL (2 inhalers per 30 days)
DUAKLIR PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>aclidinium br-formoterol fum</i>)	3	ST; QL (1 unit per 25 days)
DULERA INHALATION AEROSOL (<i>mometasone furo-formoterol fum</i>)	3	ST; QL (1 inhaler per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1 or 1b*	QL (1 package per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>ipratropium-albuterol inhalation solution</i>	1 or 1b*	QL (540 mL per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide-olodaterol</i>)	2	QL (1 inhaler per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMBICORT INHALATION AEROSOL (<i>budesonide-formoterol fumarate</i>)	2	QL (1.02 grams per 1 day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	QL (1 inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT (<i>fluticasone-umeclidin-vilant</i>)	2	QL (2 EA per 1 day)
wixela inhub inhalation aerosol powder breath activated	1 or 1b*	QL (1 package per 30 days)
*ANTI-IGE MONOCLONAL ANTIBODIES*** - DRUGS FOR ASTHMA/COPD		
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>omalizumab</i>)	3	PA; SP
XOLAIR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>omalizumab</i>)	3	PA; SP
*ANTI-INFLAMMATORY AGENTS*** - DRUGS FOR ASTHMA/COPD		
cromolyn sodium inhalation nebulization solution	1 or 1b*	
*BETA ADRENERGICS*** - DRUGS FOR ASTHMA/COPD		
albuterol sulfate hfa inhalation aerosol solution	1 or 1b*	QL (2 inhalers per 30 days)
albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml	1 or 1b*	QL (360 mL per 30 days)
ALBUTEROL SULFATE INHALATION NEBULIZATION SOLUTION (5 MG/ML) 0.5%	1 or 1b*	
albuterol sulfate inhalation nebulization solution 2.5 mg/0.5ml	1 or 1b*	QL (4 boxes per 30 days)
albuterol sulfate oral syrup	1 or 1b*	
albuterol sulfate oral tablet	1 or 1b*	
arformoterol tartrate inhalation nebulization solution	1 or 1b*	QL (60 vial per 30 days)
BROVANA INHALATION NEBULIZATION SOLUTION (<i>arformoterol tartrate</i>)	3	QL (60 vial per 30 days)
formoterol fumarate inhalation nebulization solution	1 or 1b*	QL (120 ML per 30 days)
isoproterenol hcl injection solution	1 or 1b*	
levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml	1 or 1b*	QL (90 vials per 30 days)
levalbuterol hcl inhalation nebulization solution 1.25 mg/0.5ml	1 or 1b*	QL (90 mL per 30 days)
levalbuterol tartrate inhalation aerosol	1 or 1b*	ST; QL (2 inhalers per 30 days)
PERFOROMIST INHALATION NEBULIZATION SOLUTION (<i>formoterol fumarate</i>)	3	QL (120 ML per 30 days)
PROAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>albuterol sulfate (sensor)</i>)	3	ST; QL (2 inhalers per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>albuterol sulfate</i>)	2	QL (2 inhalers per 30 days)
PROVENTIL HFA INHALATION AEROSOL SOLUTION (<i>albuterol sulfate</i>)	3	ST; QL (2 inhalers per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>salmeterol xinafoate</i>)	2	QL (1 inhaler per 30 days)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION (<i>olodaterol hcl</i>)	3	QL (1 inhaler per 30 days)
<i>terbutaline sulfate injection solution</i>	1 or 1b*	
<i>terbutaline sulfate oral tablet</i>	1 or 1b*	
VENTOLIN HFA INHALATION AEROSOL SOLUTION (<i>albuterol sulfate</i>)	3	ST; QL (2 inhalers per 30 days)
XOPENEX HFA INHALATION AEROSOL (<i>levalbuterol tartrate</i>)	3	ST; QL (2 inhalers per 30 days)
*BRONCHODILATORS - ANTICHOLINERGICS*** - DRUGS FOR ASTHMA/COPD		
ATROVENT HFA INHALATION AEROSOL SOLUTION (<i>ipratropium bromide hfa</i>)	2	QL (2 inhalers per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>umeclidinium bromide</i>)	3	ST; QL (1 inhaler per 30 days)
<i>ipratropium bromide inhalation solution</i>	1 or 1b*	QL (378 ML per 30 days)
LONHALA MAGNAIR REFILL KIT INHALATION SOLUTION (<i>glycopyrrolate</i>)	3	ST; QL (2 vials per 1 day)
LONHALA MAGNAIR STARTER KIT INHALATION SOLUTION (<i>glycopyrrolate</i>)	3	ST; QL (1 kit per 365 days)
SPIRIVA HANDIHALER INHALATION CAPSULE (<i>tiotropium bromide monohydrate</i>)	2	QL (1 capsule per 1 day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION (<i>tiotropium bromide monohydrate</i>)	2	QL (1 inhaler per 30 days)
TUDORZA PRESSAIR INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>aclidinium bromide</i>)	3	ST; QL (0.04 EA per 1 day)
YUPELRI INHALATION SOLUTION (<i>revefenacin</i>)	3	ST; QL (1 vial per 1 day)
*INTERLEUKIN-5 ANTAGONISTS (IGG1 KAPPA)*** - DRUGS FOR ASTHMA/COPD		
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>benralizumab</i>)	3	PA; QL (1 autoinjector per 8 weekss)
FASENRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>benralizumab</i>)	3	PA; SP; QL (1 syringes per 8 weekss)
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>mepolizumab</i>)	3	PA; QL (1 autoinjector per 4 weekss)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML (<i>mepolizumab</i>)	3	PA; QL (1 syringe per 4 weekss)
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML (<i>mepolizumab</i>)	3	PA; QL (1 injection per 28 days)
NUCALA SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>mepolizumab</i>)	3	PA; SP; QL (1 injections per 28 days)
*INTERLEUKIN-5 ANTAGONISTS (IGG4 KAPPA)*** - DRUGS FOR ASTHMA/COPD		
CINQAIR INTRAVENOUS SOLUTION (<i>reslizumab</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*LEUKOTRIENE RECEPTOR ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
ACCOLATE ORAL TABLET (zafirlukast)	3	QL (2 tablets per 1 day)
<i>montelukast sodium oral packet</i>	1 or 1b*	QL (1 packet per 1 day)
<i>montelukast sodium oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>montelukast sodium oral tablet chewable</i>	1 or 1b*	QL (1 tablet per 1 day)
SINGULAIR ORAL PACKET (montelukast sodium)	3	QL (1 packet per 1 day)
SINGULAIR ORAL TABLET (montelukast sodium)	3	QL (1 tablet per 1 day)
SINGULAIR ORAL TABLET CHEWABLE (montelukast sodium)	3	QL (1 tablet per 1 day)
<i>zafirlukast oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
*SELECTIVE PHOSPHODIESTERASE 4 (PDE4) INHIBITORS*** - DRUGS FOR ASTHMA/COPD		
DALIRESP ORAL TABLET (roflumilast)	3	PA; QL (1 tablet per 1 day)
<i>roflumilast oral tablet</i>	1 or 1b*	PA; QL (1 tablet per 1 day)
*STEROID INHALANTS*** - DRUGS FOR ASTHMA/COPD		
ALVESCO INHALATION AEROSOL SOLUTION 160 MCG/ACT (ciclesonide)	3	ST; QL (2 inhalers per 30 days)
ALVESCO INHALATION AEROSOL SOLUTION 80 MCG/ACT (ciclesonide)	3	ST; QL (1 inhaler per 30 days)
ARMONAIR DIGIHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (fluticasone propionate(sensor))	3	ST; QL (0.04 EA per 1 day)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED (fluticasone furoate)	2	QL (1 inhaler per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (mometasone furoate)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (14 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (mometasone furoate)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT (mometasone furoate)	3	ST; QL (0.04 EA per 1 day)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT (mometasone furoate)	3	ST; QL (1 inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED (mometasone furoate)	3	ST; QL (1 inhaler per 30 days)
ASMANEX HFA INHALATION AEROSOL (mometasone furoate)	3	ST; QL (1 inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1 or 1b*	QL (120 ML per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1 or 1b*	QL (60 ML per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 50 MCG/ACT (fluticasone propionate (inhal))	2	QL (1 inhaler per 30 days)
FLOVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 250 MCG/ACT (fluticasone propionate (inhal))	2	QL (4 inhalers per 30 days)
FLOVENT HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT (fluticasone propionate hfa)	2	QL (1 inhaler per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOVENT HFA INHALATION AEROSOL 220 MCG/ACT (<i>fluticasone propionate hfa</i>)	2	QL (2 inhalers per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act, 44 mcg/act</i>	1 or 1b*	QL (1 inhaler per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	1 or 1b*	QL (2 inhalers per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>budesonide</i>)	3	ST; QL (0.07 EA per 1 day)
PULMICORT INHALATION SUSPENSION 0.25 MG/2ML, 0.5 MG/2ML (<i>budesonide</i>)	3	QL (120 ML per 30 days)
PULMICORT INHALATION SUSPENSION 1 MG/2ML (<i>budesonide</i>)	3	QL (60 ML per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (1 inhaler per 30 days)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT (<i>beclomethasone diprop hfa</i>)	2	QL (2 inhalers per 30 days)
*THYMIC STROMAL LYMPHOPOIETIN (TSLP) ANTAGONISTS*** - DRUGS FOR ASTHMA/COPD		
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>tezepelumab-ekko</i>)	3	PA; QL (1 syringe per 28 days)
TEZSPIRE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tezepelumab-ekko</i>)	3	PA; QL (1 syringe per 28 days)
*XANTHINES*** - DRUGS FOR ASTHMA/COPD		
<i>aminophylline intravenous solution</i>	1 or 1b*	
ELIXOPHYLLIN ORAL ELIXIR (<i>theophylline</i>)	1 or 1b*	QL (112.5 mL per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (<i>theophylline</i>)	2	QL (4 tablets per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>theophylline</i>)	2	QL (3 capsules per 1 day)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 400 MG (<i>theophylline</i>)	2	QL (2 capsules per 1 day)
<i>theophylline er oral tablet extended release 12 hour 300 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>theophylline er oral tablet extended release 12 hour 450 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>theophylline er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>theophylline oral elixir</i>	1 or 1b*	QL (112.5 mL per 1 day)
<i>theophylline oral solution</i>	1 or 1b*	QL (112.5 mL per 1 day)
ANTICOAGULANTS - DRUGS FOR THE BLOOD		
*COUMARIN ANTICOAGULANTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>jantoven oral tablet</i>	1 or 1a*	
<i>warfarin sodium oral tablet</i>	1 or 1a*	
*DIRECT FACTOR XA INHIBITORS*** - DRUGS TO PREVENT BLOOD CLOTS		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK (<i>apixaban</i>)	2	QL (74 tablets per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIQUIS ORAL TABLET 2.5 MG (<i>apixaban</i>)	2	QL (2 tablets per 1 day)
ELIQUIS ORAL TABLET 5 MG (<i>apixaban</i>)	2	QL (74 tablets per 30 days)
SAVAYSA ORAL TABLET (<i>edoxaban tosylate</i>)	3	QL (1 tablet per 1 day)
XARELTO ORAL SUSPENSION RECONSTITUTED (<i>rivaroxaban</i>)	2	QL (20 mL per 1 day)
XARELTO ORAL TABLET 10 MG, 20 MG (<i>rivaroxaban</i>)	2	QL (1 tablet per 1 day)
XARELTO ORAL TABLET 15 MG (<i>rivaroxaban</i>)	2	QL (90 tablets per 90 days)
XARELTO ORAL TABLET 2.5 MG (<i>rivaroxaban</i>)	2	QL (2 tablets per 1 day)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK (<i>rivaroxaban</i>)	2	QL (1 pack per 365 days)
*HEPARINS AND HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>bd heparin posiflush intravenous solution</i>	1 or 1b*	
<i>heparin (porcine) in nacl intravenous solution 1000-0.9 ut/500ml-%, 2000-0.9 unit/l-%</i>	1 or 1b*	
HEPARIN (PORCINE) IN NACL INTRAVENOUS SOLUTION 12500-0.45 UT/250ML-%, 25000-0.45 UT/250ML-%, 25000-0.45 UT/500ML-%	3	
<i>heparin na (pork) lock flsh pf intravenous solution</i>	1 or 1b*	
HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 100 UNIT/ML	1 or 1b*	
HEPARIN SOD (PORCINE) IN D5W INTRAVENOUS SOLUTION 25000-5 UT/500ML-%	3	
<i>heparin sod (porcine) in d5w intravenous solution 40-5 unit/ml-%</i>	1 or 1b*	
<i>heparin sod (pork) lock flush intravenous solution</i>	1 or 1b*	
<i>heparin sodium (porcine) injection solution</i>	1 or 1b*	
HEPARIN SODIUM (PORCINE) INJECTION SOLUTION PREFILLED SYRINGE	3	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml</i>	1 or 1b*	
HEPARIN SODIUM (PORCINE) PF INJECTION SOLUTION 5000 UNIT/ML	3	
*IN VITRO/LOCK ANTICOAGULANT COMBINATIONS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>sodium citrate-gentamicin sulf intravenous solution</i>	3	
*LOW MOLECULAR WEIGHT HEPARINS*** - DRUGS TO PREVENT BLOOD CLOTS		
<i>enoxaparin sodium injection solution</i>	1 or 1b*	QL (30 syringes per 30 days)
<i>enoxaparin sodium injection solution prefilled syringe</i>	1 or 1b*	QL (2 syringes per 1 day)
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML (<i>dalteparin sodium</i>)	3	QL (8 mL per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION 95000 UNIT/3.8ML (<i>dalteparin sodium</i>)	3	QL (6 vials per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>dalteparin sodium</i>)	3	QL (30 syringes per 30 days)

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LOVENOX INJECTION SOLUTION (<i>enoxaparin sodium</i>)	3	QL (30 syringes per 30 days)
LOVENOX INJECTION SOLUTION PREFILLED SYRINGE (<i>enoxaparin sodium</i>)	3	QL (2 syringes per 1 day)
*SYNTHETIC HEPARINOID-LIKE AGENTS*** - DRUGS TO PREVENT BLOOD CLOTS		
ARIXTRA SUBCUTANEOUS SOLUTION (<i>fondaparinux sodium</i>)	3	QL (30 syringes per 30 days)
<i>fondaparinux sodium subcutaneous solution</i>	1 or 1b*	QL (30 syringes per 30 days)
*THROMBIN INHIBITORS - HIRUDIN TYPE*** - DRUGS TO PREVENT BLOOD CLOTS		
ANGIOMAX INTRAVENOUS SOLUTION RECONSTITUTED (<i>bivalirudin trifluoroacetate</i>)	3	
BIVALIRUDIN RTU INTRAVENOUS SOLUTION	3	
<i>bivalirudin trifluoroacetate intravenous solution reconstituted</i>	1 or 1b*	
*THROMBIN INHIBITORS - SELECTIVE DIRECT & REVERSIBLE*** - DRUGS TO PREVENT BLOOD CLOTS		
ARGATROBAN IN SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
ARGATROBAN INTRAVENOUS SOLUTION	3	
<i>dabigatran etexilate mesylate oral capsule</i>	3	QL (2 capsules per 1 day)
PRADAXA ORAL CAPSULE (<i>dabigatran etexilate mesylate</i>)	3	QL (2 capsules per 1 day)
PRADAXA ORAL PACKET 110 MG, 30 MG, 40 MG, 50 MG (<i>dabigatran etexilate mesylate</i>)	3	QL (4 packets per 1 day)
PRADAXA ORAL PACKET 150 MG, 20 MG (<i>dabigatran etexilate mesylate</i>)	3	QL (2 packets per 1 day)
ANTICONVULSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*AMPA GLUTAMATE RECEPTOR ANTAGONISTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
FYCOMPA ORAL SUSPENSION (<i>perampanel</i>)	3	QL (24 mL per 1 day)
FYCOMPA ORAL TABLET (<i>perampanel</i>)	3	QL (1 tablet per 1 day)
*ANTICONVULSANTS - BENZODIAZEPINES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>clobazam oral suspension</i>	1 or 1b*	QL (16 mL per 1 day)
<i>clobazam oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>clonazepam oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>clonazepam oral tablet dispersible</i>	1 or 1b*	QL (3 tablets per 1 day)
DIASTAT ACUDIAL RECTAL GEL (<i>diazepam</i>)	3	QL (2 syringes per 1 fill)
DIASTAT PEDIATRIC RECTAL GEL (<i>diazepam</i>)	3	QL (2 syringes per 1 fill)
<i>diazepam rectal gel</i>	1 or 1b*	QL (2 syringes per 1 fill)
KLONOPIN ORAL TABLET (<i>clonazepam</i>)	3	QL (3 tablets per 1 day)
NAYZILAM NASAL SOLUTION (<i>midazolam (anticonvulsant)</i>)	3	PA; QL (10 mL per 30 days)
ONFI ORAL SUSPENSION (<i>clobazam</i>)	3	QL (16 mL per 1 day)
ONFI ORAL TABLET (<i>clobazam</i>)	3	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMPAZAN ORAL FILM 10 MG, 20 MG (<i>clobazam</i>)	3	QL (2 film strips per 1 day)
SYMPAZAN ORAL FILM 5 MG (<i>clobazam</i>)	3	QL (1 film strip per 1 day)
VALTOCO 10 MG DOSE NASAL LIQUID (<i>diazepam</i>)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK (<i>diazepam</i>)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK (<i>diazepam</i>)	3	PA; QL (10 blister packs per 30 days)
VALTOCO 5 MG DOSE NASAL LIQUID (<i>diazepam</i>)	3	PA; QL (10 blister packs per 30 days)
*ANTICONVULSANTS - MISC.*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
APTOM ORAL TABLET 200 MG, 400 MG (<i>eslicarbazepine acetate</i>)	3	DO
APTOM ORAL TABLET 600 MG, 800 MG (<i>eslicarbazepine acetate</i>)	3	QL (2 tablets per 1 day)
BANZEL ORAL SUSPENSION (<i>rufinamide</i>)	3	QL (80 mL per 1 day)
BANZEL ORAL TABLET 200 MG (<i>rufinamide</i>)	3	DO
BANZEL ORAL TABLET 400 MG (<i>rufinamide</i>)	3	QL (8 tablets per 1 day)
BRIVIACT INTRAVENOUS SOLUTION (<i>brivaracetam</i>)	3	
BRIVIACT ORAL SOLUTION (<i>brivaracetam</i>)	3	QL (20 mL per 1 day)
BRIVIACT ORAL TABLET (<i>brivaracetam</i>)	3	QL (2 tablets per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	1 or 1b*	QL (5 capsules per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>carbamazepine er oral tablet extended release 12 hour 400 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>carbamazepine oral suspension</i>	1 or 1b*	QL (50 mL per 1 day)
<i>carbamazepine oral tablet</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>carbamazepine oral tablet chewable</i>	1 or 1b*	QL (10 tablets per 1 day)
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (<i>carbamazepine</i>)	3	QL (2 capsules per 1 day)
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG (<i>carbamazepine</i>)	3	QL (5 capsules per 1 day)
DIACOMIT ORAL CAPSULE 250 MG (<i>stiripentol</i>)	3	PA; DO
DIACOMIT ORAL CAPSULE 500 MG (<i>stiripentol</i>)	3	PA; QL (6 capsules per 1 day)
DIACOMIT ORAL PACKET 250 MG (<i>stiripentol</i>)	3	PA; DO
DIACOMIT ORAL PACKET 500 MG (<i>stiripentol</i>)	3	PA; QL (6 packets per 1 day)
ELEPSIA XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>levetiracetam</i>)	3	QL (2 tablets per 1 day)
EPIDIOLEX ORAL SOLUTION (<i>cannabidiol</i>)	3	PA; SP
<i>epitol oral tablet</i>	1 or 1b*	QL (8 tablets per 1 day)
EPRONTIA ORAL SOLUTION (<i>topiramate</i>)	3	QL (16 mL per 1 day)
FINTEPLA ORAL SOLUTION (<i>fenfluramine hcl</i>)	3	PA; QL (26 mg per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>gabapentin oral capsule</i>	1 or 1b*	DO
<i>gabapentin oral solution</i>	1 or 1b*	QL (72 mL per 1 day)
<i>gabapentin oral tablet 600 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>gabapentin oral tablet 800 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
KEPPRA INTRAVENOUS SOLUTION (levetiracetam)	3	
KEPPRA ORAL SOLUTION (levetiracetam)	3	QL (30 mL per 1 day)
KEPPRA ORAL TABLET 1000 MG (levetiracetam)	3	QL (3 tablets per 1 day)
KEPPRA ORAL TABLET 250 MG, 500 MG, 750 MG (levetiracetam)	3	DO
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (levetiracetam)	3	QL (6 tablets per 1 day)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 750 MG (levetiracetam)	3	QL (4 tablets per 1 day)
<i>lacosamide intravenous solution</i>	1 or 1b*	
<i>lacosamide oral solution</i>	1 or 1b*	QL (40 mL per 1 day)
<i>lacosamide oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG (lamotrigine)	3	QL (1 kit per 28 days)
LAMICTAL ODT ORAL KIT 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG (lamotrigine)	3	QL (1 kit per 35 days)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG (lamotrigine)	3	QL (2 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 25 MG (lamotrigine)	3	QL (3 tablets per 1 day)
LAMICTAL ODT ORAL TABLET DISPERSIBLE 50 MG (lamotrigine)	3	DO
LAMICTAL ORAL TABLET (lamotrigine)	3	DO
LAMICTAL ORAL TABLET CHEWABLE 25 MG (lamotrigine)	3	QL (2 tablets per 1 day)
LAMICTAL ORAL TABLET CHEWABLE 5 MG (lamotrigine)	3	QL (4 tablets per 1 day)
LAMICTAL STARTER ORAL KIT 35 X 25 MG (lamotrigine)	3	QL (1 kit per 28 days)
LAMICTAL STARTER ORAL KIT 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG (lamotrigine)	3	QL (1 kit per 35 days)
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG (lamotrigine)	3	QL (28 tablets per 28 days)
LAMICTAL XR ORAL KIT 25 & 50 & 100 MG, 50 & 100 & 200 MG (lamotrigine)	3	QL (35 tablets per 35 days)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 25 MG, 50 MG (lamotrigine)	3	DO
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG (lamotrigine)	3	QL (3 tablets per 1 day)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 300 MG (lamotrigine)	3	QL (2 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 25 mg, 50 mg</i>	1 or 1b*	DO
<i>lamotrigine er oral tablet extended release 24 hour 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>lamotrigine er oral tablet extended release 24 hour 250 mg, 300 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamotrigine oral kit 21 x 25 mg & 7 x 50 mg</i>	1 or 1b*	QL (1 kit per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lamotrigine oral kit 25 & 50 & 100 mg, 42 x 50 mg & 14x100 mg	1 or 1b*	QL (1 kit per 35 days)
lamotrigine oral tablet	1 or 1b*	DO
lamotrigine oral tablet chewable 25 mg	1 or 1b*	QL (2 tablets per 1 day)
lamotrigine oral tablet chewable 5 mg	1 or 1b*	QL (4 tablets per 1 day)
lamotrigine oral tablet dispersible 100 mg, 200 mg	1 or 1b*	QL (2 tablets per 1 day)
lamotrigine oral tablet dispersible 25 mg	1 or 1b*	QL (3 tablets per 1 day)
lamotrigine oral tablet dispersible 50 mg	1 or 1b*	DO
lamotrigine starter kit-blue oral kit	1 or 1b*	QL (1 kit per 28 days)
lamotrigine starter kit-green oral kit	1 or 1b*	QL (1 kit per 35 days)
lamotrigine starter kit-orange oral kit	1 or 1b*	QL (1 kit per 35 days)
levetiracetam er oral tablet extended release 24 hour 500 mg	1 or 1b*	QL (6 tablets per 1 day)
levetiracetam er oral tablet extended release 24 hour 750 mg	1 or 1b*	QL (4 tablets per 1 day)
LEVETIRACETAM IN NACL INTRAVENOUS SOLUTION 1000 MG/100ML, 1500 MG/100ML, 500 MG/100ML	3	
levetiracetam in nacl intravenous solution 250 mg/50ml	3	
levetiracetam intravenous solution	1 or 1b*	
levetiracetam oral solution	1 or 1b*	QL (30 mL per 1 day)
levetiracetam oral tablet 1000 mg	1 or 1b*	QL (3 tablets per 1 day)
levetiracetam oral tablet 250 mg, 500 mg, 750 mg	1 or 1b*	DO
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (pregabalin)	3	QL (3 capsule per 1 day)
LYRICA ORAL CAPSULE 225 MG, 300 MG, 75 MG (pregabalin)	3	QL (2 capsules per 1 day)
LYRICA ORAL SOLUTION (pregabalin)	3	QL (30 mL per 1 day)
MYSOLINE ORAL TABLET 250 MG (primidone)	3	QL (8 tablets per 1 day)
MYSOLINE ORAL TABLET 50 MG (primidone)	3	QL (4 tablets per 1 day)
NEURONTIN ORAL CAPSULE (gabapentin)	3	DO
NEURONTIN ORAL SOLUTION (gabapentin)	3	QL (72 mL per 1 day)
NEURONTIN ORAL TABLET 600 MG (gabapentin)	3	QL (6 tablets per 1 day)
NEURONTIN ORAL TABLET 800 MG (gabapentin)	3	QL (4 tablets per 1 day)
oxcarbazepine oral suspension	1 or 1b*	QL (40 mL per 1 day)
oxcarbazepine oral tablet 150 mg, 300 mg	1 or 1b*	QL (2 tablets per 1 day)
oxcarbazepine oral tablet 600 mg	1 or 1b*	QL (4 tablets per 1 day)
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 300 MG (oxcarbazepine)	3	DO
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HOUR 600 MG (oxcarbazepine)	3	QL (4 tablets per 1 day)
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg	1 or 1b*	QL (3 capsule per 1 day)
pregabalin oral capsule 225 mg, 300 mg, 75 mg	1 or 1b*	QL (2 capsules per 1 day)
pregabalin oral solution	1 or 1b*	QL (30 mL per 1 day)
primidone oral tablet 125 mg	1 or 1b*	QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>primidone oral tablet 250 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>primidone oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 50 MG (<i>topiramate</i>)	3	ST; QL (1 capsule per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 150 MG, 200 MG (<i>topiramate</i>)	3	ST; QL (2 capsules per 1 day)
QUDEXY XR ORAL CAPSULE ER 24 HOUR SPRINKLE 25 MG (<i>topiramate</i>)	3	ST; DO
<i>roweepra oral tablet</i>	1 or 1b*	DO
<i>rufinamide oral suspension</i>	1 or 1b*	QL (80 mL per 1 day)
<i>rufinamide oral tablet 200 mg</i>	1 or 1b*	DO
<i>rufinamide oral tablet 400 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG (<i>levetiracetam</i>)	3	QL (2 tablets per 1 day)
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 750 MG (<i>levetiracetam</i>)	3	QL (4 tablets per 1 day)
<i>subvenite oral tablet</i>	1 or 1b*	DO
<i>subvenite starter kit-blue oral kit</i>	1 or 1b*	QL (1 kit per 28 days)
<i>subvenite starter kit-green oral kit</i>	1 or 1b*	QL (1 kit per 35 days)
<i>subvenite starter kit-orange oral kit</i>	1 or 1b*	QL (1 kit per 35 days)
TEGRETOL ORAL SUSPENSION (<i>carbamazepine</i>)	3	QL (50 mL per 1 day)
TEGRETOL ORAL TABLET (<i>carbamazepine</i>)	3	QL (8 tablets per 1 day)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (<i>carbamazepine</i>)	3	QL (2 tablets per 1 day)
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 400 MG (<i>carbamazepine</i>)	3	QL (4 tablets per 1 day)
TOPAMAX ORAL TABLET 100 MG, 25 MG, 50 MG (<i>topiramate</i>)	3	DO
TOPAMAX ORAL TABLET 200 MG (<i>topiramate</i>)	3	QL (2 tablets per 1 day)
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE (<i>topiramate</i>)	3	QL (2 capsules per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 100 mg, 50 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 150 mg, 200 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>topiramate er oral capsule er 24 hour sprinkle 25 mg</i>	1 or 1b*	DO
<i>topiramate er oral capsule extended release 24 hour 100 mg, 50 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>topiramate er oral capsule extended release 24 hour 200 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>topiramate er oral capsule extended release 24 hour 25 mg</i>	1 or 1b*	DO
<i>topiramate oral capsule sprinkle</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>topiramate oral tablet 100 mg, 25 mg, 50 mg</i>	1 or 1b*	DO
<i>topiramate oral tablet 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
TRILEPTAL ORAL SUSPENSION (<i>oxcarbazepine</i>)	3	QL (40 mL per 1 day)
TRILEPTAL ORAL TABLET 150 MG, 300 MG (<i>oxcarbazepine</i>)	3	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRILEPTAL ORAL TABLET 600 MG (<i>oxcarbazepine</i>)	3	QL (4 tablets per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 50 MG (<i>topiramate</i>)	2	QL (1 capsule per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG (<i>topiramate</i>)	2	QL (2 capsules per 1 day)
TROKENDI XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 25 MG (<i>topiramate</i>)	2	DO
VIMPAT INTRAVENOUS SOLUTION (<i>lacosamide</i>)	3	
VIMPAT ORAL SOLUTION (<i>lacosamide</i>)	3	QL (40 mL per 1 day)
VIMPAT ORAL TABLET (<i>lacosamide</i>)	3	QL (2 tablets per 1 day)
ZONEGRAN ORAL CAPSULE (<i>zonisamide</i>)	3	QL (6 capsule per 1 day)
ZONISADE ORAL SUSPENSION (<i>zonisamide</i>)	3	QL (6 bottles per 30 days)
<i>zonisamide oral capsule</i>	1 or 1b*	QL (6 capsule per 1 day)
ZTALMY ORAL SUSPENSION (<i>ganaxolone</i>)	3	QL (10 bottles per 30 days)
*CARBAMATES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>felbamate oral suspension</i>	1 or 1b*	QL (30 mL per 1 day)
<i>felbamate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
FELBATOL ORAL SUSPENSION (<i>felbamate</i>)	3	QL (30 mL per 1 day)
FELBATOL ORAL TABLET (<i>felbamate</i>)	3	QL (6 tablets per 1 day)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	3	QL (1 blister pack per 28 days)
XCOPRI (350 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	3	QL (1 pack per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 50 MG (<i>cenobamate</i>)	3	QL (1 tablet per 1 day)
XCOPRI ORAL TABLET 200 MG (<i>cenobamate</i>)	3	QL (2 tablets per 1 day)
XCOPRI ORAL TABLET THERAPY PACK (<i>cenobamate</i>)	3	QL (1 pack per 28 days)
*GABA MODULATORS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
GABITRIL ORAL TABLET (<i>tiagabine hcl</i>)	3	QL (2 tablets per 1 day)
SABRIL ORAL PACKET (<i>vigabatrin</i>)	3	LD; SP; QL (6 packets per 1 day)
SABRIL ORAL TABLET (<i>vigabatrin</i>)	3	LD; SP; QL (6 tablets per 1 day)
<i>tiagabine hcl oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>vigabatrin oral packet</i>	1 or 1b*	LD; SP; QL (6 packets per 1 day)
<i>vigabatrin oral tablet</i>	1 or 1b*	LD; SP; QL (6 tablets per 1 day)
<i>vigadrone oral packet</i>	1 or 1b*	LD; SP; QL (6 packets per 1 day)
*HYDANTOINS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
CEREBYX INJECTION SOLUTION (<i>fosphenytoin sodium</i>)	3	
DILANTIN INFATABS ORAL TABLET CHEWABLE (<i>phenytoin</i>)	3	
DILANTIN ORAL CAPSULE 100 MG (<i>phenytoin sodium extended</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DILANTIN ORAL CAPSULE 30 MG (<i>phenytoin sodium extended</i>)	2	
DILANTIN ORAL SUSPENSION (<i>phenytoin</i>)	3	
<i>fosphenytoin sodium injection solution</i>	1 or 1b*	
PHENYTEK ORAL CAPSULE (<i>phenytoin sodium extended</i>)	3	
<i>phenytoin infatabs oral tablet chewable</i>	1 or 1b*	
<i>phenytoin oral suspension</i>	1 or 1b*	
<i>phenytoin oral tablet chewable</i>	1 or 1b*	
<i>phenytoin sodium extended oral capsule</i>	1 or 1b*	
<i>phenytoin sodium injection solution</i>	1 or 1b*	
*SUCCINIMIDES*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
CELONTIN ORAL CAPSULE (<i>methsuximide</i>)	3	QL (4 capsules per 1 day)
<i>ethosuximide oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>ethosuximide oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
ZARONTIN ORAL CAPSULE (<i>ethosuximide</i>)	3	QL (6 capsules per 1 day)
ZARONTIN ORAL SOLUTION (<i>ethosuximide</i>)	3	QL (30 mL per 1 day)
*VALPROIC ACID*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG (<i>divalproex sodium</i>)	3	QL (2 tablets per 1 day)
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (<i>divalproex sodium</i>)	3	QL (7 tablets per 1 day)
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG (<i>divalproex sodium</i>)	3	QL (2 tablets per 1 day)
DEPAKOTE ORAL TABLET DELAYED RELEASE 500 MG (<i>divalproex sodium</i>)	3	QL (7 tablets per 1 day)
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE (<i>divalproex sodium</i>)	3	QL (8 capsules per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour 500 mg</i>	1 or 1b*	QL (7 tablets per 1 day)
<i>divalproex sodium oral capsule delayed release sprinkle</i>	1 or 1b*	QL (8 capsules per 1 day)
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>divalproex sodium oral tablet delayed release 500 mg</i>	1 or 1b*	QL (7 tablets per 1 day)
<i>valproate sodium intravenous solution</i>	1 or 1b*	
<i>valproic acid oral capsule</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>valproic acid oral solution</i>	1 or 1b*	
ANTIDEPRESSANTS - DRUGS FOR THE NERVOUS SYSTEM		
*ALPHA-2 RECEPTOR ANTAGONISTS (TETRACYCLICS)*** - DRUGS FOR DEPRESSION		
<i>mirtazapine oral tablet 15 mg, 7.5 mg</i>	1 or 1b*	DO
<i>mirtazapine oral tablet 30 mg, 45 mg</i>	1 or 1b*	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mirtazapine oral tablet dispersible 15 mg	1 or 1b*	DO
mirtazapine oral tablet dispersible 30 mg, 45 mg	1 or 1b*	QL (1 tablet per 1 day)
REMERON ORAL TABLET 15 MG (mirtazapine)	3	DO
REMERON ORAL TABLET 30 MG (mirtazapine)	3	QL (1 tablet per 1 day)
REMERON SOLTAB ORAL TABLET DISPERSIBLE 15 MG (mirtazapine)	3	DO
REMERON SOLTAB ORAL TABLET DISPERSIBLE 30 MG, 45 MG (mirtazapine)	3	QL (1 tablet per 1 day)
*ANTIDEPRESSANT - MISCELLANEOUS COMBINATIONS*** - DRUGS FOR DEPRESSION		
AUVELITY ORAL TABLET EXTENDED RELEASE (dextromethorphan-bupropion)	3	PA; QL (2 tablets per 1 day)
*ANTIDEPRESSANTS - MISC.*** - DRUGS FOR DEPRESSION		
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 174 MG (bupropion hbr)	3	ST; DO
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HOUR 348 MG, 522 MG (bupropion hbr)	3	ST; QL (1 tablet per 1 day)
bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg	1 or 1b*	DO
bupropion hcl er (sr) oral tablet extended release 12 hour 150 mg, 200 mg	1 or 1b*	QL (2 tablets per 1 day)
bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg	1 or 1b*	DO
bupropion hcl er (xl) oral tablet extended release 24 hour 300 mg, 450 mg	1 or 1b*	QL (1 tablet per 1 day)
bupropion hcl oral tablet 100 mg	1 or 1b*	QL (4.5 tablet per 1 day)
bupropion hcl oral tablet 75 mg	1 or 1b*	DO
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR (bupropion hcl)	3	ST; QL (1 tablet per 1 day)
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG (bupropion hcl)	3	ST; DO
WELLBUTRIN SR ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG (bupropion hcl)	3	ST; QL (2 tablets per 1 day)
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG (bupropion hcl)	3	ST; DO
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG (bupropion hcl)	3	ST; QL (1 tablet per 1 day)
*GABA RECEPTOR MODULATOR - NEUROACTIVE STEROID*** - DRUGS FOR DEPRESSION		
ZULRESSO INTRAVENOUS SOLUTION (brexanolone)	3	PA
*MONOAMINE OXIDASE INHIBITORS (MAOIS)*** - DRUGS FOR DEPRESSION		
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 9 MG/24HR (selegiline)	3	QL (1 patch per 1 day)
EMSAM TRANSDERMAL PATCH 24 HOUR 6 MG/24HR (selegiline)	3	DO
MARPLAN ORAL TABLET (isocarboxazid)	3	QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NARDIL ORAL TABLET (<i>phenelzine sulfate</i>)	3	QL (6 tablets per 1 day)
PARNATE ORAL TABLET (<i>tranylcypromine sulfate</i>)	3	QL (6 tablets per 1 day)
<i>phenelzine sulfate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>tranylcypromine sulfate oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
*N-METHYL-D-ASPARTIC ACID (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR DEPRESSION		
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK (<i>esketamine hcl</i>)	3	PA; QL (4 kits per 28 days)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK (<i>esketamine hcl</i>)	3	PA; QL (4 kits per 28 days)
*SELECTIVE SEROTONIN REUPTAKE INHIBITORS (SSRIS)*** - DRUGS FOR DEPRESSION		
CELEXA ORAL TABLET 10 MG, 20 MG (<i>citalopram hydrobromide</i>)	3	ST; DO
CELEXA ORAL TABLET 40 MG (<i>citalopram hydrobromide</i>)	3	ST; QL (1 tablet per 1 day)
CITALOPRAM HYDROBROMIDE ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
<i>citalopram hydrobromide oral solution</i>	1 or 1b*	QL (20 mL per 1 day)
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg</i>	1 or 1b*	DO
<i>citalopram hydrobromide oral tablet 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>escitalopram oxalate oral solution</i>	1 or 1b*	QL (20 mL per 1 day)
<i>escitalopram oxalate oral tablet 10 mg, 5 mg</i>	1 or 1b*	DO
<i>escitalopram oxalate oral tablet 20 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>fluoxetine hcl oral capsule 10 mg</i>	1 or 1b*	DO
<i>fluoxetine hcl oral capsule 20 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>fluoxetine hcl oral capsule 40 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>fluoxetine hcl oral capsule delayed release</i>	1 or 1b*	QL (4 capsules per 28 days)
<i>fluoxetine hcl oral solution</i>	1 or 1b*	QL (20 mL per 1 day)
<i>fluoxetine hcl oral tablet 10 mg</i>	1 or 1b*	DO
<i>fluoxetine hcl oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
FLUOXETINE HCL ORAL TABLET 60 MG	3	QL (1 tablet per 1 day)
<i>fluvoxamine maleate er oral capsule extended release 24 hour</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>fluvoxamine maleate oral tablet 100 mg</i>	1 or 1b*	QL (3 tablet per 1 day)
<i>fluvoxamine maleate oral tablet 25 mg, 50 mg</i>	1 or 1b*	DO
LEXAPRO ORAL TABLET 10 MG, 5 MG (<i>escitalopram oxalate</i>)	3	ST; DO
LEXAPRO ORAL TABLET 20 MG (<i>escitalopram oxalate</i>)	3	ST; QL (1 tablet per 1 day)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	1 or 1b*	DO
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>paroxetine hcl oral suspension</i>	1 or 1b*	ST; QL (30 mL per 1 day)
<i>paroxetine hcl oral tablet 10 mg, 20 mg</i>	1 or 1b*	DO
<i>paroxetine hcl oral tablet 30 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>paroxetine hcl oral tablet 40 mg</i>	1 or 1b*	QL (1.5 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5 MG (paroxetine hcl)	3	ST; DO
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 37.5 MG (paroxetine hcl)	3	ST; QL (2 tablets per 1 day)
PAXIL ORAL SUSPENSION (paroxetine hcl)	3	ST; QL (30 mL per 1 day)
PAXIL ORAL TABLET 10 MG, 20 MG (paroxetine hcl)	3	ST; DO
PAXIL ORAL TABLET 30 MG (paroxetine hcl)	3	ST; QL (2 tablets per 1 day)
PAXIL ORAL TABLET 40 MG (paroxetine hcl)	3	ST; QL (1.5 tablet per 1 day)
PEXEVA ORAL TABLET 10 MG, 20 MG (paroxetine mesylate)	3	ST; DO
PEXEVA ORAL TABLET 30 MG (paroxetine mesylate)	3	ST; QL (2 tablets per 1 day)
PROZAC ORAL CAPSULE 10 MG (fluoxetine hcl)	3	ST; DO
PROZAC ORAL CAPSULE 20 MG (fluoxetine hcl)	3	ST; QL (4 capsules per 1 day)
PROZAC ORAL CAPSULE 40 MG (fluoxetine hcl)	3	ST; QL (2 capsules per 1 day)
SERTRALINE HCL ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
sertraline hcl oral concentrate	1 or 1b*	QL (10 mL per 1 day)
sertraline hcl oral tablet 100 mg	1 or 1b*	QL (2 tablets per 1 day)
sertraline hcl oral tablet 25 mg, 50 mg	1 or 1b*	DO
ZOLOFT ORAL CONCENTRATE (sertraline hcl)	3	ST; QL (10 mL per 1 day)
ZOLOFT ORAL TABLET 100 MG (sertraline hcl)	3	ST; QL (2 tablets per 1 day)
ZOLOFT ORAL TABLET 25 MG, 50 MG (sertraline hcl)	3	ST; DO
*SEROTONIN MODULATORS*** - DRUGS FOR DEPRESSION		
nefazodone hcl oral tablet 100 mg, 50 mg	1 or 1b*	DO
nefazodone hcl oral tablet 150 mg, 250 mg	1 or 1b*	QL (2 tablets per 1 day)
nefazodone hcl oral tablet 200 mg	1 or 1b*	QL (3 tablets per 1 day)
trazodone hcl oral tablet 100 mg, 150 mg, 50 mg	1 or 1a*	DO
trazodone hcl oral tablet 300 mg	1 or 1a*	QL (2 tablets per 1 day)
TRINTELLIX ORAL TABLET 10 MG, 5 MG (vortioxetine hbr)	2	DO
TRINTELLIX ORAL TABLET 20 MG (vortioxetine hbr)	2	QL (1 tablet per 1 day)
VIIBRYD ORAL TABLET 10 MG, 20 MG (vilazodone hcl)	3	ST; DO
VIIBRYD ORAL TABLET 40 MG (vilazodone hcl)	3	ST; QL (1 tablet per 1 day)
VIIBRYD STARTER PACK ORAL KIT (vilazodone hcl)	3	ST; QL (1 pack per 365 days)
vilazodone hcl oral tablet 10 mg, 20 mg	1 or 1b*	ST; DO
vilazodone hcl oral tablet 40 mg	1 or 1b*	ST; QL (1 tablet per 1 day)
*SEROTONIN-NOREPINEPHRINE REUPTAKE INHIBITORS (SNRIS)*** - DRUGS FOR DEPRESSION		
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 20 MG (duloxetine hcl)	3	PA; QL (6 capsules per 1 day)
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 30 MG (duloxetine hcl)	3	PA; QL (4 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYMBALTA ORAL CAPSULE DELAYED RELEASE PARTICLES 60 MG (<i>duloxetine hcl</i>)	3	PA; QL (2 capsules per 1 day)
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG	3	ST; QL (1 tablet per 1 day)
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG	3	ST
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg, 50 mg</i>	1 or 1b*	DO
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 20 MG, 60 MG (<i>duloxetine hcl</i>)	3	PA; QL (2 capsules per 1 day)
DRIZALMA SPRINKLE ORAL CAPSULE DELAYED RELEASE SPRINKLE 30 MG, 40 MG (<i>duloxetine hcl</i>)	3	PA; DO
<i>duloxetine hcl oral capsule delayed release particles 20 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 30 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 40 mg</i>	1 or 1b*	QL (3 capsule per 1 day)
<i>duloxetine hcl oral capsule delayed release particles 60 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 150 MG (<i>venlafaxine hcl</i>)	3	ST; QL (1 capsule per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 37.5 MG (<i>venlafaxine hcl</i>)	3	ST; QL (6 capsules per 1 day)
EFFEXOR XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 75 MG (<i>venlafaxine hcl</i>)	3	ST; QL (3 capsules per 1 day)
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>levomilnacipran hcl</i>)	3	ST; QL (1 capsule per 1 day)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK (<i>levomilnacipran hcl</i>)	3	ST; QL (28 pack per 365 days)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG (<i>desvenlafaxine succinate</i>)	3	ST; QL (1 tablet per 1 day)
PRISTIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG (<i>desvenlafaxine succinate</i>)	3	ST; DO
<i>venlafaxine besylate er oral tablet extended release 24 hour</i>	3	ST; QL (2 tablets per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 37.5 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>venlafaxine hcl er oral capsule extended release 24 hour 75 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	3	ST; QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 37.5 mg</i>	3	ST; QL (6 tablets per 1 day)
<i>venlafaxine hcl er oral tablet extended release 24 hour 75 mg</i>	3	ST; QL (3 tablets per 1 day)
<i>venlafaxine hcl oral tablet</i>	1 or 1b*	QL (3 tablet per 1 day)
*TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>amitriptyline hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg</i>	1 or 1a*	DO
<i>amitriptyline hcl oral tablet 100 mg</i>	1 or 1a*	QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
amitriptyline hcl oral tablet 150 mg	1 or 1a*	QL (2 tablets per 1 day)
amoxapine oral tablet 100 mg	1 or 1b*	QL (4 tablets per 1 day)
amoxapine oral tablet 150 mg	1 or 1b*	QL (2 tablets per 1 day)
amoxapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
ANAFRANIL ORAL CAPSULE 25 MG (clomipramine hcl)	3	DO
ANAFRANIL ORAL CAPSULE 50 MG (clomipramine hcl)	3	QL (5 capsules per 1 day)
ANAFRANIL ORAL CAPSULE 75 MG (clomipramine hcl)	3	QL (3 capsules per 1 day)
clomipramine hcl oral capsule 25 mg	1 or 1b*	DO
clomipramine hcl oral capsule 50 mg	1 or 1b*	QL (5 capsules per 1 day)
clomipramine hcl oral capsule 75 mg	1 or 1b*	QL (3 capsules per 1 day)
desipramine hcl oral tablet 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
desipramine hcl oral tablet 100 mg	1 or 1b*	QL (3 tablets per 1 day)
desipramine hcl oral tablet 150 mg	1 or 1b*	QL (2 tablets per 1 day)
doxepin hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1 or 1b*	DO
doxepin hcl oral capsule 100 mg	1 or 1b*	QL (3 capsules per 1 day)
doxepin hcl oral capsule 150 mg	1 or 1b*	QL (2 capsules per 1 day)
doxepin hcl oral concentrate	1 or 1b*	QL (30 mL per 1 day)
imipramine hcl oral tablet 10 mg, 25 mg	1 or 1b*	DO
imipramine hcl oral tablet 50 mg	1 or 1b*	QL (6 tablets per 1 day)
imipramine pamoate oral capsule 100 mg, 75 mg	1 or 1b*	DO
imipramine pamoate oral capsule 125 mg, 150 mg	1 or 1b*	QL (2 capsules per 1 day)
NORPRAMIN ORAL TABLET (desipramine hcl)	3	DO
nortriptyline hcl oral capsule 10 mg, 25 mg	1 or 1b*	DO
nortriptyline hcl oral capsule 50 mg	1 or 1b*	QL (3 capsules per 1 day)
nortriptyline hcl oral capsule 75 mg	1 or 1b*	QL (2 capsules per 1 day)
nortriptyline hcl oral solution	1 or 1b*	QL (75 mL per 1 day)
PAMELOR ORAL CAPSULE 10 MG, 25 MG (nortriptyline hcl)	3	DO
PAMELOR ORAL CAPSULE 50 MG (nortriptyline hcl)	3	QL (3 capsules per 1 day)
PAMELOR ORAL CAPSULE 75 MG (nortriptyline hcl)	3	QL (2 capsules per 1 day)
protriptyline hcl oral tablet 10 mg	1 or 1b*	QL (6 tablets per 1 day)
protriptyline hcl oral tablet 5 mg	1 or 1b*	DO
trimipramine maleate oral capsule 100 mg	1 or 1b*	QL (2 capsules per 1 day)
trimipramine maleate oral capsule 25 mg, 50 mg	1 or 1b*	QL (3 capsules per 1 day)
ANTIDIABETICS - HORMONES		
*ALPHA-GLUCOSIDASE INHIBITORS*** - DRUGS FOR DIABETES		
acarbose oral tablet	1 or 1b*	QL (3 tablets per 1 day)
miglitol oral tablet	1 or 1b*	QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIDIABETIC - AMYLIN ANALOGS*** - DRUGS FOR DIABETES		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR (pramlintide acetate)	2	QL (4 pens per 30 days)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR (pramlintide acetate)	2	QL (2 boxes per 30 days)
*ANTIDIABETIC-ANTI-CD3 ANTIBODIES*** - HORMONES		
TZIELD INTRAVENOUS SOLUTION (teplizumab-mzwv)	3	PA
*BIGUANIDES*** - DRUGS FOR DIABETES		
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 1000 MG (metformin hcl)	3	ST; QL (2 tablets per 1 day)
GLUMETZA ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG (metformin hcl)	3	ST; QL (4 tablets per 1 day)
metformin hcl er (mod) oral tablet extended release 24 hour 1000 mg	3	ST; QL (2 tablets per 1 day)
metformin hcl er (mod) oral tablet extended release 24 hour 500 mg	3	ST; QL (4 tablets per 1 day)
metformin hcl er (osm) oral tablet extended release 24 hour 1000 mg	3	ST; QL (2 tablets per 1 day)
metformin hcl er (osm) oral tablet extended release 24 hour 500 mg	3	ST; QL (4 tablets per 1 day)
metformin hcl er oral tablet extended release 24 hour 500 mg	1 or 1b*	
metformin hcl er oral tablet extended release 24 hour 750 mg	1 or 1b*	QL (2 tablets per 1 day)
metformin hcl oral solution	1 or 1b*	PA; QL (2 bottles per 30 days)
metformin hcl oral tablet 1000 mg	1 or 1b*	QL (2 tablets per 1 day)
metformin hcl oral tablet 500 mg	1 or 1b*	QL (5 tablets per 1 day)
METFORMIN HCL ORAL TABLET 625 MG	3	PA; QL (4 tablets per 1 day)
metformin hcl oral tablet 850 mg	1 or 1b*; \$0	QL (3 tablets per 1 day)
RIOMET ORAL SOLUTION (metformin hcl)	3	PA; QL (2 bottles per 30 days)
*DIABETIC OTHER*** - DRUGS FOR DIABETES		
BAQSIMI ONE PACK NASAL POWDER (glucagon)	3	QL (2 packs per 30 days)
BAQSIMI TWO PACK NASAL POWDER (glucagon)	3	QL (1 pack per 30 days)
diazoxide oral suspension	1 or 1b*	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED (glucagon hcl (rdna))	3	QL (2 kits per 30 days)
GLUCAGON EMERGENCY INJECTION KIT	3	QL (2 kits per 30 days)
GLUCAGON EMERGENCY INJECTION SOLUTION RECONSTITUTED	3	QL (2 kits per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (glucagon)	3	QL (2 packs per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (glucagon)	3	QL (1 pack per 30 days)
GVOKE KIT SUBCUTANEOUS SOLUTION (glucagon)	3	QL (2 kits per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (glucagon)	3	QL (2 packs per 30 days)
PROGLYCEM ORAL SUSPENSION (diazoxide)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (dasiglucagon hcl)	3	QL (1.2 mL per 30 days)
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (dasiglucagon hcl)	3	QL (1.2 mL per 30 days)
*DIPEPTIDYL PEPTIDASE-4 (DPP-4) INHIBITORS*** - DRUGS FOR DIABETES		
<i>alogliptin benzoate oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
JANUVIA ORAL TABLET (<i>sitagliptin phosphate</i>)	2	ST; QL (1 tablet per 1 day)
NESINA ORAL TABLET (<i>alogliptin benzoate</i>)	3	ST; QL (1 tablet per 1 day)
ONGLYZA ORAL TABLET (<i>saxagliptin hcl</i>)	3	ST; QL (1 tablet per 1 day)
TRADJENTA ORAL TABLET (<i>linagliptin</i>)	3	ST; QL (1 tablet per 1 day)
*DIPEPTIDYL PEPTIDASE-4 INHIBITOR-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-metformin hcl oral tablet</i>	1 or 1b*	ST; QL (2 tablets per 1 day)
JANUMET ORAL TABLET (<i>sitagliptin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG (<i>sitagliptin-metformin hcl</i>)	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>)	2	ST; QL (2 tablets per 1 day)
JENTADUETO ORAL TABLET (<i>linagliptin-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>linagliptin-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>linagliptin-metformin hcl</i>)	3	ST; QL (1 tablet per 1 day)
KAZANO ORAL TABLET (<i>alogliptin-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>saxagliptin-metformin</i>)	3	ST; QL (2 tablets per 1 day)
KOMBIGLYZE XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG, 5-500 MG (<i>saxagliptin-metformin</i>)	3	ST; QL (1 tablet per 1 day)
*DOPAMINE RECEPTOR AGONISTS - ERGOT DERIVATIVES*** - DRUGS FOR DIABETES		
CYCLOSET ORAL TABLET (<i>bromocriptine mesylate</i>)	3	QL (6 tablets per 1 day)
*DPP-4 INHIBITOR-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>alogliptin-pioglitazone oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
OSENI ORAL TABLET (<i>alogliptin-pioglitazone</i>)	3	ST; QL (1 tablet per 1 day)
*HUMAN INSULIN*** - DRUGS FOR DIABETES		
ADMELOG INJECTION SOLUTION (<i>insulin lispro</i>)	3	ST; QL (30 mL per 30 days)
ADMELOG SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	3	ST; QL (30 mL per 30 days)
AFREZZA INHALATION POWDER 12 UNIT (<i>insulin regular human</i>)	3	PA; QL (9 cartridges per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AFREZZA INHALATION POWDER 4 UNIT, 90 X 4 UNIT & 90X8 UNIT (<i>insulin regular human</i>)	3	PA; QL (18 cartridges per 1 day)
AFREZZA INHALATION POWDER 60X4 & 60X8 & 60X12 UNIT, 8 UNIT (<i>insulin regular human</i>)	3	PA; QL (12 cartridges per 1 day)
AFREZZA INHALATION POWDER 90 X 8 UNIT & 90X12 UNIT (<i>insulin regular human</i>)	3	PA; QL (1 EA per 12 days)
APIDRA INJECTION SOLUTION (<i>insulin glulisine</i>)	3	ST; QL (30 mL per 30 days)
APIDRA SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glulisine</i>)	3	ST; QL (30 mL per 30 days)
BASAGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	3	ST; QL (30 mL per 30 days)
BASAGLAR TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	3	ST; QL (1 mL per 1 day)
FIASP FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart (w/niacinamide)</i>)	3	ST; QL (30 mL per 30 days)
FIASP INJECTION SOLUTION (<i>insulin aspart (w/niacinamide)</i>)	3	ST; QL (30 mL per 30 days)
FIASP PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin aspart (w/niacinamide)</i>)	3	ST; QL (30 mL per 30 days)
HUMALOG INJECTION SOLUTION (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 50/50 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG MIX 75/25 SUBCUTANEOUS SUSPENSION (<i>insulin lispro prot & lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin lispro</i>)	2	QL (30 mL per 30 days)
HUMALOG TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro</i>)	3	ST; QL (1 mL per 1 day)
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	2	QL (30 mL per 30 days)
HUMULIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	2	QL (30 mL per 30 days)
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	2	QL (30 mL per 30 days)
HUMULIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	2	QL (30 mL per 30 days)
HUMULIN R INJECTION SOLUTION (<i>insulin regular human</i>)	2	QL (30 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMULIN R U-500 (CONCENTRATED) SUBCUTANEOUS SOLUTION (<i>insulin regular human</i>)	2	PA; QL (20 mL per 30 days)
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	2	PA; QL (18 mL per 30 days)
INSULIN ASP PROT & ASP FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	3	ST; QL (30 mL per 30 days)
INSULIN ASPART FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (30 mL per 30 days)
INSULIN ASPART INJECTION SOLUTION	3	ST; QL (30 mL per 30 days)
INSULIN ASPART PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE	3	ST; QL (30 mL per 30 days)
INSULIN ASPART PROT & ASPART SUBCUTANEOUS SUSPENSION	3	ST; QL (30 mL per 30 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 100 unit/ml</i>	3	ST; QL (30 mL per 30 days)
<i>insulin degludec flextouch subcutaneous solution pen-injector 200 unit/ml</i>	3	ST; QL (18 mL per 30 days)
<i>insulin degludec subcutaneous solution</i>	3	ST; QL (30 mL per 30 days)
INSULIN GLARGINE SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN GLARGINE SUBCUTANEOUS SOLUTION	2	QL (30 mL per 30 days)
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION	3	ST; QL (1 mL per 1 day)
INSULIN GLARGINE-YFGN SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	ST; QL (1 mL per 1 day)
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO INJECTION SOLUTION	2	QL (30 mL per 30 days)
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	2	QL (30 mL per 30 days)
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR	2	QL (30 mL per 30 days)
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (30 mL per 30 days)
LANTUS SUBCUTANEOUS SOLUTION (<i>insulin glargine</i>)	2	QL (30 mL per 30 days)
LEVEMIR FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin detemir</i>)	2	
LEVEMIR SUBCUTANEOUS SOLUTION (<i>insulin detemir</i>)	2	QL (30 mL per 30 days)
LYUMJEV INJECTION SOLUTION (<i>insulin lispro-aabc</i>)	2	QL (30 mL per 30 days)
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro-aabc</i>)	2	QL (30 mL per 30 days)
LYUMJEV TEMPO PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin lispro-aabc</i>)	3	ST; QL (1 mL per 1 day)
MYXREDLIN INTRAVENOUS SOLUTION (<i>insulin regular(human) in nacl</i>)	3	
NOVOLIN 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	3	ST; QL (30 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph isophane & regular</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 RELION SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin nph isophane & regular</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN N FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN N FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin nph human (isophane)</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN N RELION SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN N SUBCUTANEOUS SUSPENSION (<i>insulin nph human (isophane)</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN R FLEXPEN RELION INJECTION SOLUTION PEN-INJECTOR (<i>insulin regular human</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN R INJECTION SOLUTION (<i>insulin regular human</i>)	3	ST; QL (30 mL per 30 days)
NOVOLIN R RELION INJECTION SOLUTION (<i>insulin regular human</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG 70/30 FLEXPEN RELION SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin aspart prot & aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG FLEXPEN RELION SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG INJECTION SOLUTION (<i>insulin aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 FLEXPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (<i>insulin aspart prot & aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 RELION SUBCUTANEOUS SUSPENSION (<i>insulin aspart prot & aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG MIX 70/30 SUBCUTANEOUS SUSPENSION (<i>insulin aspart prot & aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG PENFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>insulin aspart</i>)	3	ST; QL (30 mL per 30 days)
NOVOLOG RELION INJECTION SOLUTION (<i>insulin aspart</i>)	3	ST; QL (30 mL per 30 days)
REZVOGLAR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine-aglr</i>)	3	ST; QL (30 mL per 30 days)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION (<i>insulin glargine-yfgn</i>)	3	ST; QL (1 mL per 1 day)
SEMGLEE (YFGN) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine-yfgn</i>)	3	ST; QL (1 mL per 1 day)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (12 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine</i>)	2	QL (13.5 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML (<i>insulin degludec</i>)	2	QL (30 mL per 30 days)
TRESIBA FLEXTOUCH SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML (<i>insulin degludec</i>)	2	QL (18 mL per 30 days)
TRESIBA SUBCUTANEOUS SOLUTION (<i>insulin degludec</i>)	2	QL (30 mL per 30 days)
*INCRETIN MIMETIC AGENTS (GIP & GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>tirzepatide</i>)	3	ST; QL (4 pens per 28 days)
*INCRETIN MIMETIC AGENTS (GLP-1 RECEPTOR AGONISTS)*** - DRUGS FOR DIABETES		
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR (<i>exenatide</i>)	3	ST; QL (4 vial per 28 days)
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>exenatide</i>)	3	ST; QL (0.08 mL per 1 day)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>exenatide</i>)	3	ST; QL (0.04 mL per 1 day)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	ST; QL (1 pen per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	ST; QL (1 unit per 28 days)
OZEMPIC (2 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>semaglutide</i>)	2	ST; QL (0.11 mL per 1 day)
RYBELSUS ORAL TABLET 14 MG, 7 MG (<i>semaglutide</i>)	2	ST; QL (1 carton per 30 days)
RYBELSUS ORAL TABLET 3 MG (<i>semaglutide</i>)	2	ST; QL (1 carton per 1 lifetime)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML (<i>dulaglutide</i>)	2	ST; QL (4 pens per 28 days)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML (<i>dulaglutide</i>)	2	ST; QL (4 syringes per 28 days)
VICTOZA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>liraglutide</i>)	2	ST; QL (1 box per 30 days)
*INSULIN-INCRETIN MIMETIC COMBINATIONS*** - DRUGS FOR DIABETES		
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin glargine-lixisenatide</i>)	2	ST; QL (5 pen per 25 days)
XULTOPHY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>insulin degludec-liraglutide</i>)	2	ST; QL (5 pen per 30 days)
*MEGLITINIDE ANALOGUES*** - DRUGS FOR DIABETES		
nateglinide oral tablet	1 or 1b*	QL (3 tablets per 1 day)
repaglinide oral tablet 0.5 mg, 1 mg	1 or 1b*	QL (4 tablets per 1 day)
repaglinide oral tablet 2 mg	1 or 1b*	QL (8 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR DIABETES		
KORLYM ORAL TABLET (<i>mifepristone</i>)	3	PA; QL (4 tablets per 1 day)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR - BIGUANIDE COMB*** - DRUGS FOR DIABETES		
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	ST; QL (1 tablet per 1 day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG (<i>empagliflozin-linagliptin-metformin</i>)	2	ST; QL (2 tablets per 1 day)
*SGLT2 INHIBITOR - DPP-4 INHIBITOR COMBINATIONS*** - DRUGS FOR DIABETES		
GLYXAMBI ORAL TABLET (<i>empagliflozin-linagliptin</i>)	2	ST; QL (1 tablet per 1 day)
QTERN ORAL TABLET (<i>dapagliflozin-saxagliptin</i>)	3	ST; QL (1 tablet per 1 day)
STEGLUJAN ORAL TABLET (<i>ertugliflozin-sitagliptin</i>)	3	ST; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 (SGLT2) INHIBITORS*** - DRUGS FOR DIABETES		
FARXIGA ORAL TABLET (<i>dapagliflozin propanediol</i>)	2	ST; QL (1 tablet per 1 day)
INVOKANA ORAL TABLET (<i>canagliflozin</i>)	3	ST; QL (1 tablet per 1 day)
JARDIANCE ORAL TABLET (<i>empagliflozin</i>)	2	ST; QL (1 tablet per 1 day)
STEGLATRO ORAL TABLET (<i>ertugliflozin l-pyrogutamic acid</i>)	3	ST; QL (1 tablet per 1 day)
*SODIUM-GLUCOSE CO-TRANSPORTER 2 INHIBITOR-BIGUANIDE COMB*** - DRUGS FOR DIABETES		
INVOKAMET ORAL TABLET (<i>canagliflozin-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)
INVOKAMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>canagliflozin-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)
SEGLUROMET ORAL TABLET (<i>ertugliflozin-metformin hcl</i>)	3	ST; QL (2 tablets per 1 day)
SYNJARDY ORAL TABLET (<i>empagliflozin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 12.5-1000 MG, 5-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 25-1000 MG (<i>empagliflozin-metformin hcl</i>)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG (<i>dapagliflozin-metformin hcl</i>)	2	ST; QL (1 tablet per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG (<i>dapagliflozin-metformin hcl</i>)	2	ST; QL (2 tablets per 1 day)
*SULFONYLUREA-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
<i>glipizide-metformin hcl oral tablet 2.5-250 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)
<i>glipizide-metformin hcl oral tablet 2.5-500 mg, 5-500 mg</i>	1 or 1b*	ST; QL (4 tablets per 1 day)
<i>glyburide-metformin oral tablet 1.25-250 mg</i>	1 or 1b*	ST; QL (8 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glyburide-metformin oral tablet 2.5-500 mg, 5-500 mg	1 or 1b*	ST; QL (4 tablets per 1 day)
*SULFONYLUREAS*** - DRUGS FOR DIABETES		
AMARYL ORAL TABLET 1 MG (glimepiride)	3	ST; QL (8 tablets per 1 day)
AMARYL ORAL TABLET 2 MG (glimepiride)	3	ST; QL (4 tablets per 1 day)
AMARYL ORAL TABLET 4 MG (glimepiride)	3	ST; QL (2 tablets per 1 day)
glimepiride oral tablet 1 mg	1 or 1b*	ST; QL (8 tablets per 1 day)
glimepiride oral tablet 2 mg	1 or 1b*	ST; QL (4 tablets per 1 day)
glimepiride oral tablet 4 mg	1 or 1b*	ST; QL (2 tablets per 1 day)
glipizide er oral tablet extended release 24 hour 10 mg	1 or 1a*	ST; QL (2 tablets per 1 day)
glipizide er oral tablet extended release 24 hour 2.5 mg	1 or 1a*	ST; QL (8 tablets per 1 day)
glipizide er oral tablet extended release 24 hour 5 mg	1 or 1a*	ST; QL (4 tablets per 1 day)
glipizide oral tablet 10 mg	1 or 1a*	ST; QL (4 tablets per 1 day)
glipizide oral tablet 5 mg	1 or 1a*	ST; QL (8 tablets per 1 day)
glipizide xl oral tablet extended release 24 hour 10 mg	1 or 1a*	ST; QL (2 tablets per 1 day)
glipizide xl oral tablet extended release 24 hour 2.5 mg	1 or 1a*	ST; QL (8 tablets per 1 day)
glipizide xl oral tablet extended release 24 hour 5 mg	1 or 1a*	ST; QL (4 tablets per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG (glipizide)	3	ST; QL (2 tablets per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5 MG (glipizide)	3	ST; QL (8 tablets per 1 day)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 5 MG (glipizide)	3	ST; QL (4 tablets per 1 day)
glyburide micronized oral tablet 1.5 mg	1 or 1b*	ST; QL (8 tablets per 1 day)
glyburide micronized oral tablet 3 mg	1 or 1b*	ST; QL (4 tablets per 1 day)
glyburide micronized oral tablet 6 mg	1 or 1b*	ST; QL (2 tablets per 1 day)
glyburide oral tablet 1.25 mg	1 or 1b*	ST; QL (16 tablets per 1 day)
glyburide oral tablet 2.5 mg	1 or 1b*	ST; QL (8 tablets per 1 day)
glyburide oral tablet 5 mg	1 or 1b*	ST; QL (4 tablets per 1 day)
GLYNASE ORAL TABLET 1.5 MG (glyburide micronized)	3	ST; QL (8 tablets per 1 day)
GLYNASE ORAL TABLET 3 MG (glyburide micronized)	3	ST; QL (4 tablets per 1 day)
GLYNASE ORAL TABLET 6 MG (glyburide micronized)	3	ST; QL (2 tablets per 1 day)
*SULFONYLUREA-THIAZOLIDINEDIONE COMBINATIONS*** - DRUGS FOR DIABETES		
DUETACT ORAL TABLET (pioglitazone hcl-glimepiride)	3	ST; QL (1 tablet per 1 day)
pioglitazone hcl-glimepiride oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
*THIAZOLIDINEDIONE-BIGUANIDE COMBINATIONS*** - DRUGS FOR DIABETES		
ACTOPLUS MET ORAL TABLET (pioglitazone hcl-metformin hcl)	3	ST; QL (3 tablet per 1 day)
pioglitazone hcl-metformin hcl oral tablet	1 or 1b*	ST; QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*THIAZOLIDINEDIONES*** - DRUGS FOR DIABETES		
ACTOS ORAL TABLET (<i>pioglitazone hcl</i>)	3	ST; QL (1 tablet per 1 day)
<i>pioglitazone hcl oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
ANTIDIARRHEAL/PROBIOTIC AGENTS - DRUGS FOR THE STOMACH		
*ANTIDIARRHEAL - CHLORIDE CHANNEL ANTAGONISTS*** - DRUGS FOR DIARRHEA		
MYTESI ORAL TABLET DELAYED RELEASE (<i>crofelemer</i>)	3	PA; QL (2 tablets per 1 day)
*ANTIDIARRHEAL/PROBIOTIC AGENTS - MISC.*** - DRUGS FOR DIARRHEA		
<i>bilac oral capsule</i>	3	
*ANTIPERISTALTIC AGENTS*** - DRUGS FOR DIARRHEA		
<i>diphenoxylate-atropine oral liquid</i>	1 or 1b*	
<i>diphenoxylate-atropine oral tablet</i>	1 or 1b*	
LOMOTIL ORAL TABLET (<i>diphenoxylate-atropine</i>)	3	
<i>loperamide hcl oral capsule</i>	1 or 1b*	QL (8 capsules per 1 day)
MOTOFEN ORAL TABLET (<i>difenoxin-atropine</i>)	3	
ANTIDOTES AND SPECIFIC ANTAGONISTS - DRUGS FOR OVERDOSE OR POISONING		
*ANTIDOTE COMBINATIONS*** - DRUGS FOR OVERDOSE OR POISONING		
DUODOTE INTRAMUSCULAR SOLUTION AUTO-INJECTOR (<i>atropine-pralidoxime chloride</i>)	3	
NITHIODOTE INTRAVENOUS KIT (<i>sodium nitrite-sod thiosulfate</i>)	3	
*ANTIDOTES - CHELATING AGENTS*** - DRUGS FOR OVERDOSE OR POISONING		
CHEMET ORAL CAPSULE (<i>succimer</i>)	3	
<i>deferasirox granules oral packet</i>	1 or 1b*	PA; SP
<i>deferasirox oral packet</i>	1 or 1b*	PA; SP
<i>deferasirox oral tablet</i>	1 or 1b*	PA; SP
<i>deferasirox oral tablet soluble</i>	1 or 1b*	PA; SP
<i>deferiprone oral tablet</i>	1 or 1b*	PA
EXJADE ORAL TABLET SOLUBLE (<i>deferasirox</i>)	3	PA; SP
FERRIPROX ORAL SOLUTION (<i>deferiprone</i>)	3	PA
FERRIPROX ORAL TABLET (<i>deferiprone</i>)	3	PA
FERRIPROX TWICE-A-DAY ORAL TABLET (<i>deferiprone</i>)	3	PA
JADENU ORAL TABLET (<i>deferasirox</i>)	3	PA; SP
JADENU SPRINKLE ORAL PACKET (<i>deferasirox</i>)	3	PA; SP
PENTETATE CALCIUM TRISODIUM COMBINATION SOLUTION	3	
PENTETATE ZINC TRISODIUM COMBINATION SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIDOTES AND SPECIFIC ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
ACETADOTE INTRAVENOUS SOLUTION (<i>acetylcysteine</i>)	3	
<i>acetylcysteine intravenous solution</i>	1 or 1b*	
ANDEXXA INTRAVENOUS SOLUTION RECONSTITUTED (<i>coag fact xa inactivated-zhzo</i>)	3	
BRIDION INTRAVENOUS SOLUTION (<i>sugammadex sodium</i>)	3	
CYANOKIT INTRAVENOUS SOLUTION RECONSTITUTED (<i>hydroxocobalamin</i>)	3	
<i>deferoxamine mesylate injection solution reconstituted</i>	1 or 1b*	SP
DESFERAL INJECTION SOLUTION RECONSTITUTED (<i>deferoxamine mesylate</i>)	3	SP
DIGIFAB INTRAVENOUS SOLUTION RECONSTITUTED (<i>digoxin immune fab</i>)	3	
<i>fomepizole intravenous solution</i>	1 or 1b*	
<i>methylene blue intravenous solution</i>	1 or 1b*	
PRAXBIND INTRAVENOUS SOLUTION (<i>idarucizumab</i>)	3	
PROTOPAM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED (<i>pralidoxime chloride</i>)	3	
PROVAYBLUE INTRAVENOUS SOLUTION (<i>methylene blue (antidote)</i>)	3	
RADIOGARDASE ORAL CAPSULE (<i>prussian blue insoluble</i>)	3	
SODIUM NITRITE INTRAVENOUS SOLUTION	3	
SODIUM THIOSULFATE INTRAVENOUS SOLUTION	1 or 1b*	
VISTOGARD ORAL PACKET (<i>uridine triacetate</i>)	3	PA; QL (20 packets per 30 days)
*BENZODIAZEPINE ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
<i>flumazenil intravenous solution</i>	1 or 1b*	
*OPIOID ANTAGONISTS*** - DRUGS FOR OVERDOSE OR POISONING		
KLOXXADO NASAL LIQUID (<i>naloxone hcl</i>)	2	QL (6 nasal sprays per 3 monthss)
<i>nalmefene hcl injection solution</i>	3	
<i>naloxone hcl injection solution</i>	1 or 1b*	QL (6 vial per 90 days)
<i>naloxone hcl injection solution cartridge</i>	1 or 1b*	QL (6 syringe per 90 days)
<i>naloxone hcl injection solution prefilled syringe</i>	1 or 1b*	QL (6 syringe per 90 days)
<i>naloxone hcl nasal liquid</i>	1 or 1b*	QL (6 nasal spray per 90 days)
<i>naltrexone hcl oral tablet</i>	1 or 1b*	
NARCAN NASAL LIQUID (<i>naloxone hcl</i>)	3	ST; QL (6 nasal spray per 90 days)
VIVITROL INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>naltrexone</i>)	3	SP; QL (1 vial per 28 days)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE (<i>naloxone hcl</i>)	2	QL (6 syringes per 3 monthss)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIEMETICS - DRUGS FOR THE STOMACH		
*5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
ANZEMET ORAL TABLET (<i>dolasetron mesylate</i>)	3	QL (5 tablets per 30 days)
<i>granisetron hcl intravenous solution</i>	1 or 1b*	
<i>granisetron hcl oral tablet</i>	1 or 1b*	QL (10 tablets per 30 days)
<i>ondansetron hcl injection solution</i>	1 or 1b*	
<i>ondansetron hcl injection solution prefilled syringe</i>	1 or 1b*	
<i>ondansetron hcl oral solution</i>	1 or 1b*	QL (8 mL per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	1 or 1b*	QL (8 tablet per 30 days)
<i>ondansetron hcl oral tablet 4 mg</i>	1 or 1b*	QL (48 tablets per 30 days)
<i>ondansetron hcl oral tablet 8 mg</i>	1 or 1b*	QL (24 tablets per 30 days)
<i>ondansetron oral tablet dispersible 4 mg</i>	1 or 1b*	QL (48 tablets per 30 days)
<i>ondansetron oral tablet dispersible 8 mg</i>	1 or 1b*	QL (24 tablets per 30 days)
PALONOSETRON HCL INTRAVENOUS SOLUTION 0.25 MG/2ML	3	PA
<i>palonosetron hcl intravenous solution 0.25 mg/5ml</i>	1 or 1b*	PA
<i>palonosetron hcl intravenous solution prefilled syringe</i>	1 or 1b*	PA
SANCUSO TRANSDERMAL PATCH (<i>granisetron</i>)	3	QL (4 patches per 28 days)
SUSTOL SUBCUTANEOUS PREFILLED SYRINGE (<i>granisetron</i>)	3	
*ANTIEMETIC COMBINATIONS*** - DRUGS FOR VOMITING AND NAUSEA		
AKYNZEO INTRAVENOUS SOLUTION (<i>fosnetupitant-palonosetron</i>)	3	PA; QL (5 vials per 30 days)
AKYNZEO INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosnetupitant-palonosetron</i>)	3	PA; QL (5 vials per 30 days)
AKYNZEO ORAL CAPSULE (<i>netupitant-palonosetron</i>)	3	QL (5 capsules per 25 days)
BONJESTA ORAL TABLET EXTENDED RELEASE (<i>doxylamine-pyridoxine</i>)	3	PA; QL (4 tablet per 1 day)
DICLEGIS ORAL TABLET DELAYED RELEASE (<i>doxylamine-pyridoxine</i>)	3	PA; QL (4 tablet per 1 day)
<i>doxylamine-pyridoxine oral tablet delayed release</i>	1 or 1b*	PA; QL (4 tablet per 1 day)
*ANTIEMETICS - ANTICHOLINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
ANTIVERT ORAL TABLET (<i>meclizine hcl</i>)	3	
ANTIVERT ORAL TABLET CHEWABLE (<i>meclizine hcl</i>)	3	
DIMENHYDRINATE INJECTION SOLUTION	3	
<i>meclizine hcl oral tablet</i>	1 or 1a*	
<i>scopolamine transdermal patch 72 hour</i>	1 or 1b*	
TIGAN INTRAMUSCULAR SOLUTION (<i>trimethobenzamide hcl</i>)	3	
TRANSDERM-SCOP TRANSDERMAL PATCH 72 HOUR (<i>scopolamine base</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
trimethobenzamide hcl oral capsule	1 or 1b*	
*ANTIEMETICS - ANTIDOPAMINERGIC*** - DRUGS FOR VOMITING AND NAUSEA		
BARHEMSYS INTRAVENOUS SOLUTION (<i>amisulpride (antiemetic)</i>)	3	
*ANTIEMETICS - MISCELLANEOUS*** - DRUGS FOR VOMITING AND NAUSEA		
dronabinol oral capsule	1 or 1b*	QL (4 capsules per 1 day)
MARINOL ORAL CAPSULE (<i>dronabinol</i>)	3	QL (4 capsules per 1 day)
SYNDROS ORAL SOLUTION (<i>dronabinol</i>)	3	QL (8 mL per 1 day)
*SUBSTANCE P/NEUROKININ 1 (NK1) RECEPTOR ANTAGONISTS*** - DRUGS FOR VOMITING AND NAUSEA		
APONVIE INTRAVENOUS EMULSION (<i>aprepitant</i>)	3	
aprepitant oral	1 or 1b*	QL (15 capsules per 25 days)
aprepitant oral capsule 125 mg	1 or 1b*	QL (5 capsules per 25 days)
aprepitant oral capsule 40 mg	1 or 1b*	QL (1 capsule per 1 fill)
aprepitant oral capsule 80 & 125 mg	1 or 1b*	QL (15 capsules per 25 days)
aprepitant oral capsule 80 mg	1 or 1b*	QL (10 capsules per 25 days)
CINVANTI INTRAVENOUS EMULSION (<i>aprepitant</i>)	3	PA; QL (5 vials per 30 days)
EMEND INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosaprepitant dimeglumine</i>)	3	PA; QL (5 vial per 30 days)
EMEND ORAL CAPSULE (<i>aprepitant</i>)	3	QL (10 capsules per 25 days)
EMEND ORAL SUSPENSION RECONSTITUTED (<i>aprepitant</i>)	3	QL (15 kit per 30 days)
EMEND TRI-PACK ORAL CAPSULE (<i>aprepitant</i>)	3	QL (15 capsules per 25 days)
<i>fosaprepitant dimeglumine intravenous solution reconstituted</i>	1 or 1b*	PA; QL (5 vial per 30 days)
VARUBI (180 MG DOSE) ORAL TABLET THERAPY PACK (<i>rolapitant hcl</i>)	3	QL (4 capsules per 28 days)
ANTIFUNGALS - DRUGS FOR INFECTIONS		
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (ECHINOCANDINS)*** - ANTIBIOTICS		
CANCIDAS INTRAVENOUS SOLUTION RECONSTITUTED (<i>caspofungin acetate</i>)	3	QL (1 vial per 1 day)
CASPOFUNGIN ACETATE INTRAVENOUS SOLUTION RECONSTITUTED	3	QL (1 vial per 1 day)
ERAXIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>anidulafungin</i>)	3	
MICAFUNGIN SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
MYCAMINE INTRAVENOUS SOLUTION RECONSTITUTED (<i>miconazole sodium</i>)	3	
*ANTIFUNGAL - GLUCAN SYNTHESIS INHIBITORS (TRITERPENOID)*** - ANTIBIOTICS		
BREXAFEMME ORAL TABLET (<i>ibrexafungerp citrate</i>)	3	PA; QL (4 tablets per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIFUNGALS*** - DRUGS FOR FUNGUS		
ABELCET INTRAVENOUS SUSPENSION (<i>amphotericin b lipid</i>)	3	
AMBISOME INTRAVENOUS SUSPENSION RECONSTITUTED (<i>amphotericin b liposome</i>)	3	
<i>amphotericin b intravenous solution reconstituted</i>	1 or 1b*	
<i>amphotericin b liposome intravenous suspension reconstituted</i>	1 or 1b*	
ANCOBON ORAL CAPSULE (<i>flucytosine</i>)	3	PA
<i>flucytosine oral capsule</i>	1 or 1b*	PA
<i>griseofulvin microsize oral suspension</i>	1 or 1b*	
<i>griseofulvin microsize oral tablet</i>	1 or 1b*	
<i>griseofulvin ultramicrosize oral tablet</i>	1 or 1b*	
<i>nystatin oral tablet</i>	1 or 1b*	
<i>terbinafine hcl oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
*IMIDAZOLES*** - DRUGS FOR FUNGUS		
<i>ketoconazole oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
*TETRAZOLES*** - DRUGS FOR FUNGUS		
VIVJOA ORAL CAPSULE THERAPY PACK (<i>oteseconazole</i>)	3	PA; QL (1 carton per 365 days)
*TRIAZOLES*** - DRUGS FOR FUNGUS		
CRESEMBA INTRAVENOUS SOLUTION RECONSTITUTED (<i>isavuconazonium sulfate</i>)	3	PA; QL (1 vial per 1 day)
CRESEMBA ORAL CAPSULE (<i>isavuconazonium sulfate</i>)	3	PA; QL (2 capsules per 1 day)
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 10 MG/ML (<i>fluconazole</i>)	3	QL (40 mL per 1 day)
DIFLUCAN ORAL SUSPENSION RECONSTITUTED 40 MG/ML (<i>fluconazole</i>)	3	QL (10 mL per 1 day)
DIFLUCAN ORAL TABLET 100 MG (<i>fluconazole</i>)	3	QL (4 tablet per 1 day)
DIFLUCAN ORAL TABLET 150 MG, 200 MG (<i>fluconazole</i>)	3	QL (2 tablets per 1 day)
FLUCONAZOLE IN SODIUM CHLORIDE INTRAVENOUS SOLUTION 100-0.9 MG/50ML-%	3	
<i>fluconazole in sodium chloride intravenous solution 200-0.9 mg/100ml-%, 400-0.9 mg/200ml-%</i>	1 or 1b*	
<i>fluconazole oral suspension reconstituted 10 mg/ml</i>	1 or 1b*	QL (40 mL per 1 day)
<i>fluconazole oral suspension reconstituted 40 mg/ml</i>	1 or 1b*	QL (10 mL per 1 day)
<i>fluconazole oral tablet 100 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>fluconazole oral tablet 150 mg, 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>fluconazole oral tablet 50 mg</i>	1 or 1b*	QL (8 tablet per 1 day)
<i>itraconazole oral capsule</i>	1 or 1b*	PA; QL (4.2 capsules per 1 day)
<i>itraconazole oral solution</i>	1 or 1b*	PA; QL (20 mL per 1 day)
NOXAFIL INTRAVENOUS SOLUTION (<i>posaconazole</i>)	3	
NOXAFIL ORAL PACKET (<i>posaconazole</i>)	3	PA; QL (1 packet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOXAFIL ORAL SUSPENSION (<i>posaconazole</i>)	3	PA; QL (20 mL per 1 day)
NOXAFIL ORAL TABLET DELAYED RELEASE (<i>posaconazole</i>)	3	PA; QL (8 tablet per 1 day)
<i>posaconazole oral suspension</i>	1 or 1b*	PA; QL (20 mL per 1 day)
<i>posaconazole oral tablet delayed release</i>	1 or 1b*	PA; QL (8 tablet per 1 day)
SPORANOX ORAL CAPSULE (<i>itraconazole</i>)	3	PA; QL (4.2 capsules per 1 day)
SPORANOX ORAL SOLUTION (<i>itraconazole</i>)	3	PA; QL (20 mL per 1 day)
TOLSURA ORAL CAPSULE	3	PA; QL (126 capsules per 30 days)
VFEND IV INTRAVENOUS SOLUTION RECONSTITUTED (<i>voriconazole</i>)	3	
VFEND ORAL SUSPENSION RECONSTITUTED (<i>voriconazole</i>)	3	PA; QL (10 mL per 1 day)
VFEND ORAL TABLET 200 MG (<i>voriconazole</i>)	3	PA; QL (2 tablets per 1 day)
VFEND ORAL TABLET 50 MG (<i>voriconazole</i>)	3	PA; QL (4 tablet per 1 day)
<i>voriconazole intravenous solution reconstituted</i>	1 or 1b*	
<i>voriconazole oral suspension reconstituted</i>	1 or 1b*	PA; QL (10 mL per 1 day)
<i>voriconazole oral tablet 200 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>voriconazole oral tablet 50 mg</i>	1 or 1b*	PA; QL (4 tablet per 1 day)
ANTI-HISTAMINES - DRUGS FOR THE LUNGS		
*ANTI-HISTAMINES - ALKYLAMINES*** - DRUGS FOR ALLERGIES		
<i>ryclora oral solution</i>	1 or 1b*	
*ANTI-HISTAMINES - ETHANOLAMINES*** - DRUGS FOR ALLERGIES		
<i>carbinoxamine maleate oral solution</i>	1 or 1b*	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1 or 1b*	
CARBINOXAMINE MALEATE ORAL TABLET 6 MG	3	QL (4 tablets per 1 day)
CLEMASTINE FUMARATE ORAL SYRUP	3	QL (60 mL per 1 day)
<i>clemastine fumarate oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>diphenhydramine hcl injection solution</i>	1 or 1b*	
<i>diphenhydramine hcl oral elixir</i>	1 or 1a*	QL (4 mL per 1 day)
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE (<i>carbinoxamine maleate</i>)	3	QL (40 mL per 1 day)
RYVENT ORAL TABLET (<i>carbinoxamine maleate</i>)	3	QL (4 tablets per 1 day)
*ANTI-HISTAMINES - NON-SEDATING*** - DRUGS FOR ALLERGIES		
<i>cetirizine hcl oral solution</i>	1 or 1b*	QL (10 mL per 1 day)
CLARINEX ORAL TABLET (<i>desloratadine</i>)	3	ST; QL (1 tablet per 1 day)
<i>desloratadine oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>desloratadine oral tablet dispersible</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>levocetirizine dihydrochloride oral solution</i>	1 or 1b*	QL (10 mL per 1 day)
<i>levocetirizine dihydrochloride oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)

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QUZYTIR INTRAVENOUS SOLUTION (<i>cetirizine hcl</i>)	3	
*ANTIHISTAMINES - PHENOTHIAZINES*** - DRUGS FOR ALLERGIES		
PHENERGAN INJECTION SOLUTION (<i>promethazine hcl</i>)	3	
<i>promethazine hcl injection solution</i>	1 or 1a*	
<i>promethazine hcl oral solution</i>	1 or 1a*	QL (40 mL per 1 day)
<i>promethazine hcl oral syrup</i>	1 or 1a*	QL (40 mL per 1 day)
<i>promethazine hcl oral tablet 12.5 mg, 25 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>promethazine hcl oral tablet 50 mg</i>	1 or 1a*	QL (1 tablet per 1 day)
<i>promethazine hcl rectal suppository</i>	1 or 1b*	QL (6 suppositories per 1 day)
<i>promethazine rectal suppository 12.5 mg, 25 mg</i>	1 or 1b*	QL (6 suppositories per 1 day)
<i>promethazine rectal suppository 50 mg</i>	1 or 1b*	QL (1 suppository per 1 day)
*ANTIHISTAMINES - PIPERIDINES*** - DRUGS FOR ALLERGIES		
<i>cyproheptadine hcl oral syrup</i>	1 or 1b*	
<i>cyproheptadine hcl oral tablet</i>	1 or 1b*	
ANTHYPERLIPIDEMICS - DRUGS FOR THE HEART		
*ACL INHIB-INTestinal CHOLESTEROL ABSORPTION INHIB COMB*** - DRUGS FOR CHOLESTEROL		
NEXLIZET ORAL TABLET (<i>bempedoic acid-ezetimibe</i>)	3	PA; QL (1 tablet per 1 day)
*ADENOSINE TRIPHOSPHATE-CITRATE LYASE (ACL) INHIBITORS*** - DRUGS FOR CHOLESTEROL		
NEXLETOL ORAL TABLET (<i>bempedoic acid</i>)	3	PA; QL (1 tablet per 1 day)
*ANGIOPOIETIN-LIKE PROTEIN 3 (ANGPTL3) INHIBITORS*** - DRUGS FOR CHOLESTEROL		
EVKEEZA INTRAVENOUS SOLUTION (<i>evinacumab-dgnb</i>)	3	PA
*ANTHYPERLIPIDEMICS - MISC.*** - DRUGS FOR CHOLESTEROL		
<i>icosapent ethyl oral capsule 0.5 gm</i>	1 or 1b*	PA; QL (8 capsules per 1 day)
<i>icosapent ethyl oral capsule 1 gm</i>	1 or 1b*	PA; QL (4 capsule per 1 day)
LOVAZA ORAL CAPSULE (<i>omega-3-acid ethyl esters</i>)	3	PA; QL (4 capsule per 1 day)
<i>omega-3-acid ethyl esters oral capsule</i>	1 or 1b*	PA; QL (4 capsule per 1 day)
VASCEPA ORAL CAPSULE 0.5 GM (<i>icosapent ethyl</i>)	2	PA; QL (8 capsules per 1 day)
VASCEPA ORAL CAPSULE 1 GM (<i>icosapent ethyl</i>)	2	PA; QL (4 capsule per 1 day)
*BILE ACID SEQUESTRANTS*** - DRUGS FOR CHOLESTEROL		
<i>cholestyramine light oral packet</i>	1 or 1b*	QL (24 grams per 1 day)
<i>cholestyramine light oral powder</i>	1 or 1b*	QL (24 grams per 1 day)
<i>cholestyramine oral packet</i>	1 or 1b*	QL (6 packets per 1 day)
<i>cholestyramine oral powder</i>	1 or 1b*	QL (54 gm per 1 day)
<i>colesevelam hcl oral packet</i>	3	QL (1 packet per 1 day)
<i>colesevelam hcl oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)

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COLESTID FLAVORED ORAL GRANULES (<i>colestipol hcl</i>)	3	QL (30 grams per 1 day)
COLESTID FLAVORED ORAL PACKET (<i>colestipol hcl</i>)	3	QL (30 grams per 1 day)
COLESTID ORAL GRANULES (<i>colestipol hcl</i>)	3	QL (30 grams per 1 day)
COLESTID ORAL PACKET (<i>colestipol hcl</i>)	3	QL (30 grams per 1 day)
COLESTID ORAL TABLET (<i>colestipol hcl</i>)	3	QL (16 tablets per 1 day)
<i>colestipol hcl oral granules</i>	1 or 1b*	QL (30 grams per 1 day)
<i>colestipol hcl oral packet</i>	1 or 1b*	QL (30 grams per 1 day)
<i>colestipol hcl oral tablet</i>	1 or 1b*	QL (16 tablets per 1 day)
<i>prevalite oral packet</i>	1 or 1b*	QL (24 grams per 1 day)
<i>prevalite oral powder</i>	1 or 1b*	QL (24 grams per 1 day)
QUESTRAN LIGHT ORAL POWDER (<i>cholestyramine light</i>)	3	QL (24 grams per 1 day)
QUESTRAN ORAL PACKET (<i>cholestyramine</i>)	3	QL (6 packets per 1 day)
QUESTRAN ORAL POWDER (<i>cholestyramine</i>)	3	QL (54 gm per 1 day)
WELCHOL ORAL PACKET (<i>colesevelam hcl</i>)	3	QL (1 packet per 1 day)
WELCHOL ORAL TABLET (<i>colesevelam hcl</i>)	3	QL (6 tablets per 1 day)
*FIBRIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
ANTARA ORAL CAPSULE (<i>fenofibrate micronized</i>)	3	ST; QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibrate micronized oral capsule 90 mg</i>	3	ST; QL (1 capsule per 1 day)
<i>fenofibrate oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibrate oral tablet 120 mg, 40 mg</i>	3	ST; QL (1 tablet per 1 day)
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>fenofibric acid oral capsule delayed release</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>fenofibric acid oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
FENOGLIDE ORAL TABLET (<i>fenofibrate</i>)	3	ST; QL (1 tablet per 1 day)
FIBRICOR ORAL TABLET (<i>fenofibric acid</i>)	3	ST; QL (1 tablet per 1 day)
<i>gemfibrozil oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
LIPOFEN ORAL CAPSULE (<i>fenofibrate</i>)	3	ST; QL (1 capsule per 1 day)
LOPID ORAL TABLET (<i>gemfibrozil</i>)	3	ST; QL (2 tablets per 1 day)
TRICOR ORAL TABLET (<i>fenofibrate</i>)	3	ST; QL (1 tablet per 1 day)
TRILIPIX ORAL CAPSULE DELAYED RELEASE (<i>choline fenofibrate</i>)	3	ST; QL (1 capsule per 1 day)
*HMG COA REDUCTASE INHIBITORS*** - DRUGS FOR CHOLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG (<i>lovastatin</i>)	3	ST; DO
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 40 MG, 60 MG (<i>lovastatin</i>)	3	ST; QL (1 tablet per 1 day)
ATORVALIQ ORAL SUSPENSION (<i>atorvastatin calcium</i>)	3	ST; QL (20 mL per 1 day)
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1 or 1b*; \$0	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
atorvastatin calcium oral tablet 40 mg	1 or 1b*	DO
atorvastatin calcium oral tablet 80 mg	1 or 1b*	QL (1 tablet per 1 day)
CRESTOR ORAL TABLET 10 MG, 20 MG, 5 MG (rosuvastatin calcium)	3	ST; DO
CRESTOR ORAL TABLET 40 MG (rosuvastatin calcium)	3	ST; QL (1 tablet per 1 day)
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 5 MG (rosuvastatin calcium)	3	ST; DO
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 40 MG (rosuvastatin calcium)	3	ST; QL (1 capsule per 1 day)
FLOLIPID ORAL SUSPENSION	3	ST; QL (5 mL per 1 day)
fluvastatin sodium er oral tablet extended release 24 hour	3; \$0	ST; QL (1 tablet per 1 day)
fluvastatin sodium oral capsule	1 or 1b*; \$0	DO
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HOUR (fluvastatin sodium)	3	ST; QL (1 tablet per 1 day)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG (atorvastatin calcium)	3	ST; DO
LIPITOR ORAL TABLET 80 MG (atorvastatin calcium)	3	ST; QL (1 tablet per 1 day)
LIVALO ORAL TABLET 1 MG, 2 MG (pitavastatin calcium)	3	ST; DO
LIVALO ORAL TABLET 4 MG (pitavastatin calcium)	3	ST; QL (1 tablet per 1 day)
lovastatin oral tablet 10 mg, 20 mg	1 or 1b*; \$0	DO
lovastatin oral tablet 40 mg	1 or 1b*; \$0	QL (2 tablets per 1 day)
pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg	1 or 1b*; \$0	DO
pravastatin sodium oral tablet 80 mg	1 or 1b*; \$0	QL (1 tablet per 1 day)
rosuvastatin calcium oral tablet 10 mg, 5 mg	1 or 1b*; \$0	DO
rosuvastatin calcium oral tablet 20 mg	1 or 1b*	DO
rosuvastatin calcium oral tablet 40 mg	1 or 1b*	QL (1 tablet per 1 day)
simvastatin oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*; \$0	DO
simvastatin oral tablet 40 mg	1 or 1b*; \$0	QL (1 tablet per 1 day)
simvastatin oral tablet 80 mg	1 or 1b*	PA; QL (1 tablet per 1 day)
ZOCOR ORAL TABLET 10 MG, 20 MG (simvastatin)	3	ST; DO
ZOCOR ORAL TABLET 40 MG (simvastatin)	3	ST; QL (1 tablet per 1 day)
ZYPITAMAG ORAL TABLET 2 MG (pitavastatin magnesium)	3	ST; DO
ZYPITAMAG ORAL TABLET 4 MG (pitavastatin magnesium)	3	ST; QL (1 tablet per 1 day)
*INTEST CHOLEST ABSORP INHIB-HMG COA REDUCTASE INHIB COMB*** - DRUGS FOR CHOLESTEROL		
EZETIMIBE-ROSUVASTATIN ORAL TABLET	3	ST; QL (1 tablet per 1 day)
ezetimibe-simvastatin oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)
ROSZET ORAL TABLET (ezetimibe-rosuvastatin)	3	ST; QL (1 tablet per 1 day)
VYTORIN ORAL TABLET (ezetimibe-simvastatin)	3	ST; QL (1 tablet per 1 day)
*INTESTINAL CHOLESTEROL ABSORPTION INHIBITORS*** - DRUGS FOR CHOLESTEROL		
ezetimibe oral tablet	1 or 1b*	ST; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZETIA ORAL TABLET (ezetimibe)	3	ST; QL (1 tablet per 1 day)
*MICROSOMAL TRIGLYCERIDE TRANSFER PROTEIN INHIBITORS*** - DRUGS FOR CHOLESTEROL		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG (lomitapide mesylate)	3	PA; DO; LD; SP
JUXTAPID ORAL CAPSULE 20 MG, 30 MG (lomitapide mesylate)	3	PA; LD; SP; QL (2 capsules per 1 day)
*NICOTINIC ACID DERIVATIVES*** - DRUGS FOR CHOLESTEROL		
niacin (antihyperlipidemic) oral tablet	1 or 1b*	ST; QL (12 tablets per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 750 mg	1 or 1b*	ST; QL (2 tablets per 1 day)
niacin er (antihyperlipidemic) oral tablet extended release 500 mg	1 or 1b*	ST; QL (1 tablet per 1 day)
niacor oral tablet	1 or 1b*	ST; QL (12 tablets per 1 day)
*PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL		
PRALUENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR (alirocumab)	3	PA; SP; QL (2 pens per 28 days)
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE (evolocumab)	3	PA; SP; QL (1 cartridge per 28 days)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (evolocumab)	3	PA; SP; QL (2 syringe per 28 days)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (evolocumab)	3	PA; SP; QL (2 syringe per 28 days)
*SMALL INTERFERING RNA (SIRNA) PCSK9 INHIBITORS*** - DRUGS FOR CHOLESTEROL		
LEQVIO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (inclisiran sodium)	3	PA; QL (1.5 mL per 180 days)
ANTIHYPERTENSIVES - DRUGS FOR THE HEART		
*ACE INHIBITOR & CALCIUM CHANNEL BLOCKER COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
amlodipine besy-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 5-40 mg	1 or 1b*	QL (1 capsule per 1 day)
amlodipine besy-benazepril hcl oral capsule 2.5-10 mg, 5-10 mg, 5-20 mg	1 or 1b*	DO
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG (amlodipine besy-benazepril hcl)	3	QL (1 capsule per 1 day)
LOTREL ORAL CAPSULE 5-10 MG, 5-20 MG (amlodipine besy-benazepril hcl)	3	DO
PRESTALIA ORAL TABLET 14-10 MG (perindopril arg-amlodipine)	3	QL (1 tablet per 1 day)
PRESTALIA ORAL TABLET 3.5-2.5 MG, 7-5 MG (perindopril arg-amlodipine)	3	DO
trandolapril-verapamil hcl er oral tablet extended release	1 or 1b*	QL (1 tablet per 1 day)
*ACE INHIBITORS & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
ACCURETIC ORAL TABLET 10-12.5 MG (quinapril-hydrochlorothiazide)	3	DO
ACCURETIC ORAL TABLET 20-12.5 MG (quinapril-hydrochlorothiazide)	3	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 5-6.25 mg</i>	1 or 1b*	DO
<i>benazepril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>captopril-hydrochlorothiazide oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>enalapril-hydrochlorothiazide oral tablet 5-12.5 mg</i>	1 or 1b*	DO
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg</i>	1 or 1b*	DO
<i>fosinopril sodium-hctz oral tablet 20-12.5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg</i>	1 or 1b*	DO
<i>lisinopril-hydrochlorothiazide oral tablet 20-12.5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>lisinopril-hydrochlorothiazide oral tablet 20-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
LOTENSIN HCT ORAL TABLET 10-12.5 MG (<i>benazepril-hydrochlorothiazide</i>)	3	DO
LOTENSIN HCT ORAL TABLET 20-12.5 MG, 20-25 MG (<i>benazepril-hydrochlorothiazide</i>)	3	QL (1 tablet per 1 day)
<i>quinapril-hydrochlorothiazide oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
VASERETIC ORAL TABLET (<i>enalapril-hydrochlorothiazide</i>)	3	QL (2 tablets per 1 day)
ZESTORETIC ORAL TABLET 10-12.5 MG (<i>lisinopril-hydrochlorothiazide</i>)	3	DO
ZESTORETIC ORAL TABLET 20-12.5 MG (<i>lisinopril-hydrochlorothiazide</i>)	3	QL (4 tablets per 1 day)
ZESTORETIC ORAL TABLET 20-25 MG (<i>lisinopril-hydrochlorothiazide</i>)	3	QL (2 tablets per 1 day)
*ACE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 5 MG (<i>quinapril hcl</i>)	3	DO
ACCUPRIL ORAL TABLET 40 MG (<i>quinapril hcl</i>)	3	QL (2 tablets per 1 day)
ALTACE ORAL CAPSULE 1.25 MG, 2.5 MG, 5 MG (<i>ramipril</i>)	3	DO
ALTACE ORAL CAPSULE 10 MG (<i>ramipril</i>)	3	QL (2 capsules per 1 day)
<i>benazepril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1 or 1a*	DO
<i>benazepril hcl oral tablet 40 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>captopril oral tablet 100 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>captopril oral tablet 12.5 mg, 25 mg, 50 mg</i>	1 or 1b*	DO
<i>enalapril maleate oral solution</i>	1 or 1b*	QL (40 mg per 1 day)
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1 or 1b*	DO
<i>enalapril maleate oral tablet 20 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>enalaprilat intravenous injectable</i>	1 or 1b*	
EPANED ORAL SOLUTION (<i>enalapril maleate</i>)	3	QL (40 mg per 1 day)
<i>fosinopril sodium oral tablet 10 mg, 20 mg</i>	1 or 1b*	DO
<i>fosinopril sodium oral tablet 40 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1 or 1a*	DO
<i>lisinopril oral tablet 30 mg, 40 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
LOTENSIN ORAL TABLET 10 MG, 20 MG (<i>benazepril hcl</i>)	3	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOTENSIN ORAL TABLET 40 MG (<i>benazepril hcl</i>)	3	QL (2 tablets per 1 day)
<i>moexipril hcl oral tablet 15 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>moexipril hcl oral tablet 7.5 mg</i>	1 or 1b*	DO
<i>perindopril erbumine oral tablet 2 mg, 4 mg</i>	1 or 1b*	DO
<i>perindopril erbumine oral tablet 8 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
QBRELIS ORAL SOLUTION (<i>lisinopril</i>)	3	QL (40 mg per 1 day)
<i>quinapril hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1 or 1b*	DO
<i>quinapril hcl oral tablet 40 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>ramipril oral capsule 1.25 mg, 2.5 mg, 5 mg</i>	1 or 1b*	DO
<i>ramipril oral capsule 10 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>trandolapril oral tablet 1 mg, 2 mg</i>	1 or 1b*	DO
<i>trandolapril oral tablet 4 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>enalapril maleate</i>)	3	DO
VASOTEC ORAL TABLET 20 MG (<i>enalapril maleate</i>)	3	QL (2 tablets per 1 day)
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (<i>lisinopril</i>)	3	DO
ZESTRIL ORAL TABLET 30 MG, 40 MG (<i>lisinopril</i>)	3	QL (2 tablets per 1 day)
*AGENTS FOR PHEOCHROMOCYTOMA*** - DRUGS FOR HIGH BLOOD PRESSURE		
DEMSEER ORAL CAPSULE (<i>metyrosine</i>)	3	PA; QL (16 capsules per 1 day)
DIBENZYLINE ORAL CAPSULE (<i>phenoxybenzamine hcl</i>)	3	PA; QL (12 capsules per 1 day)
<i>metyrosine oral capsule</i>	1 or 1b*	PA; QL (16 capsules per 1 day)
<i>phenoxybenzamine hcl oral capsule</i>	1 or 1b*	PA; QL (12 capsules per 1 day)
<i>phentolamine mesylate injection solution reconstituted</i>	1 or 1b*	
*ANGIOTENSIN II RECEPTOR ANTAG & CA CHANNEL BLOCKER COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-320 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine besylate-valsartan oral tablet 5-160 mg</i>	1 or 1b*	DO
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine-olmesartan oral tablet 5-20 mg</i>	1 or 1b*	DO
AZOR ORAL TABLET 10-20 MG, 10-40 MG, 5-40 MG (<i>amlodipine-olmesartan</i>)	3	QL (1 tablet per 1 day)
AZOR ORAL TABLET 5-20 MG (<i>amlodipine-olmesartan</i>)	3	DO
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-320 MG (<i>amlodipine besylate-valsartan</i>)	3	QL (1 tablet per 1 day)
EXFORGE ORAL TABLET 5-160 MG (<i>amlodipine besylate-valsartan</i>)	3	DO
<i>telmisartan-amlodipine oral tablet 40-10 mg, 80-10 mg, 80-5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan-amlodipine oral tablet 40-5 mg</i>	1 or 1b*	DO
*ANGIOTENSIN II RECEPTOR ANTAG & THIAZIDE/THIAZIDE-LIKE*** - DRUGS FOR HIGH BLOOD PRESSURE		
ATACAND HCT ORAL TABLET 16-12.5 MG (<i>candesartan cilexetil-hctz</i>)	3	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATACAND HCT ORAL TABLET 32-12.5 MG, 32-25 MG (<i>candesartan cilexetil-hctz</i>)	3	QL (1 tablet per 1 day)
AVALIDE ORAL TABLET 150-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	3	QL (2 tablets per 1 day)
AVALIDE ORAL TABLET 300-12.5 MG (<i>irbesartan-hydrochlorothiazide</i>)	3	QL (1 tablet per 1 day)
BENICAR HCT ORAL TABLET 20-12.5 MG (<i>olmesartan medoxomil-hctz</i>)	3	DO
BENICAR HCT ORAL TABLET 40-12.5 MG, 40-25 MG (<i>olmesartan medoxomil-hctz</i>)	3	QL (1 tablet per 1 day)
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>candesartan cilexetil-hctz oral tablet 32-12.5 mg, 32-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
DIOVAN HCT ORAL TABLET 160-12.5 MG, 80-12.5 MG (<i>valsartan-hydrochlorothiazide</i>)	3	DO
DIOVAN HCT ORAL TABLET 160-25 MG, 320-12.5 MG, 320-25 MG (<i>valsartan-hydrochlorothiazide</i>)	3	QL (1 tablet per 1 day)
EDARBYCLOR ORAL TABLET (<i>azilsartan-chlorthalidone</i>)	3	QL (1 tablet per 1 day)
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG (<i>losartan potassium-hctz</i>)	3	QL (1 tablet per 1 day)
HYZAAR ORAL TABLET 50-12.5 MG (<i>losartan potassium-hctz</i>)	3	DO
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>irbesartan-hydrochlorothiazide oral tablet 300-12.5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>losartan potassium-hctz oral tablet 50-12.5 mg</i>	1 or 1b*	DO
MICARDIS HCT ORAL TABLET 40-12.5 MG (<i>telmisartan-hctz</i>)	3	DO
MICARDIS HCT ORAL TABLET 80-12.5 MG (<i>telmisartan-hctz</i>)	3	QL (2 tablets per 1 day)
MICARDIS HCT ORAL TABLET 80-25 MG (<i>telmisartan-hctz</i>)	3	QL (1 tablet per 1 day)
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg</i>	1 or 1b*	DO
<i>olmesartan medoxomil-hctz oral tablet 40-12.5 mg, 40-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>telmisartan-hctz oral tablet 40-12.5 mg</i>	1 or 1b*	DO
<i>telmisartan-hctz oral tablet 80-12.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>telmisartan-hctz oral tablet 80-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 80-12.5 mg</i>	1 or 1b*	DO
<i>valsartan-hydrochlorothiazide oral tablet 160-25 mg, 320-12.5 mg, 320-25 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
*ANGIOTENSIN II RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ATACAND ORAL TABLET 16 MG (<i>candesartan cilexetil</i>)	3	QL (2 tablets per 1 day)
ATACAND ORAL TABLET 32 MG (<i>candesartan cilexetil</i>)	3	QL (1 tablet per 1 day)
ATACAND ORAL TABLET 4 MG, 8 MG (<i>candesartan cilexetil</i>)	3	DO
AVAPRO ORAL TABLET 150 MG, 75 MG (<i>irbesartan</i>)	3	DO
AVAPRO ORAL TABLET 300 MG (<i>irbesartan</i>)	3	QL (1 tablet per 1 day)
BENICAR ORAL TABLET 20 MG, 5 MG (<i>olmesartan medoxomil</i>)	3	DO
BENICAR ORAL TABLET 40 MG (<i>olmesartan medoxomil</i>)	3	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
candesartan cilexetil oral tablet 16 mg	1 or 1b*	QL (2 tablets per 1 day)
candesartan cilexetil oral tablet 32 mg	1 or 1b*	QL (1 tablet per 1 day)
candesartan cilexetil oral tablet 4 mg, 8 mg	1 or 1b*	DO
COZAAR ORAL TABLET 100 MG (losartan potassium)	3	QL (1 tablet per 1 day)
COZAAR ORAL TABLET 25 MG (losartan potassium)	3	DO
COZAAR ORAL TABLET 50 MG (losartan potassium)	3	QL (2 tablets per 1 day)
DIOVAN ORAL TABLET 160 MG (valsartan)	3	QL (2 tablets per 1 day)
DIOVAN ORAL TABLET 320 MG (valsartan)	3	QL (1 tablet per 1 day)
DIOVAN ORAL TABLET 40 MG, 80 MG (valsartan)	3	DO
EDARBI ORAL TABLET 40 MG (azilsartan medoxomil)	3	DO
EDARBI ORAL TABLET 80 MG (azilsartan medoxomil)	3	QL (1 tablet per 1 day)
irbesartan oral tablet 150 mg, 75 mg	1 or 1b*	DO
irbesartan oral tablet 300 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium oral tablet 100 mg	1 or 1b*	QL (1 tablet per 1 day)
losartan potassium oral tablet 25 mg	1 or 1b*	DO
losartan potassium oral tablet 50 mg	1 or 1b*	QL (2 tablets per 1 day)
MICARDIS ORAL TABLET 20 MG, 40 MG (telmisartan)	3	DO
MICARDIS ORAL TABLET 80 MG (telmisartan)	3	QL (2 tablets per 1 day)
olmesartan medoxomil oral tablet 20 mg, 5 mg	1 or 1b*	DO
olmesartan medoxomil oral tablet 40 mg	1 or 1b*	QL (1 tablet per 1 day)
telmisartan oral tablet 20 mg, 40 mg	1 or 1b*	DO
telmisartan oral tablet 80 mg	1 or 1b*	QL (2 tablets per 1 day)
VALSARTAN ORAL SOLUTION	3	PA; QL (80 mL per 1 day)
valsartan oral tablet 160 mg	1 or 1b*	QL (2 tablets per 1 day)
valsartan oral tablet 320 mg	1 or 1b*	QL (1 tablet per 1 day)
valsartan oral tablet 40 mg, 80 mg	1 or 1b*	DO
*ANGIOTENSIN II RECEPTOR ANT-CA CHANNEL BLOCKER-THIAZIDES*** - DRUGS FOR HIGH BLOOD PRESSURE		
amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-25 mg	1 or 1b*	QL (1 tablet per 1 day)
amlodipine-valsartan-hctz oral tablet 5-160-12.5 mg	1 or 1b*	DO
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-25 MG (amlodipine-valsartan-hctz)	3	QL (1 tablet per 1 day)
EXFORGE HCT ORAL TABLET 5-160-12.5 MG (amlodipine-valsartan-hctz)	3	DO
olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg	1 or 1b*	DO
olmesartan-amlodipine-hctz oral tablet 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1 or 1b*	QL (1 tablet per 1 day)
TRIBENZOR ORAL TABLET 20-5-12.5 MG (olmesartan-amlodipine-hctz)	3	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIBENZOR ORAL TABLET 40-10-12.5 MG, 40-10-25 MG, 40-5-12.5 MG, 40-5-25 MG (<i>olmesartan-amlodipine-hctz</i>)	3	QL (1 tablet per 1 day)
*ANTIADRENERGICS - CENTRALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	QL (0.29 patches per 1 day)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	QL (0.29 patches per 1 day)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY (<i>clonidine</i>)	3	QL (0.29 patches per 1 day)
<i>clonidine hcl er oral tablet extended release 24 hour</i>	3	ST; QL (3 tablets per 1 day)
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg</i>	1 or 1a*	DO
<i>clonidine hcl oral tablet 0.3 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>clonidine transdermal patch weekly</i>	1 or 1b*	QL (0.29 patches per 1 day)
<i>guanfacine hcl oral tablet 1 mg</i>	1 or 1b*	DO
<i>guanfacine hcl oral tablet 2 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>methyldopa oral tablet 250 mg</i>	1 or 1b*	DO
<i>methyldopa oral tablet 500 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
NEXICLON XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>clonidine hcl</i>)	3	ST; QL (3 tablets per 1 day)
*ANTIADRENERGICS - PERIPHERALLY ACTING*** - DRUGS FOR HIGH BLOOD PRESSURE		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (<i>doxazosin mesylate</i>)	3	QL (1 tablet per 1 day)
CARDURA ORAL TABLET 8 MG (<i>doxazosin mesylate</i>)	3	QL (2 tablets per 1 day)
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>doxazosin mesylate oral tablet 8 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
MINIPRESS ORAL CAPSULE (<i>prazosin hcl</i>)	3	
<i>prazosin hcl oral capsule</i>	1 or 1b*	
<i>terazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>terazosin hcl oral capsule 10 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
*ANTIHYPERTENSIVES - MISC.*** - DRUGS FOR HIGH BLOOD PRESSURE		
VECAMYL ORAL TABLET (<i>mecamylamine hcl</i>)	3	
*BETA BLOCKER & DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>atenolol-chlorthalidone oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>bisoprolol-hydrochlorothiazide oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 50-25 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metoprolol-hydrochlorothiazide oral tablet 100-50 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
TENORETIC 100 ORAL TABLET (<i>atenolol-chlorthalidone</i>)	3	QL (1 tablet per 1 day)
TENORETIC 50 ORAL TABLET (<i>atenolol-chlorthalidone</i>)	3	QL (1 tablet per 1 day)
ZIAC ORAL TABLET (<i>bisoprolol-hydrochlorothiazide</i>)	3	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*DIRECT RENIN INHIBITORS & THIAZIDE/THIAZIDE-LIKE COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
TEKTURN HCT ORAL TABLET (<i>aliskiren-hydrochlorothiazide</i>)	3	QL (1 tablet per 1 day)
*DIRECT RENIN INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>aliskiren fumarate oral tablet 150 mg</i>	1 or 1b*	DO
<i>aliskiren fumarate oral tablet 300 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
TEKTURN ORAL TABLET 150 MG (<i>aliskiren fumarate</i>)	3	DO
TEKTURN ORAL TABLET 300 MG (<i>aliskiren fumarate</i>)	3	QL (1 tablet per 1 day)
*DOPAMINE D1 RECEPTOR AGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
CORLOPAM INTRAVENOUS SOLUTION (<i>fenoldopam mesylate</i>)	3	
*SELECTIVE ALDOSTERONE RECEPTOR ANTAGONISTS (SARAS)*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>eplerenone oral tablet</i>	1 or 1b*	
INSpra ORAL TABLET (<i>eplerenone</i>)	3	
*VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>hydralazine hcl injection solution</i>	1 or 1b*	
<i>hydralazine hcl oral tablet</i>	1 or 1b*	
<i>minoxidil oral tablet</i>	1 or 1b*	
NIPRIDE RTU INTRAVENOUS SOLUTION (<i>nitroprusside sodium-nacl</i>)	3	
<i>nitroprusside sodium intravenous solution</i>	1 or 1b*	
<i>sodium nitroprusside intravenous solution</i>	1 or 1b*	
ANTI-INFECTIVE AGENTS - MISC. - DRUGS FOR INFECTIONS		
*ANTI-INFECTIVE AGENTS - MISC.*** - DRUGS FOR INFECTIONS		
AEMCOLO ORAL TABLET DELAYED RELEASE (<i>rifamycin sodium</i>)	3	PA; QL (12 tablets per 30 days)
<i>bacitracin intramuscular solution reconstituted</i>	1 or 1b*	
FLAGYL ORAL CAPSULE (<i>metronidazole</i>)	3	
IMPAVIDO ORAL CAPSULE (<i>miltefosine</i>)	3	PA; QL (84 capsules per 1 fill)
METRONIDAZOLE INTRAVENOUS SOLUTION	3	
<i>metronidazole oral capsule</i>	1 or 1a*	
<i>metronidazole oral tablet</i>	1 or 1a*	
NEBUPENT INHALATION SOLUTION RECONSTITUTED (<i>pentamidine isethionate</i>)	3	
PENTAM INJECTION SOLUTION RECONSTITUTED (<i>pentamidine isethionate</i>)	3	
<i>pentamidine isethionate inhalation solution reconstituted</i>	1 or 1b*	
<i>pentamidine isethionate injection solution reconstituted</i>	1 or 1b*	
<i>tinidazole oral tablet 250 mg</i>	1 or 1b*	QL (5 tablets per 28 days)
<i>tinidazole oral tablet 500 mg</i>	1 or 1b*	QL (20 tablets per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRIMETHOPRIM ORAL TABLET	1 or 1a*	
XIFAXAN ORAL TABLET 200 MG (rifaximin)	3	PA; QL (9 tablets per 1 fill)
XIFAXAN ORAL TABLET 550 MG (rifaximin)	3	PA; QL (126 tablet per 252 days)
*ANTI-INFECTIVE MISC. - COMBINATIONS*** - ANTIBIOTICS		
BACTRIM DS ORAL TABLET (sulfamethoxazole-trimethoprim)	3	
BACTRIM ORAL TABLET (sulfamethoxazole-trimethoprim)	3	
sulfamethoxazole-trimethoprim intravenous solution	1 or 1b*	
sulfamethoxazole-trimethoprim oral suspension	1 or 1a*	
sulfamethoxazole-trimethoprim oral tablet	1 or 1a*	
sulfatrim pediatric oral suspension	1 or 1a*	
*ANTIPROTOZOAL AGENTS*** - DRUGS FOR PARASITES		
ALINIA ORAL SUSPENSION RECONSTITUTED (nitazoxanide)	3	QL (180 mL per 1 fill)
ALINIA ORAL TABLET (nitazoxanide)	3	QL (6 tablets per 1 fill)
atovaquone oral suspension	1 or 1b*	
LAMPIT ORAL TABLET (nifurtimox)	3	
MEPRON ORAL SUSPENSION (atovaquone)	3	
nitazoxanide oral tablet	1 or 1b*	QL (6 tablets per 1 fill)
*CARBAPENEM COMBINATIONS*** - ANTIBIOTICS		
imipenem-cilastatin intravenous solution reconstituted	1 or 1b*	
PRIMAXIN IV INTRAVENOUS SOLUTION RECONSTITUTED (imipenem-cilastatin)	3	
RECARBRIO INTRAVENOUS SOLUTION RECONSTITUTED (imipenem-cilastatin-relebactam)	3	
VABOMERE INTRAVENOUS SOLUTION RECONSTITUTED (meropenem-vaborbactam)	3	
*CARBAPENEMS*** - ANTIBIOTICS		
ertapenem sodium injection solution reconstituted	1 or 1b*	
INVANZ INJECTION SOLUTION RECONSTITUTED (ertapenem sodium)	3	
meropenem intravenous solution reconstituted	1 or 1b*	
MEROPENEM-SODIUM CHLORIDE INTRAVENOUS SOLUTION RECONSTITUTED	3	
*CHLORAMPHENICALS*** - ANTIBIOTICS		
chloramphenicol sod succinate intravenous solution reconstituted	1 or 1b*	
*CYCLIC LIPOPEPTIDES*** - ANTIBIOTICS		
CUBICIN RF INTRAVENOUS SOLUTION RECONSTITUTED (daptomycin)	3	
DAPTOMYCIN INTRAVENOUS SOLUTION RECONSTITUTED	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*GLYCOPEPTIDES*** - ANTIBIOTICS		
DALVANCE INTRAVENOUS SOLUTION RECONSTITUTED (dalbavancin hcl)	3	
FIRVANQ ORAL SOLUTION RECONSTITUTED (vancomycin hcl)	3	PA; QL (1200 mL per 30 days)
KIMYRSA INTRAVENOUS SOLUTION RECONSTITUTED (oritavancin diphosphate)	3	
ORBACTIV INTRAVENOUS SOLUTION RECONSTITUTED (oritavancin diphosphate)	3	
VANCOCIN ORAL CAPSULE (vancomycin hcl)	3	PA; QL (240 capsules per 30 days)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 1-5 GM/200ML-%	3	QL (400 mL per 1 day)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 500-5 MG/100ML-%	3	QL (200 mL per 1 day)
VANCOMYCIN HCL IN DEXTROSE INTRAVENOUS SOLUTION 750-5 MG/150ML-%	3	QL (300 mL per 1 day)
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 1-0.9 GM/200ML-%	3	QL (400 mL per 1 day)
VANCOMYCIN HCL IN NAACL INTRAVENOUS SOLUTION 500-0.9 MG/100ML-%	3	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1000 MG/200ML	3	QL (400 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1250 MG/250ML	3	QL (500 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1500 MG/300ML	3	QL (600 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 1750 MG/350ML	3	QL (700 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 2000 MG/400ML	3	QL (800 mL per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 500 MG/100ML	3	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION 750 MG/150ML	3	QL (300 mL per 1 day)
vancomycin hcl intravenous solution reconstituted 1 gm, 500 mg	1 or 1b*	QL (2 vials per 1 day)
VANCOMYCIN HCL INTRAVENOUS SOLUTION RECONSTITUTED 1.25 GM, 1.5 GM, 750 MG	3	QL (2 vials per 1 day)
vancomycin hcl intravenous solution reconstituted 10 gm, 100 gm, 5 gm	1 or 1b*	QL (1 vial per 30 days)
vancomycin hcl oral capsule	1 or 1b*	PA; QL (240 capsules per 30 days)
vancomycin hcl oral solution reconstituted 25 mg/ml, 50 mg/ml	1 or 1b*	PA; QL (1200 mL per 30 days)
VANCOMYCIN HCL ORAL SOLUTION RECONSTITUTED 250 MG/5ML	3	PA; QL (1200 mL per 30 days)
VIBATIV INTRAVENOUS SOLUTION RECONSTITUTED (telavancin hcl)	3	
*LEPROSTATICS*** - ANTIBIOTICS		
dapsone oral tablet	1 or 1b*	
*LINCOSAMIDES*** - ANTIBIOTICS		
CLEOCIN ORAL CAPSULE (clindamycin hcl)	3	
CLEOCIN ORAL SOLUTION RECONSTITUTED (clindamycin palmitate hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEOCIN PHOSPHATE INJECTION SOLUTION (<i>clindamycin phosphate</i>)	3	
<i>clindamycin hcl oral capsule</i>	1 or 1b*	
<i>clindamycin palmitate hcl oral solution reconstituted</i>	1 or 1b*	
<i>clindamycin phosphate in d5w intravenous solution</i>	1 or 1b*	
CLINDAMYCIN PHOSPHATE IN NACL INTRAVENOUS SOLUTION	3	
<i>clindamycin phosphate injection solution</i>	1 or 1b*	
LINCOCIN INJECTION SOLUTION (<i>lincomycin hcl</i>)	3	
<i>lincomycin hcl injection solution</i>	1 or 1b*	
*MONOBACTAMS*** - ANTIBIOTICS		
AZACTAM INJECTION SOLUTION RECONSTITUTED (<i>aztreonam</i>)	3	
<i>aztreonam injection solution reconstituted</i>	1 or 1b*	
CAYSTON INHALATION SOLUTION RECONSTITUTED (<i>aztreonam lysine</i>)	3	SP; QL (3 vials per 1 day)
*OXAZOLIDINONES*** - ANTIBIOTICS		
<i>linezolid in sodium chloride intravenous solution</i>	1 or 1b*	
<i>linezolid intravenous solution</i>	1 or 1b*	
<i>linezolid oral suspension reconstituted</i>	1 or 1b*	PA; QL (900 mL per 30 days)
<i>linezolid oral tablet</i>	1 or 1b*	PA; QL (28 tablet per 30 days)
SIVEXTRO INTRAVENOUS SOLUTION RECONSTITUTED (<i>tedizolid phosphate</i>)	3	
SIVEXTRO ORAL TABLET (<i>tedizolid phosphate</i>)	3	PA; QL (6 tablet per 30 days)
ZYVOX INTRAVENOUS SOLUTION (<i>linezolid</i>)	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED (<i>linezolid</i>)	3	PA; QL (900 mL per 30 days)
ZYVOX ORAL TABLET (<i>linezolid</i>)	3	PA; QL (28 tablet per 30 days)
*PLEUROMUTILINS*** - ANTIBIOTICS		
XENLETA INTRAVENOUS SOLUTION (<i>lefamulin acetate</i>)	3	
XENLETA ORAL TABLET (<i>lefamulin acetate</i>)	3	PA; QL (10 tablets per 30 days)
*POLYMYXINS*** - ANTIBIOTICS		
<i>colistimethate sodium (cba) injection solution reconstituted</i>	1 or 1b*	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED (<i>colistimethate sodium</i>)	3	
<i>polymyxin b sulfate injection solution reconstituted</i>	1 or 1b*	
*URINARY ANTI-INFECTIVES*** - ANTIBIOTICS		
<i>fosfomycin tromethamine oral packet</i>	1 or 1b*	
HIPREX ORAL TABLET (<i>methenamine hippurate</i>)	3	
MACROBID ORAL CAPSULE (<i>nitrofurantoin monohyd macro</i>)	3	
MACRODANTIN ORAL CAPSULE (<i>nitrofurantoin macrocrystal</i>)	3	
<i>methenamine hippurate oral tablet</i>	1 or 1b*	
MONUROL ORAL PACKET (<i>fosfomycin tromethamine</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>nitrofurantoin macrocrystal oral capsule</i>	1 or 1b*	
<i>nitrofurantoin monohyd macro oral capsule</i>	1 or 1b*	
<i>nitrofurantoin oral suspension</i>	1 or 1b*	
ANTIMALARIALS - DRUGS FOR INFECTIONS		
*ANTIMALARIAL COMBINATIONS*** - DRUGS FOR PARASITES		
<i>atovaquone-proguanil hcl oral tablet</i>	1 or 1b*	
COARTEM ORAL TABLET (<i>artemether-lumefantrine</i>)	3	
MALARONE ORAL TABLET (<i>atovaquone-proguanil hcl</i>)	3	
*ANTIMALARIALS*** - DRUGS FOR PARASITES		
ARAKODA ORAL TABLET (<i>tafenoquine succinate</i>)	3	QL (64 tablets per 1 year)
ARTESUNATE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>chloroquine phosphate oral tablet</i>	1 or 1a*	
DARAPRIM ORAL TABLET (<i>pyrimethamine</i>)	3	PA; QL (3 tablets per 1 day)
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 100 MG, 300 MG	1 or 1b*	QL (2 tablets per 1 day)
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
HYDROXYCHLOROQUINE SULFATE ORAL TABLET 400 MG	1 or 1b*	QL (1 tablet per 1 day)
KRINTAFEL ORAL TABLET (<i>tafenoquine succinate</i>)	3	QL (2 tablets per 1 fill)
<i>mefloquine hcl oral tablet</i>	1 or 1b*	QL (5 tablets per 28 days)
PLAQUENIL ORAL TABLET (<i>hydroxychloroquine sulfate</i>)	3	QL (3 tablets per 1 day)
PRIMAQUINE PHOSPHATE ORAL TABLET	3	
<i>pyrimethamine oral tablet</i>	1 or 1b*	PA; QL (3 tablets per 1 day)
QUALAQUIN ORAL CAPSULE (<i>quinine sulfate</i>)	3	PA; QL (60 capsule per 30 days)
<i>quinine sulfate oral capsule</i>	1 or 1b*	PA; QL (60 capsule per 30 days)
ANTIMYASTHENIC/CHOLINERGIC AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ANTIMYASTHENIC/CHOLINERGIC AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
BLOXIVERZ INTRAVENOUS SOLUTION (<i>neostigmine methylsulfate</i>)	3	
FIRDAPSE ORAL TABLET (<i>amifampridine phosphate</i>)	3	PA; QL (8 tablets per 1 day)
MESTINON ORAL SOLUTION (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET (<i>pyridostigmine bromide</i>)	3	
MESTINON ORAL TABLET EXTENDED RELEASE (<i>pyridostigmine bromide</i>)	3	
NEOSTIGMINE METHYLSULFATE INTRAVENOUS SOLUTION	3	
<i>pyridostigmine bromide er oral tablet extended release</i>	1 or 1b*	
<i>pyridostigmine bromide oral solution</i>	1 or 1b*	
<i>pyridostigmine bromide oral tablet</i>	1 or 1b*	
REGONOL INTRAVENOUS SOLUTION (<i>pyridostigmine bromide</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIMYCOBACTERIAL AGENTS - DRUGS FOR INFECTIONS		
*ANTIMYCOBACTERIAL AGENTS*** - ANTIBIOTICS		
cycloserine oral capsule	1 or 1b*	
ethambutol hcl oral tablet	1 or 1b*	
isoniazid injection solution	1 or 1a*	
isoniazid oral syrup	1 or 1a*	
isoniazid oral tablet	1 or 1a*	
MYAMBUTOL ORAL TABLET (ethambutol hcl)	3	
MYCOBUTIN ORAL CAPSULE (rifabutin)	3	
PRETOMANID ORAL TABLET	3	
PRIFTIN ORAL TABLET (rifapentine)	2	
pyrazinamide oral tablet	1 or 1b*	
rifabutin oral capsule	1 or 1b*	
RIFADIN INTRAVENOUS SOLUTION RECONSTITUTED (rifampin)	3	
rifampin intravenous solution reconstituted	1 or 1b*	
rifampin oral capsule	1 or 1b*	
SIRTURO ORAL TABLET (bedaquiline fumarate)	3	
TRECTOR ORAL TABLET (ethionamide)	3	
ANTINEOPLASTICS AND ADJUNCTIVE THERAPIES - DRUGS FOR CANCER		
*ALKYLATING AGENTS*** - DRUGS FOR CANCER		
BELRAPZO INTRAVENOUS SOLUTION (bendamustine hcl)	3	PA; SP
bendamustine hcl intravenous solution	3	PA
bendamustine hcl intravenous solution reconstituted	1 or 1b*	PA
BENDEKA INTRAVENOUS SOLUTION (bendamustine hcl)	3	PA; SP
busulfan intravenous solution	1 or 1b*	SP
BUSULFEX INTRAVENOUS SOLUTION (busulfan)	3	SP
carboplatin intravenous solution	1 or 1b*	SP
cisplatin intravenous solution	1 or 1b*	SP
CISPLATIN INTRAVENOUS SOLUTION RECONSTITUTED	3	
MYLERAN ORAL TABLET (busulfan)	2; OC	
oxaliplatin intravenous solution 100 mg/20ml, 50 mg/10ml	1 or 1b*	SP
oxaliplatin intravenous solution 200 mg/40ml	1 or 1b*	
oxaliplatin intravenous solution reconstituted	1 or 1b*	SP
paraplatin intravenous solution 1000 mg/100ml	1 or 1b*	
paraplatin intravenous solution 450 mg/45ml, 600 mg/60ml	1 or 1b*	SP
TEPADINA INJECTION SOLUTION RECONSTITUTED (thiotepa)	3	SP
thiotepa injection solution reconstituted	1 or 1b*	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TREANDA INTRAVENOUS SOLUTION RECONSTITUTED (bendamustine hcl)	3	PA; SP
<i>vivimusta intravenous solution</i>	3	PA
ZEPZELCA INTRAVENOUS SOLUTION RECONSTITUTED (lurbinectedin)	3	PA
*ANDROGEN BIOSYNTHESIS INHIBITORS*** - DRUGS FOR CANCER		
<i>abiraterone acetate oral tablet 250 mg</i>	1 or 1b*; OC	PA; SP; QL (4 tablet per 1 day)
<i>abiraterone acetate oral tablet 500 mg</i>	1 or 1b*; OC	PA; SP; QL (2 tablets per 1 day)
YONSA ORAL TABLET (<i>abiraterone acetate micronized</i>)	3; OC	PA; SP; QL (4 tablets per 1 day)
ZYTIGA ORAL TABLET 250 MG (<i>abiraterone acetate</i>)	3; OC	PA; SP; QL (4 tablet per 1 day)
ZYTIGA ORAL TABLET 500 MG (<i>abiraterone acetate</i>)	3; OC	PA; SP; QL (2 tablets per 1 day)
*ANTIADRENALS*** - DRUGS FOR CANCER		
LYSODREN ORAL TABLET (<i>mitotane</i>)	2; OC	QL (38 tablet per 1 day)
*ANTIANDROGENS*** - DRUGS FOR CANCER		
<i>bicalutamide oral tablet</i>	1 or 1b*; OC	QL (1 tablet per 1 day)
CASODEX ORAL TABLET (<i>bicalutamide</i>)	3; OC	QL (1 tablet per 1 day)
ERLEADA ORAL TABLET 240 MG (<i>apalutamide</i>)	2; OC	PA; QL (1 tablet per 1 day)
ERLEADA ORAL TABLET 60 MG (<i>apalutamide</i>)	2; OC	PA; SP; QL (4 tablets per 1 day)
EULEXIN ORAL CAPSULE (<i>flutamide</i>)	3; OC	
NILANDRON ORAL TABLET (<i>nilutamide</i>)	3; OC	QL (1 tablet per 1 day)
<i>nilutamide oral tablet</i>	1 or 1b*; OC	QL (1 tablet per 1 day)
NUBEQA ORAL TABLET (<i>darolutamide</i>)	2; OC	PA; QL (4 tablets per 1 day)
XTANDI ORAL CAPSULE (<i>enzalutamide</i>)	2; OC	PA; SP; QL (4 capsules per 1 day)
XTANDI ORAL TABLET 40 MG (<i>enzalutamide</i>)	2; OC	PA; QL (4 tablets per 1 day)
XTANDI ORAL TABLET 80 MG (<i>enzalutamide</i>)	2; OC	PA; QL (2 tablets per 1 day)
*ANTIESTROGENS*** - DRUGS FOR CANCER		
FARESTON ORAL TABLET (<i>toremifene citrate</i>)	3; OC	QL (1 tablet per 1 day)
SOLTAMOX ORAL SOLUTION (<i>tamoxifen citrate</i>)	2; OC; \$0	
<i>tamoxifen citrate oral tablet</i>	1 or 1b*; OC; \$0	
<i>toremifene citrate oral tablet</i>	1 or 1b*; OC	QL (1 tablet per 1 day)
*ANTIMETABOLITES*** - DRUGS FOR CANCER		
ALIMTA INTRAVENOUS SOLUTION RECONSTITUTED (<i>pemetrexed disodium</i>)	3	PA; SP
ARRANON INTRAVENOUS SOLUTION (<i>nelarabine</i>)	3	SP
<i>azacitidine injection suspension reconstituted</i>	1 or 1b*	PA; SP
<i>capecitabine oral tablet</i>	1 or 1b*; OC	PA; SP
<i>cladribine intravenous solution</i>	1 or 1b*	SP
<i>clofarabine intravenous solution</i>	1 or 1b*	SP
CLOLAR INTRAVENOUS SOLUTION (<i>clofarabine</i>)	3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cytarabine (pf) injection solution	1 or 1b*	SP
cytarabine injection solution	1 or 1b*	SP
decitabine intravenous solution reconstituted	1 or 1b*	SP
fludarabine phosphate intravenous solution 25 mg/ml	3	
fludarabine phosphate intravenous solution 50 mg/2ml	1 or 1b*	SP
fludarabine phosphate intravenous solution reconstituted	1 or 1b*	SP
fluorouracil intravenous solution	1 or 1b*	SP
FOLOTYN INTRAVENOUS SOLUTION (pralatrexate)	3	SP
GEMCITABINE HCL INTRAVENOUS SOLUTION	3	SP
gemcitabine hcl intravenous solution reconstituted	1 or 1b*	SP
INFUGEM INTRAVENOUS SOLUTION (gemcitabine hcl-nacl)	3	
mercaptopurine oral tablet	1 or 1b*; OC	
methotrexate oral tablet	1 or 1b*; OC	
methotrexate sodium (pf) injection solution	1 or 1b*	
methotrexate sodium injection solution	1 or 1b*	
methotrexate sodium injection solution reconstituted	1 or 1b*	
methotrexate sodium oral tablet	1 or 1b*; OC	
nelarabine intravenous solution	1 or 1b*	SP
ONUREG ORAL TABLET (azacitidine)	3; OC	PA; QL (14 tablets per 28 days)
pemetrexed disodium intravenous solution	3	PA
pemetrexed disodium intravenous solution reconstituted 100 mg, 500 mg	1 or 1b*	PA; SP
pemetrexed disodium intravenous solution reconstituted 1000 mg, 750 mg	1 or 1b*	PA
pemetrexed ditromethamine intravenous solution reconstituted	3	PA
pemetrexed intravenous solution	3	PA
PEMFEXY INTRAVENOUS SOLUTION (pemetrexed)	3	PA
pralatrexate intravenous solution	1 or 1b*	
PURIXAN ORAL SUSPENSION (mercaptopurine)	3; OC	PA
TABLOID ORAL TABLET (thioguanine)	2; OC	
TREXALL ORAL TABLET (methotrexate sodium)	2; OC	ST
VIDAZA INJECTION SUSPENSION RECONSTITUTED (azacitidine)	3	PA; SP
XATMEP ORAL SOLUTION (methotrexate)	3; OC	PA; SP
XELODA ORAL TABLET (capecitabine)	3; OC	PA; SP
*ANTINEOPLASTIC - ALK INHIBITORS*** - DRUGS FOR CANCER		
ALECENSA ORAL CAPSULE (alectinib hcl)	2; OC	PA; SP; QL (8 capsule per 1 day)
ALUNBRIG ORAL TABLET 180 MG (brigatinib)	2; OC	PA; LD; SP; QL (1 tablet per 1 day)
ALUNBRIG ORAL TABLET 30 MG (brigatinib)	2; OC	PA; LD; SP; QL (6 tablets per 1 day)
ALUNBRIG ORAL TABLET 90 MG (brigatinib)	2; OC	PA; LD; SP; QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALUNBRIG ORAL TABLET THERAPY PACK (<i>brigatinib</i>)	2; OC	PA; LD; SP; QL (1 pack per 30 days)
LORBRENA ORAL TABLET 100 MG (<i>lorlatinib</i>)	3; OC	PA; SP; QL (1 tablet per 1 day)
LORBRENA ORAL TABLET 25 MG (<i>lorlatinib</i>)	3; OC	PA; SP; QL (3 tablets per 1 day)
XALKORI ORAL CAPSULE (<i>crizotinib</i>)	3; OC	PA; SP; QL (4 capsules per 1 day)
ZYKADIA ORAL TABLET (<i>ceritinib</i>)	3; OC	PA; LD; QL (3 capsules per 1 day)
*ANTINEOPLASTIC - ALLOGENEIC CELLULAR IMMUNOTHERAPY*** - DRUGS FOR CANCER		
OMISIRGE INTRAVENOUS SUSPENSION (<i>omidubicel-only</i>)	3	
*ANTINEOPLASTIC - ANTI-BCMA ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
BLENREP INTRAVENOUS SOLUTION RECONSTITUTED (<i>belantamab mafodotin-blmf</i>)	3	
*ANTINEOPLASTIC - ANTIBODY COMBINATIONS*** - DRUGS FOR CANCER		
OPDUALAG INTRAVENOUS SOLUTION (<i>nivolumab-relatlimab-rmbw</i>)	3	PA
*ANTINEOPLASTIC - ANTI-CCR4 ANTIBODIES*** - DRUGS FOR CANCER		
POTELIGEO INTRAVENOUS SOLUTION (<i>mogamulizumab-kpkc</i>)	3	
*ANTINEOPLASTIC - ANTI-CD19 ANTIBODIES*** - DRUGS FOR CANCER		
MONJUVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>tafasitamab-cxix</i>)	3	PA
*ANTINEOPLASTIC - ANTI-CD19 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
ZYNLONTA INTRAVENOUS SOLUTION RECONSTITUTED (<i>loncastuximab tesirine-lpyl</i>)	3	PA; LD
*ANTINEOPLASTIC - ANTI-CD20 ANTIBODIES*** - DRUGS FOR CANCER		
ARZERRA INTRAVENOUS CONCENTRATE (<i>ofatumumab</i>)	3	PA
GAZYVA INTRAVENOUS SOLUTION (<i>obinutuzumab</i>)	3	PA; SP
RIABNI INTRAVENOUS SOLUTION (<i>rituximab-arrx</i>)	3	PA
RITUXAN INTRAVENOUS SOLUTION (<i>rituximab</i>)	2	PA; SP
RUXIENCE INTRAVENOUS SOLUTION (<i>rituximab-pvvr</i>)	3	PA
TRUXIMA INTRAVENOUS SOLUTION (<i>rituximab-abbs</i>)	3	PA
*ANTINEOPLASTIC - ANTI-CD22 ANTIBODIES*** - DRUGS FOR CANCER		
LUMOXITI INTRAVENOUS SOLUTION RECONSTITUTED (<i>moxetumomab pasudotox-tdfk</i>)	3	PA
*ANTINEOPLASTIC - ANTI-CD22 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
BESPONSA INTRAVENOUS SOLUTION RECONSTITUTED (<i>inotuzumab ozogamicin</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - ANTI-CD30 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
ADCETRIS INTRAVENOUS SOLUTION RECONSTITUTED (brentuximab vedotin)	3	PA; SP
*ANTINEOPLASTIC - ANTI-CD33 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
MYLOTARG INTRAVENOUS SOLUTION RECONSTITUTED (gemtuzumab ozogamicin)	3	PA
*ANTINEOPLASTIC - ANTI-CD38 ANTIBODIES*** - DRUGS FOR CANCER		
DARZALEX INTRAVENOUS SOLUTION (daratumumab)	3	PA; SP
SARCLISA INTRAVENOUS SOLUTION (isatuximab-irfc)	3	PA
*ANTINEOPLASTIC - ANTI-CD79B ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
POLIVY INTRAVENOUS SOLUTION RECONSTITUTED (polatuzumab vedotin-piiq)	3	PA
*ANTINEOPLASTIC - ANTI-CTLA-4 ANTIBODIES*** - DRUGS FOR CANCER		
IMJUDO INTRAVENOUS SOLUTION (tremelimumab-actl)	3	PA
YERVOY INTRAVENOUS SOLUTION (ipilimumab)	3	PA; SP
*ANTINEOPLASTIC - ANTI-GD2 ANTIBODIES*** - DRUGS FOR CANCER		
DANYELZA INTRAVENOUS SOLUTION (naxitamab-gqgk)	3	PA
UNITUXIN INTRAVENOUS SOLUTION (dinutuximab)	3	
*ANTINEOPLASTIC - ANTI-HER2 AGENTS*** - DRUGS FOR CANCER		
HERCEPTIN INTRAVENOUS SOLUTION RECONSTITUTED (trastuzumab)	3	LD; SP
HERZUMA INTRAVENOUS SOLUTION RECONSTITUTED (trastuzumab-pkrb)	3	ST
KANJINTI INTRAVENOUS SOLUTION RECONSTITUTED (trastuzumab-anns)	3	
MARGENZA INTRAVENOUS SOLUTION (margetuximab-cmkb)	3	PA
OGIVRI INTRAVENOUS SOLUTION RECONSTITUTED (trastuzumab-dkst)	3	ST
ONTRUZANT INTRAVENOUS SOLUTION RECONSTITUTED (trastuzumab-dttb)	3	ST
PERJETA INTRAVENOUS SOLUTION (pertuzumab)	3	PA; SP
TRAZIMERA INTRAVENOUS SOLUTION RECONSTITUTED (trastuzumab-qyyp)	3	ST
TUKYSA ORAL TABLET (tucatinib)	3; OC	PA; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTINEOPLASTIC - ANTI-NECTIN-4 ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
PADCEV INTRAVENOUS SOLUTION RECONSTITUTED (<i>enfortumab vedotin-ejfv</i>)	3	PA
*ANTINEOPLASTIC - ANTI-PD-1 ANTIBODIES*** - DRUGS FOR CANCER		
JEMPERLI INTRAVENOUS SOLUTION (<i>dostarlimab-gxly</i>)	3	PA
KEYTRUDA INTRAVENOUS SOLUTION (<i>pembrolizumab</i>)	3	PA
LIBTAYO INTRAVENOUS SOLUTION (<i>cemiplimab-rwlc</i>)	3	PA
OPDIVO INTRAVENOUS SOLUTION (<i>nivolumab</i>)	3	PA
ZYNYZ INTRAVENOUS SOLUTION (<i>retifanlimab-dlwr</i>)	3	PA; QL (1 vial per 28 days)
*ANTINEOPLASTIC - ANTI-PD-L1 ANTIBODIES*** - DRUGS FOR CANCER		
BAVENCIO INTRAVENOUS SOLUTION (<i>avelumab</i>)	3	PA
IMFINZI INTRAVENOUS SOLUTION (<i>durvalumab</i>)	3	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 1200 MG/20ML (<i>atezolizumab</i>)	3	PA; SP
TECENTRIQ INTRAVENOUS SOLUTION 840 MG/14ML (<i>atezolizumab</i>)	3	PA
*ANTINEOPLASTIC - ANTI-SLAMF7 ANTIBODIES*** - DRUGS FOR CANCER		
EMPLICITI INTRAVENOUS SOLUTION RECONSTITUTED (<i>elotuzumab</i>)	3	PA; SP
*ANTINEOPLASTIC - ANTI-TF ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
TIVDAK INTRAVENOUS SOLUTION RECONSTITUTED (<i>tisotumab vedotin-tftv</i>)	3	PA
*ANTINEOPLASTIC - BCL-2 INHIBITORS*** - DRUGS FOR CANCER		
VENCLEXTA ORAL TABLET 10 MG (<i>venetoclax</i>)	3; OC	PA; QL (2 tablets per 1 day)
VENCLEXTA ORAL TABLET 100 MG (<i>venetoclax</i>)	3; OC	PA; QL (6 tablet per 1 day)
VENCLEXTA ORAL TABLET 50 MG (<i>venetoclax</i>)	3; OC	PA; QL (1 tablet per 1 day)
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK (<i>venetoclax</i>)	3; OC	PA; QL (1 pack per 365 days)
*ANTINEOPLASTIC - BCR-ABL KINASE INHIBITORS*** - DRUGS FOR CANCER		
BOSULIF ORAL TABLET 100 MG (<i>bosutinib</i>)	2; OC	PA; SP; QL (4 tablet per 1 day)
BOSULIF ORAL TABLET 400 MG, 500 MG (<i>bosutinib</i>)	2; OC	PA; SP; QL (1 tablet per 1 day)
GLEEVEC ORAL TABLET (<i>imatinib mesylate</i>)	3; OC	PA; SP; QL (2 tablets per 1 day)
ICLUSIG ORAL TABLET 10 MG, 30 MG, 45 MG (<i>ponatinib hcl</i>)	3; OC	PA; LD; QL (1 tablet per 1 day)
ICLUSIG ORAL TABLET 15 MG (<i>ponatinib hcl</i>)	3; OC	PA; LD; QL (2 tablets per 1 day)
<i>imatinib mesylate oral tablet</i>	1 or 1b*; OC	PA; SP; QL (2 tablets per 1 day)
SCEMBLIX ORAL TABLET (<i>asciminib hcl</i>)	3; OC	PA; QL (2 tablets per 1 day)

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SPRYCEL ORAL TABLET (<i>dasatinib</i>)	2; OC	PA; SP; QL (1 tablet per 1 day)
TASIGNA ORAL CAPSULE (<i>nilotinib hcl</i>)	2; OC	PA; SP; QL (4 capsules per 1 day)
*ANTINEOPLASTIC - BISPECIFIC T-CELL ENGAGERS*** - DRUGS FOR CANCER		
BLINCYTO INTRAVENOUS SOLUTION RECONSTITUTED (<i>blinatumomab</i>)	3	PA
KIMMTRAK INTRAVENOUS SOLUTION (<i>tebentafusp-tebn</i>)	3	PA
LUNSUMIO INTRAVENOUS SOLUTION (<i>mosunetuzumab-axgb</i>)	3	PA
TECVAYLI SUBCUTANEOUS SOLUTION (<i>teclistamab-cqyv</i>)	3	PA
*ANTINEOPLASTIC - BRAF KINASE INHIBITORS*** - DRUGS FOR CANCER		
BRAFTOVI ORAL CAPSULE (<i>encorafenib</i>)	3; OC	PA; LD; QL (6 capsules per 1 day)
TAFINLAR ORAL CAPSULE (<i>dabrafenib mesylate</i>)	3; OC	PA; SP; QL (4 capsule per 1 day)
ZELBORAF ORAL TABLET (<i>vemurafenib</i>)	2; OC	PA; LD; SP; QL (8 tablet per 1 day)
*ANTINEOPLASTIC - BTK INHIBITORS*** - DRUGS FOR CANCER		
BRUKINSA ORAL CAPSULE (<i>zanubrutinib</i>)	3; OC	PA; QL (4 capsules per 1 day)
CALQUENCE ORAL TABLET (<i>acalabrutinib maleate</i>)	3; OC	PA; QL (2 capsules per 1 day)
IMBRUVICA ORAL CAPSULE 140 MG (<i>ibrutinib</i>)	2; OC	PA; QL (3 capsule per 1 day)
IMBRUVICA ORAL CAPSULE 70 MG (<i>ibrutinib</i>)	2; OC	PA; QL (1 tablet per 1 day)
IMBRUVICA ORAL SUSPENSION (<i>ibrutinib</i>)	2; OC	PA; QL (8 mL per 1 day)
IMBRUVICA ORAL TABLET (<i>ibrutinib</i>)	2; OC	PA; QL (1 tablet per 1 day)
JAYPIRCA ORAL TABLET 100 MG (<i>pirtobrutinib</i>)	3; OC	PA; QL (2 tablets per 1 day)
JAYPIRCA ORAL TABLET 50 MG (<i>pirtobrutinib</i>)	3; OC	PA; QL (1 tablet per 1 day)
*ANTINEOPLASTIC - EGFR INHIBITORS*** - DRUGS FOR CANCER		
ERBITUX INTRAVENOUS SOLUTION (<i>cetuximab</i>)	3	PA; SP
erlotinib hcl oral tablet 100 mg, 150 mg	1 or 1b*; OC	PA; LD; SP; QL (1 tablet per 1 day)
erlotinib hcl oral tablet 25 mg	1 or 1b*; OC	PA; LD; SP; QL (3 tablets per 1 day)
EXKIVITY ORAL CAPSULE (<i>mobocertinib succinate</i>)	3; OC	PA; QL (4 tablets per 1 day)
GILOTRIF ORAL TABLET (<i>afatinib dimaleate</i>)	3; OC	PA; SP; QL (1 tablet per 1 day)
IRESSA ORAL TABLET (<i>gefitinib</i>)	2; OC	PA; SP; QL (1 tablet per 1 day)
PORTRAZZA INTRAVENOUS SOLUTION (<i>necitumumab</i>)	3	SP
TAGRISSO ORAL TABLET (<i>osimertinib mesylate</i>)	3; OC	PA; SP; QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 100 MG, 150 MG (<i>erlotinib hcl</i>)	3; OC	PA; LD; SP; QL (1 tablet per 1 day)
TARCEVA ORAL TABLET 25 MG (<i>erlotinib hcl</i>)	3; OC	PA; LD; SP; QL (3 tablets per 1 day)
VECTIBIX INTRAVENOUS SOLUTION (<i>panitumumab</i>)	3	PA; SP
VIZIMPRO ORAL TABLET (<i>dacomitinib</i>)	3; OC	PA; SP; QL (1 tablet per 1 day)

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*ANTINEOPLASTIC - FGFR KINASE INHIBITORS*** - DRUGS FOR CANCER		
BALVERSA ORAL TABLET 3 MG (<i>erdafitinib</i>)	3; OC	PA; QL (3 tablets per 1 day)
BALVERSA ORAL TABLET 4 MG (<i>erdafitinib</i>)	3; OC	PA; QL (2 tablets per 1 day)
BALVERSA ORAL TABLET 5 MG (<i>erdafitinib</i>)	3; OC	PA; QL (1 tablet per 1 day)
<i>lytgobi</i> (12 mg daily dose) oral tablet therapy pack	3; OC	PA; QL (3 tablets per 1 day)
<i>lytgobi</i> (16 mg daily dose) oral tablet therapy pack	3; OC	PA; QL (4 tablets per 1 day)
<i>lytgobi</i> (20 mg daily dose) oral tablet therapy pack	3; OC	PA; QL (5 tablets per 1 day)
PEMAZYRE ORAL TABLET 13.5 MG (<i>pemigatinib</i>)	3; OC	PA; QL (1 tablet per 1 day)
PEMAZYRE ORAL TABLET 4.5 MG, 9 MG (<i>pemigatinib</i>)	3; OC	PA; QL (14 tablets per 21 days)
*ANTINEOPLASTIC - HEDGEHOG PATHWAY INHIBITORS*** - DRUGS FOR CANCER		
DAURISMO ORAL TABLET 100 MG (<i>glasdegib maleate</i>)	3; OC	PA; SP; QL (1 tablet per 1 day)
DAURISMO ORAL TABLET 25 MG (<i>glasdegib maleate</i>)	3; OC	PA; SP; QL (2 tablets per 1 day)
ERIVEDGE ORAL CAPSULE (<i>vismodegib</i>)	2; OC	PA; SP; QL (1 capsule per 1 day)
ODOMZO ORAL CAPSULE (<i>sonidegib phosphate</i>)	3; OC	PA; LD; SP; QL (1 capsule per 1 day)
*ANTINEOPLASTIC - HIF-2-ALPHA INHIBITORS*** - DRUGS FOR CANCER		
WELIREG ORAL TABLET (<i>belzutifan</i>)	3; OC	PA; QL (3 tablets per 1 day)
*ANTINEOPLASTIC - HISTONE DEACETYLASE INHIBITORS*** - DRUGS FOR CANCER		
BELEODAQ INTRAVENOUS SOLUTION RECONSTITUTED (<i>belinostat</i>)	3	PA; LD
ISTODAX (OVERFILL) INTRAVENOUS SOLUTION RECONSTITUTED (<i>romidepsin</i>)	3	PA; SP
ROMIDEPSIN INTRAVENOUS SOLUTION	3	PA
<i>romidepsin intravenous solution reconstituted</i>	1 or 1b*	PA; SP
ZOLINZA ORAL CAPSULE (<i>vorinostat</i>)	2; OC	PA; SP; QL (4 capsule per 1 day)
*ANTINEOPLASTIC - IMMUNOMODULATORS*** - DRUGS FOR CANCER		
POMALYST ORAL CAPSULE (<i>pomalidomide</i>)	3; OC	PA; SP; QL (21 capsules per 28 days)
*ANTINEOPLASTIC - KRAS INHIBITORS*** - DRUGS FOR CANCER		
KRAZATI ORAL TABLET (<i>adagrasib</i>)	3; OC	PA; QL (6 tablets per 1 day)
LUMAKRAS ORAL TABLET 120 MG (<i>sotorasib</i>)	3; OC	PA; QL (8 tablets per 1 day)
LUMAKRAS ORAL TABLET 320 MG (<i>sotorasib</i>)	3; OC	PA; QL (3 tablets per 1 day)
*ANTINEOPLASTIC - MEK INHIBITORS*** - DRUGS FOR CANCER		
COTELLIC ORAL TABLET (<i>cobimetinib fumarate</i>)	3; OC	PA; SP; QL (3 tablets per 1 day)
KOSELUGO ORAL CAPSULE 10 MG (<i>selumetinib sulfate</i>)	3; OC	PA; QL (8 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOSELUGO ORAL CAPSULE 25 MG (<i>selumetinib sulfate</i>)	3; OC	PA; QL (4 capsules per 1 day)
MEKINIST ORAL TABLET 0.5 MG (<i>trametinib dimethyl sulfoxide</i>)	3; OC	PA; QL (3 tablets per 1 day)
MEKINIST ORAL TABLET 2 MG (<i>trametinib dimethyl sulfoxide</i>)	3; OC	PA; SP; QL (1 tablet per 1 day)
MEKTOVI ORAL TABLET (<i>binimetinib</i>)	3; OC	PA; QL (6 tablets per 1 day)
*ANTINEOPLASTIC - MET INHIBITORS*** - DRUGS FOR CANCER		
TABRECTA ORAL TABLET (<i>capmatinib hcl</i>)	3; OC	PA; QL (4 tablets per 1 day)
TEPMETKO ORAL TABLET (<i>tepotinib hcl</i>)	3; OC	PA; QL (2 tablets per 1 day)
*ANTINEOPLASTIC - METHYLTRANSFERASE INHIBITORS*** - DRUGS FOR CANCER		
TAZVERIK ORAL TABLET (<i>tazemetostat hbr</i>)	3; OC	PA; QL (8 tablets per 1 day)
*ANTINEOPLASTIC - MTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
AFINITOR DISPERZ ORAL TABLET SOLUBLE (<i>everolimus</i>)	3; OC	PA; SP
AFINITOR ORAL TABLET (<i>everolimus</i>)	3; OC	PA; SP
<i>everolimus oral tablet</i>	1 or 1b*; OC	PA; SP
<i>everolimus oral tablet soluble</i>	1 or 1b*; OC	PA; SP
FYARRO INTRAVENOUS SUSPENSION RECONSTITUTED (<i>sirolimus protein-bound part</i>)	3	PA
<i>temsirolimus intravenous solution</i>	1 or 1b*	PA; SP
TORISEL INTRAVENOUS SOLUTION (<i>temsirolimus</i>)	3	PA; SP
*ANTINEOPLASTIC - MULTIKINASE INHIBITORS*** - DRUGS FOR CANCER		
CABOMETYX ORAL TABLET (<i>cabozantinib s-malate</i>)	2; OC	PA; SP; QL (1 tablet per 1 day)
CAPRELSA ORAL TABLET 100 MG (<i>vandetanib</i>)	2; OC	PA; LD; QL (3 tablet per 1 day)
CAPRELSA ORAL TABLET 300 MG (<i>vandetanib</i>)	2; OC	PA; LD; QL (1 tablet per 1 day)
COMETRIQ (100 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	3; OC	PA; QL (1 dose-pack per 56 days)
COMETRIQ (140 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	3; OC	PA; QL (1 dose pack per 28 days)
COMETRIQ (60 MG DAILY DOSE) ORAL KIT (<i>cabozantinib s-malate</i>)	3; OC	PA; QL (1 dose pack per 28 days)
FOTIVDA ORAL CAPSULE (<i>tivozanib hcl</i>)	3; OC	PA; QL (21 capsules per 28 days)
<i>lapatinib ditosylate oral tablet</i>	1 or 1b*; OC	PA; SP; QL (6 tablet per 1 day)
NERLYNX ORAL TABLET (<i>neratinib maleate</i>)	3; OC	PA; SP; QL (6 tablets per 1 day)
NEXAVAR ORAL TABLET (<i>sorafenib tosylate</i>)	3; OC	PA; SP; QL (4 tablet per 1 day)
QINLOCK ORAL TABLET (<i>ripretinib</i>)	3; OC	PA; QL (3 tablets per 1 day)
RYDAPT ORAL CAPSULE (<i>midostaurin</i>)	3; OC	PA; SP; QL (8 capsules per 1 day)
<i>sorafenib tosylate oral tablet</i>	1 or 1b*; OC	PA; QL (4 tablet per 1 day)
STIVARGA ORAL TABLET (<i>regorafenib</i>)	2; OC	PA; SP; QL (84 tablets per 28 days)
<i>sunitinib malate oral capsule</i>	1 or 1b*; OC	PA; SP; QL (1 capsule per 1 day)
SUTENT ORAL CAPSULE (<i>sunitinib malate</i>)	3; OC	PA; SP; QL (1 capsule per 1 day)
TURALIO ORAL CAPSULE (<i>pexidartinib hcl</i>)	3; OC	PA; QL (4 capsules per 1 day)
TYKERB ORAL TABLET (<i>lapatinib ditosylate</i>)	3; OC	PA; SP; QL (6 tablet per 1 day)

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VOTRIENT ORAL TABLET (<i>pazopanib hcl</i>)	3; OC	PA; SP; QL (4 tablet per 1 day)
XOSPATA ORAL TABLET (<i>gilteritinib fumarate</i>)	3; OC	PA; QL (3 tablets per 1 day)
*ANTINEOPLASTIC - MULTIPLE RECEPTOR ANTIBODIES*** - DRUGS FOR CANCER		
RYBREVA INTRAVENOUS SOLUTION (<i>amivantamab-vmjw</i>)	3	PA
*ANTINEOPLASTIC - PDGFR-ALPHA INHIBITORS*** - DRUGS FOR CANCER		
AYVAKIT ORAL TABLET (<i>avapritinib</i>)	3; OC	PA; QL (1 tablet per 1 day)
*ANTINEOPLASTIC - PROTEASOME INHIBITORS*** - DRUGS FOR CANCER		
<i>bortezomib injection solution reconstituted 1 mg, 2.5 mg</i>	3	PA
<i>bortezomib injection solution reconstituted 3.5 mg</i>	1 or 1b*	PA; SP
<i>bortezomib intravenous solution</i>	3	PA
BORTEZOMIB INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
KYPROLIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>carfilzomib</i>)	3	PA
NINLARO ORAL CAPSULE (<i>ixazomib citrate</i>)	3; OC	PA; LD; SP; QL (3 capsule per 28 days)
VELCADE INJECTION SOLUTION RECONSTITUTED (<i>bortezomib</i>)	3	PA; SP
*ANTINEOPLASTIC - RET INHIBITORS*** - DRUGS FOR CANCER		
GAVRETO ORAL CAPSULE (<i>pralsetinib</i>)	3; OC	PA; QL (4 capsules per 1 day)
RETEVMO ORAL CAPSULE 40 MG (<i>selpercatinib</i>)	3; OC	PA; QL (6 capsules per 1 day)
RETEVMO ORAL CAPSULE 80 MG (<i>selpercatinib</i>)	3; OC	PA; QL (4 capsules per 1 day)
*ANTINEOPLASTIC - TROPOMYOSIN RECEPTOR KINASE INHIBITORS*** - DRUGS FOR CANCER		
ROZLYTREK ORAL CAPSULE 100 MG (<i>entrectinib</i>)	3; OC	PA; QL (1 capsule per 1 day)
ROZLYTREK ORAL CAPSULE 200 MG (<i>entrectinib</i>)	3; OC	PA; QL (3 capsules per 1 day)
VITRAKVI ORAL CAPSULE 100 MG (<i>larotrectinib sulfate</i>)	3; OC	PA; LD; SP; QL (2 tablets per 1 day)
VITRAKVI ORAL CAPSULE 25 MG (<i>larotrectinib sulfate</i>)	3; OC	PA; LD; SP; QL (6 tablets per 1 day)
VITRAKVI ORAL SOLUTION (<i>larotrectinib sulfate</i>)	3; OC	PA; LD; SP; QL (10 mL per 1 day)
*ANTINEOPLASTIC - XPO1 INHIBITORS*** - DRUGS FOR CANCER		
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; QL (1 carton per 28 days)
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; QL (1 carton per 28 days)
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; QL (1 carton per 28 days)
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; QL (1 carton per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; QL (1 pack per 1 week)
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; QL (1 carton per 28 days)
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK (<i>selinexor</i>)	3; OC	PA; QL (32 tablets per 28 weeks)
*ANTINEOPLASTIC ANTIBIOTICS*** - DRUGS FOR CANCER		
<i>adriamycin intravenous solution reconstituted</i>	1 or 1b*	SP
<i>bleomycin sulfate injection solution reconstituted</i>	1 or 1b*	SP
COSMEGEN INTRAVENOUS SOLUTION RECONSTITUTED (<i>dactinomycin</i>)	3	SP
<i>dactinomycin intravenous solution reconstituted</i>	1 or 1b*	SP
DAUNORUBICIN HCL INTRAVENOUS SOLUTION	3	SP
DOXIL INTRAVENOUS INJECTABLE (<i>doxorubicin hcl liposomal</i>)	3	PA; SP
<i>doxorubicin hcl intravenous solution</i>	1 or 1b*	SP
<i>doxorubicin hcl intravenous solution reconstituted</i>	1 or 1b*	SP
<i>doxorubicin hcl liposomal intravenous injectable</i>	1 or 1b*	PA; SP
ELLENCES INTRAVENOUS SOLUTION (<i>epirubicin hcl</i>)	3	PA; SP
IDAMYCIN PFS INTRAVENOUS SOLUTION (<i>idarubicin hcl</i>)	3	SP
<i>idarubicin hcl intravenous solution</i>	1 or 1b*	SP
JELMYTO SOLUTION RECONSTITUTED (<i>mitomycin</i>)	3	PA
<i>mitomycin intravenous solution reconstituted</i>	1 or 1b*	SP
<i>mitoxantrone hcl intravenous concentrate</i>	1 or 1b*	SP
<i>mutamycin intravenous solution reconstituted</i>	1 or 1b*	SP
<i>valrubicin intravesical solution</i>	1 or 1b*	SP
VALSTAR INTRAVESICAL SOLUTION (<i>valrubicin</i>)	3	SP
*ANTINEOPLASTIC -ANTIBODY FOR RADIOPHARMACEUTICAL THERAPY*** - DRUGS FOR CANCER		
ZEVALIN Y-90 INTRAVENOUS KIT (<i>ibritumomab tiuxetan for y-90</i>)	3	PA
*ANTINEOPLASTIC ANTIBODY-DRUG COMPLEXES*** - DRUGS FOR CANCER		
ELAHERE INTRAVENOUS SOLUTION (<i>mirvetuximab soravtansine-gynx</i>)	3	PA
ENHERTU INTRAVENOUS SOLUTION RECONSTITUTED (<i>fam-trastuzumab deruxtec-nxki</i>)	3	PA
KADCYLA INTRAVENOUS SOLUTION RECONSTITUTED (<i>ado-trastuzumab emtansine</i>)	3	PA; SP
*ANTINEOPLASTIC COMBINATIONS*** - DRUGS FOR CANCER		
DARZALEX FASPRO SUBCUTANEOUS SOLUTION (<i>daratumumab-hyaluronidase-fihj</i>)	3	PA
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION (<i>trastuzumab-hyaluronidase-oysk</i>)	3	LD

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INQOVI ORAL TABLET (<i>decitabine-cedazuridine</i>)	3; OC	PA; QL (5 tablets per 28 days)
KISQALI FEMARA (200 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib-letrozole</i>)	2; OC	PA; SP; QL (0.04 unit per 1 day)
KISQALI FEMARA (400 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib-letrozole</i>)	2; OC	PA; SP; QL (2.5 tablets per 1 day)
KISQALI FEMARA (600 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib-letrozole</i>)	2; OC	PA; SP; QL (3.25 tablets per 1 day)
LONSURF ORAL TABLET (<i>trifluridine-tipiracil</i>)	3; OC	PA; SP
PHESGO SUBCUTANEOUS SOLUTION (<i>pertuz-trastuz-hyaluron-zzxf</i>)	3	PA
RITUXAN HYCELA SUBCUTANEOUS SOLUTION (<i>rituximab-hyaluronidase human</i>)	2	SP
VYXEOS INTRAVENOUS SUSPENSION RECONSTITUTED (<i>daunorubicin-cytarabine lipo</i>)	3	
*ANTINEOPLASTIC ENZYMES*** - DRUGS FOR CANCER		
ASPARLAS INTRAVENOUS SOLUTION (<i>calaspargase pegol-mknl</i>)	3	PA
ONCASPAR INJECTION SOLUTION (<i>pegaspargase</i>)	3	PA; SP
RYLAZE INTRAMUSCULAR SOLUTION (<i>asparaginase erwinia chry-rywn</i>)	3	PA
*ANTINEOPLASTIC RADIOPHARMACEUTICALS*** - DRUGS FOR CANCER		
AZEDRA DOSIMETRIC INTRAVENOUS SOLUTION (<i>iobenguane i 131</i>)	3	PA
AZEDRA THERAPEUTIC INTRAVENOUS SOLUTION (<i>iobenguane i 131</i>)	3	PA
LUTATHERA INTRAVENOUS SOLUTION (<i>lutetium lu 177 dotatate</i>)	3	PA
PLUVICTO INTRAVENOUS SOLUTION (<i>lutetium lu 177 vipivotide tet</i>)	3	PA
STRONTIUM CHLORIDE SR-89 INTRAVENOUS SOLUTION	3	
XOFIGO INTRAVENOUS SOLUTION (<i>radium ra 223 dichloride</i>)	3	PA
*ANTINEOPLASTICS - INTERLEUKINS*** - DRUGS FOR CANCER		
ELZONRIS INTRAVENOUS SOLUTION (<i>tagraxofusp-erzs</i>)	3	PA
PROLEUKIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>aldesleukin</i>)	3	PA; SP
*ANTINEOPLASTICS - PHOTOACTIVATED AGENTS*** - DRUGS FOR CANCER		
PHOTOFRIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>porfimer sodium</i>)	3	
UVADEX EXTRACORPOREAL SOLUTION (<i>methoxsalen (photopheresis)</i>)	3	
*ANTINEOPLASTICS MISC.*** - DRUGS FOR CANCER		
ACTIMMUNE SUBCUTANEOUS SOLUTION (<i>interferon gamma-1b</i>)	3	PA; LD; SP
ALFERON N INJECTION SOLUTION (<i>interferon alfa-n3</i>)	3	SP
arsenic trioxide intravenous solution	1 or 1b*	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (ropeginterferon alfa-2b-njft)	3	PA; QL (2 mL per 28 days)
dacarbazine intravenous solution reconstituted	1 or 1b*	SP
HYDREA ORAL CAPSULE (hydroxyurea)	3; OC	
hydroxyurea oral capsule	1 or 1b*; OC	
MATULANE ORAL CAPSULE (procarbazine hcl)	2; OC	LD
NIPENT INTRAVENOUS SOLUTION RECONSTITUTED (pentostatin)	3	SP
SYNRIBO SUBCUTANEOUS SOLUTION RECONSTITUTED (omacetaxine mepesuccinate)	3	PA
TICE BCG INTRAVESICAL SUSPENSION RECONSTITUTED (bcg live)	3	SP
TRISENOX INTRAVENOUS SOLUTION (arsenic trioxide)	3	SP
*AROMATASE INHIBITORS*** - DRUGS FOR CANCER		
anastrozole oral tablet	1 or 1b*; OC; \$0	QL (1 tablet per 1 day)
ARIMIDEX ORAL TABLET (anastrozole)	3; OC	QL (1 tablet per 1 day)
AROMASIN ORAL TABLET (exemestane)	3; OC	QL (2 tablets per 1 day)
exemestane oral tablet	1 or 1b*; OC; \$0	QL (2 tablets per 1 day)
FEMARA ORAL TABLET (letrozole)	3; OC	QL (1 tablet per 1 day)
letrozole oral tablet	1 or 1b*; OC; \$0	QL (1 tablet per 1 day)
*CARBOXYPEPTIDASE ENZYME AGENTS*** - DRUGS FOR CANCER		
VORAXAZE INTRAVENOUS SOLUTION RECONSTITUTED (glucarpidase)	3	
*CARDIAC PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
dexrazoxane hcl intravenous solution reconstituted	1 or 1b*	SP
dexrazoxane intravenous solution reconstituted	1 or 1b*	
*CHEMOTHERAPY ADJUNCTS - HYPERURICEMIA AGENTS*** - DRUGS FOR CANCER		
ELITEK INTRAVENOUS SOLUTION RECONSTITUTED (rasburicase)	3	PA; SP
*CHEMOTHERAPY ADJUNCTS - KERATINOCYTE GROWTH FACTORS*** - DRUGS FOR CANCER		
KEPIVANCE INTRAVENOUS SOLUTION RECONSTITUTED (palifermin)	3	
*CYCLIN-DEPENDENT KINASES (CDK) INHIBITORS*** - DRUGS FOR CANCER		
IBRANCE ORAL CAPSULE (palbociclib)	2; OC	PA; SP; QL (21 capsules per 28 days)
IBRANCE ORAL TABLET 100 MG, 75 MG (palbociclib)	2; OC	PA; QL (21 tablets per 28 days)
IBRANCE ORAL TABLET 125 MG (palbociclib)	2; OC	PA; QL (1 tablet per 1 day)
KISQALI (200 MG DOSE) ORAL TABLET THERAPY PACK (ribociclib succinate)	2; OC	PA; SP; QL (3 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KISQALI (400 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; SP; QL (3 tablets per 1 day)
KISQALI (600 MG DOSE) ORAL TABLET THERAPY PACK (<i>ribociclib succinate</i>)	2; OC	PA; SP; QL (3 tablets per 1 day)
VERZENIO ORAL TABLET (<i>abemaciclib</i>)	3; OC	PA; SP; QL (2 tablets per 1 day)
*ESTROGEN RECEPTOR ANTAGONIST*** - DRUGS FOR CANCER		
FASLODEX INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>fulvestrant</i>)	3	PA; SP
<i>fulvestrant intramuscular solution prefilled syringe</i>	1 or 1b*	PA; SP
*ESTROGENS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
EMCYT ORAL CAPSULE (<i>estramustine phosphate sodium</i>)	2; OC	PA
*FOLIC ACID ANTAGONISTS RESCUE AGENTS*** - DRUGS FOR CANCER		
<i>leucovorin calcium injection solution</i>	1 or 1b*	
<i>leucovorin calcium injection solution reconstituted</i>	1 or 1b*	
<i>leucovorin calcium oral tablet</i>	1 or 1b*	
<i>levoleucovorin calcium intravenous solution reconstituted</i>	1 or 1b*	PA
<i>levoleucovorin calcium pf intravenous solution</i>	1 or 1b*	
*GONADOTROPIN RELEASING HORMONE (GNRH) ANTAGONISTS*** - DRUGS FOR CANCER		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>degarelix acetate</i>)	3	PA; SP; QL (2 units per 310 days)
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>degarelix acetate</i>)	3	PA; SP; QL (1 kit per 28 days)
ORGOVYX ORAL TABLET (<i>relugolix</i>)	3; OC	PA; QL (1 tablet per 1 day)
*IMIDAZOTETRAZINES*** - DRUGS FOR CANCER		
TEMODAR INTRAVENOUS SOLUTION RECONSTITUTED (<i>temozolomide</i>)	2	PA; SP
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 250 mg</i>	1 or 1b*; OC	PA; SP; QL (2 capsules per 1 day)
<i>temozolomide oral capsule 20 mg</i>	1 or 1b*; OC	PA; SP; QL (4 capsule per 1 day)
<i>temozolomide oral capsule 5 mg</i>	1 or 1b*; OC	PA; SP; QL (3 capsule per 1 day)
*ISOCITRATE DEHYDROGENASE-1 (IDH1) INHIBITORS*** - DRUGS FOR CANCER		
REZLIDHIA ORAL CAPSULE (<i>olutasidenib</i>)	3; OC	PA; QL (2 capsules per 1 day)
TIBSOVO ORAL TABLET (<i>ivosidenib</i>)	3; OC	PA; QL (2 tablets per 1 day)
*ISOCITRATE DEHYDROGENASE-2 (IDH2) INHIBITORS*** - DRUGS FOR CANCER		
IDHIFA ORAL TABLET 100 MG (<i>enasidenib mesylate</i>)	3; OC	PA; SP; QL (1 tablet per 1 day)
IDHIFA ORAL TABLET 50 MG (<i>enasidenib mesylate</i>)	3; OC	PA; SP; QL (2 tablets per 1 day)
*JANUS ASSOCIATED KINASE (JAK) INHIBITORS*** - DRUGS FOR CANCER		
INREBIC ORAL CAPSULE (<i>fedratinib hcl</i>)	3; OC	PA; QL (4 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JAKAFI ORAL TABLET (<i>ruxolitinib phosphate</i>)	2; OC	PA; SP; QL (2 tablets per 1 day)
VONJO ORAL CAPSULE (<i>pacritinib citrate</i>)	3; OC	PA; QL (4 capsules per 1 day)
*LHRH ANALOGS*** - DRUGS FOR CANCER		
CAMCEVI SUBCUTANEOUS PREFILLED SYRINGE (<i>leuprolide mesylate</i> (6 month))	3	PA; QL (1 syringe per 24 weekss)
ELIGARD SUBCUTANEOUS KIT 22.5 MG (<i>leuprolide acetate</i> (3 month))	3	PA; SP; QL (1 syringe per 84 days)
ELIGARD SUBCUTANEOUS KIT 30 MG (<i>leuprolide acetate</i> (4 month))	3	PA; SP; QL (1 syringe per 112 days)
ELIGARD SUBCUTANEOUS KIT 45 MG (<i>leuprolide acetate</i> (6 month))	3	PA; SP; QL (1 syringe per 168 days)
ELIGARD SUBCUTANEOUS KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; SP; QL (1 syringe per 28 days)
<i>leuprolide acetate injection kit</i>	1 or 1b*	PA; SP
<i>leuprolide acetate intramuscular injectable</i>	3	PA; QL (1 kit per 12 weeks)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 3.75 MG (<i>leuprolide acetate</i>)	3	PA; SP; QL (1 syringe kit per 28 days)
LUPRON DEPOT (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; SP; QL (1 kit per 28 days)
LUPRON DEPOT (3-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate</i> (3 month))	3	PA; SP; QL (1 kit per 84 days)
LUPRON DEPOT (4-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate</i> (4 month))	3	PA; SP; QL (1 kit per 112 days)
LUPRON DEPOT (6-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate</i> (6 month))	3	PA; SP; QL (1 syringe kit per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 11.25 MG (<i>triptorelin pamoate</i>)	3	PA; SP; QL (1 vial per 84 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 22.5 MG (<i>triptorelin pamoate</i>)	3	PA; SP; QL (1 syringe per 168 days)
TRELSTAR MIXJECT INTRAMUSCULAR SUSPENSION RECONSTITUTED 3.75 MG (<i>triptorelin pamoate</i>)	3	PA; SP; QL (1 kit per 28 days)
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG (<i>goserelin acetate</i>)	3	PA; SP; QL (1 EA per 84 days)
ZOLADEX SUBCUTANEOUS IMPLANT 3.6 MG (<i>goserelin acetate</i>)	3	PA; SP; QL (1 unit per 28 days)
*MITOTIC INHIBITORS*** - DRUGS FOR CANCER		
ABRAXANE INTRAVENOUS SUSPENSION RECONSTITUTED (<i>paclitaxel protein-bound part</i>)	3	PA; SP
DOCETAXEL INTRAVENOUS CONCENTRATE	3	PA; SP
DOCETAXEL INTRAVENOUS SOLUTION 160 MG/16ML, 20 MG/2ML	3	PA; SP
DOCETAXEL INTRAVENOUS SOLUTION 80 MG/8ML	3	SP
ETOPOPHOS INTRAVENOUS SOLUTION RECONSTITUTED (<i>etoposide phosphate</i>)	3	SP
<i>etoposide intravenous solution</i>	1 or 1b*	SP
<i>etoposide oral capsule</i>	1 or 1b*; OC	SP
HALAVEN INTRAVENOUS SOLUTION (<i>eribulin mesylate</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IXEMPRA KIT INTRAVENOUS SOLUTION RECONSTITUTED (ixabepilone)	3	PA; SP
JEVTANA INTRAVENOUS SOLUTION (cabazitaxel)	3	PA; SP
paclitaxel intravenous concentrate	1 or 1b*	SP
PACLITAXEL PROTEIN-BOUND PART INTRAVENOUS SUSPENSION RECONSTITUTED	3	PA; SP
toposar intravenous solution	1 or 1b*	SP
vinblastine sulfate intravenous solution	1 or 1b*	SP
vincasar pfs intravenous solution	1 or 1b*	SP
vincristine sulfate intravenous solution	1 or 1b*	SP
vinorelbine tartrate intravenous solution	1 or 1b*	SP
*MYELOPROTECTIVE AGENTS*** - DRUGS FOR CANCER		
COSELA INTRAVENOUS SOLUTION RECONSTITUTED (trilaciclib dihydrochloride)	3	PA
*NITROGEN MUSTARDS AND RELATED ANALOGUES*** - DRUGS FOR CANCER		
ALKERAN INTRAVENOUS SOLUTION RECONSTITUTED (melphalan hcl)	3	SP
ALKERAN ORAL TABLET (melphalan)	3; OC	SP
cyclophosphamide injection solution reconstituted	1 or 1b*	SP
CYCLOPHOSPHAMIDE INTRAVENOUS SOLUTION	3	
cyclophosphamide oral capsule	1 or 1b*; OC	SP
CYCLOPHOSPHAMIDE ORAL TABLET	3; OC	
EVOMELA INTRAVENOUS SOLUTION RECONSTITUTED (melphalan hcl)	3	LD; SP
IFEX INTRAVENOUS SOLUTION RECONSTITUTED (ifosfamide)	3	SP
ifosfamide intravenous solution	1 or 1b*	SP
ifosfamide intravenous solution reconstituted 1 gm	1 or 1b*	SP
IFOSFAMIDE INTRAVENOUS SOLUTION RECONSTITUTED 3 GM	3	SP
LEUKERAN ORAL TABLET (chlorambucil)	2; OC	
melphalan hcl intravenous solution reconstituted	1 or 1b*	SP
melphalan oral tablet	1 or 1b*; OC	SP
*NITROSOUREAS*** - DRUGS FOR CANCER		
BICNU INTRAVENOUS SOLUTION RECONSTITUTED (carmustine)	3	SP
carmustine intravenous solution reconstituted 100 mg	1 or 1b*	SP
carmustine intravenous solution reconstituted 300 mg, 50 mg	3	
GLEOSTINE ORAL CAPSULE (lomustine)	3; OC	PA
GLIADEL WAFER IMPLANT WAFER (carmustine in polifeprosan)	3	
ZANOSAR INTRAVENOUS SOLUTION RECONSTITUTED (streptozocin)	3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OTOPROTECTIVE AGENTS*** - DRUGS FOR CANCER		
PEDMARK INTRAVENOUS SOLUTION (<i>sodium thiosulfate</i>)	3	PA
*PHOSPHATIDYLINOSITOL 3-KINASE (PI3K) INHIBITORS*** - DRUGS FOR CANCER		
ALIQUA INTRAVENOUS SOLUTION RECONSTITUTED (<i>copanlisib hcl</i>)	3	PA
COPIKTRA ORAL CAPSULE (<i>duvelisib</i>)	3; OC	PA; QL (2 tablets per 1 day)
PIQRAY (200 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	3; OC	PA; QL (1 tablet per 1 day)
PIQRAY (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	3; OC	PA; QL (2 tablets per 1 day)
PIQRAY (300 MG DAILY DOSE) ORAL TABLET THERAPY PACK (<i>alpelisib</i>)	3; OC	PA; QL (2 tablets per 1 day)
ZYDELIG ORAL TABLET (<i>idelalisib</i>)	3; OC	PA; SP; QL (2 tablets per 1 day)
*POLY (ADP-RIBOSE) POLYMERASE (PARP) INHIBITORS*** - DRUGS FOR CANCER		
LYNPARZA ORAL TABLET (<i>olaparib</i>)	3; OC	PA; LD; SP; QL (4 tablets per 1 day)
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (<i>talazoparib tosylate</i>)	3; OC	PA; SP; QL (1 capsule per 1 day)
TALZENNA ORAL CAPSULE 0.5 MG, 0.75 MG (<i>talazoparib tosylate</i>)	3; OC	PA; QL (1 capsule per 1 day)
ZEJULA ORAL CAPSULE (<i>niraparib tosylate</i>)	3; OC	PA; LD; QL (3 capsules per 1 day)
*PROGESTINS-ANTINEOPLASTIC*** - DRUGS FOR CANCER		
<i>hydroxyprogesterone caproate intramuscular solution</i>	1 or 1b*	PA
<i>megestrol acetate oral suspension</i>	1 or 1b*; OC	
<i>megestrol acetate oral tablet</i>	1 or 1b*; OC	
*RETINOIDS*** - DRUGS FOR CANCER		
<i>tretinoin oral capsule</i>	1 or 1b*; OC	
*SELECTIVE ESTROGEN RECEPTOR DEGRADERS*** - DRUGS FOR CANCER		
ORSERDU ORAL TABLET 345 MG (<i>elacestrant hydrochloride</i>)	3; OC	PA; QL (1 tablet per 1 day)
ORSERDU ORAL TABLET 86 MG (<i>elacestrant hydrochloride</i>)	3; OC	PA; QL (3 tablets per 1 day)
*SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR CANCER		
<i>bexarotene oral capsule</i>	1 or 1b*; OC	PA; SP; QL (10 capsules per 1 day)
TARGRETIN ORAL CAPSULE (<i>bexarotene</i>)	3; OC	PA; SP; QL (10 capsules per 1 day)
*TETRAHYDROISOQUINOLINES*** - DRUGS FOR CANCER		
YONDELIS INTRAVENOUS SOLUTION RECONSTITUTED (<i>trabectedin</i>)	3	
*TOPOISOMERASE I INHIBITORS - ANTIBODY-DRUG COMPLEX*** - DRUGS FOR CANCER		
TRODELVY INTRAVENOUS SOLUTION RECONSTITUTED (<i>sacituzumab govitecan-hziy</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*TOPOISOMERASE I INHIBITORS*** - DRUGS FOR CANCER		
CAMPTOSAR INTRAVENOUS SOLUTION (<i>irinotecan hcl</i>)	3	SP
HYCAMTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>topotecan hcl</i>)	3	SP
HYCAMTIN ORAL CAPSULE (<i>topotecan hcl</i>)	2; OC	PA; SP
<i>irinotecan hcl intravenous solution</i>	1 or 1b*	SP
ONIVYDE INTRAVENOUS INJECTABLE (<i>irinotecan hcl liposome</i>)	3	
TOPOTECAN HCL INTRAVENOUS SOLUTION	3	SP
<i>topotecan hcl intravenous solution reconstituted</i>	1 or 1b*	SP
*URINARY TRACT PROTECTIVE AGENTS*** - DRUGS FOR CANCER		
ETHYOL INTRAVENOUS SOLUTION RECONSTITUTED (<i>amifostine</i>)	3	PA; SP
<i>mesna intravenous solution</i>	1 or 1b*	PA
MESNEX INTRAVENOUS SOLUTION (<i>mesna</i>)	3	PA
MESNEX ORAL TABLET (<i>mesna</i>)	2	PA
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) INHIBITORS*** - DRUGS FOR CANCER		
ALYMSYS INTRAVENOUS SOLUTION (<i>bevacizumab-maly</i>)	3	PA
AVASTIN INTRAVENOUS SOLUTION (<i>bevacizumab</i>)	3	PA; SP
CYRAMZA INTRAVENOUS SOLUTION (<i>ramucirumab</i>)	3	PA; SP
INLYTA ORAL TABLET 1 MG (<i>axitinib</i>)	2; OC	PA; SP; QL (6 tablets per 1 day)
INLYTA ORAL TABLET 5 MG (<i>axitinib</i>)	2; OC	PA; SP; QL (4 tablet per 1 day)
LENVIMA (10 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	3; OC	PA; SP; QL (30 capsules per 30 days)
LENVIMA (12 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	3; OC	PA; SP; QL (1 pack per 30 days)
LENVIMA (14 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	3; OC	PA; SP; QL (60 capsules per 30 days)
LENVIMA (18 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	3; OC	PA; SP; QL (1 pack per 30 days)
LENVIMA (20 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	3; OC	PA; SP; QL (60 capsules per 30 days)
LENVIMA (24 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	3; OC	PA; SP; QL (90 capsules per 30 days)
LENVIMA (4 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	3; OC	PA; SP; QL (30 capsules per 30 days)
LENVIMA (8 MG DAILY DOSE) ORAL CAPSULE THERAPY PACK (<i>lenvatinib mesylate</i>)	3; OC	PA; SP; QL (1 pack per 30 days)
MVASI INTRAVENOUS SOLUTION (<i>bevacizumab-awwb</i>)	3	PA
VEGZELMA INTRAVENOUS SOLUTION (<i>bevacizumab-adcd</i>)	3	PA
ZALTRAP INTRAVENOUS SOLUTION (<i>ziv-aflibercept</i>)	3	PA; SP
ZIRABEV INTRAVENOUS SOLUTION (<i>bevacizumab-bvzr</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTIPARKINSON AND RELATED THERAPY AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ADENOSINE RECEPTOR ANTAGONIST*** - DRUGS FOR PARKINSON		
NOURIANZ ORAL TABLET (<i>istradefylline</i>)	3	PA; QL (1 tablet per 1 day)
*ANTIPARKINSON ANTICHOLINERGICS*** - DRUGS FOR PARKINSON		
<i>benztropine mesylate injection solution</i>	1 or 1a*	
<i>benztropine mesylate oral tablet</i>	1 or 1a*	
<i>trihexyphenidyl hcl oral solution</i>	1 or 1a*	
<i>trihexyphenidyl hcl oral tablet</i>	1 or 1a*	
*ANTIPARKINSON DOPAMINERGICS*** - DRUGS FOR PARKINSON		
<i>amantadine hcl oral capsule</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>amantadine hcl oral solution</i>	1 or 1b*	QL (40 mL per 1 day)
<i>amantadine hcl oral tablet</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>bromocriptine mesylate oral capsule</i>	1 or 1b*	
<i>bromocriptine mesylate oral tablet</i>	1 or 1b*	
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 137 MG (<i>amantadine hcl</i>)	3	PA; QL (2 capsules per 1 day)
GOCOVRI ORAL CAPSULE EXTENDED RELEASE 24 HOUR 68.5 MG (<i>amantadine hcl</i>)	3	PA; DO
INBRIJA INHALATION CAPSULE (<i>levodopa</i>)	3	PA; QL (5 kits per 30 days)
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 129 MG (<i>amantadine hcl</i>)	3	PA; DO
OSMOLEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR 193 MG (<i>amantadine hcl</i>)	3	PA; QL (1 tablet per 1 day)
PARLODEL ORAL CAPSULE (<i>bromocriptine mesylate</i>)	3	
PARLODEL ORAL TABLET (<i>bromocriptine mesylate</i>)	3	
*ANTIPARKINSON MONOAMINE OXIDASE INHIBITORS*** - DRUGS FOR PARKINSON		
AZILECT ORAL TABLET 0.5 MG (<i>rasagiline mesylate</i>)	3	QL (2 tablets per 1 day)
AZILECT ORAL TABLET 1 MG (<i>rasagiline mesylate</i>)	3	QL (1 tablet per 1 day)
<i>rasagiline mesylate oral tablet 0.5 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>rasagiline mesylate oral tablet 1 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>selegiline hcl oral capsule</i>	1 or 1b*	
<i>selegiline hcl oral tablet</i>	1 or 1b*	
XADAGO ORAL TABLET 100 MG (<i>safinamide mesylate</i>)	3	PA; QL (1 tablet per 1 day)
XADAGO ORAL TABLET 50 MG (<i>safinamide mesylate</i>)	3	PA; QL (2 tablets per 1 day)
ZELAPAR ORAL TABLET DISPERSIBLE (<i>selegiline hcl</i>)	3	PA; QL (2 tablets per 1 day)

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*CENTRAL/PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
TASMAR ORAL TABLET (<i>tolcapone</i>)	3	PA; QL (6 tablet per 1 day)
<i>tolcapone oral tablet</i>	1 or 1b*	PA; QL (6 tablet per 1 day)
*DECARBOXYLASE INHIBITORS*** - DRUGS FOR PARKINSON		
<i>carbidopa oral tablet</i>	1 or 1b*	
LODOSYN ORAL TABLET (<i>carbidopa</i>)	3	
*LEVODOPA COMBINATIONS*** - DRUGS FOR PARKINSON		
<i>carbidopa-levodopa er oral tablet extended release</i>	1 or 1b*	
<i>carbidopa-levodopa oral tablet</i>	1 or 1b*	
<i>carbidopa-levodopa oral tablet dispersible</i>	1 or 1b*	
<i>carbidopa-levodopa-entacapone oral tablet</i>	1 or 1b*	
DHIVY ORAL TABLET (<i>carbidopa-levodopa</i>)	3	
DUOPA ENTERAL SUSPENSION (<i>carbidopa-levodopa</i>)	3	PA; SP
RYTARY ORAL CAPSULE EXTENDED RELEASE 23.75-95 MG, 48.75-195 MG (<i>carbidopa-levodopa</i>)	3	QL (12 capsules per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE 36.25-145 MG (<i>carbidopa-levodopa</i>)	3	QL (9 capsules per 1 day)
RYTARY ORAL CAPSULE EXTENDED RELEASE 61.25-245 MG (<i>carbidopa-levodopa</i>)	3	QL (10 capsules per 1 day)
SINEMET ORAL TABLET (<i>carbidopa-levodopa</i>)	3	
STALEVO 100 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 125 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 150 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 200 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 50 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	3	
STALEVO 75 ORAL TABLET (<i>carbidopa-levodopa-entacapone</i>)	3	
*NONERGOLINE DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR PARKINSON		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE (<i>apomorphine hcl</i>)	3	PA; SP; QL (2 mL per 1 day)
<i>apomorphine hcl subcutaneous solution cartridge</i>	1 or 1b*	PA; SP; QL (2 mL per 1 day)
KYNMOBI SUBLINGUAL FILM (<i>apomorphine hcl</i>)	3	PA; LD; QL (5 films per 1 day)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>pramipexole dihydrochloride</i>)	3	QL (1 tablet per 1 day)
NEUPRO TRANSDERMAL PATCH 24 HOUR (<i>rotigotine</i>)	3	QL (1 patch per 1 day)
<i>pramipexole dihydrochloride er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>pramipexole dihydrochloride oral tablet</i>	1 or 1b*	QL (3 tablet per 1 day)
<i>ropinirole hcl er oral tablet extended release 24 hour</i>	1 or 1b*	
<i>ropinirole hcl oral tablet</i>	1 or 1b*	

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*PERIPHERAL COMT INHIBITORS*** - DRUGS FOR PARKINSON		
COMTAN ORAL TABLET (<i>entacapone</i>)	3	QL (8 tablet per 1 day)
<i>entacapone oral tablet</i>	1 or 1b*	QL (8 tablet per 1 day)
ONGENTYS ORAL CAPSULE 25 MG (<i>opicapone</i>)	3	PA; QL (1 tablet per 1 day)
ONGENTYS ORAL CAPSULE 50 MG (<i>opicapone</i>)	3	PA; QL (6 tablets per 1 day)
ANTIPSYCHOTICS/ANTIMANIC AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*ANTIMANIC AGENTS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>lithium carbonate er oral tablet extended release 300 mg</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>lithium carbonate er oral tablet extended release 450 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>lithium carbonate oral capsule 150 mg, 300 mg</i>	1 or 1a*	DO
<i>lithium carbonate oral capsule 600 mg</i>	1 or 1a*	QL (3 capsules per 1 day)
<i>lithium carbonate oral tablet</i>	1 or 1a*	DO
LITHOBID ORAL TABLET EXTENDED RELEASE (<i>lithium carbonate</i>)	3	QL (6 tablets per 1 day)
*ANTIPSYCHOTICS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
CAPLYTA ORAL CAPSULE (<i>lumateperone tosylate</i>)	3	ST; QL (1 capsule per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG (<i>carbamazepine (antipsychotic)</i>)	3	PA; QL (8 capsules per 1 day)
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 300 MG (<i>carbamazepine (antipsychotic)</i>)	3	PA; QL (5 capsules per 1 day)
GEODON INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>ziprasidone mesylate</i>)	3	QL (6 vials per 28 days)
GEODON ORAL CAPSULE 20 MG, 40 MG (<i>ziprasidone hcl</i>)	3	ST; DO
GEODON ORAL CAPSULE 60 MG, 80 MG (<i>ziprasidone hcl</i>)	3	ST; QL (2 capsules per 1 day)
LATUDA ORAL TABLET 120 MG (<i>lurasidone hcl</i>)	3	QL (1 tablet per 1 day)
LATUDA ORAL TABLET 20 MG, 40 MG, 60 MG (<i>lurasidone hcl</i>)	3	DO
LATUDA ORAL TABLET 80 MG (<i>lurasidone hcl</i>)	3	QL (2 tablets per 1 day)
<i>lurasidone hcl oral tablet 120 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>lurasidone hcl oral tablet 20 mg, 40 mg, 60 mg</i>	1 or 1b*	DO
<i>lurasidone hcl oral tablet 80 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
NUPLAZID ORAL CAPSULE (<i>pimavanserin tartrate</i>)	3	PA; SP; QL (1 capsule per 1 day)
NUPLAZID ORAL TABLET (<i>pimavanserin tartrate</i>)	3	PA; SP; QL (1 tablet per 1 day)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG (<i>cariprazine hcl</i>)	3	ST; DO
VRAYLAR ORAL CAPSULE 4.5 MG, 6 MG (<i>cariprazine hcl</i>)	3	ST; QL (1 capsule per 1 day)
VRAYLAR ORAL CAPSULE THERAPY PACK (<i>cariprazine hcl</i>)	3	ST; QL (1 pack per 1 year)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg</i>	1 or 1b*	DO
<i>ziprasidone hcl oral capsule 60 mg, 80 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>ziprasidone mesylate intramuscular solution reconstituted</i>	1 or 1b*	QL (6 vials per 28 days)

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*BENZISOXAZOLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
FANAPT ORAL TABLET 1 MG, 2 MG, 4 MG, 6 MG (<i>iloperidone</i>)	3	ST; DO
FANAPT ORAL TABLET 10 MG, 12 MG, 8 MG (<i>iloperidone</i>)	3	ST; QL (2 tablets per 1 day)
FANAPT TITRATION PACK ORAL TABLET (<i>iloperidone</i>)	3	ST; QL (1 pack per 1 year)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML (<i>paliperidone palmitate</i>)	3	QL (3.5 mL per 180 days)
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML (<i>paliperidone palmitate</i>)	3	QL (5 mL per 180 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 1.5 MG, 3 MG (<i>paliperidone</i>)	3	ST; DO
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 6 MG (<i>paliperidone</i>)	3	ST; QL (2 tablets per 1 day)
INVEGA ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG (<i>paliperidone</i>)	3	ST; QL (1 tablet per 1 day)
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>paliperidone palmitate</i>)	3	QL (1 syringe per 28 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML (<i>paliperidone palmitate</i>)	3	QL (0.88 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML (<i>paliperidone palmitate</i>)	3	QL (1.32 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML (<i>paliperidone palmitate</i>)	3	QL (1.75 mL per 90 days)
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML (<i>paliperidone palmitate</i>)	3	QL (2.63 mL per 90 days)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg</i>	1 or 1b*	DO
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>paliperidone er oral tablet extended release 24 hour 9 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
PERSERIS SUBCUTANEOUS PREFILLED SYRINGE (<i>risperidone</i>)	3	QL (1 syringe per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 12.5 MG (<i>risperidone microspheres</i>)	2	QL (2 injections per 1 day)
RISPERDAL CONSTA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER 25 MG, 37.5 MG, 50 MG (<i>risperidone microspheres</i>)	2	QL (2 injections per 28 days)
RISPERDAL ORAL SOLUTION (<i>risperidone</i>)	3	ST; QL (8 mL per 1 day)
RISPERDAL ORAL TABLET 0.5 MG, 1 MG, 2 MG (<i>risperidone</i>)	3	ST; DO
RISPERDAL ORAL TABLET 3 MG, 4 MG (<i>risperidone</i>)	3	ST; QL (4 tablets per 1 day)
<i>risperidone oral solution</i>	1 or 1b*	QL (8 mL per 1 day)
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1 or 1b*	DO
<i>risperidone oral tablet 3 mg, 4 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1 or 1b*	DO
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	1 or 1b*	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*BUTYROPHENONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML (haloperidol decanoate)	3	QL (5 injections per 30 days)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 50 MG/ML (haloperidol decanoate)	3	QL (5 ampules per 30 days)
haloperidol decanoate intramuscular solution 100 mg/ml	1 or 1b*	QL (5 injections per 30 days)
haloperidol decanoate intramuscular solution 50 mg/ml	1 or 1b*	QL (5 ampules per 30 days)
haloperidol lactate injection solution	1 or 1b*	
haloperidol lactate oral concentrate	1 or 1b*	
haloperidol oral tablet 0.5 mg, 1 mg, 2 mg	1 or 1b*	DO
haloperidol oral tablet 10 mg, 20 mg, 5 mg	1 or 1b*	QL (3 tablets per 1 day)
*DIBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
clozapine oral tablet 100 mg	1 or 1b*	QL (9 tablets per 1 day)
clozapine oral tablet 200 mg	1 or 1b*	QL (4 tablets per 1 day)
clozapine oral tablet 25 mg, 50 mg	1 or 1b*	DO
clozapine oral tablet dispersible 100 mg	1 or 1b*	QL (9 tablets per 1 day)
clozapine oral tablet dispersible 12.5 mg, 25 mg	1 or 1b*	DO
clozapine oral tablet dispersible 150 mg	1 or 1b*	QL (6 tablets per 1 day)
clozapine oral tablet dispersible 200 mg	1 or 1b*	QL (4 tablets per 1 day)
CLOZARIL ORAL TABLET 100 MG (clozapine)	3	QL (9 tablets per 1 day)
CLOZARIL ORAL TABLET 200 MG (clozapine)	3	QL (4 tablets per 1 day)
CLOZARIL ORAL TABLET 25 MG, 50 MG (clozapine)	3	DO
VERSACLOZ ORAL SUSPENSION (clozapine)	3	QL (18 mL per 1 day)
*DIBENZO-OXEPINO PYRROLES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
asenapine maleate sublingual tablet sublingual 10 mg	1 or 1b*	QL (2 tablets per 1 day)
asenapine maleate sublingual tablet sublingual 2.5 mg, 5 mg	1 or 1b*	DO
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 10 MG (asenapine maleate)	3	ST; QL (2 tablets per 1 day)
SAPHRIS SUBLINGUAL TABLET SUBLINGUAL 2.5 MG, 5 MG (asenapine maleate)	3	ST; DO
SECUADO TRANSDERMAL PATCH 24 HOUR (asenapine)	3	ST; QL (1 patch per 1 day)
*DIBENZOTHIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg	1 or 1b*	DO
quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg	1 or 1b*	QL (2 tablets per 1 day)
quetiapine fumarate oral tablet 100 mg, 25 mg, 50 mg	1 or 1b*	DO
quetiapine fumarate oral tablet 150 mg	1 or 1b*	QL (5 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
quetiapine fumarate oral tablet 200 mg	1 or 1b*	QL (3 tablets per 1 day)
quetiapine fumarate oral tablet 300 mg, 400 mg	1 or 1b*	QL (2 tablets per 1 day)
SEROQUEL ORAL TABLET 100 MG, 25 MG, 50 MG (quetiapine fumarate)	3	ST; DO
SEROQUEL ORAL TABLET 200 MG (quetiapine fumarate)	3	ST; QL (3 tablets per 1 day)
SEROQUEL ORAL TABLET 300 MG, 400 MG (quetiapine fumarate)	3	ST; QL (2 tablets per 1 day)
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG (quetiapine fumarate)	3	ST; DO
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 400 MG, 50 MG (quetiapine fumarate)	3	ST; QL (2 tablets per 1 day)
*DIBENZOXAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED (loxapine)	3	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg	1 or 1b*	DO
loxapine succinate oral capsule 50 mg	1 or 1b*	QL (4 capsules per 1 day)
*DIHYDROINDOLONES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
molindone hcl oral tablet 10 mg, 5 mg	1 or 1b*	DO
molindone hcl oral tablet 25 mg	1 or 1b*	QL (4 tablets per 1 day)
*PHENOTHIAZINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
chlorpromazine hcl injection solution	1 or 1b*	
CHLORPROMAZINE HCL ORAL CONCENTRATE 100 MG/ML	3	QL (8 mL per 1 day)
CHLORPROMAZINE HCL ORAL CONCENTRATE 30 MG/ML	3	QL (26 mL per 1 day)
chlorpromazine hcl oral tablet 10 mg, 25 mg, 50 mg	1 or 1b*	DO
chlorpromazine hcl oral tablet 100 mg, 200 mg	1 or 1b*	QL (4 tablets per 1 day)
compro rectal suppository	1 or 1b*	
fluphenazine decanoate injection solution	1 or 1b*	
fluphenazine hcl injection solution	1 or 1b*	
fluphenazine hcl oral concentrate	1 or 1b*	QL (8 mL per 1 day)
fluphenazine hcl oral elixir	1 or 1b*	QL (80 mL per 1 day)
fluphenazine hcl oral tablet 1 mg, 2.5 mg	1 or 1b*	DO
fluphenazine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL (4 tablets per 1 day)
perphenazine oral tablet 16 mg	1 or 1b*	QL (1 tablet per 1 day)
perphenazine oral tablet 2 mg	1 or 1b*	DO
perphenazine oral tablet 4 mg	1 or 1b*	QL (4 tablets per 1 day)
perphenazine oral tablet 8 mg	1 or 1b*	QL (3 tablets per 1 day)
prochlorperazine edisylate injection solution	1 or 1b*	
prochlorperazine maleate oral tablet	1 or 1a*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prochlorperazine rectal suppository</i>	1 or 1b*	
<i>thioridazine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1 or 1b*	DO
<i>thioridazine hcl oral tablet 100 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>trifluoperazine hcl oral tablet 1 mg, 2 mg</i>	1 or 1b*	DO
<i>trifluoperazine hcl oral tablet 10 mg, 5 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
*QUINOLINONE DERIVATIVES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE (aripiprazole)	3	QL (1 injection per 30 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (aripiprazole)	3	QL (1 injection per 30 days)
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG (aripiprazole w/ sens-strip-pod)	3	ST; DO
ABILIFY MYCITE MAINTENANCE KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG (aripiprazole w/ sens-strip-pod)	3	ST; QL (1 tablet per 1 day)
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 10 MG, 15 MG, 2 MG, 5 MG (aripiprazole w/ sens-strip-pod)	3	ST; DO
ABILIFY MYCITE STARTER KIT ORAL TABLET THERAPY PACK 20 MG, 30 MG (aripiprazole w/ sens-strip-pod)	3	ST; QL (1 tablet per 1 day)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 5 MG (aripiprazole)	3	ST; DO
ABILIFY ORAL TABLET 20 MG, 30 MG (aripiprazole)	3	ST; QL (1 tablet per 1 day)
<i>aripiprazole oral solution</i>	1 or 1b*	QL (30 mL per 1 day)
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 5 mg</i>	1 or 1b*	DO
<i>aripiprazole oral tablet 20 mg, 30 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>aripiprazole oral tablet dispersible 10 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>aripiprazole oral tablet dispersible 15 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
ARISTADA INITIO INTRAMUSCULAR PREFILLED SYRINGE (aripiprazole lauroxil)	3	QL (1 syringe per 1 fill)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML (aripiprazole lauroxil)	3	QL (1 kit per 60 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML, 662 MG/2.4ML, 882 MG/3.2ML (aripiprazole lauroxil)	3	QL (1 kit per 30 days)
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG (brexpiprazole)	3	ST; DO
REXULTI ORAL TABLET 3 MG, 4 MG (brexpiprazole)	3	ST; QL (1 tablet per 1 day)
*THIENBENZODIAZEPINES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine intramuscular solution reconstituted</i>	1 or 1b*	QL (3 injections per 1 fill)
<i>olanzapine oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	1 or 1b*	DO
<i>olanzapine oral tablet 15 mg, 20 mg</i>	1 or 1b*	QL (1 tablets per 1 day)
<i>olanzapine oral tablet dispersible 10 mg, 5 mg</i>	1 or 1b*	DO
<i>olanzapine oral tablet dispersible 15 mg</i>	1 or 1b*	QL (1 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>olanzapine oral tablet dispersible 20 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
ZYPREXA INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>olanzapine</i>)	3	QL (3 injections per 1 fill)
ZYPREXA ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (<i>olanzapine</i>)	3	ST; DO
ZYPREXA ORAL TABLET 15 MG, 20 MG (<i>olanzapine</i>)	3	ST; QL (1 tablets per 1 day)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG (<i>olanzapine pamoate</i>)	3	QL (2 injections per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG (<i>olanzapine pamoate</i>)	3	QL (1 injections per 28 days)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 10 MG, 5 MG (<i>olanzapine</i>)	3	ST; DO
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 15 MG (<i>olanzapine</i>)	3	ST; QL (1 tablets per 1 day)
ZYPREXA ZYDIS ORAL TABLET DISPERSIBLE 20 MG (<i>olanzapine</i>)	3	ST; QL (1 tablet per 1 day)
*THIOXANTHENES*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>thiothixene oral capsule 1 mg, 2 mg, 5 mg</i>	1 or 1b*	PA; DO
<i>thiothixene oral capsule 10 mg</i>	1 or 1b*	PA; QL (6 capsules per 1 day)
ANTISEPTICS & DISINFECTANTS - ANTISEPTICS AND DISINFECTANTS		
*ANTISEPTICS & DISINFECTANTS*** - ANTISEPTICS AND DISINFECTANTS		
<i>formaldehyde external solution</i>	1 or 1b*	
*CHLORINE ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS		
BENZALKONIUM CHLORIDE EXTERNAL SOLUTION	3	
*IODINE ANTISEPTICS*** - ANTISEPTICS AND DISINFECTANTS		
IODOFLEX EXTERNAL PAD (<i>cadexomer iodine</i>)	3	
LUGOLS STRONG IODINE EXTERNAL SOLUTION	3	
ANTIVIRALS - DRUGS FOR INFECTIONS		
*ANTIRETROVIRAL COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate-lamivudine oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
BIKTARVY ORAL TABLET (<i>bictegravir-emtricitab-tenofovir</i>)	2	QL (1 tablet per 1 day)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	3	PA; QL (1 kit per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	3	PA; QL (1 kit per 60 days)
CIMDUO ORAL TABLET (<i>lamivudine-tenofovir</i>)	3	QL (1 tablet per 1 day)
COMBIVIR ORAL TABLET (<i>lamivudine-zidovudine</i>)	3	QL (2 tablets per 1 day)
COMPLERA ORAL TABLET (<i>emtricitab-rilpivir-tenofovir</i>)	3	QL (1 tablet per 1 day)
DELSTRIGO ORAL TABLET (<i>doravirin-lamivudin-tenofovir df</i>)	3	QL (1 tablet per 1 day)
DESCOVY ORAL TABLET 120-15 MG (<i>emtricitabine-tenofovir af</i>)	2	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DESCOVY ORAL TABLET 200-25 MG (<i>emtricitabine-tenofovir af</i>)	2; \$0	QL (1 tablet per 1 day)
DOVATO ORAL TABLET (<i>dolutegravir-lamivudine</i>)	2	QL (1 tablet per 1 day)
<i>efavirenz-emtricitab-tenofo df oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>efavirenz-lamivudine-tenofovir oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
EPZICOM ORAL TABLET (<i>abacavir sulfate-lamivudine</i>)	3	QL (1 tablet per 1 day)
EVOTAZ ORAL TABLET (<i>atazanavir-cobicistat</i>)	3	QL (1 tablet per 1 day)
GENVOYA ORAL TABLET (<i>elviteg-cobic-emtricit-tenofaf</i>)	2	QL (1 tablet per 1 day)
JULUCA ORAL TABLET (<i>dolutegravir-rilpivirine</i>)	3	PA; QL (1 tablet per 1 day)
KALETRA ORAL SOLUTION (<i>lopinavir-ritonavir</i>)	3	QL (16 mL per 1 day)
KALETRA ORAL TABLET 100-25 MG (<i>lopinavir-ritonavir</i>)	3	QL (10 tablets per 1 day)
KALETRA ORAL TABLET 200-50 MG (<i>lopinavir-ritonavir</i>)	3	QL (4 tablets per 1 day)
<i>lamivudine-zidovudine oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lopinavir-ritonavir oral solution</i>	1 or 1b*	QL (16 mL per 1 day)
<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	1 or 1b*	QL (10 tablets per 1 day)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
ODEFSEY ORAL TABLET (<i>emtricitab-rilpivir-tenofov af</i>)	2	QL (1 tablet per 1 day)
PREZCOBIX ORAL TABLET (<i>darunavir-cobicistat</i>)	3	QL (1 tablet per 1 day)
STRIBILD ORAL TABLET (<i>elviteg-cobic-emtricit-tenofdf</i>)	2	QL (1 tablet per 1 day)
SYMFI LO ORAL TABLET (<i>efavirenz-lamivudine-tenofovir</i>)	3	QL (1 tablet per 1 day)
SYMFI ORAL TABLET (<i>efavirenz-lamivudine-tenofovir</i>)	3	QL (1 tablet per 1 day)
SYMTUZA ORAL TABLET (<i>darun-cobic-emtricit-tenofaf</i>)	2	QL (1 tablet per 1 day)
TRIUMEQ ORAL TABLET (<i>abacavir-dolutegravir-lamivud</i>)	2	QL (1 tablet per 1 day)
TRIUMEQ PD ORAL TABLET SOLUBLE (<i>abacavir-dolutegravir-lamivud</i>)	2	QL (6 tablets per 1 day)
TRIZIVIR ORAL TABLET (<i>abacavir-lamivudine-zidovudine</i>)	3	QL (2 tablets per 1 day)
TRUVADA ORAL TABLET (<i>emtricitabine-tenofovir df</i>)	3	ST; QL (1 tablet per 1 day)
*ANTIRETROVIRALS - CAPSID INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
SUNLENCA ORAL TABLET THERAPY PACK (<i>lenacapavir sodium</i>)	3	PA; QL (1 pack per 1 one time fill)
SUNLENCA SUBCUTANEOUS SOLUTION (<i>lenacapavir sodium</i>)	3	PA; QL (1 kit per 24 weeks)
*ANTIRETROVIRALS - CCR5 ANTAGONISTS (ENTRY INHIBITOR)*** - DRUGS FOR VIRAL INFECTIONS		
<i>maraviroc oral tablet</i>	1 or 1b*	QL (4 tablets per 1 day)
SELZENTRY ORAL SOLUTION (<i>maraviroc</i>)	3	QL (62 mL per 1 day)
SELZENTRY ORAL TABLET 150 MG, 300 MG (<i>maraviroc</i>)	3	QL (4 tablets per 1 day)
SELZENTRY ORAL TABLET 25 MG (<i>maraviroc</i>)	2	QL (8 tablets per 1 day)
SELZENTRY ORAL TABLET 75 MG (<i>maraviroc</i>)	2	QL (2 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIRETROVIRALS - CD4-DIRECTED POST-ATTACHMENT INHIBITOR*** - DRUGS FOR VIRAL INFECTIONS		
TROGARZO INTRAVENOUS SOLUTION (<i>ibalizumab-uiyk</i>)	3	PA; QL (8 vials per 28 days)
*ANTIRETROVIRALS - FUSION INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>enfuvirtide</i>)	2	PA; QL (60 vials per 30 days)
*ANTIRETROVIRALS - GP120-DIRECTED ATTACHMENT INHIBITOR*** - DRUGS FOR VIRAL INFECTIONS		
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>fostemsavir tromethamine</i>)	3	PA; QL (2 tablets per 1 day)
*ANTIRETROVIRALS - INTEGRASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APRETUDE INTRAMUSCULAR SUSPENSION EXTENDED RELEASE (<i>cabotegravir</i>)	3; \$0	QL (1 vial per 2 monthss)
ISENTRESS HD ORAL TABLET (<i>raltegravir potassium</i>)	3	QL (2 tablets per 1 day)
ISENTRESS ORAL PACKET (<i>raltegravir potassium</i>)	3	QL (2 packets per 1 day)
ISENTRESS ORAL TABLET (<i>raltegravir potassium</i>)	2	QL (4 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 100 MG (<i>raltegravir potassium</i>)	2	QL (6 tablets per 1 day)
ISENTRESS ORAL TABLET CHEWABLE 25 MG (<i>raltegravir potassium</i>)	2	QL (24 tablets per 1 day)
TIVICAY ORAL TABLET 10 MG (<i>dolutegravir sodium</i>)	3	QL (4 tablets per 1 day)
TIVICAY ORAL TABLET 25 MG, 50 MG (<i>dolutegravir sodium</i>)	3	QL (2 tablets per 1 day)
TIVICAY PD ORAL TABLET SOLUBLE (<i>dolutegravir sodium</i>)	3	QL (12 tablets per 1 day)
*ANTIRETROVIRALS - PROTEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
APTIVUS ORAL CAPSULE (<i>tipranavir</i>)	2	PA; QL (4 capsules per 1 day)
atazanavir sulfate oral capsule 150 mg, 200 mg	1 or 1b*	QL (2 capsules per 1 day)
atazanavir sulfate oral capsule 300 mg	1 or 1b*	QL (1 capsule per 1 day)
fosamprenavir calcium oral tablet	1 or 1b*	QL (4 tablets per 1 day)
LEXIVA ORAL SUSPENSION (<i>fosamprenavir calcium</i>)	2	QL (60 mL per 1 day)
LEXIVA ORAL TABLET (<i>fosamprenavir calcium</i>)	3	QL (4 tablets per 1 day)
NORVIR ORAL PACKET (<i>ritonavir</i>)	3	QL (12 packets per 1 day)
NORVIR ORAL TABLET (<i>ritonavir</i>)	3	QL (12 tablets per 1 day)
PREZISTA ORAL SUSPENSION (<i>darunavir</i>)	2	QL (14 mL per 1 day)
PREZISTA ORAL TABLET 150 MG (<i>darunavir</i>)	2	QL (6 tablets per 1 day)
PREZISTA ORAL TABLET 600 MG (<i>darunavir</i>)	2	QL (2 tablets per 1 day)
PREZISTA ORAL TABLET 75 MG (<i>darunavir</i>)	2	QL (10 tablets per 1 day)
PREZISTA ORAL TABLET 800 MG (<i>darunavir</i>)	2	QL (1 tablet per 1 day)
REYATAZ ORAL CAPSULE 200 MG (<i>atazanavir sulfate</i>)	3	QL (2 capsules per 1 day)
REYATAZ ORAL CAPSULE 300 MG (<i>atazanavir sulfate</i>)	3	QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REYATAZ ORAL PACKET (<i>atazanavir sulfate</i>)	2	QL (5 packets per 1 day)
<i>ritonavir oral tablet</i>	1 or 1b*	QL (12 tablets per 1 day)
VIRACEPT ORAL TABLET 250 MG (<i>nelfinavir mesylate</i>)	2	QL (10 tablets per 1 day)
VIRACEPT ORAL TABLET 625 MG (<i>nelfinavir mesylate</i>)	2	QL (4 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NON-NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
EDURANT ORAL TABLET (<i>rilpivirine hcl</i>)	2	PA; QL (1 tablet per 1 day)
<i>efavirenz oral capsule 200 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>efavirenz oral capsule 50 mg</i>	1 or 1b*	QL (12 capsules per 1 day)
<i>efavirenz oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>etravirine oral tablet 100 mg</i>	1 or 1b*	PA; QL (4 tablets per 1 day)
<i>etravirine oral tablet 200 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 100 MG (<i>etravirine</i>)	3	PA; QL (4 tablets per 1 day)
INTELENCE ORAL TABLET 200 MG (<i>etravirine</i>)	3	PA; QL (2 tablets per 1 day)
INTELENCE ORAL TABLET 25 MG (<i>etravirine</i>)	2	PA; QL (16 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 100 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>nevirapine oral suspension</i>	1 or 1b*	QL (40 mL per 1 day)
<i>nevirapine oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
PIFELTRO ORAL TABLET (<i>doravirine</i>)	3	QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PURINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>abacavir sulfate oral solution</i>	1 or 1b*	QL (32 mL per 1 day)
<i>abacavir sulfate oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
ZIAGEN ORAL SOLUTION (<i>abacavir sulfate</i>)	3	QL (32 mL per 1 day)
ZIAGEN ORAL TABLET (<i>abacavir sulfate</i>)	3	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-PYRIMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
<i>emtricitabine oral capsule</i>	1 or 1b*; \$0	QL (1 capsule per 1 day)
EMTRIVA ORAL CAPSULE (<i>emtricitabine</i>)	3	QL (1 capsule per 1 day)
EMTRIVA ORAL SOLUTION (<i>emtricitabine</i>)	2	QL (29 mL per 1 day)
EPIVIR ORAL SOLUTION (<i>lamivudine</i>)	3	QL (32 mL per 1 day)
EPIVIR ORAL TABLET 150 MG (<i>lamivudine</i>)	3	QL (2 tablets per 1 day)
EPIVIR ORAL TABLET 300 MG (<i>lamivudine</i>)	3	QL (1 tablet per 1 day)
<i>lamivudine oral solution</i>	1 or 1b*	QL (32 mL per 1 day)
<i>lamivudine oral tablet 150 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>lamivudine oral tablet 300 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOSIDE ANALOGUES-THYMIDINES*** - DRUGS FOR VIRAL INFECTIONS		
RETROVIR INTRAVENOUS SOLUTION (<i>zidovudine</i>)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETROVIR ORAL CAPSULE (<i>zidovudine</i>)	3	QL (6 capsules per 1 day)
RETROVIR ORAL SYRUP (<i>zidovudine</i>)	3	QL (64 mL per 1 day)
<i>stavudine oral capsule 15 mg, 20 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>stavudine oral capsule 30 mg, 40 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>zidovudine oral capsule</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>zidovudine oral syrup</i>	1 or 1b*	QL (64 mL per 1 day)
<i>zidovudine oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
*ANTIRETROVIRALS - RTI-NUCLEOTIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>tenofovir disoproxil fumarate oral tablet</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
VIREAD ORAL POWDER (<i>tenofovir disoproxil fumarate</i>)	2	QL (8 grams per 1 day)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (<i>tenofovir disoproxil fumarate</i>)	2	QL (1 tablet per 1 day)
VIREAD ORAL TABLET 300 MG (<i>tenofovir disoproxil fumarate</i>)	3	QL (1 tablet per 1 day)
*ANTIRETROVIRALS ADJUVANTS*** - DRUGS FOR VIRAL INFECTIONS		
TYBOST ORAL TABLET (<i>cobicistat</i>)	3	QL (1 tablet per 1 day)
*CMV AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>cidofovir intravenous solution</i>	1 or 1b*	
<i>foscarnet sodium intravenous solution</i>	1 or 1b*	
FOSCAVIR INTRAVENOUS SOLUTION (<i>foscarnet sodium</i>)	3	
GANCICLOVIR INTRAVENOUS SOLUTION	3	SP
GANCICLOVIR SODIUM INTRAVENOUS SOLUTION	3	SP
<i>ganciclovir sodium intravenous solution reconstituted</i>	1 or 1b*	SP
LIVTENCITY ORAL TABLET (<i>maribavir</i>)	3	PA; QL (4 tablets per 1 day)
PREVYMIS INTRAVENOUS SOLUTION (<i>letermovir</i>)	3	PA; SP; QL (1 vial per 1 day)
PREVYMIS ORAL TABLET (<i>letermovir</i>)	3	PA; SP; QL (1 tablet per 1 day)
VALCYTE ORAL SOLUTION RECONSTITUTED (<i>valganciclovir hcl</i>)	3	SP
VALCYTE ORAL TABLET (<i>valganciclovir hcl</i>)	3	SP
<i>valganciclovir hcl oral solution reconstituted</i>	1 or 1b*	SP
<i>valganciclovir hcl oral tablet</i>	1 or 1b*	SP
*HEPATITIS B AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>adefovir dipivoxil oral tablet</i>	1 or 1b*	SP; QL (1 tablet per 1 day)
BARACLUDE ORAL SOLUTION (<i>entecavir</i>)	2	SP; QL (20 mL per 1 day)
BARACLUDE ORAL TABLET (<i>entecavir</i>)	3	SP; QL (1 tablet per 1 day)
<i>entecavir oral tablet</i>	1 or 1b*	SP; QL (1 tablet per 1 day)
<i>lamivudine oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
VEMLIDY ORAL TABLET (<i>tenofovir alafenamide fumarate</i>)	3	SP; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*HEPATITIS C AGENT - COMBINATIONS*** - DRUGS FOR VIRAL INFECTIONS		
EPCLUSA ORAL PACKET 150-37.5 MG (sofosbuvir-velpatasvir)	3	PA; QL (1 packet per 1 day)
EPCLUSA ORAL PACKET 200-50 MG (sofosbuvir-velpatasvir)	3	PA; QL (2 packets per 1 day)
EPCLUSA ORAL TABLET 200-50 MG (sofosbuvir-velpatasvir)	3	PA; QL (2 tablets per 1 day)
EPCLUSA ORAL TABLET 400-100 MG (sofosbuvir-velpatasvir)	3	PA; QL (1 tablet per 1 day)
HARVONI ORAL PACKET 33.75-150 MG (ledipasvir-sofosbuvir)	3	PA; QL (1 packet per 1 day)
HARVONI ORAL PACKET 45-200 MG (ledipasvir-sofosbuvir)	3	PA; QL (2 packets per 1 day)
HARVONI ORAL TABLET 45-200 MG (ledipasvir-sofosbuvir)	3	PA; QL (2 tablets per 1 day)
HARVONI ORAL TABLET 90-400 MG (ledipasvir-sofosbuvir)	3	PA; QL (1 tablet per 1 day)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET	2	PA; QL (1 tablet per 1 day)
MAVYRET ORAL PACKET (glecaprevir-pibrentasvir)	2	PA; QL (5 packets per 1 day)
MAVYRET ORAL TABLET (glecaprevir-pibrentasvir)	2	PA; QL (3 tablets per 1 day)
SOFOSBUVIR-VELPATASVIR ORAL TABLET	2	PA; QL (1 tablet per 1 day)
VOSEVI ORAL TABLET (sofosbuvir-velpatasvir-voxilaprevir)	3	PA; SP; QL (1 tablet per 1 day)
ZEPATIER ORAL TABLET (elbasvir-grazoprevir)	3	PA; SP; QL (1 tablet per 1 day)
*HEPATITIS C AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
PEGASYS SUBCUTANEOUS SOLUTION (peginterferon alfa-2a)	3	LD; SP; QL (4 vials per 28 days)
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (peginterferon alfa-2a)	3	LD; SP; QL (4 syringes per 28 days)
ribavirin oral capsule	1 or 1b*	SP; QL (6 capsules per 1 day)
ribavirin oral tablet	1 or 1b*	SP; QL (6 tablets per 1 day)
SOVALDI ORAL PACKET 150 MG (sofosbuvir)	3	PA; QL (1 packet per 1 day)
SOVALDI ORAL PACKET 200 MG (sofosbuvir)	3	PA; QL (2 packets per 1 day)
SOVALDI ORAL TABLET 200 MG (sofosbuvir)	3	PA; QL (2 tablets per 1 day)
SOVALDI ORAL TABLET 400 MG (sofosbuvir)	3	PA; SP; QL (1 tablet per 1 day)
*HERPES AGENTS - PURINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
acyclovir oral capsule	1 or 1b*	
acyclovir oral suspension	1 or 1b*	
acyclovir oral tablet	1 or 1b*	
acyclovir sodium intravenous solution	1 or 1b*	
SITAVIG BUCCAL TABLET (acyclovir)	3	PA; QL (1 tablet per 30 days)
valacyclovir hcl oral tablet 1 gm	1 or 1b*	QL (30 tablets per 1 fill)
valacyclovir hcl oral tablet 500 mg	1 or 1b*	QL (60 tablets per 1 fill)
VALTREX ORAL TABLET 1 GM (valacyclovir hcl)	3	QL (30 tablets per 1 fill)
VALTREX ORAL TABLET 500 MG (valacyclovir hcl)	3	QL (60 tablets per 1 fill)
*HERPES AGENTS - THYMIDINE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
famciclovir oral tablet 125 mg, 250 mg	1 or 1b*	QL (60 tablets per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>famciclovir oral tablet 500 mg</i>	1 or 1b*	QL (21 tablets per 1 fill)
*INFLUENZA AGENTS*** - DRUGS FOR VIRAL INFECTIONS		
<i>rimantadine hcl oral tablet</i>	1 or 1b*	
*MISC. ANTIVIRALS*** - DRUGS FOR VIRAL INFECTIONS		
TPOXX INTRAVENOUS SOLUTION (<i>tecovirimat</i>)	3	
TPOXX ORAL CAPSULE (<i>tecovirimat</i>)	3	
*NEURAMINIDASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
<i>oseltamivir phosphate oral capsule 30 mg</i>	1 or 1b*	QL (20 capsule per 90 days)
<i>oseltamivir phosphate oral capsule 45 mg, 75 mg</i>	1 or 1b*	QL (10 capsule per 90 days)
<i>oseltamivir phosphate oral suspension reconstituted</i>	1 or 1b*	QL (20 ML per 90 days)
RAPIVAB INTRAVENOUS SOLUTION (<i>peramivir</i>)	3	
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED (<i>zanamivir</i>)	2	QL (1 unit per 90 days)
TAMIFLU ORAL CAPSULE 30 MG (<i>oseltamivir phosphate</i>)	3	QL (20 capsule per 90 days)
TAMIFLU ORAL CAPSULE 45 MG, 75 MG (<i>oseltamivir phosphate</i>)	3	QL (10 capsule per 90 days)
TAMIFLU ORAL SUSPENSION RECONSTITUTED (<i>oseltamivir phosphate</i>)	3	QL (180 ML per 90 days)
*PA ENDONUCLEASE INHIBITORS*** - DRUGS FOR VIRAL INFECTIONS		
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	3	QL (1 dose pack per 90 days)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK (<i>baloxavir marboxil</i>)	3	QL (1 dose pack per 90 days)
*RSV AGENTS - NUCLEOSIDE ANALOGUES*** - DRUGS FOR VIRAL INFECTIONS		
<i>ribavirin inhalation solution reconstituted</i>	1 or 1b*	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED (<i>ribavirin</i>)	3	
BETA BLOCKERS - DRUGS FOR THE HEART		
*ALPHA-BETA BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>carvedilol oral tablet 12.5 mg, 3.125 mg, 6.25 mg</i>	1 or 1b*	DO
<i>carvedilol oral tablet 25 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg</i>	1 or 1b*	DO
<i>carvedilol phosphate er oral capsule extended release 24 hour 80 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 20 MG, 40 MG (<i>carvedilol phosphate</i>)	3	DO
COREG CR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 80 MG (<i>carvedilol phosphate</i>)	3	QL (1 capsule per 1 day)
COREG ORAL TABLET 12.5 MG, 3.125 MG, 6.25 MG (<i>carvedilol</i>)	3	DO
COREG ORAL TABLET 25 MG (<i>carvedilol</i>)	3	QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>labetalol hcl intravenous solution prefilled syringe</i>	3	
<i>labetalol hcl oral tablet 100 mg, 200 mg</i>	1 or 1b*	DO
<i>labetalol hcl oral tablet 300 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
LABETALOL HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
LABETALOL HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	
*BETA BLOCKERS CARDIO-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>acebutolol hcl oral capsule 200 mg</i>	1 or 1b*	QL (6 capsules per 1 day)
<i>acebutolol hcl oral capsule 400 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>atenolol oral tablet 100 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>atenolol oral tablet 25 mg, 50 mg</i>	1 or 1a*	DO
<i>betaxolol hcl oral tablet 10 mg</i>	1 or 1b*	DO
<i>betaxolol hcl oral tablet 20 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>bisoprolol fumarate oral tablet 10 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>bisoprolol fumarate oral tablet 5 mg</i>	1 or 1b*	DO
BREVIBLOC IN NACL INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	3	
BREVIBLOC INTRAVENOUS SOLUTION (<i>esmolol hcl</i>)	3	
BREVIBLOC PREMIXED DS INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	3	
BREVIBLOC PREMIXED INTRAVENOUS SOLUTION (<i>esmolol hcl-sodium chloride</i>)	3	
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 5 MG (<i>nebivolol hcl</i>)	3	DO
BYSTOLIC ORAL TABLET 20 MG (<i>nebivolol hcl</i>)	3	QL (2 tablets per 1 day)
<i>esmolol hcl intravenous solution 100 mg/10ml</i>	1 or 1b*	
ESMOLOL HCL INTRAVENOUS SOLUTION 2000 MG/100ML, 2500 MG/250ML	3	
<i>esmolol hcl-sodium chloride intravenous solution</i>	1 or 1b*	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG (<i>metoprolol succinate</i>)	3	QL (4 capsules per 1 day)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 200 MG (<i>metoprolol succinate</i>)	3	QL (2 capsules per 1 day)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 25 MG (<i>metoprolol succinate</i>)	3	QL (16 capsules per 1 day)
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 50 MG (<i>metoprolol succinate</i>)	3	QL (8 capsules per 1 day)
LOPRESSOR ORAL TABLET 100 MG (<i>metoprolol tartrate</i>)	3	QL (4 tablets per 1 day)
LOPRESSOR ORAL TABLET 50 MG (<i>metoprolol tartrate</i>)	3	QL (8 tablets per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 200 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>metoprolol succinate er oral tablet extended release 24 hour 25 mg</i>	1 or 1b*	QL (16 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoprolol succinate er oral tablet extended release 24 hour 50 mg	1 or 1b*	QL (8 tablets per 1 day)
metoprolol tartrate intravenous solution	1 or 1a*	
metoprolol tartrate oral tablet 100 mg	1 or 1a*	QL (4 tablets per 1 day)
metoprolol tartrate oral tablet 25 mg	1 or 1a*	QL (16 tablets per 1 day)
metoprolol tartrate oral tablet 37.5 mg	1 or 1a*	QL (10 tablets per 1 day)
metoprolol tartrate oral tablet 50 mg	1 or 1a*	QL (8 tablets per 1 day)
metoprolol tartrate oral tablet 75 mg	1 or 1a*	QL (5 tablets per 1 day)
nebivolol hcl oral tablet 10 mg, 2.5 mg, 5 mg	1 or 1b*	DO
nebivolol hcl oral tablet 20 mg	1 or 1b*	QL (2 tablets per 1 day)
TENORMIN ORAL TABLET 100 MG (atenolol)	3	QL (2 tablets per 1 day)
TENORMIN ORAL TABLET 25 MG, 50 MG (atenolol)	3	DO
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG (metoprolol succinate)	3	QL (4 tablets per 1 day)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 200 MG (metoprolol succinate)	3	QL (2 tablets per 1 day)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG (metoprolol succinate)	3	QL (16 tablets per 1 day)
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 50 MG (metoprolol succinate)	3	QL (8 tablets per 1 day)
*BETA BLOCKERS NON-SELECTIVE*** - DRUGS FOR HIGH BLOOD PRESSURE		
BETAPACE AF ORAL TABLET (sotalol hcl af)	3	
BETAPACE ORAL TABLET 120 MG, 80 MG (sotalol hcl)	3	QL (3 tablets per 1 day)
BETAPACE ORAL TABLET 160 MG (sotalol hcl)	3	QL (4 tablets per 1 day)
CORGARD ORAL TABLET (nadolol)	3	DO
HEMANGEOL ORAL SOLUTION (propranolol hcl)	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 60 MG, 80 MG (propranolol hcl)	3	DO
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 160 MG (propranolol hcl)	3	QL (4 capsules per 1 day)
INDERAL XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (propranolol hcl sr beads)	3	QL (1 capsule per 1 day)
INNOPRAN XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (propranolol hcl sr beads)	3	QL (1 capsule per 1 day)
nadolol oral tablet 20 mg, 40 mg	1 or 1b*	DO
nadolol oral tablet 80 mg	1 or 1b*	QL (4 tablets per 1 day)
pindolol oral tablet 10 mg	1 or 1b*	QL (6 tablets per 1 day)
pindolol oral tablet 5 mg	1 or 1b*	DO
propranolol hcl er oral capsule extended release 24 hour 120 mg, 60 mg, 80 mg	1 or 1b*	DO
propranolol hcl er oral capsule extended release 24 hour 160 mg	1 or 1b*	QL (4 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>propranolol hcl intravenous solution</i>	1 or 1b*	
<i>propranolol hcl oral solution</i>	1 or 1b*	QL (80 mL per 1 day)
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg</i>	1 or 1b*	DO
<i>propranolol hcl oral tablet 80 mg</i>	1 or 1b*	QL (8 tablets per 1 day)
<i>sorine oral tablet 120 mg, 80 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>sorine oral tablet 160 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>sorine oral tablet 240 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>sotalol hcl (af) oral tablet</i>	1 or 1b*	
SOTALOL HCL INTRAVENOUS SOLUTION	3	
<i>sotalol hcl oral tablet 120 mg, 80 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>sotalol hcl oral tablet 160 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>sotalol hcl oral tablet 240 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
SOTYLIZE ORAL SOLUTION (sotalol hcl)	3	
<i>timolol maleate oral tablet 10 mg</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>timolol maleate oral tablet 20 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>timolol maleate oral tablet 5 mg</i>	1 or 1b*	DO
CALCIUM CHANNEL BLOCKERS - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKERS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>amlodipine besylate oral tablet 10 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>amlodipine besylate oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	DO
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG (verapamil hcl)	3	DO
CALAN SR ORAL TABLET EXTENDED RELEASE 180 MG, 240 MG (verapamil hcl)	3	QL (2 tablets per 1 day)
CARDENE IV INTRAVENOUS SOLUTION (nicardipine hcl in nacl)	3	
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG (diltiazem hcl coated beads)	3	DO
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG (diltiazem hcl coated beads)	3	QL (3 capsules per 1 day)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (diltiazem hcl coated beads)	3	QL (2 capsules per 1 day)
CARDIZEM CD ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG (diltiazem hcl coated beads)	3	QL (1 capsule per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 120 MG (diltiazem hcl)	3	DO
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 180 MG (diltiazem hcl)	3	QL (3 tablets per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 240 MG (diltiazem hcl)	3	QL (2 tablets per 1 day)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG (diltiazem hcl)	3	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARDIZEM ORAL TABLET 120 MG (<i>diltiazem hcl</i>)	3	QL (3 tablet per 1 day)
CARDIZEM ORAL TABLET 30 MG, 60 MG (<i>diltiazem hcl</i>)	3	DO
<i>cartia xt oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>cartia xt oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>cartia xt oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>cartia xt oral capsule extended release 24 hour 300 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
CLEVIPREX INTRAVENOUS EMULSION (<i>clevipidine</i>)	3	
CONJUPRI ORAL TABLET 2.5 MG (<i>levamlodipine maleate</i>)	3	ST; DO
CONJUPRI ORAL TABLET 5 MG (<i>levamlodipine maleate</i>)	3	ST; QL (1 tablet per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er beads oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 300 mg, 360 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 12 hour 60 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er oral capsule extended release 12 hour 90 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>diltiazem hcl er oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>diltiazem hcl er oral tablet extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>diltiazem hcl er oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>diltiazem hcl intravenous solution</i>	1 or 1b*	
DILTIAZEM HCL INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>diltiazem hcl oral tablet 120 mg</i>	1 or 1b*	QL (3 tablet per 1 day)
<i>diltiazem hcl oral tablet 30 mg, 60 mg</i>	1 or 1b*	DO
<i>diltiazem hcl oral tablet 90 mg</i>	1 or 1b*	QL (4 tablet per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>dilt-xr oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>dilt-xr oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>felodipine er oral tablet extended release 24 hour 10 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>felodipine er oral tablet extended release 24 hour 2.5 mg, 5 mg</i>	1 or 1b*	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>isradipine oral capsule 2.5 mg</i>	1 or 1b*	DO
<i>isradipine oral capsule 5 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
KATERZIA ORAL SUSPENSION (amlodipine benzoate)	3	PA; QL (10 mL per 1 day)
<i>levamlodipine maleate oral tablet 2.5 mg</i>	1 or 1b*	ST; DO
<i>levamlodipine maleate oral tablet 5 mg</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
<i>matzim la oral tablet extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>matzim la oral tablet extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>matzim la oral tablet extended release 24 hour 300 mg, 360 mg, 420 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
NICARDIPINE HCL IN NACL INTRAVENOUS SOLUTION	3	
<i>nicardipine hcl intravenous solution</i>	1 or 1b*	
<i>nicardipine hcl oral capsule 20 mg</i>	1 or 1b*	QL (6 capsule per 1 day)
<i>nicardipine hcl oral capsule 30 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 90 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>nifedipine er oral tablet extended release 24 hour 60 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg</i>	1 or 1b*	DO
<i>nifedipine er osmotic release oral tablet extended release 24 hour 60 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>nifedipine er osmotic release oral tablet extended release 24 hour 90 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>nifedipine oral capsule 10 mg</i>	1 or 1b*	DO
<i>nifedipine oral capsule 20 mg</i>	1 or 1b*	QL (4 capsule per 1 day)
<i>nimodipine oral capsule</i>	1 or 1b*	QL (12 capsule per 1 day)
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 8.5 mg</i>	1 or 1b*	DO
<i>nisoldipine er oral tablet extended release 24 hour 25.5 mg, 30 mg, 34 mg, 40 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
NORLIQVA ORAL SOLUTION (amlodipine besylate)	3	PA; QL (2 bottles per 30 days)
NORVASC ORAL TABLET 10 MG (amlodipine besylate)	3	QL (1 tablet per 1 day)
NORVASC ORAL TABLET 2.5 MG, 5 MG (amlodipine besylate)	3	DO
NYMALIZE ORAL SOLUTION (nimodipine)	3	QL (60 mL per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 30 MG (nifedipine)	3	DO
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 60 MG (nifedipine)	3	QL (2 tablets per 1 day)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 90 MG (nifedipine)	3	QL (1 tablet per 1 day)
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 8.5 MG (nisoldipine)	3	DO
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 34 MG (nisoldipine)	3	QL (1 tablet per 1 day)
<i>taztia xt oral capsule extended release 24 hour 120 mg</i>	1 or 1b*	DO
<i>taztia xt oral capsule extended release 24 hour 180 mg</i>	1 or 1b*	QL (3 capsules per 1 day)
<i>taztia xt oral capsule extended release 24 hour 240 mg</i>	1 or 1b*	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
taztia xt oral capsule extended release 24 hour 300 mg, 360 mg	1 or 1b*	QL (1 capsule per 1 day)
tiadylt er oral capsule extended release 24 hour 120 mg	1 or 1b*	DO
tiadylt er oral capsule extended release 24 hour 180 mg	1 or 1b*	QL (3 capsules per 1 day)
tiadylt er oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
tiadylt er oral capsule extended release 24 hour 300 mg, 360 mg, 420 mg	1 or 1b*	QL (1 capsule per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG (diltiazem hcl er beads)	3	DO
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 180 MG (diltiazem hcl er beads)	3	QL (3 capsules per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (diltiazem hcl er beads)	3	QL (2 capsules per 1 day)
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	3	QL (1 capsule per 1 day)
verapamil hcl er oral capsule extended release 24 hour 100 mg	3	DO
verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg	1 or 1b*	DO
verapamil hcl er oral capsule extended release 24 hour 200 mg, 300 mg, 360 mg	1 or 1b*	QL (1 capsule per 1 day)
verapamil hcl er oral capsule extended release 24 hour 240 mg	1 or 1b*	QL (2 capsules per 1 day)
verapamil hcl er oral tablet extended release 120 mg	1 or 1b*	DO
verapamil hcl er oral tablet extended release 180 mg, 240 mg	1 or 1b*	QL (2 tablets per 1 day)
verapamil hcl intravenous solution	1 or 1b*	
verapamil hcl oral tablet 120 mg	1 or 1b*	QL (4 tablet per 1 day)
verapamil hcl oral tablet 40 mg, 80 mg	1 or 1b*	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG (verapamil hcl)	3	DO
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 240 MG (verapamil hcl)	3	QL (2 capsules per 1 day)
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 360 MG (verapamil hcl)	3	QL (1 capsule per 1 day)
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG (verapamil hcl)	3	DO
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 200 MG, 300 MG (verapamil hcl)	3	QL (1 capsule per 1 day)
CARDIOTONICS - DRUGS FOR THE HEART		
*CARDIAC GLYCOSIDES*** - DRUGS FOR THE HEART		
digoxin injection solution	1 or 1b*	
digoxin oral solution	1 or 1b*	QL (10 mL per 1 day)
digoxin oral tablet 125 mcg, 62.5 mcg	1 or 1b*	DO
digoxin oral tablet 250 mcg	1 or 1b*	QL (2 tablets per 1 day)
LANOXIN INJECTION SOLUTION (digoxin)	3	
LANOXIN ORAL TABLET 125 MCG, 62.5 MCG (digoxin)	3	DO

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANOXIN ORAL TABLET 250 MCG (<i>digoxin</i>)	3	QL (2 tablets per 1 day)
LANOXIN PEDIATRIC INJECTION SOLUTION (<i>digoxin</i>)	2	
*INOTROPES*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>dobutamine hcl intravenous solution</i>	1 or 1b*	
DOBUTAMINE IN D5W INTRAVENOUS SOLUTION	3	
DOPAMINE HCL INTRAVENOUS SOLUTION	3	
DOPAMINE IN D5W INTRAVENOUS SOLUTION	3	
<i>milrinone lactate in dextrose intravenous solution</i>	1 or 1b*	
<i>milrinone lactate intravenous solution</i>	1 or 1b*	
CARDIOVASCULAR AGENTS - MISC. - DRUGS FOR THE HEART		
*CALCIUM CHANNEL BLOCKER & HMG COA REDUCTASE INHIBIT COMB*** - DRUGS FOR CHOLESTEROL		
<i>amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 5-80 mg</i>	1 or 1b*	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>	1 or 1b*	DO
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-80 MG (<i>amlodipine-atorvastatin</i>)	3	QL (1 tablet per 1 day)
CADUET ORAL TABLET 5-10 MG, 5-20 MG, 5-40 MG (<i>amlodipine-atorvastatin</i>)	3	DO
*CARDIAC MYOSIN INHIBITORS*** - DRUGS FOR THE HEART		
CAMZYOS ORAL CAPSULE (<i>mavacamten</i>)	3	PA; QL (1 capsule per 1 day)
*NEPRILYSIN INHIB (ARNI)-ANGIOTENSIN II RECEPT ANTAG COMB*** - DRUGS FOR HIGH BLOOD PRESSURE		
ENTRESTO ORAL TABLET (<i>sacubitril-valsartan</i>)	3	QL (6 tablets per 1 day)
*NITRATE & VASODILATOR COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
BIDIL ORAL TABLET (<i>isosorb dinitrate-hydralazine</i>)	3	QL (6 tablets per 1 day)
<i>isosorb dinitrate-hydralazine oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
*PROSTAGLANDIN - IMPOTENCE AGENTS*** - DRUGS FOR THE HEART		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT (<i>alprostadil (vasodilator)</i>)	3	PA
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED (<i>alprostadil (vasodilator)</i>)	3	PA
EDEX INTRACAVERNOSAL KIT (<i>alprostadil (vasodilator)</i>)	3	PA
MUSE URETHRAL PELLETT (<i>alprostadil (vasodilator)</i>)	3	PA
*PROSTAGLANDIN VASODILATORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>epoprostenol sodium intravenous solution reconstituted</i>	1 or 1b*	PA; LD; SP
FLOLAN INTRAVENOUS SOLUTION RECONSTITUTED (<i>epoprostenol sodium</i>)	3	PA; LD; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>treprostinil diolamine</i>)	3	PA; QL (1 pack per 28 days)
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>treprostinil diolamine</i>)	3	PA; QL (1 pack per 28 days)
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK (<i>treprostinil diolamine</i>)	3	PA; QL (1 pack per 28 days)
ORENITRAM ORAL TABLET EXTENDED RELEASE (<i>treprostinil diolamine</i>)	3	PA; SP
REMODULIN INJECTION SOLUTION (<i>treprostinil</i>)	3	PA; SP
<i>treprostinil injection solution</i>	1 or 1b*	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER (<i>treprostinil</i>)	3	PA; QL (1 kit per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER (<i>treprostinil</i>)	3	PA; QL (1 kit per 1 lifetime)
TYVASO INHALATION SOLUTION (<i>treprostinil</i>)	3	PA; SP; QL (1 kit per 28 days)
TYVASO REFILL INHALATION SOLUTION (<i>treprostinil</i>)	3	PA; SP; QL (1 kit per 28 days)
TYVASO STARTER INHALATION SOLUTION (<i>treprostinil</i>)	3	PA; SP; QL (1 kit per 28 days)
VELETRI INTRAVENOUS SOLUTION RECONSTITUTED (<i>epoprostenol sodium</i>)	3	PA; LD; SP
VENTAVIS INHALATION SOLUTION (<i>iloprost</i>)	3	PA; SP; QL (9 mL per 1 day)
*PULM HYPERTEN-SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADEMPAS ORAL TABLET (<i>riociguat</i>)	3	PA; LD; SP; QL (3 tablets per 1 day)
*PULMONARY HYPERTENSION - ENDOTHELIN RECEPTOR ANTAGONISTS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>ambrisentan oral tablet</i>	1 or 1b*	PA; SP; QL (1 tablet per 1 day)
<i>bosentan oral tablet</i>	1 or 1b*	PA; LD; SP; QL (2 tablets per 1 day)
LETAIRIS ORAL TABLET (<i>ambrisentan</i>)	3	PA; SP; QL (1 tablet per 1 day)
OPSUMIT ORAL TABLET (<i>macitentan</i>)	3	PA; SP; QL (1 tablet per 1 day)
TRACLEER ORAL TABLET (<i>bosentan</i>)	3	PA; LD; SP; QL (2 tablets per 1 day)
TRACLEER ORAL TABLET SOLUBLE (<i>bosentan</i>)	3	PA; SP; QL (2 tablets per 1 day)
*PULMONARY HYPERTENSION - PHOSPHODIESTERASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ADCIRCA ORAL TABLET (<i>tadalafil (pah)</i>)	3	PA; SP; QL (2 tablets per 1 day)
<i>alyq oral tablet</i>	1 or 1b*	PA; SP; QL (2 tablets per 1 day)
REVATIO INTRAVENOUS SOLUTION (<i>sildenafil citrate</i>)	3	PA; SP; QL (3 vial per 1 day)
REVATIO ORAL SUSPENSION RECONSTITUTED (<i>sildenafil citrate</i>)	3	PA; SP; QL (6 mL per 1 day)
REVATIO ORAL TABLET (<i>sildenafil citrate</i>)	3	PA; SP; QL (3 tablets per 1 day)
<i>sildenafil citrate intravenous solution</i>	1 or 1b*	PA; SP; QL (3 vial per 1 day)
<i>sildenafil citrate oral suspension reconstituted</i>	1 or 1b*	PA; SP; QL (6 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sildenafil citrate oral tablet</i>	1 or 1b*	PA; SP; QL (3 tablets per 1 day)
<i>tadalafil (pah) oral tablet</i>	1 or 1b*	PA; SP; QL (2 tablets per 1 day)
TADLIQ ORAL SUSPENSION (<i>tadalafil (pah)</i>)	3	PA; QL (10 ml per 1 day)
*PULMONARY HYPERTENSION - PROSTACYCLIN RECEPTOR AGONIST*** - DRUGS FOR HIGH BLOOD PRESSURE		
UPTRAVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>selexipag</i>)	3	PA; QL (2 vials per 1 day)
UPTRAVI ORAL TABLET (<i>selexipag</i>)	3	PA; SP; QL (2 tablets per 1 day)
UPTRAVI ORAL TABLET THERAPY PACK (<i>selexipag</i>)	3	PA; SP; QL (1 pack per 365 days)
*SELECTIVE CGMP PHOSPHODIESTERASE TYPE 5 INHIBITORS*** - DRUGS FOR THE HEART		
CIALIS ORAL TABLET 10 MG, 20 MG (<i>tadalafil</i>)	3	PA
CIALIS ORAL TABLET 2.5 MG, 5 MG (<i>tadalafil</i>)	3	PA; QL (30 tablets per 30 days)
<i>sildenafil citrate oral tablet</i>	1 or 1b*	PA
STENDRA ORAL TABLET (<i>avanafil</i>)	3	PA
<i>tadalafil oral tablet 10 mg, 20 mg</i>	1 or 1b*	PA
<i>tadalafil oral tablet 2.5 mg, 5 mg</i>	1 or 1b*	PA; QL (30 tablets per 30 days)
<i>varденаfil hcl oral tablet</i>	3	PA
<i>varденаfil hcl oral tablet dispersible</i>	1 or 1b*	PA
VIAGRA ORAL TABLET (<i>sildenafil citrate</i>)	3	PA
*SEPTAL AGENTS - ABLATION** - DRUGS FOR THE HEART		
ABLYSINOL INTRA-ARTERIAL SOLUTION (<i>dehydrated alcohol</i>)	3	
*SINUS NODE INHIBITORS** - DRUGS FOR HIGH BLOOD PRESSURE		
CORLANOR ORAL SOLUTION (<i>ivabradine hcl</i>)	3	PA; QL (4 ampules per 1 day)
CORLANOR ORAL TABLET (<i>ivabradine hcl</i>)	2	PA; QL (2 tablets per 1 day)
*TRANSTHYRETIN STABILIZERS*** - DRUGS FOR THE HEART		
VYNDAMAX ORAL CAPSULE (<i>tafamidis</i>)	3	PA; QL (1 capsule per 1 day)
VYND AQEL ORAL CAPSULE (<i>tafamidis meglumine (cardiac)</i>)	3	PA; QL (4 capsules per 1 day)
*VASOACTIVE SOLUBLE GUANYLATE CYCLASE STIMULATOR (SGC)*** - DRUGS FOR ANGINA		
VERQUVO ORAL TABLET 10 MG, 5 MG (<i>vericiguat</i>)	3	PA; QL (1 tablet per 1 day)
VERQUVO ORAL TABLET 2.5 MG (<i>vericiguat</i>)	3	PA; QL (1 tablets per 1 day)
CEPHALOSPORINS - DRUGS FOR INFECTIONS		
*CEPHALOSPORIN COMBINATIONS*** - ANTIBIOTICS		
AVYCAZ INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftazidime-avibactam</i>)	3	
ZERBAXA INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftolozane-tazobactam</i>)	3	
*CEPHALOSPORINS - 1ST GENERATION*** - ANTIBIOTICS		
<i>cefadroxil oral capsule</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>cefadroxil oral suspension reconstituted</i>	1 or 1b*	
<i>cefadroxil oral tablet</i>	1 or 1b*	
<i>cefazolin sodium injection solution reconstituted 1 gm, 10 gm, 2 gm, 500 mg</i>	1 or 1b*	
CEFAZOLIN SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM, 300 GM	3	
<i>cefazolin sodium intravenous solution reconstituted 1 gm</i>	1 or 1b*	
<i>cefazolin sodium intravenous solution reconstituted 2 gm, 3 gm</i>	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION	3	
CEFAZOLIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>cephalexin oral capsule</i>	1 or 1a*	
<i>cephalexin oral suspension reconstituted</i>	1 or 1a*	
<i>cephalexin oral tablet</i>	1 or 1a*	
*CEPHALOSPORINS - 2ND GENERATION*** - ANTIBIOTICS		
CEFACLOXER ER ORAL TABLET EXTENDED RELEASE 12 HOUR	3	
<i>cefaclor oral capsule</i>	1 or 1b*	
<i>cefaclor oral suspension reconstituted</i>	1 or 1b*	
<i>cefotetan disodium injection solution reconstituted</i>	1 or 1b*	
<i>cefoxitin sodium intravenous solution reconstituted</i>	1 or 1b*	
CEFOXITIN SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>cefprozil oral suspension reconstituted</i>	1 or 1b*	
<i>cefprozil oral tablet</i>	1 or 1b*	
<i>cefuroxime axetil oral tablet</i>	1 or 1b*	
<i>cefuroxime sodium injection solution reconstituted</i>	1 or 1b*	
<i>cefuroxime sodium intravenous solution reconstituted</i>	1 or 1b*	
*CEPHALOSPORINS - 3RD GENERATION*** - ANTIBIOTICS		
<i>cefdinir oral capsule</i>	1 or 1b*	
<i>cefdinir oral suspension reconstituted</i>	1 or 1b*	
<i>cefixime oral capsule</i>	1 or 1b*	
<i>cefixime oral suspension reconstituted</i>	1 or 1b*	
<i>cefotaxime sodium injection solution reconstituted</i>	3	
<i>cefpodoxime proxetil oral suspension reconstituted</i>	1 or 1b*	
<i>cefpodoxime proxetil oral tablet</i>	1 or 1b*	
CEFTAZIDIME AND DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
<i>ceftazidime injection solution reconstituted</i>	1 or 1b*	
<i>ceftazidime intravenous solution reconstituted</i>	1 or 1b*	
<i>ceftriaxone sodium in dextrose intravenous solution</i>	1 or 1b*	QL (3000 mL per 30 days)
<i>ceftriaxone sodium injection solution reconstituted 1 gm, 2 gm, 500 mg</i>	1 or 1b*	QL (60 vials per 30 fills)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CEFTRIAXONE SODIUM INJECTION SOLUTION RECONSTITUTED 100 GM	3	QL (1 vial per 30 days)
<i>ceftriaxone sodium injection solution reconstituted 250 mg</i>	1 or 1b*	QL (1 vial per 30 fills)
<i>ceftriaxone sodium intravenous solution reconstituted 1 gm, 2 gm</i>	1 or 1b*	QL (60 vials per 30 days)
<i>ceftriaxone sodium intravenous solution reconstituted 10 gm</i>	1 or 1b*	QL (1 vial per 30 days)
CEFTRIAXONE SODIUM-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	QL (60 IV Bags per 30 days)
SUPRAX ORAL CAPSULE (<i>cefixime</i>)	3	
SUPRAX ORAL SUSPENSION RECONSTITUTED (<i>cefixime</i>)	3	
SUPRAX ORAL TABLET CHEWABLE (<i>cefixime</i>)	3	
<i>tazicef injection solution reconstituted</i>	1 or 1b*	
TAZICEF INTRAVENOUS SOLUTION (<i>ceftazidime sodium in dextrose</i>)	3	
<i>tazicef intravenous solution reconstituted</i>	1 or 1b*	
*CEPHALOSPORINS - 4TH GENERATION*** - ANTIBIOTICS		
<i>cefepime hcl injection solution reconstituted</i>	1 or 1b*	
CEFEPIME HCL INTRAVENOUS SOLUTION	3	
CEFEPIME HCL INTRAVENOUS SOLUTION RECONSTITUTED 100 GM	3	
<i>cefepime hcl intravenous solution reconstituted 2 gm</i>	1 or 1b*	
CEFEPIME-DEXTROSE INTRAVENOUS SOLUTION RECONSTITUTED	3	
*CEPHALOSPORINS - 5TH GENERATION*** - ANTIBIOTICS		
TEFLARO INTRAVENOUS SOLUTION RECONSTITUTED (<i>ceftaroline fosamil</i>)	3	
*CEPHALOSPORINS - SIDEROPHORES*** - ANTIBIOTICS		
FETROJA INTRAVENOUS SOLUTION RECONSTITUTED (<i>cefiderocol sulfate tosylate</i>)	3	
CONTRACEPTIVES - DRUGS FOR WOMEN		
*BIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>azurette oral tablet</i>	1 or 1b*; \$0	
<i>desogestrel-ethinyl estradiol oral tablet</i>	1 or 1b*; \$0	
<i>kariva oral tablet</i>	1 or 1b*; \$0	
LO LOESTRIN FE ORAL TABLET (<i>norethin-eth estrad-fe biphase</i>)	2; \$0	
MIRCETTE ORAL TABLET (<i>desogestrel-ethinyl estradiol</i>)	3	
<i>pimtree oral tablet</i>	1 or 1b*; \$0	
<i>simliya oral tablet</i>	1 or 1b*; \$0	
<i>viorele oral tablet</i>	1 or 1b*; \$0	
<i>volnea oral tablet</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*COMBINATION CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
<i>afirmelle oral tablet</i>	1 or 1a*; \$0	
<i>altavera oral tablet</i>	1 or 1a*; \$0	
<i>alyacen 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>apri oral tablet</i>	1 or 1a*; \$0	
<i>aubra eq oral tablet</i>	1 or 1a*; \$0	
<i>aurovela 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>aurovela 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>aurovela 24 fe oral tablet</i>	1 or 1a*; \$0	
<i>aurovela fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>aurovela fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>aviane oral tablet</i>	1 or 1a*; \$0	
<i>ayuna oral tablet</i>	1 or 1a*; \$0	
BALCOLTRA ORAL TABLET (levonorgest-eth estrad-fe bisg)	3; \$0	
<i>balziva oral tablet</i>	1 or 1a*; \$0	
BEYAZ ORAL TABLET (drospiren-eth estrad-levomefol)	3	
<i>blisovi 24 fe oral tablet</i>	1 or 1a*; \$0	
<i>blisovi fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>blisovi fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>briellyn oral tablet</i>	1 or 1a*; \$0	
<i>charlotte 24 fe oral tablet chewable</i>	1 or 1a*; \$0	
<i>chateal eq oral tablet</i>	1 or 1a*; \$0	
<i>cryselle-28 oral tablet</i>	1 or 1a*; \$0	
<i>cyred eq oral tablet</i>	1 or 1a*; \$0	
<i>cyred oral tablet</i>	1 or 1a*; \$0	
<i>dasetta 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>delyla oral tablet</i>	1 or 1a*; \$0	
<i>drospiren-eth estrad-levomefol oral tablet</i>	1 or 1b*; \$0	
<i>drospirenone-ethinyl estradiol oral tablet</i>	1 or 1b*; \$0	
<i>elinest oral tablet</i>	1 or 1a*; \$0	
<i>enskyce oral tablet</i>	1 or 1a*; \$0	
<i>estarylla oral tablet</i>	1 or 1a*; \$0	
<i>ethynodiol diac-eth estradiol oral tablet</i>	1 or 1a*; \$0	
<i>falmina oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe</i> (Finzala Oral Tablet Chewable)	1 or 1a*; \$0	
<i>gemmily oral capsule</i>	1 or 1b*; \$0	
GENERESS FE ORAL TABLET CHEWABLE (norethin-eth estradiol-fe)	3	
<i>hailey 1.5/30 oral tablet</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hailey 24 fe oral tablet	1 or 1a*; \$0	
hailey fe 1.5/30 oral tablet	1 or 1a*; \$0	
hailey fe 1/20 oral tablet	1 or 1a*; \$0	
isibloom oral tablet	1 or 1a*; \$0	
jasmiel oral tablet	1 or 1b*; \$0	
juleber oral tablet	1 or 1a*; \$0	
junel 1.5/30 oral tablet	1 or 1a*; \$0	
junel 1/20 oral tablet	1 or 1a*; \$0	
junel fe 1.5/30 oral tablet	1 or 1a*; \$0	
junel fe 1/20 oral tablet	1 or 1a*; \$0	
junel fe 24 oral tablet	1 or 1a*; \$0	
kaitlib fe oral tablet chewable	1 or 1b*; \$0	
kalliga oral tablet	1 or 1a*; \$0	
kelnor 1/35 oral tablet	1 or 1a*; \$0	
kelnor 1/50 oral tablet	1 or 1a*; \$0	
kurvelo oral tablet	1 or 1a*; \$0	
larin 1.5/30 oral tablet	1 or 1a*; \$0	
larin 1/20 oral tablet	1 or 1a*; \$0	
larin 24 fe oral tablet	1 or 1a*; \$0	
larin fe 1.5/30 oral tablet	1 or 1a*; \$0	
larin fe 1/20 oral tablet	1 or 1a*; \$0	
layolis fe oral tablet chewable	1 or 1b*; \$0	
lessina oral tablet	1 or 1a*; \$0	
levonorgestrel-ethinyl estrad oral tablet	1 or 1a*; \$0	
levora 0.15/30 (28) oral tablet	1 or 1a*; \$0	
loestrin 1.5/30 (21) oral tablet	1 or 1a*; \$0	
loestrin 1/20 (21) oral tablet	1 or 1a*; \$0	
loestrin fe 1.5/30 oral tablet	1 or 1a*; \$0	
loestrin fe 1/20 oral tablet	1 or 1a*; \$0	
loryna oral tablet	1 or 1b*; \$0	
low-ogestrel oral tablet	1 or 1a*; \$0	
lo-zumandimine oral tablet	1 or 1b*; \$0	
lutra oral tablet	1 or 1a*; \$0	
marlissa oral tablet	1 or 1a*; \$0	
merzee oral capsule	1 or 1b*; \$0	
microgestin 1.5/30 oral tablet	1 or 1a*; \$0	
microgestin 1/20 oral tablet	1 or 1a*; \$0	
microgestin 24 fe oral tablet	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>microgestin fe 1.5/30 oral tablet</i>	1 or 1a*; \$0	
<i>microgestin fe 1/20 oral tablet</i>	1 or 1a*; \$0	
<i>mili oral tablet</i>	1 or 1a*; \$0	
MINASTRIN 24 FE ORAL TABLET CHEWABLE (<i>norethin ace-eth estrad-fe</i>)	3	
<i>mono-linyah oral tablet</i>	1 or 1a*; \$0	
<i>necon 0.5/35 (28) oral tablet</i>	1 or 1a*; \$0	
NEXTSTELLIS ORAL TABLET (<i>drospirenone-estetrol</i>)	3; \$0	
<i>nikki oral tablet</i>	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe oral capsule</i>	1 or 1b*; \$0	
<i>norethin ace-eth estrad-fe oral tablet</i>	1 or 1a*; \$0	
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	1 or 1a*; \$0	
<i>norethindrone acet-ethinyl est oral tablet</i>	1 or 1a*; \$0	
<i>norethin-eth estradiol-fe oral tablet chewable</i>	1 or 1b*; \$0	
<i>norgestimate-eth estradiol oral tablet</i>	1 or 1a*; \$0	
<i>nortrel 0.5/35 (28) oral tablet</i>	1 or 1a*; \$0	
<i>nortrel 1/35 (21) oral tablet</i>	1 or 1a*; \$0	
<i>nortrel 1/35 (28) oral tablet</i>	1 or 1a*; \$0	
<i>nylia 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>nymyo oral tablet</i>	1 or 1a*; \$0	
<i>ocella oral tablet</i>	1 or 1b*; \$0	
<i>philith oral tablet</i>	1 or 1a*; \$0	
<i>pirmella 1/35 oral tablet</i>	1 or 1a*; \$0	
<i>portia-28 oral tablet</i>	1 or 1a*; \$0	
<i>reclipsen oral tablet</i>	1 or 1a*; \$0	
SAFYRAL ORAL TABLET (<i>drospiren-eth estrad-levomefol</i>)	3	
<i>sprintec 28 oral tablet</i>	1 or 1a*; \$0	
<i>sronyx oral tablet</i>	1 or 1a*; \$0	
<i>syeda oral tablet</i>	1 or 1b*; \$0	
<i>tarina 24 fe oral tablet</i>	1 or 1a*; \$0	
<i>tarina fe 1/20 eq oral tablet</i>	1 or 1a*; \$0	
<i>taysofy oral capsule</i>	1 or 1b*; \$0	
TAYTULLA ORAL CAPSULE (<i>norethin ace-eth estrad-fe</i>)	3	
TYBLUME ORAL TABLET CHEWABLE (<i>levonorgestrel-ethinyl estrad</i>)	3; \$0	
<i>tydemy oral tablet</i>	1 or 1b*; \$0	
<i>vestura oral tablet</i>	1 or 1b*; \$0	
<i>vienva oral tablet</i>	1 or 1a*; \$0	
<i>vyfemla oral tablet</i>	1 or 1a*; \$0	
<i>vylibra oral tablet</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
wera oral tablet	1 or 1a*; \$0	
wymzya fe oral tablet chewable	1 or 1b*; \$0	
YASMIN 28 ORAL TABLET (drospirenone-ethinyl estradiol)	3	
YAZ ORAL TABLET (drospirenone-ethinyl estradiol)	3	
zovia 1/35 (28) oral tablet	1 or 1a*; \$0	
zumandimine oral tablet	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - TRANSDERMAL*** - BIRTH CONTROL PILLS		
TWIRLA TRANSDERMAL PATCH WEEKLY (levonorgestrel-eth estradiol)	3; \$0	
xulane transdermal patch weekly	1 or 1b*; \$0	
zafemy transdermal patch weekly	1 or 1b*; \$0	
*COMBINATION CONTRACEPTIVES - VAGINAL*** - BIRTH CONTROL PILLS		
ANNOVERA VAGINAL RING (segestrone-ethinyl estradiol)	3; \$0	
eluryng vaginal ring	1 or 1b*; \$0	
etonogestrel-ethinyl estradiol vaginal ring	1 or 1b*; \$0	
etonogestrel-ethinyl estradiol (Haloette Vaginal Ring)	1 or 1b*; \$0	
NUVARING VAGINAL RING (etonogestrel-ethinyl estradiol)	3	
*CONTINUOUS CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
amethyst oral tablet	1 or 1b*; \$0	
dolishale oral tablet	1 or 1b*; \$0	
levonorgestrel-ethinyl estrad oral tablet	1 or 1b*; \$0	
*COPPER CONTRACEPTIVES - IUD*** - BIRTH CONTROL PILLS		
PARAGARD INTRAUTERINE COPPER INTRAUTERINE INTRAUTERINE DEVICE (copper)	3; \$0	
*EMERGENCY CONTRACEPTIVES*** - BIRTH CONTROL PILLS		
aftera oral tablet	1 or 1b*; \$0	
afterpill oral tablet	1 or 1b*; \$0	
econtra one-step oral tablet	1 or 1b*; \$0	
ELLA ORAL TABLET (ulipristal acetate)	3; \$0	
HER STYLE ORAL TABLET (levonorgestrel)	1 or 1b*; \$0	
levonorgestrel oral tablet	1 or 1b*; \$0	
my choice oral tablet	1 or 1b*; \$0	
my way oral tablet	1 or 1b*; \$0	
new day oral tablet	1 or 1b*; \$0	
opcicon one-step oral tablet	1 or 1b*; \$0	
option 2 oral tablet	1 or 1b*; \$0	
react oral tablet	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
take action oral tablet	1 or 1b*; \$0	
*EXTENDED-CYCLE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
amethia oral tablet	1 or 1b*; \$0	
ashlyna oral tablet	1 or 1b*; \$0	
camrese lo oral tablet	1 or 1b*; \$0	
camrese oral tablet	1 or 1b*; \$0	
daysee oral tablet	1 or 1b*; \$0	
fayosim oral tablet	1 or 1b*; \$0	
iclevia oral tablet	1 or 1b*; \$0	
introvale oral tablet	1 or 1b*; \$0	
jaimiess oral tablet	1 or 1b*; \$0	
jolessa oral tablet	1 or 1b*; \$0	
levonorgest-eth est & eth est oral tablet	1 or 1b*; \$0	
levonorgest-eth estrad 91-day oral tablet	1 or 1b*; \$0	
lojaimiess oral tablet	1 or 1b*; \$0	
LOSEASONIQUE ORAL TABLET (levonorgest-eth estrad 91-day)	3	
QUARTETTE ORAL TABLET (levonorgest-eth estrad 91-day)	3	
rivelsa oral tablet	1 or 1b*; \$0	
SEASONIQUE ORAL TABLET (levonorgest-eth estrad 91-day)	3	
setlakin oral tablet	1 or 1b*; \$0	
simpesse oral tablet	1 or 1b*; \$0	
*FOUR PHASE CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
NATAZIA ORAL TABLET (estradiol valerate-dienogest)	3; \$0	
*PROGESTIN CONTRACEPTIVES - IMPLANTS*** - BIRTH CONTROL PILLS		
NEXPLANON SUBCUTANEOUS IMPLANT (etonogestrel)	3; \$0	
*PROGESTIN CONTRACEPTIVES - INJECTABLE*** - BIRTH CONTROL PILLS		
DEPO-PROVERA INTRAMUSCULAR SUSPENSION (medroxyprogesterone acetate)	3	
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (medroxyprogesterone acetate)	3	
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE (medroxyprogesterone acetate)	3; \$0	
medroxyprogesterone acetate intramuscular suspension	1 or 1b*; \$0	
medroxyprogesterone acetate intramuscular suspension prefilled syringe	1 or 1b*; \$0	
*PROGESTIN CONTRACEPTIVES - IUD*** - BIRTH CONTROL PILLS		
KYLEENA INTRAUTERINE INTRAUTERINE DEVICE (levonorgestrel)	3; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LILETTA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (levonorgestrel)	3; \$0	SP
MIRENA (52 MG) INTRAUTERINE INTRAUTERINE DEVICE (levonorgestrel)	3; \$0	LD
SKYLA INTRAUTERINE INTRAUTERINE DEVICE (levonorgestrel)	3; \$0	
*PROGESTIN CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
camila oral tablet	1 or 1b*; \$0	
deblitane oral tablet	1 or 1b*; \$0	
errin oral tablet	1 or 1b*; \$0	
heather oral tablet	1 or 1b*; \$0	
incassia oral tablet	1 or 1b*; \$0	
jencycla oral tablet	1 or 1b*; \$0	
lyleq oral tablet	1 or 1b*; \$0	
lyza oral tablet	1 or 1b*; \$0	
nora-be oral tablet	1 or 1b*; \$0	
norethindrone oral tablet	1 or 1b*; \$0	
norlyroc oral tablet	1 or 1b*; \$0	
sharobel oral tablet	1 or 1b*; \$0	
SLYND ORAL TABLET (drospirenone)	3; \$0	
*TRIPHASIC CONTRACEPTIVES - ORAL*** - BIRTH CONTROL PILLS		
alyacen 7/7/7 oral tablet	1 or 1a*; \$0	
aranelle oral tablet	1 or 1a*; \$0	
dasetta 7/7/7 oral tablet	1 or 1a*; \$0	
enpresse-28 oral tablet	1 or 1a*; \$0	
leena oral tablet	1 or 1a*; \$0	
levonest oral tablet	1 or 1a*; \$0	
levonorg-eth estrad triphasic oral tablet	1 or 1a*; \$0	
norethindron-ethinyl estrad-fe oral tablet	1 or 1b*; \$0	
norgestim-eth estrad triphasic oral tablet	1 or 1b*; \$0	
nortrel 7/7/7 oral tablet	1 or 1a*; \$0	
nylia 7/7/7 oral tablet	1 or 1a*; \$0	
pirmella 7/7/7 oral tablet	1 or 1a*; \$0	
tilia fe oral tablet	1 or 1b*; \$0	
tri-estarylla oral tablet	1 or 1b*; \$0	
tri-legest fe oral tablet	1 or 1b*; \$0	
tri-linyah oral tablet	1 or 1b*; \$0	
tri-lo-estarylla oral tablet	1 or 1b*; \$0	
tri-lo-marzia oral tablet	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tri-lo-mili oral tablet	1 or 1b*; \$0	
tri-lo-sprintec oral tablet	1 or 1b*; \$0	
tri-mili oral tablet	1 or 1b*; \$0	
tri-nymyo oral tablet	1 or 1b*; \$0	
tri-sprintec oral tablet	1 or 1b*; \$0	
trivora (28) oral tablet	1 or 1a*; \$0	
tri-vylibra lo oral tablet	1 or 1b*; \$0	
tri-vylibra oral tablet	1 or 1b*; \$0	
velivet oral tablet	1 or 1a*; \$0	
CORTICOSTEROIDS - HORMONES		
*GLUCOCORTICOSTEROIDS*** - DRUGS FOR INFLAMMATION		
ALKINDI SPRINKLE ORAL CAPSULE SPRINKLE (hydrocortisone)	3	PA
budesonide er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
budesonide oral capsule delayed release particles	1 or 1b*	QL (3 capsule per 1 day)
CORTEF ORAL TABLET (hydrocortisone)	3	
cortisone acetate oral tablet	3	PA; QL (12 tablets per 1 day)
DEPO-MEDROL INJECTION SUSPENSION (methylprednisolone acetate)	3	
DEXABLISS ORAL TABLET THERAPY PACK	3	
DEXAMETHASONE INTENSOL ORAL CONCENTRATE (dexamethasone)	2	
dexamethasone oral elixir	1 or 1a*	
dexamethasone oral solution	1 or 1a*	
dexamethasone oral tablet	1 or 1a*	
dexamethasone oral tablet therapy pack	1 or 1b*	
dexamethasone sod phosphate pf injection solution	1 or 1b*	
DEXAMETHASONE SOD PHOSPHATE PF INJECTION SOLUTION PREFILLED SYRINGE	3	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 10 MG/ML	3	
dexamethasone sodium phosphate injection solution 100 mg/10ml, 120 mg/30ml, 20 mg/5ml	1 or 1b*	
DEXAMETHASONE SODIUM PHOSPHATE INJECTION SOLUTION 4 MG/ML	1 or 1b*	
DXEVO 11-DAY ORAL TABLET THERAPY PACK (dexamethasone)	3	
EMFLAZA ORAL SUSPENSION (deflazacort)	3	PA
EMFLAZA ORAL TABLET (deflazacort)	3	PA
HEMADY ORAL TABLET (dexamethasone)	3	PA; QL (2 tablets per 1 day)
HEXATRIONE INTRA-ARTICULAR SUSPENSION (triamcinolone hexacetonide)	3	
hidex 6-day oral tablet therapy pack	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone oral tablet	1 or 1b*	
KENALOG INJECTION SUSPENSION (triamcinolone acetonide)	3	
KENALOG-80 INJECTION SUSPENSION (triamcinolone acetonide)	3	
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG (methylprednisolone)	3	
MEDROL ORAL TABLET 2 MG (methylprednisolone)	2	
MEDROL ORAL TABLET THERAPY PACK (methylprednisolone)	3	
methylprednisolone oral tablet	1 or 1a*	
methylprednisolone oral tablet therapy pack	1 or 1a*	
methylprednisolone sodium succ injection solution reconstituted	1 or 1b*	
MILLIPRED ORAL TABLET (prednisolone)	1 or 1b*	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 30 MG (prednisolone sodium phosphate)	3	QL (2 tablets per 1 day)
ORAPRED ODT ORAL TABLET DISPERSIBLE 15 MG (prednisolone sodium phosphate)	3	DO
ORTIKOS ORAL CAPSULE EXTENDED RELEASE 24 HOUR (budesonide)	3	QL (1 capsule per 1 day)
PEDIAPRED ORAL SOLUTION (prednisolone sodium phosphate)	3	
prednisolone oral solution	1 or 1a*	
prednisolone oral tablet	1 or 1b*	
prednisolone sodium phosphate oral solution	1 or 1a*	
prednisolone sodium phosphate oral tablet dispersible 10 mg, 30 mg	1 or 1a*	QL (2 tablets per 1 day)
prednisolone sodium phosphate oral tablet dispersible 15 mg	1 or 1a*	DO
PREDNISONE INTENSOL ORAL CONCENTRATE (prednisone)	3	
prednisone oral solution	1 or 1a*	
prednisone oral tablet	1 or 1a*	
prednisone oral tablet therapy pack	1 or 1a*	
RAYOS ORAL TABLET DELAYED RELEASE (prednisone)	3	ST
SOLU-CORTEF INJECTION SOLUTION RECONSTITUTED (hydrocortisone sod succinate)	3	
SOLU-MEDROL (PF) INJECTION SOLUTION RECONSTITUTED (methylprednisolone sodium succ)	3	
SOLU-MEDROL INJECTION SOLUTION RECONSTITUTED (methylprednisolone sodium succ)	3	
taperdex 12-day oral tablet therapy pack	1 or 1b*	
taperdex 6-day oral tablet therapy pack	1 or 1b*	
taperdex 7-day oral tablet therapy pack	1 or 1b*	
TARPEYO ORAL CAPSULE DELAYED RELEASE (budesonide)	3	PA; QL (4 capsules per 1 day)
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR (budesonide)	3	QL (1 tablet per 1 day)
ZILRETTA INTRA-ARTICULAR SUSPENSION RECONSTITUTED (triamcinolone acetonide)	3	PA; QL (1 injection per 1 knee)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MINERALOCORTICOID*** - DRUGS FOR INFLAMMATION		
<i>fludrocortisone acetate oral tablet</i>	1 or 1b*	
*STEROID COMBINATIONS*** - DRUGS FOR INFLAMMATION		
BSP 0820 INJECTION KIT	3	
CELESTONE SOLUSPAN INJECTION SUSPENSION (<i>betamethasone sod phos & acet</i>)	3	
COUGH/COLD/ALLERGY - DRUGS FOR THE LUNGS		
*ANTITUSSIVE - NONNARCOTIC*** - DRUGS FOR ALLERGIES		
<i>benzonatate oral capsule</i>	1 or 1b*	
*ANTITUSSIVE - OPIOID*** - DRUGS FOR COUGH AND COLD		
HYCODAN ORAL SOLUTION (<i>hydrocodone bit-homatrop mbr</i>)	3	QL (120 mL per 1 fill)
HYCODAN ORAL TABLET (<i>hydrocodone bit-homatrop mbr</i>)	3	PA
<i>hydrocodone bit-homatrop mbr oral solution</i>	1 or 1a*	QL (120 mL per 1 fill)
<i>hydrocodone bit-homatrop mbr oral tablet</i>	1 or 1a*	PA
<i>hydromet oral solution</i>	1 or 1a*	QL (120 mL per 1 fill)
*ANTITUSSIVE-EXPECTORANT*** - DRUGS FOR COUGH AND COLD		
CODITUSSIN AC ORAL LIQUID	3	
<i>g tussin ac oral solution</i>	1 or 1a*	
<i>guaifenesin ac oral syrup</i>	1 or 1a*	
<i>guaifenesin-codeine oral solution</i>	1 or 1a*	
MAR-COF CG EXPECTORANT ORAL LIQUID (<i>guaifenesin-codeine</i>)	2	
<i>maxi-tuss ac oral solution</i>	1 or 1a*	
M-CLEAR WC ORAL SOLUTION	2	QL (120 mL per 1 fill)
NINJACOF-XG ORAL LIQUID (<i>guaifenesin-codeine</i>)	3	
*ANTITUSSIVE-EXPECTORANTS-DECONGESTANT*** - DRUGS FOR COUGH AND COLD		
CODITUSSIN DAC ORAL LIQUID	3	
TUSNEL C ORAL SYRUP (<i>pseudoephedrine-codeine-gg</i>)	2	PA
*DECONGESTANT & ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>desloratadine-pseudoephedrine</i>)	3	ST; QL (2 tablets per 1 day)
<i>promethazine vc oral syrup</i>	1 or 1b*	QL (120 mL per 1 fill)
*MISC. RESPIRATORY INHALANTS*** - DRUGS FOR ALLERGIES		
HYPERSAL INHALATION NEBULIZATION SOLUTION (<i>sodium chloride</i>)	3	
<i>sodium chloride</i> (Nebusal Inhalation Nebulization Solution)	1 or 1b*	
<i>sodium chloride</i> (Pulmosal Inhalation Nebulization Solution)	1 or 1b*	
<i>sodium chloride inhalation nebulization solution</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MUCOLYTICS*** - DRUGS FOR THE LUNGS		
<i>acetylcysteine inhalation solution</i>	1 or 1b*	
*NON-NARC ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>promethazine-dm oral syrup</i>	1 or 1a*	QL (120 mL per 1 fill)
*NON-NARC ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>pseudoeph-bromphen-dm oral syrup</i>	1 or 1b*	
*OPIOID ANTITUSSIVE-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
<i>hydrocod poli-chlorphe poli er oral suspension extended release</i>	1 or 1b*	QL (120 mL per 1 fill)
<i>promethazine-codeine oral solution</i>	1 or 1a*	QL (120 mL per 1 fill)
<i>promethazine-codeine oral syrup</i>	1 or 1a*	QL (120 mL per 1 fill)
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>chlorpheniramine-codeine</i>)	3	
TUZISTRA XR ORAL SUSPENSION EXTENDED RELEASE (<i>codeine polst-chlorphen polst</i>)	3	
*OPIOID ANTITUSSIVE-DECONGESTANT-ANTIHISTAMINE*** - DRUGS FOR COUGH AND COLD		
CAPCOF ORAL SYRUP	3	
MAR-COF BP ORAL LIQUID (<i>pseudoeph-bromphen-cod</i>)	3	
MAXI-TUSS CD ORAL LIQUID	2	
M-END PE ORAL LIQUID (<i>phenylephrine-bromphen-codeine</i>)	3	
POLY-TUSSIN AC ORAL LIQUID	2	
<i>promethazine vc/codeine oral syrup</i>	1 or 1b*	QL (120 mL per 1 fill)
PRO-RED AC ORAL SYRUP (<i>phenyleph-dexchlorphen-codeine</i>)	3	PA
RYDEX ORAL LIQUID (<i>pseudoeph-bromphen-cod</i>)	2	
DERMATOLOGICALS - DRUGS FOR THE SKIN		
*ACNE ANTIBIOTICS*** - DRUGS FOR THE SKIN		
ACZONE EXTERNAL GEL (<i>dapsone</i>)	3	ST; QL (90 grams per 30 days)
AMZEEQ EXTERNAL FOAM (<i>minocycline hcl micronized</i>)	3	ST; QL (30 grams per 30 days)
CLEOCIN-T EXTERNAL LOTION (<i>clindamycin phosphate</i>)	3	ST; QL (4 mL per 1 day)
<i>clindacin etz external swab</i>	1 or 1b*	QL (2 pads per 1 day)
<i>clindamycin phosphate</i> (Clindacin External Foam)	1 or 1b*	QL (100 grams per 30 days)
<i>clindacin-p external swab</i>	1 or 1b*	QL (2 pads per 1 day)
CLINDAGEL EXTERNAL GEL (<i>clindamycin phosphate</i>)	3	ST; QL (75 ml/gm per 30 days)
<i>clindamycin phosphate external foam</i>	1 or 1b*	QL (100 grams per 30 days)
<i>clindamycin phosphate external gel</i>	1 or 1b*	QL (75 ml/gm per 30 days)
<i>clindamycin phosphate external lotion</i>	1 or 1b*	QL (4 mL per 1 day)
<i>clindamycin phosphate external solution</i>	1 or 1b*	QL (4 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate external swab</i>	1 or 1b*	QL (2 pads per 1 day)
<i>dapsone external gel 5 %</i>	1 or 1b*	ST; QL (90 grams per 30 days)
<i>dapsone external gel 7.5 %</i>	3	ST; QL (90 grams per 30 days)
<i>ery external pad</i>	1 or 1b*	QL (2 pads per 1 day)
ERYGEL EXTERNAL GEL (<i>erythromycin</i>)	3	QL (60 grams per 30 days)
<i>erythromycin external gel</i>	1 or 1b*	QL (60 grams per 30 days)
<i>erythromycin external solution</i>	1 or 1b*	QL (60 mL per 30 days)
KLARON EXTERNAL LOTION (<i>sulfacetamide sodium (acne)</i>)	3	
<i>sulfacetamide sodium (acne) external lotion</i>	1 or 1b*	
*ACNE COMBINATIONS*** - DRUGS FOR THE SKIN		
ACANYA EXTERNAL GEL (<i>clindamycin phos-benzoyl perox</i>)	3	ST; QL (50 grams per 30 days)
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>adapalene-benzoyl peroxide external gel 0.3-2.5 %</i>	1 or 1b*	PA; QL (60 grams per 30 days)
BENZAMYCIN EXTERNAL GEL (<i>benzoyl peroxide-erythromycin</i>)	3	ST; QL (46.6 grams per 30 days)
<i>benzoyl peroxide-erythromycin external gel</i>	1 or 1b*	QL (2 packets per 1 day)
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1 or 1b*	QL (45 grams per 30 days)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %</i>	1 or 1b*	QL (50 grams per 30 days)
<i>clindamycin-tretinoin external gel</i>	3	PA; QL (60 grams per 30 days)
EPIDUO EXTERNAL GEL (<i>adapalene-benzoyl peroxide</i>)	3	ST; QL (45 grams per 30 days)
EPIDUO FORTE EXTERNAL GEL (<i>adapalene-benzoyl peroxide</i>)	3	ST; QL (60 grams per 30 days)
<i>neuac external gel</i>	1 or 1b*	QL (45 grams per 30 days)
ONEXTON EXTERNAL GEL (<i>clindamycin phos-benzoyl perox</i>)	2	QL (50 grams per 30 days)
TWYNEO EXTERNAL CREAM (<i>tretinoin-benzoyl peroxide</i>)	3	ST; QL (1 tube per 30 days)
VELTIN EXTERNAL GEL (<i>clindamycin-tretinoin</i>)	3	ST; QL (60 grams per 30 days)
ZIANA EXTERNAL GEL (<i>clindamycin-tretinoin</i>)	3	ST; QL (60 grams per 30 days)
*ACNE PRODUCTS*** - DRUGS FOR THE SKIN		
ABSORICA LD ORAL CAPSULE (<i>isotretinoin micronized</i>)	3	PA
ABSORICA ORAL CAPSULE (<i>isotretinoin</i>)	3	PA
<i>accutane oral capsule</i>	2	PA
<i>adapalene external cream</i>	1 or 1b*	PA; QL (1.5 grams per 1 day)
<i>adapalene external gel</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>adapalene external pad</i>	1 or 1b*	PA; QL (1 swab per 1 day)
ADAPALENE EXTERNAL SOLUTION	3	ST; QL (120 mL per 30 days)
AKLIEF EXTERNAL CREAM (<i>trifarotene</i>)	3	ST; QL (1 pump per 30 days)
ALTRENO EXTERNAL LOTION (<i>tretinoin</i>)	3	ST; QL (45 grams per 30 days)
<i>amnesteem oral capsule</i>	2	PA
ARAZLO EXTERNAL LOTION (<i>tazarotene</i>)	3	ST; QL (45 grams per 30 days)
ATRALIN EXTERNAL GEL (<i>tretinoin</i>)	3	ST; QL (45 grams per 30 days)

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<i>avita external cream</i>	1 or 1b*	ST; QL (45 grams per 30 days)
<i>avita external gel</i>	1 or 1b*	ST; QL (45 grams per 30 days)
AZELEX EXTERNAL CREAM (<i>azelaic acid</i>)	3	ST; QL (50 grams per 30 days)
<i>claravis oral capsule</i>	2	PA
DIFFERIN EXTERNAL CREAM (<i>adapalene</i>)	3	ST; QL (1.5 grams per 1 day)
DIFFERIN EXTERNAL GEL (<i>adapalene</i>)	3	ST; QL (45 grams per 30 days)
DIFFERIN EXTERNAL LOTION (<i>adapalene</i>)	3	ST; QL (59 mL per 30 days)
EPSOLAY EXTERNAL CREAM (<i>benzoyl peroxide</i>)	3	QL (50 grams per 30 days)
FABIOR EXTERNAL FOAM (<i>tazarotene</i>)	3	ST; QL (100 grams per 30 days)
<i>isotretinoin oral capsule</i>	2	PA
RETIN-A EXTERNAL CREAM (<i>tretinoin</i>)	3	ST; QL (45 grams per 30 days)
RETIN-A EXTERNAL GEL (<i>tretinoin</i>)	3	ST; QL (45 grams per 30 days)
RETIN-A MICRO EXTERNAL GEL (<i>tretinoin microsphere</i>)	3	ST; QL (50 grams per 30 days)
RETIN-A MICRO PUMP EXTERNAL GEL (<i>tretinoin microsphere</i>)	3	ST; QL (50 grams per 30 days)
TAZAROTENE EXTERNAL FOAM	3	ST; QL (100 grams per 30 days)
<i>tretinoin external cream</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>tretinoin external gel</i>	1 or 1b*	PA; QL (45 grams per 30 days)
<i>tretinoin microsphere external gel</i>	1 or 1b*	PA; QL (50 grams per 30 days)
<i>tretinoin microsphere pump external gel</i>	1 or 1b*	PA; QL (50 grams per 30 days)
WINLEVI EXTERNAL CREAM (<i>clascoterone</i>)	3	ST; QL (60 grams per 30 days)
<i>zenatane oral capsule</i>	2	PA
*AGENTS FOR EXTERNAL GENITAL AND PERIANAL WARTS*** - DRUGS FOR THE SKIN		
VEREGEN EXTERNAL OINTMENT (<i>sinecatechins</i>)	3	QL (30 grams per 28 days)
*AGENTS FOR FACIAL WRINKLES - RETINOID*** - DRUGS FOR THE SKIN		
RENOVA EXTERNAL CREAM (<i>tretinoin (facial wrinkles)</i>)	3	PA; QL (60 grams per 30 days)
RENOVA PUMP EXTERNAL CREAM (<i>tretinoin (facial wrinkles)</i>)	3	PA; QL (60 grams per 30 days)
*ANTIBIOTIC STEROID COMBINATIONS - TOPICAL*** - DRUGS FOR THE SKIN		
NEO-SYNALAR EXTERNAL CREAM (<i>neomycin-fluocinolone</i>)	3	
*ANTIBIOTICS - TOPICAL*** - DRUGS FOR THE SKIN		
ALTABAX EXTERNAL OINTMENT (<i>retapamulin</i>)	2	QL (30 grams per 1 fill)
<i>gentamicin sulfate external cream</i>	1 or 1b*	QL (30 grams per 1 fill)
<i>gentamicin sulfate external ointment</i>	1 or 1b*	QL (30 grams per 1 fill)
<i>mupirocin calcium external cream</i>	3	ST; QL (30 grams per 1 fill)
<i>mupirocin external ointment</i>	1 or 1b*	QL (30 grams per 1 fill)
XEPI EXTERNAL CREAM (<i>ozenoxacin</i>)	3	QL (45 grams per 1 fill)

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*ANTIFUNGALS - TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>clotrimazole-betamethasone external cream</i>	1 or 1b*	QL (180 grams per 30 days)
<i>clotrimazole-betamethasone external lotion</i>	1 or 1b*	QL (120 mL per 30 days)
FUNGIMEZ EXTERNAL SOLUTION	3	
<i>miconazole-zinc oxide-petrolat external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<i>nystatin-triamcinolone external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>nystatin-triamcinolone external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
VUSION EXTERNAL OINTMENT (<i>miconazole-zinc oxide-petrolat</i>)	3	QL (50 grams per 30 days)
*ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>ciclodan external solution</i>	1 or 1b*	QL (7 mL per 30 days)
<i>ciclopirox external gel</i>	1 or 1b*	QL (100 grams per 30 days)
<i>ciclopirox external shampoo</i>	1 or 1b*	QL (120 mL per 30 days)
<i>ciclopirox external solution</i>	1 or 1b*	QL (7 mL per 30 days)
<i>ciclopirox olamine external cream</i>	1 or 1b*	QL (90 grams per 30 days)
<i>ciclopirox olamine external suspension</i>	1 or 1b*	QL (60 mL per 30 days)
LOPROX EXTERNAL SHAMPOO (<i>ciclopirox</i>)	3	QL (120 mL per 30 days)
LOPROX EXTERNAL SUSPENSION (<i>ciclopirox olamine</i>)	3	ST; QL (60 mL per 30 days)
MENTAX EXTERNAL CREAM (<i>butenafine hcl</i>)	3	ST; QL (30 grams per 30 days)
<i>naftifine hcl external cream 1 %</i>	1 or 1b*	ST; QL (90 grams per 30 days)
<i>naftifine hcl external cream 2 %</i>	1 or 1b*	ST; QL (60 grams per 30 days)
<i>naftifine hcl external gel</i>	1 or 1b*	ST; QL (60 grams per 30 days)
NAFTIN EXTERNAL GEL 1 % (<i>naftifine hcl</i>)	3	ST; QL (90 grams per 30 days)
NAFTIN EXTERNAL GEL 2 % (<i>naftifine hcl</i>)	3	ST; QL (60 grams per 30 days)
<i>nyamyc external powder</i>	1 or 1b*	QL (60 grams per 30 days)
<i>nystatin external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>nystatin external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>nystatin external powder</i>	1 or 1b*	QL (60 grams per 30 days)
<i>nystop external powder</i>	1 or 1b*	QL (60 grams per 30 days)
*ANTI-INFLAMMATORY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>diclofenac epolamine external patch</i>	3	ST; QL (2 patch per 1 day)
<i>diclofenac sodium external solution 1.5 %</i>	3	ST; QL (10 mL per 1 day)
<i>diclofenac sodium external solution 2 %</i>	3	ST; QL (224 gm per 30 days)
FLECTOR EXTERNAL PATCH (<i>diclofenac epolamine</i>)	3	ST; QL (2 patch per 1 day)
LICART EXTERNAL PATCH 24 HOUR (<i>diclofenac epolamine</i>)	3	ST; QL (1 topical system per 1 day)
PENNSAID EXTERNAL SOLUTION (<i>diclofenac sodium</i>)	3	ST; QL (224 gm per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTI-INFLAMMATORY COMBINATIONS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>diclona+ external patch</i>	3	
*ANTINEOPLASTIC ALKYLATING AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
VALCHLOR EXTERNAL GEL (<i>mechlorethamine hcl (topical)</i>)	3	PA; LD; SP; QL (1 tube per 30 days)
*ANTINEOPLASTIC ANTIMETABOLITES - TOPICAL*** - DRUGS FOR THE SKIN		
CARAC EXTERNAL CREAM (<i>fluorouracil</i>)	3	ST; QL (30 gm per 365 days)
EFUDEX EXTERNAL CREAM (<i>fluorouracil</i>)	3	ST; QL (40 gm per 365 days)
<i>fluorouracil external cream 0.5 %</i>	1 or 1b*	ST; QL (30 gm per 365 days)
<i>fluorouracil external cream 5 %</i>	1 or 1b*	QL (40 gm per 365 days)
<i>fluorouracil external solution</i>	1 or 1b*	QL (10 mL per 365 days)
*ANTINEOPLASTIC OR PREMALIGNANT LESIONS - TOPICAL NSAID'S*** - DRUGS FOR THE SKIN		
<i>diclofenac sodium external gel</i>	1 or 1b*	PA; QL (300 grams per 1 year)
*ANTINEOPLASTIC RETINOIDS - TOPICAL*** - DRUGS FOR THE SKIN		
PANRETIN EXTERNAL GEL (<i>alitretinoin</i>)	3	SP
*ANTI-PRURITICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>doxepin hcl external cream</i>	1 or 1b*	PA; QL (1 tube per 1 fill)
PRUDOXIN EXTERNAL CREAM (<i>doxepin hcl (antipruritic)</i>)	3	PA; QL (1 tube per 1 fill)
ZONALON EXTERNAL CREAM (<i>doxepin hcl (antipruritic)</i>)	3	PA; QL (1 tube per 1 fill)
*ANTIPSORIATICS - SYSTEMIC*** - DRUGS FOR THE SKIN		
<i>acitretin oral capsule</i>	1 or 1b*	
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>secukinumab</i>)	3	PA; SP; QL (2 syringes per 28 days)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	3	PA; SP; QL (2 pens per 28 days)
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>secukinumab</i>)	3	PA; SP; QL (1 pen per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML (<i>secukinumab</i>)	3	PA; SP; QL (1 syringe per 28 days)
COSENTYX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML (<i>secukinumab</i>)	3	PA; QL (1 syringe per 28 days)
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tildrakizumab-asmn</i>)	3	PA; SP; QL (1 syringe per 12 weekss)
<i>methoxsalen rapid oral capsule</i>	1 or 1b*	SP
SILIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>brodalumab</i>)	3	PA; SP; QL (2 syringes per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR (risankizumab-rzaa)	3	PA; QL (1 unit per 12 weeks)
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (risankizumab-rzaa)	3	PA; QL (1 unit per 12 weeks)
SOTYKTU ORAL TABLET (deucravacitinib)	3	PA; QL (1 tablet per 1 day)
SPEVIGO INTRAVENOUS SOLUTION (spesolimab-sbzo)	3	PA; QL (2 vials per 1 year)
STELARA SUBCUTANEOUS SOLUTION (ustekinumab)	2	PA; SP; QL (1 unit per 12 weeks)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML (ustekinumab)	2	PA; SP; QL (1 unit per 12 weeks)
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML (ustekinumab)	2	PA; SP; QL (1 syringe per 12 weeks)
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR (ixekizumab)	3	PA; LD; SP; QL (1 auto-injector per 28 days)
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (ixekizumab)	3	PA; LD; SP; QL (1 syringe per 28 days)
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR (guselkumab)	3	PA; QL (1 mL per 56 days)
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (guselkumab)	3	PA; SP; QL (1 mL per 56 days)
*ANTIPSORIATICS*** - DRUGS FOR THE SKIN		
calcipotriene external cream	1 or 1b*	QL (120 grams per 30 days)
calcipotriene external foam	1 or 1b*	QL (120 grams per 30 days)
calcipotriene external ointment	1 or 1b*	QL (120 grams per 30 days)
calcipotriene external solution	1 or 1b*	QL (60 mL per 30 days)
calcitrene external ointment	1 or 1b*	QL (120 grams per 30 days)
calcitriol external ointment	1 or 1b*	QL (800 grams per 28 days)
SORILUX EXTERNAL FOAM (calcipotriene)	3	QL (120 grams per 30 days)
tazarotene external cream	1 or 1b*	QL (60 grams per 30 days)
tazarotene external gel	1 or 1b*	QL (100 grams per 30 days)
TAZORAC EXTERNAL CREAM 0.05 % (tazarotene)	2	QL (60 grams per 30 days)
TAZORAC EXTERNAL CREAM 0.1 % (tazarotene)	3	ST; QL (60 grams per 30 days)
TAZORAC EXTERNAL GEL (tazarotene)	3	QL (100 grams per 30 days)
VECTICAL EXTERNAL OINTMENT (calcitriol)	3	QL (800 grams per 28 days)
VTAMA EXTERNAL CREAM (tapinarof)	3	PA; QL (60 grams per 30 days)
ZORYVE EXTERNAL CREAM (roflumilast)	3	PA; QL (60 grams per 30 days)
*ANTISEBORRHEIC COMBINATIONS*** - DRUGS FOR THE SKIN		
PROMISEB EXTERNAL CREAM (antiseborrheic products, misc.)	3	
*ANTISEBORRHEIC PRODUCTS*** - DRUGS FOR THE SKIN		
selenium sulfide external lotion	1 or 1a*	QL (120 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIVIRAL TOPICAL COMBINATIONS*** - DRUGS FOR THE SKIN		
XERESE EXTERNAL CREAM (<i>acyclovir-hydrocortisone</i>)	3	PA; QL (5 gm per 30 days)
*ANTIVIRALS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>acyclovir external cream</i>	1 or 1b*	PA; QL (5 gm per 30 days)
<i>acyclovir external ointment</i>	1 or 1b*	QL (30 gm per 30 days)
DENAVIR EXTERNAL CREAM (<i>penciclovir</i>)	3	PA; QL (5 gm per 30 days)
<i>penciclovir external cream</i>	1 or 1b*	PA; QL (5 gm per 30 days)
ZOVIRAX EXTERNAL CREAM (<i>acyclovir</i>)	3	PA; QL (5 gm per 30 days)
ZOVIRAX EXTERNAL OINTMENT (<i>acyclovir</i>)	3	QL (30 gm per 30 days)
*ATOPIC DERMATITIS - JANUS KINASE (JAK) INHIBITORS*** - DRUGS FOR THE SKIN		
CIBINQO ORAL TABLET (<i>abrocitinib</i>)	3	PA; QL (1 tablets per 1 day)
OPZELURA EXTERNAL CREAM (<i>ruxolitinib phosphate</i>)	3	PA; QL (1 tube per 30 days)
*ATOPIC DERMATITIS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE SKIN		
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>tralokinumab-ldrm</i>)	3	PA; QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>dupilumab</i>)	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML (<i>dupilumab</i>)	3	PA; QL (2 syringes per 28 days)
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML (<i>dupilumab</i>)	3	PA; SP
*BURN PRODUCTS*** - DRUGS FOR THE SKIN		
<i>mafenide acetate external packet</i>	1 or 1b*	
SILVADENE EXTERNAL CREAM (<i>silver sulfadiazine</i>)	3	
<i>silver sulfadiazine external cream</i>	1 or 1a*	
<i>ssd external cream</i>	1 or 1a*	
SULFAMYLON EXTERNAL CREAM (<i>mafenide acetate</i>)	3	
SULFAMYLON EXTERNAL PACKET (<i>mafenide acetate</i>)	3	
*CORTICOSTEROIDS - TOPICAL*** - DRUGS FOR THE SKIN		
ALA SCALP EXTERNAL LOTION (<i>hydrocortisone</i>)	3	ST; QL (60 grams per 30 days)
<i>ala-cort external cream</i>	1 or 1a*	QL (454 grams per 30 days)
<i>alclometasone dipropionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>alclometasone dipropionate external ointment</i>	1 or 1b*	QL (2 grams per 1 day)
<i>amcinonide external lotion</i>	3	ST; QL (60 mL per 30 days)
AMCINONIDE EXTERNAL OINTMENT	3	ST; QL (60 grams per 30 days)
APEXICON E EXTERNAL CREAM (<i>diflorasone diacet emoll base</i>)	3	ST; QL (60 grams per 30 days)
<i>betamethasone dipropionate aug external cream</i>	1 or 1b*	QL (50 grams per 30 days)

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<i>betamethasone dipropionate aug external gel</i>	1 or 1b*	QL (50 grams per 30 days)
<i>betamethasone dipropionate aug external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>betamethasone dipropionate aug external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
<i>betamethasone dipropionate external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone dipropionate external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>betamethasone dipropionate external ointment</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone valerate external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>betamethasone valerate external foam</i>	3	ST; QL (100 grams per 30 days)
<i>betamethasone valerate external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>betamethasone valerate external ointment</i>	1 or 1b*	QL (45 grams per 30 days)
BRYHALI EXTERNAL LOTION (<i>halobetasol propionate</i>)	3	ST; QL (100 grams per 30 days)
CAPEX EXTERNAL SHAMPOO (<i>fluocinolone acetonide</i>)	3	ST; QL (120 mL per 30 days)
<i>clobetasol prop emollient base external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate e external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate emulsion external foam</i>	1 or 1b*	QL (100 grams per 30 days)
<i>clobetasol propionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external foam</i>	1 or 1b*	QL (100 mL per 30 days)
<i>clobetasol propionate external gel</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external liquid</i>	1 or 1b*	QL (125 mL per 30 days)
<i>clobetasol propionate external lotion</i>	1 or 1b*	QL (118 mL per 30 days)
<i>clobetasol propionate external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>clobetasol propionate external shampoo</i>	1 or 1b*	QL (3.94 mL per 1 day)
<i>clobetasol propionate external solution</i>	1 or 1b*	QL (50 mL per 30 days)
CLOBEX EXTERNAL LOTION (<i>clobetasol propionate</i>)	3	ST; QL (118 mL per 30 days)
CLOBEX EXTERNAL SHAMPOO (<i>clobetasol propionate</i>)	3	ST; QL (3.94 mL per 1 day)
CLOBEX SPRAY EXTERNAL LIQUID (<i>clobetasol propionate</i>)	3	ST; QL (125 mL per 30 days)
<i>clocortolone pivalate external cream</i>	3	ST; QL (90 grams per 30 days)
<i>clodan external shampoo</i>	1 or 1b*	QL (3.94 mL per 1 day)
CLODERM EXTERNAL CREAM (<i>clocortolone pivalate</i>)	3	ST; QL (90 grams per 30 days)
CORDRAN EXTERNAL CREAM (<i>flurandrenolide</i>)	3	ST; QL (120 grams per 30 days)
CORDRAN EXTERNAL LOTION (<i>flurandrenolide</i>)	3	ST; QL (120 mL per 30 days)
CORDRAN EXTERNAL TAPE (<i>flurandrenolide</i>)	3	ST; QL (1 box per 30 days)
DERMA-SMOOTH/FS BODY EXTERNAL OIL (<i>fluocinolone acetonide</i>)	3	ST; QL (120 mL per 30 days)
<i>desonide external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>desonide external gel</i>	1 or 1b*	QL (2 grams per 1 day)
<i>desonide external lotion</i>	1 or 1b*	QL (118 mL per 30 days)
<i>desonide external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
DESOWEN EXTERNAL CREAM (<i>desonide</i>)	3	ST; QL (60 grams per 30 days)

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<i>desoximetasone external cream</i>	3	ST; QL (100 grams per 30 days)
<i>desoximetasone external gel</i>	3	ST; QL (60 grams per 30 days)
<i>desoximetasone external liquid</i>	3	ST; QL (100 mL per 30 days)
<i>desoximetasone external ointment</i>	3	ST; QL (100 grams per 30 days)
<i>desrx external gel</i>	1 or 1b*	QL (2 grams per 1 day)
<i>diflorasone diacetate external cream</i>	3	ST; QL (60 grams per 30 days)
<i>diflorasone diacetate external ointment</i>	3	ST; QL (60 grams per 30 days)
DIPROLENE EXTERNAL OINTMENT (<i>betamethasone dipropionate aug</i>)	3	ST; QL (50 grams per 30 days)
<i>fluocinolone acetonide body external oil</i>	1 or 1b*	QL (120 mL per 30 days)
<i>fluocinolone acetonide external cream 0.01 %</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinolone acetonide external cream 0.025 %</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinolone acetonide external ointment</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinolone acetonide external solution</i>	1 or 1b*	QL (90 mL per 30 days)
<i>fluocinolone acetonide scalp external oil</i>	1 or 1b*	QL (120 mL per 30 days)
<i>fluocinonide emulsified base external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinonide external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>fluocinonide external gel</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinonide external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluocinonide external solution</i>	1 or 1b*	QL (60 mL per 30 days)
<i>flurandrenolide external cream</i>	3	ST; QL (120 grams per 30 days)
<i>flurandrenolide external lotion</i>	3	ST; QL (120 mL per 30 days)
<i>fluticasone propionate external cream</i>	1 or 1b*	QL (60 grams per 30 days)
<i>fluticasone propionate external lotion</i>	1 or 1b*	QL (120 mL per 30 days)
<i>fluticasone propionate external ointment</i>	1 or 1b*	QL (60 grams per 30 days)
<i>halcinonide external cream</i>	3	ST; QL (60 grams per 30 days)
<i>halobetasol propionate external cream</i>	1 or 1b*	QL (50 grams per 30 days)
HALOBETASOL PROPIONATE EXTERNAL FOAM	3	ST; QL (50 grams per 30 days)
<i>halobetasol propionate external ointment</i>	1 or 1b*	QL (50 grams per 30 days)
HALOG EXTERNAL CREAM (<i>halcinonide</i>)	3	ST; QL (60 grams per 30 days)
HALOG EXTERNAL OINTMENT (<i>halcinonide</i>)	3	ST; QL (60 grams per 30 days)
HALOG EXTERNAL SOLUTION (<i>halcinonide</i>)	3	ST; QL (120 mL per 30 days)
<i>hydrocortisone butyr lipo base external cream</i>	3	ST; QL (60 grams per 30 days)
<i>hydrocortisone butyrate external cream</i>	3	ST; QL (60 grams per 30 days)
<i>hydrocortisone butyrate external lotion</i>	3	ST; QL (3.94 mL per 1 day)
<i>hydrocortisone butyrate external ointment</i>	3	ST; QL (60 grams per 30 days)
<i>hydrocortisone butyrate external solution</i>	3	ST; QL (60 mL per 30 days)
<i>hydrocortisone external cream</i>	1 or 1a*	QL (454 grams per 30 days)
<i>hydrocortisone external lotion</i>	1 or 1a*	QL (118 mL per 30 days)

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hydrocortisone external ointment	1 or 1a*	QL (454 grams per 30 days)
hydrocortisone valerate external cream	3	ST; QL (60 grams per 30 days)
hydrocortisone valerate external ointment	3	ST; QL (60 grams per 30 days)
IMPEKLO EXTERNAL LOTION (clobetasol propionate)	3	ST; QL (68 grams per 30 days)
IMPOYZ EXTERNAL CREAM (clobetasol propionate)	3	ST; QL (100 grams per 30 days)
KENALOG EXTERNAL AEROSOL SOLUTION (triamcinolone acetonide)	3	ST; QL (100 grams per 30 days)
LEXETTE EXTERNAL FOAM (halobetasol propionate)	3	ST; QL (50 grams per 30 days)
LOCOID EXTERNAL LOTION (hydrocortisone butyrate)	3	ST; QL (3.94 mL per 1 day)
LOCOID LIPOCREAM EXTERNAL CREAM (hydrocortisone butyr lipo base)	3	ST; QL (60 grams per 30 days)
LUXIQ EXTERNAL FOAM (betamethasone valerate)	3	ST; QL (100 grams per 30 days)
mometasone furoate external cream	1 or 1b*	QL (50 grams per 30 days)
mometasone furoate external ointment	1 or 1b*	QL (50 grams per 30 days)
mometasone furoate external solution	1 or 1b*	QL (60 mL per 30 days)
OLUX-E EXTERNAL FOAM (clobetasol propionate emulsion)	3	ST; QL (100 grams per 30 days)
PANDEL EXTERNAL CREAM (hydrocortisone probutate)	3	ST; QL (80 grams per 30 days)
SERNIVO EXTERNAL EMULSION (betamethasone dipropionate)	3	ST; QL (120 mL per 30 days)
SYNALAR EXTERNAL CREAM (fluocinolone acetonide)	3	ST; QL (120 grams per 30 days)
SYNALAR EXTERNAL OINTMENT (fluocinolone acetonide)	3	ST; QL (120 grams per 30 days)
SYNALAR EXTERNAL SOLUTION (fluocinolone acetonide)	3	ST; QL (90 mL per 30 days)
TEXACORT EXTERNAL SOLUTION (hydrocortisone)	3	ST; QL (30 mL per 30 days)
TOPICORT EXTERNAL CREAM (desoximetasone)	3	ST; QL (100 grams per 30 days)
TOPICORT EXTERNAL GEL (desoximetasone)	3	ST; QL (60 grams per 30 days)
TOPICORT EXTERNAL OINTMENT (desoximetasone)	3	ST; QL (100 grams per 30 days)
TOPICORT SPRAY EXTERNAL LIQUID (desoximetasone)	3	ST; QL (100 mL per 30 days)
tovet external foam	1 or 1b*	QL (100 grams per 30 days)
triamcinolone acetonide external aerosol solution	3	ST; QL (100 grams per 30 days)
triamcinolone acetonide external cream	1 or 1a*	QL (454 grams per 30 days)
triamcinolone acetonide external lotion	1 or 1a*	QL (60 mL per 30 days)
triamcinolone acetonide external ointment 0.025 %, 0.1 %	1 or 1a*	QL (454 grams per 30 days)
triamcinolone acetonide external ointment 0.05 %	3	ST; QL (430 grams per 30 days)
triamcinolone acetonide external ointment 0.5 %	1 or 1a*	QL (30 grams per 30 days)
triamcinolone in absorbase external ointment	3	ST; QL (430 grams per 30 days)
triderm external cream	1 or 1a*	QL (454 grams per 30 days)
TRIDESILON EXTERNAL CREAM (desonide)	3	ST; QL (60 grams per 30 days)
tritocin external ointment	3	ST; QL (430 grams per 30 days)
ULTRAVATE EXTERNAL LOTION (halobetasol propionate)	3	ST; QL (60 mL per 30 days)
VANOS EXTERNAL CREAM (fluocinonide)	3	ST; QL (120 grams per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VERDESO EXTERNAL FOAM (<i>desonide</i>)	3	ST; QL (100 grams per 30 days)
*DEPIGMENTING COMBINATIONS*** - DRUGS FOR THE SKIN		
TRI-LUMA EXTERNAL CREAM (<i>fluocin-hydroquinone-tretinoin</i>)	3	
*EMOLLIENT/KERATOLYTIC AGENTS*** - DRUGS FOR THE SKIN		
urea external cream	3	
*ENZYMES - TOPICAL*** - DRUGS FOR THE SKIN		
NEXOBRID EXTERNAL GEL (<i>anacaulase-bcdb</i>)	3	PA; QL (440 grams per 2 days)
SANTYL EXTERNAL OINTMENT (<i>collagenase</i>)	3	PA; QL (30 grams per 30 days)
*GLABELLAR LINES (FROWN LINES) AGENTS*** - DRUGS FOR THE SKIN		
BOTOX COSMETIC INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>onabotulinumtoxina (cosmetic)</i>)	3	PA; SP
JEUVEAU INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>prabotulinumtoxina-xvfs (cosm)</i>)	3	
*IMIDAZOLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
econazole nitrate external cream	1 or 1b*	QL (85 grams per 30 days)
ECOZA EXTERNAL FOAM (<i>econazole nitrate</i>)	3	ST; QL (70 grams per 30 days)
ERTACZO EXTERNAL CREAM (<i>sertaconazole nitrate</i>)	3	ST; QL (60 grams per 30 days)
EXELDERM EXTERNAL CREAM (<i>sulconazole nitrate</i>)	3	ST; QL (60 grams per 30 days)
EXELDERM EXTERNAL SOLUTION (<i>sulconazole nitrate</i>)	3	ST; QL (60 mL per 30 days)
JUBLIA EXTERNAL SOLUTION (<i>efinaconazole</i>)	3	QL (8 mL per 30 days)
ketoconazole external cream	1 or 1b*	QL (120 grams per 30 days)
ketoconazole external foam	3	QL (100 grams per 30 days)
ketoconazole external shampoo	1 or 1b*	QL (120 mL per 30 days)
ketodan external foam	3	QL (100 grams per 30 days)
luliconazole external cream	1 or 1b*	ST; QL (60 grams per 30 days)
LUZU EXTERNAL CREAM (<i>luliconazole</i>)	3	ST; QL (60 grams per 30 days)
oxiconazole nitrate external cream	3	ST; QL (90 grams per 30 days)
OXISTAT EXTERNAL CREAM (<i>oxiconazole nitrate</i>)	3	ST; QL (90 grams per 30 days)
OXISTAT EXTERNAL LOTION (<i>oxiconazole nitrate</i>)	3	ST; QL (60 mL per 30 days)
sulconazole nitrate external cream	1 or 1b*	ST; QL (60 grams per 30 days)
sulconazole nitrate external solution	1 or 1b*	ST; QL (60 mL per 30 days)
*IMMUNOMODULATORS IMIDAZOQUINOLINAMINES - TOPICAL*** - DRUGS FOR THE SKIN		
imiquimod external cream 3.75 %	1 or 1b*	ST; QL (28 units per 28 days)
imiquimod external cream 5 %	1 or 1b*	QL (48 packet per 365 days)
imiquimod pump external cream	1 or 1b*	ST; QL (1 pump bottle per 28 days)
ZYCLARA EXTERNAL CREAM (<i>imiquimod</i>)	3	ST; QL (28 units per 28 days)

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ZYCLARA PUMP EXTERNAL CREAM 2.5 % (<i>imiquimod</i>)	3	ST; QL (1 pump bottle per 28 days)
ZYCLARA PUMP EXTERNAL CREAM 3.75 % (<i>imiquimod</i>)	3	ST; QL (1 bottle per 28 days)
*KERATOLYTIC/ANTIMITOTIC AGENTS*** - DRUGS FOR THE SKIN		
CONDYLOX EXTERNAL GEL (<i>podofilox</i>)	3	QL (7 grams per 28 days)
<i>podofilox external solution</i>	1 or 1b*	QL (7 mL per 28 days)
*LINIMENTS*** - DRUGS FOR THE SKIN		
TURPENTINE EXTERNAL SPIRIT	3	
*LOCAL ANESTHETICS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>glydo external prefilled syringe</i>	1 or 1b*	
<i>lidocaine external patch</i>	1 or 1b*	PA; QL (3 patches per 1 day)
<i>lidocaine hcl external solution</i>	1 or 1b*	QL (10 mL per 1 day)
<i>lidocaine hcl urethral/mucosal external prefilled syringe</i>	1 or 1b*	
LIDODERM EXTERNAL PATCH (<i>lidocaine</i>)	3	PA; QL (3 patches per 1 day)
<i>proxivol external gel</i>	1 or 1b*	
ZTLIDO EXTERNAL PATCH (<i>lidocaine</i>)	3	PA; QL (3 patches per 1 day)
*MACROLIDE IMMUNOSUPPRESSANTS - TOPICAL*** - DRUGS FOR THE SKIN		
ELIDEL EXTERNAL CREAM (<i>pimecrolimus</i>)	3	ST; QL (100 grams per 30 days)
HYFTOR EXTERNAL GEL (<i>sirolimus</i>)	3	PA; QL (1 tube per 30 days)
<i>pimecrolimus external cream</i>	1 or 1b*	ST; QL (100 grams per 30 days)
<i>tacrolimus external ointment</i>	1 or 1b*	ST; QL (100 grams per 30 days)
*MELANOCORTIN RECEPTOR AGONISTS (UV PROTECTIVE)*** - DRUGS FOR THE SKIN		
SCENESSE SUBCUTANEOUS IMPLANT (<i>afamelanotide acetate</i>)	3	PA; QL (1 implant per 2 monthss)
*MICROTUBULE INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
KLISYRI EXTERNAL OINTMENT (<i>tirbanibulin</i>)	3	ST; QL (5 packets per 1 fill)
*MISC. DERMATOLOGICAL PRODUCTS*** - DRUGS FOR THE SKIN		
ILIDERM EXTERNAL EMULSION	3	
*MISC. TOPICAL*** - DRUGS FOR THE SKIN		
QBREXZA EXTERNAL PAD (<i>glycopyrronium tosylate</i>)	3	PA; QL (1 cloth per 1 day)
*ORNITHINE DECARBOXYLASE (ODC) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
VANIQA EXTERNAL CREAM (<i>eflornithine hcl</i>)	3	
*OXABOROLE-RELATED ANTIFUNGALS - TOPICAL*** - DRUGS FOR THE SKIN		
KERYDIN EXTERNAL SOLUTION (<i>tavaborole</i>)	3	ST; QL (1 bottle per 30 days)
<i>tavaborole external solution</i>	1 or 1b*	ST; QL (1 bottle per 30 days)

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*PHOSPHODIESTERASE 4 (PDE4) INHIBITORS - TOPICAL*** - DRUGS FOR THE SKIN		
EUCRISA EXTERNAL OINTMENT (<i>crisaborole</i>)	3	ST; QL (100 grams per 30 days)
*PHOTODYNAMIC THERAPY AGENTS - TOPICAL*** - DRUGS FOR THE SKIN		
AMELUZ EXTERNAL GEL (<i>aminolevulinic acid hcl</i>)	3	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED (<i>aminolevulinic acid hcl</i>)	3	
*PROSTAGLANDINS - TOPICAL*** - DRUGS FOR THE SKIN		
<i>bimatoprost external solution</i>	1 or 1b*	
LATISSE EXTERNAL SOLUTION (<i>bimatoprost</i>)	3	
*ROSACEA AGENTS*** - DRUGS FOR THE SKIN		
<i>azelaic acid external gel</i>	1 or 1b*	QL (50 grams per 30 days)
<i>brimonidine tartrate external gel</i>	1 or 1b*	QL (30 grams per 30 days)
<i>doxycycline oral capsule delayed release</i>	3	ST; QL (1 capsule per 1 day)
FINACEA EXTERNAL FOAM (<i>azelaic acid</i>)	2	QL (1.67 grams per 1 day)
FINACEA EXTERNAL GEL (<i>azelaic acid</i>)	3	ST; QL (50 grams per 30 days)
<i>ivermectin external cream</i>	1 or 1b*	QL (45 grams per 30 days)
METROCREAM EXTERNAL CREAM (<i>metronidazole</i>)	3	ST; QL (45 grams per 30 days)
METROGEL EXTERNAL GEL (<i>metronidazole</i>)	3	ST; QL (60 grams per 30 days)
METROLOTION EXTERNAL LOTION (<i>metronidazole</i>)	3	ST; QL (59 mL per 30 days)
<i>metronidazole external cream</i>	1 or 1b*	QL (45 grams per 30 days)
<i>metronidazole external gel 0.75 %</i>	1 or 1b*	QL (45 grams per 30 days)
<i>metronidazole external gel 1 %</i>	1 or 1b*	QL (60 grams per 30 days)
<i>metronidazole external lotion</i>	1 or 1b*	QL (59 mL per 30 days)
MIRVASO EXTERNAL GEL (<i>brimonidine tartrate</i>)	3	QL (30 grams per 30 days)
NORITATE EXTERNAL CREAM (<i>metronidazole</i>)	3	ST; QL (60 grams per 30 days)
ORACEA ORAL CAPSULE DELAYED RELEASE (<i>doxycycline</i>)	3	ST; QL (1 capsule per 1 day)
RHOFADE EXTERNAL CREAM (<i>oxymetazoline hcl</i>)	3	QL (30 grams per 30 days)
SOOLANTRA EXTERNAL CREAM (<i>ivermectin</i>)	2	QL (45 grams per 30 days)
ZILXI EXTERNAL FOAM (<i>minocycline hcl micronized</i>)	2	QL (1 gram per 1 day)
*SCABICIDES & PEDICULICIDES*** - DRUGS FOR THE SKIN		
<i>crotan external lotion</i>	1 or 1b*	QL (60 mL per 30 days)
<i>lindane external shampoo</i>	1 or 1b*	QL (60 mL per 30 days)
<i>malathion external lotion</i>	1 or 1b*	QL (4 mL per 1 day)
NATROBA EXTERNAL SUSPENSION (<i>spinosad</i>)	3	QL (120 mL per 7 days)
OVIDE EXTERNAL LOTION (<i>malathion</i>)	3	QL (4 mL per 1 day)
<i>permethrin external cream</i>	1 or 1b*	QL (120 grams per 30 days)
<i>spinosad external suspension</i>	1 or 1b*	QL (120 mL per 7 days)

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*SCAR TREATMENT PRODUCTS*** - DRUGS FOR THE SKIN		
COPASIL EXTERNAL GEL (<i>scar treatment products</i>)	3	
*SEBORRHEIC KERATOSIS PRODUCTS** - DRUGS FOR THE SKIN		
ESKATA EXTERNAL SOLUTION (<i>hydrogen peroxide</i>)	3	
*STEROID-LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
EPIFOAM EXTERNAL FOAM (<i>pramoxine-hc</i>)	3	
PRAMOSONE EXTERNAL CREAM (<i>pramoxine-hc</i>)	2	
PRAMOSONE EXTERNAL LOTION (<i>pramoxine-hc</i>)	2	
*TAR PRODUCTS*** - DRUGS FOR THE SKIN		
coal tar external solution	1 or 1b*	
*TISSUE REPLACEMENTS*** - DRUGS FOR THE SKIN		
AMNIOFIX INJECTION SUSPENSION RECONSTITUTED (<i>amniotic membrane allograft</i>)	3	
AMNIOTEXT EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
AMPHENOL-40 INJECTION SUSPENSION RECONSTITUTED	3	
APLIGRAF EXTERNAL DISK (<i>cultured skin substitute</i>)	3	
EPICORD EXTERNAL SHEET (<i>umbilical cord allograft</i>)	3	
EPIFIX EXTERNAL DISK (<i>amniotic membrane allograft</i>)	3	
EPIFIX EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
EPIFIX MICRONIZED INJECTION SUSPENSION RECONSTITUTED (<i>amniotic membrane allograft</i>)	3	
KARDIAMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
NEOX 100 EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
NEOX CORD 1K EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
NOVACHOR EXTERNAL SHEET (<i>chorion membrane allograft</i>)	3	
PALINGEN FLOW INJECTION INJECTABLE (<i>amniotic memb-fluid allograft</i>)	3	
PALINGEN HYDROMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
PALINGEN INOVOFLO INJECTION INJECTABLE (<i>amniotic fluid allograft</i>)	3	
PALINGEN MEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
PALINGEN XPLUS HYDROMEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
PALINGEN XPLUS MEMBRANE EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	
STRATAGRAFT EXTERNAL SHEET (<i>keratinocyte-fibroblast-dsat</i>)	3	
STRAVIX EXTERNAL SHEET (<i>amniotic membrane allograft</i>)	3	

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TRUSKIN EXTERNAL SHEET (<i>skin allograft (human)</i>)	3	
*TOPICAL ANESTHETIC COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>lidocaine-prilocaine external cream</i>	1 or 1b*	QL (30 grams per 30 days)
<i>lidocaine-prilocaine external kit</i>	1 or 1b*	QL (1 kit per 30 days)
PLIAGLIS EXTERNAL CREAM (<i>lidocaine-tetracaine</i>)	3	PA; QL (30 grams per 30 days)
PLIAGLIS EXTERNAL KIT (<i>lidocaine-tetracaine</i>)	3	PA; QL (30 grams per 30 days)
SYNERA EXTERNAL PATCH (<i>lidocaine-tetracaine</i>)	3	PA; QL (1 patch per 30 days)
VENIPUNCTURE PX1 PHLEBOTOMY EXTERNAL KIT (<i>lidocaine hcl-blood collection</i>)	3	
*TOPICAL ANESTHETIC GASES*** - DRUGS FOR THE SKIN		
CRYODOSE TA EXTERNAL AEROSOL (<i>pentafluoroprop-tetrafluoroeth</i>)	3	
*TOPICAL SELECTIVE RETINOID X RECEPTOR AGONISTS*** - DRUGS FOR THE SKIN		
<i>bexarotene external gel</i>	1 or 1b*	PA; SP; QL (60 grams per 30 days)
TARGRETIN EXTERNAL GEL (<i>bexarotene</i>)	3	PA; SP; QL (60 grams per 30 days)
*TOPICAL STEROID COMBINATIONS*** - DRUGS FOR THE SKIN		
<i>calcipotriene-betameth diprop external ointment</i>	2	ST; QL (400 grams per 28 days)
<i>calcipotriene-betameth diprop external suspension</i>	2	ST; QL (420 grams per 28 days)
DUOBRII EXTERNAL LOTION (<i>halobetasol prop-tazarotene</i>)	3	PA; QL (200 grams per 30 days)
ENSTILAR EXTERNAL FOAM (<i>calcipotriene-betameth diprop</i>)	3	QL (420 grams per 28 days)
TACLONEX EXTERNAL OINTMENT (<i>calcipotriene-betameth diprop</i>)	3	ST; QL (400 grams per 28 days)
TACLONEX EXTERNAL SUSPENSION (<i>calcipotriene-betameth diprop</i>)	3	ST; QL (420 grams per 28 days)
WYNZORA EXTERNAL CREAM (<i>calcipotriene-betameth diprop</i>)	3	ST; QL (420 grams per 28 days)
*TYPE II 5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE SKIN		
<i>finasteride oral tablet</i>	1 or 1b*	
PROPECIA ORAL TABLET (<i>finasteride</i>)	3	
*WOUND CARE - GROWTH FACTOR AGENTS*** - DRUGS FOR THE SKIN		
REGRANEX EXTERNAL GEL (<i>becaplermin</i>)	3	QL (15 grams per 30 days)
*WOUND CARE COMBINATIONS*** - DRUGS FOR THE SKIN		
XEROFORM OCCLUSIVE GAUZE PATCH EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
XEROFORM OCCLUSIVE GAUZE STRIP EXTERNAL PAD (<i>bismuth tribromoph-petrolatum</i>)	3	
*WOUND CLEANSERS/DECUBITUS ULCER THERAPY*** - DRUGS FOR THE SKIN		
LAVARE WOUND WASH EXTERNAL GEL	3	
MICROCYN EXTERNAL GEL (<i>wound cleansers</i>)	3	
MICROCYN SKIN AND WOUND EXTERNAL GEL (<i>wound cleansers</i>)	3	

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*WOUND DRESSINGS*** - DRUGS FOR THE SKIN		
DYNAGINATE AG SILVER CAL 2"X2" EXTERNAL PAD (<i>calcium alginate-silver</i>)	3	
DYNAGINATE AG SILVER CAL 4"X5" EXTERNAL PAD (<i>calcium alginate-silver</i>)	3	
DYNAGINATE AG SILVER CAL 4"X8" EXTERNAL PAD (<i>calcium alginate-silver</i>)	3	
KENDALL HYDROGEL WOUND DRESS EXTERNAL (<i>hydroactive dressings</i>)	3	
PURAPLY ANTIMICRO 3.76X3.76CM EXTERNAL SHEET (<i>collagen-antimicrobial</i>)	3	
TEGADERM AG MESH EXTERNAL PAD (<i>silver</i>)	2	
WOUNDGELHA MATRIX EXTERNAL GEL (<i>hyaluronate sodium</i>)	3	
DIAGNOSTIC PRODUCTS		
*DIAGNOSTIC TESTS***		
ACCU-CHEK AVIVA PLUS IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCU-CHEK GUIDE IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCU-CHEK SMARTVIEW IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ACCUTREND GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ADVANCE INTUITION TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ADVANCE MICRO-DRAW TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ADVOCATE REDI-CODE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ADVOCATE REDI-CODE+ TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ADVOCATE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
AGAMATRIX AMP TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
AGAMATRIX JAZZ TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
AGAMATRIX KEYNOTE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
AGAMATRIX PRESTO TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ASSURE 3 TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ASSURE 4 TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ASSURE II CHECK IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ASSURE II IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ASSURE PLATINUM IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ASSURE PRISM MULTI TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ASSURE PRO TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
<i>blood glucose test strips 333 in vitro strip</i>	3	ST; QL (204 strips per 30 days)
BLULINK GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CAREONE BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
CARESENS N GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)

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CARETOUCH TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CLEVER CHEK AUTO-CODE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CLEVER CHEK AUTO-CODE VOICE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CLEVER CHEK TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE AUTO-CODE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE MICRO TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE NO CODING IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CLEVER CHOICE TALK SYSTEM IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CONTOUR NEXT TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CONTOUR TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
COOL BLOOD GLUCOSE TEST STRIPS IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CVS ADVANCED GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
CVS GLUCOSE METER TEST STRIPS IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
D-CARE BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
DIATHRIVE BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
DIATHRIVE GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
DIATHRIVE+ GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
DIATRUE PLUS TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
DUO-CARE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASY PLUS II GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY STEP TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASY TALK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY TALK PLUS II TEST STRIPS IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY TOUCH HEALTHPRO GLUCOSE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASY TOUCH TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASY TRAK BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASY TRAK II GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EASYGLUCO IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASYMAX 15 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASYMAX TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASYPRO BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EASYPRO PLUS IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
ELEMENT COMPACT TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
ELEMENT TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EMBRACE BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMBRACE EVO BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
EQ BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
EVOLUTION AUTOCODE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FIFTY50 GLUCOSE TEST 2.0 IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA 6 CONNECT IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA D15G BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA D20 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA D40/G31 BLOOD GLUCOSE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA G20 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA G30/PREM V10 GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA GD20 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA GD50 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA GTEL BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA TN'G ADVANCE PRO IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA TN'G/TN'G VOICE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA V10 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA V12 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA V20 BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORA V30A BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORACARE GD40 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORACARE PREMIUM V10 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORACARE TEST N GO TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORTISCARE G1 TEST STRIP IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FORTISCARE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FREESTYLE INSULINX TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FREESTYLE LITE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FREESTYLE PRECISION NEO TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
FREESTYLE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GE100 BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GENULTIMATE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GHT TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GLUCO PERFECT 3 TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCOCARD 01 SENSOR PLUS IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)

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GLUCOCARD EXPRESSION TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCOCARD SHINE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCOCARD VITAL TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCOCARD X-SENSOR IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCOCOM TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCONAVII BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GLUCOSE METER TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GNP EASY TOUCH GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
GNP TRUE METRIX GLUCOSE STRIPS IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GNP TRUETRACK SMART SYSTEM IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GNP TRUETRACK TEST STRIPS IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GOJJI BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GOJJI BLOOD TEST STRIP/LANCETS IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
GOODSENSE BLOOD GLUCOSE IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
HW EMBRACE PRO GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
HW EMBRACE TALK GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
IGLUCOSE TEST STRIPS IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
IN TOUCH BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
INFINITY BLOOD GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
INFINITY VOICE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
KROGER BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
KROGER HEALTHPRO GLUCOSE TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
KROGER PREMIUM GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
LIBERTY NEXT GENERATION TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
LIBERTY TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
MEIJER BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
MEIJER ESSENTIAL GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
MEIJER TRUETEST TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
MEIJER TRUETRACK TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
MICRODOT TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
MM EASY TOUCH GLUCOSE IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
MYGLUCOHEALTH TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)
NEUTEK 2TEK TEST IN VITRO STRIP (glucose blood)	3	ST; QL (204 strips per 30 days)

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NOVA MAX GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ON CALL EXPRESS BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
ONE DROP TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
ONETOUCH ULTRA IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
ONETOUCH VERIO IN VITRO STRIP (<i>glucose blood</i>)	2	QL (204 strips per 30 days)
OPTIUMEZ TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
PHARMACIST CHOICE AUTOCODE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
PHARMACIST CHOICE NO CODING IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
PIP BLOOD GLUCOSE TEST STRIP IN VITRO STRIP (<i>glucose blood</i>)	3	QL (204 strips per 30 days)
POCKETCHEM EZ TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
POGO AUTOMATIC TEST CARTRIDGES IN VITRO DIAGNOSTIC TEST (<i>glucose blood</i>)	3	QL (200 tests per 30 days)
PRECISION XTRA BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
PREMIUM BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
PRO VOICE V8/V9 GLUCOSE IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
PRODIGY NO CODING BLOOD GLUC IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
PTS PANELS EGLU TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
QUICKTEK TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
QUINTET AC BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
QUINTET BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
REFUAH PLUS BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RELION BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RELION CONFIRM/MICRO TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RELION PREMIER TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RELION PRIME TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RELION TRUE METRIX TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RELION ULTIMA TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
REXALL BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS100 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS300 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RIGHTEST GS550 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RIGHTEST GT333 BLOOD GLUCOSE IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
RIGHTEST GT333 GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
SMART SENSE PREMIUM TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)

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SMART SENSE VALUE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
SMARTTEST BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
SOLUS V2 TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
SUPREME TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
TGT BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
TRUE FOCUS BLOOD GLUCOSE STRIP IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
TRUE METRIX BLOOD GLUCOSE TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
TRUETEST TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
TRUETRACK TEST IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
UNISTRIPI1 GENERIC IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
VERASENS BLOOD GLUCOSE TEST IN VITRO STRIP	3	ST; QL (204 strips per 30 days)
VIVAGUARD INO TEST STRIPS IN VITRO STRIP (<i>glucose blood</i>)	3	ST; QL (204 strips per 30 days)
DIGESTIVE AIDS - DRUGS FOR THE STOMACH		
*DIGESTIVE ENZYMES*** - DRUGS FOR THE STOMACH		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	2	QL (25 capsules per 1 day)
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST; QL (25 capsules per 1 day)
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	3	ST; QL (25 capsules per 1 day)
SUCRAID ORAL SOLUTION (<i>sacrosidase</i>)	3	PA; QL (4 bottles per 30 days)
VIOKACE ORAL TABLET (<i>pancrelipase (lip-prot-amyl)</i>)	3	QL (25 tablets per 1 day)
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES (<i>pancrelipase (lip-prot-amyl)</i>)	2	QL (25 capsules per 1 day)
DIURETICS - DRUGS FOR THE HEART		
*CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR HIGH BLOOD PRESSURE		
acetazolamide er oral capsule extended release 12 hour	1 or 1b*	
acetazolamide oral tablet	1 or 1b*	
acetazolamide sodium injection solution reconstituted	1 or 1b*	
dichlorphenamide oral tablet	1 or 1b*	PA; QL (4 tablet per 1 day)
KEVEYIS ORAL TABLET (<i>dichlorphenamide</i>)	3	PA; QL (4 tablet per 1 day)
methazolamide oral tablet	1 or 1b*	
*DIURETIC COMBINATIONS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ALDACTAZIDE ORAL TABLET (<i>spironolactone-hctz</i>)	3	DO
amiloride-hydrochlorothiazide oral tablet	1 or 1b*	
MAXZIDE ORAL TABLET (<i>triamterene-hctz</i>)	3	
MAXZIDE-25 ORAL TABLET (<i>triamterene-hctz</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>spironolactone-hctz oral tablet</i>	1 or 1b*	DO
<i>triamterene-hctz oral capsule</i>	1 or 1a*	
<i>triamterene-hctz oral tablet</i>	1 or 1a*	
*LOOP DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>bumetanide injection solution</i>	1 or 1b*	
<i>bumetanide oral tablet</i>	1 or 1b*	
BUMEX ORAL TABLET (<i>bumetanide</i>)	3	
EDECRIN ORAL TABLET (<i>ethacrynic acid</i>)	3	
<i>ethacrynate sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>ethacrynic acid oral tablet</i>	1 or 1b*	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT (<i>furosemide</i>)	3	PA; QL (6 kits per 30 days)
<i>furosemide injection solution</i>	1 or 1a*	
<i>furosemide oral solution</i>	1 or 1a*	
<i>furosemide oral tablet</i>	1 or 1a*	
LASIX ORAL TABLET (<i>furosemide</i>)	3	
SOAAZ ORAL TABLET (<i>toremide</i>)	3	ST
SODIUM EDECRIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>ethacrynate sodium</i>)	3	
<i>toremide oral tablet</i>	1 or 1b*	
*OSMOTIC DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>mannitol intravenous solution</i>	1 or 1b*	
<i>osmitrol intravenous solution</i>	1 or 1b*	
*POTASSIUM SPARING DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
ALDACTONE ORAL TABLET 100 MG (<i>spironolactone</i>)	3	QL (4 tablets per 1 day)
ALDACTONE ORAL TABLET 25 MG, 50 MG (<i>spironolactone</i>)	3	DO
<i>amiloride hcl oral tablet</i>	1 or 1b*	
CAROSPIR ORAL SUSPENSION (<i>spironolactone</i>)	3	QL (20 mL per 1 day)
DYRENIUM ORAL CAPSULE (<i>triamterene</i>)	3	
<i>spironolactone oral tablet 100 mg</i>	1 or 1a*	QL (4 tablets per 1 day)
<i>spironolactone oral tablet 25 mg, 50 mg</i>	1 or 1a*	DO
<i>triamterene oral capsule</i>	1 or 1b*	
*THIAZIDES AND THIAZIDE-LIKE DIURETICS*** - DRUGS FOR HIGH BLOOD PRESSURE		
<i>chlorothiazide sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>chlorthalidone oral tablet</i>	1 or 1a*	
DIURIL ORAL SUSPENSION (<i>chlorothiazide</i>)	3	
<i>hydrochlorothiazide oral capsule</i>	1 or 1a*	
<i>hydrochlorothiazide oral tablet</i>	1 or 1a*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>indapamide oral tablet</i>	1 or 1b*	
<i>metolazone oral tablet</i>	1 or 1b*	
THALITONE ORAL TABLET (<i>chlorthalidone</i>)	3	
ENDOCRINE AND METABOLIC AGENTS - MISC. - HORMONES		
*ABORTIFACIENT - PROGESTERONE RECEPTOR ANTAGONISTS*** - DRUGS FOR WOMEN		
MIFEPREX ORAL TABLET (<i>mifepristone</i>)	3	
<i>mifepristone oral tablet</i>	1 or 1b*	
*ACID SPHINGOMYELINASE DEFICIENCY (ASMD) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
XENPOZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>olipudase alfa-rpcp</i>)	3	PA
*ADENOSINE DEAMINASE SCID TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
REVCovi INTRAMUSCULAR SOLUTION (<i>elapegedemase-lvlr</i>)	3	PA
*ALPHA-MANNOSIDOSIS TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
LAMZEDE INTRAVENOUS SOLUTION RECONSTITUTED (<i>velmanase alfa-tycv</i>)	3	PA
*BISPHOSPHONATES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ACTONEL ORAL TABLET 150 MG (<i>risedronate sodium</i>)	3	QL (0.04 tablets per 1 day)
ACTONEL ORAL TABLET 35 MG (<i>risedronate sodium</i>)	3	QL (4 tablets per 28 days)
<i>alendronate sodium oral solution</i>	1 or 1b*	QL (10.72 mg per 1 day)
<i>alendronate sodium oral tablet 10 mg, 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>alendronate sodium oral tablet 35 mg, 70 mg</i>	1 or 1b*	QL (4 tablets per 28 days)
ATELVIA ORAL TABLET DELAYED RELEASE (<i>risedronate sodium</i>)	3	QL (4 tablets per 28 days)
BINOSTO ORAL TABLET EFFERVESCENT (<i>alendronate sodium</i>)	3	QL (4 tablets per 28 days)
FOSAMAX ORAL TABLET (<i>alendronate sodium</i>)	3	QL (4 tablets per 28 days)
FOSAMAX PLUS D ORAL TABLET (<i>alendronate-cholecalciferol</i>)	2	QL (0.15 tablets per 1 day)
<i>ibandronate sodium intravenous solution</i>	1 or 1b*	
<i>ibandronate sodium oral tablet</i>	1 or 1b*	QL (1 tablet per 28 days)
<i>pamidronate disodium intravenous solution 30 mg/10ml, 90 mg/10ml</i>	1 or 1b*	SP
PAMIDRONATE DISODIUM INTRAVENOUS SOLUTION 6 MG/ML	3	SP
RECLAST INTRAVENOUS SOLUTION (<i>zoledronic acid</i>)	3	PA; SP; QL (100 mL per 375 days)
<i>risedronate sodium oral tablet 150 mg</i>	1 or 1b*	QL (0.04 tablets per 1 day)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>risedronate sodium oral tablet 35 mg</i>	1 or 1b*	QL (4 tablets per 28 days)
<i>risedronate sodium oral tablet delayed release</i>	1 or 1b*	QL (4 tablets per 28 days)
<i>zoledronic acid intravenous concentrate</i>	1 or 1b*	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOLEDRONIC ACID INTRAVENOUS SOLUTION 4 MG/100ML	3	PA; SP
<i>zoledronic acid intravenous solution 5 mg/100ml</i>	1 or 1b*	PA; SP; QL (100 mL per 375 days)
*CALCIMIMETIC AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
<i>cinacalcet hcl oral tablet 90 mg</i>	1 or 1b*	PA; QL (4 tablets per 1 day)
PARSABIV INTRAVENOUS SOLUTION (etelcalcetide hcl)	3	PA
SENSIPAR ORAL TABLET 30 MG, 60 MG (cinacalcet hcl)	3	PA; QL (2 tablets per 1 day)
SENSIPAR ORAL TABLET 90 MG (cinacalcet hcl)	3	PA; QL (4 tablets per 1 day)
*CALCITONINS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>calcitonin (salmon) injection solution</i>	1 or 1b*	
<i>calcitonin (salmon) nasal solution</i>	1 or 1b*	QL (0.13 mL per 1 day)
MIACALCIN INJECTION SOLUTION (calcitonin (salmon))	3	
*CARNITINE REPLENISHER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CARNITOR INTRAVENOUS SOLUTION (levocarnitine)	3	
CARNITOR ORAL SOLUTION (levocarnitine)	3	
CARNITOR ORAL TABLET (levocarnitine)	3	
CARNITOR SF ORAL SOLUTION (levocarnitine)	3	
<i>levocarnitine oral solution</i>	1 or 1b*	
<i>levocarnitine oral tablet</i>	1 or 1b*	
<i>levocarnitine sf oral solution</i>	1 or 1b*	
*CORTICOTROPIN*** - HORMONES		
ACTHAR INJECTION GEL (corticotropin)	3	PA; SP
CORTROPHIN INJECTION GEL (corticotropin)	3	PA; SP
*CORTISOL SYNTHESIS INHIBITORS*** - HORMONES		
ISTURISA ORAL TABLET 1 MG, 5 MG (osilodrostat phosphate)	3	PA; QL (4 tablets per 1 day)
ISTURISA ORAL TABLET 10 MG (osilodrostat phosphate)	3	PA; QL (6 tablets per 1 day)
RECORLEV ORAL TABLET (levoketoconazole)	3	PA; QL (8 tablets per 1 day)
*DOPAMINE RECEPTOR AGONISTS*** - DRUGS FOR WOMEN		
<i>cabergoline oral tablet</i>	1 or 1b*	QL (0.58 tablets per 1 day)
*FABRY DISEASE - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
FABRAZYME INTRAVENOUS SOLUTION RECONSTITUTED (agalsidase beta)	3	PA; SP
GALAFOLD ORAL CAPSULE (migalastat hcl)	3	PA; SP; QL (14 capsules per 30 days)

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*GAA DEFICIENCY TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
LUMIZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>alglucosidase alfa</i>)	3	PA; LD; SP
NEXVIAZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>avalglucosidase alfa-ngpt</i>)	3	PA
*GNRH/LHRH ANTAGONISTS*** - DRUGS FOR WOMEN		
CETROTIDE SUBCUTANEOUS KIT (<i>cetorelix acetate</i>)	3	PA; SP
<i>fyremadel subcutaneous solution prefilled syringe</i>	1 or 1b*	PA; SP
GANIRELIX ACETATE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA; SP
ORLISSA ORAL TABLET 150 MG (<i>elagolix sodium</i>)	2	PA; QL (1 tablet per 1 day)
ORLISSA ORAL TABLET 200 MG (<i>elagolix sodium</i>)	2	PA; QL (2 tablets per 1 day)
*GROWTH HORMONE RECEPTOR ANTAGONISTS*** - DRUGS FOR GROWTH		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>pegvisomant</i>)	3	PA; SP; QL (1 vial per 1 day)
*GROWTH HORMONE RELEASING HORMONES (GHRH)*** - DRUGS FOR GROWTH		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>tesamorelin acetate</i>)	3	PA; LD; QL (1 package per 30 days)
*GROWTH HORMONES*** - DRUGS FOR GROWTH		
GENOTROPIN MINIQUECK SUBCUTANEOUS PREFILLED SYRINGE (<i>somatropin</i>)	3	PA; SP; QL (1 syringe per 1 day)
GENOTROPIN SUBCUTANEOUS CARTRIDGE (<i>somatropin</i>)	3	PA; SP; QL (1 vial per 1 day)
HUMATROPE INJECTION CARTRIDGE 12 MG, 6 MG (<i>somatropin</i>)	3	PA; SP; QL (1 vial per 1 day)
HUMATROPE INJECTION CARTRIDGE 24 MG (<i>somatropin</i>)	3	PA; SP; QL (1 injection per 1 day)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	3	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	3	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	3	PA; SP; QL (1 vial per 1 day)
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>somatropin</i>)	3	PA; SP; QL (1 vial per 1 day)
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE (<i>somatropin</i>)	3	PA; SP; QL (1 vial per 1 day)
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin</i>)	3	PA; SP; QL (1 vial per 1 day)
SAIZEN INJECTION SOLUTION RECONSTITUTED 5 MG (<i>somatropin</i> (non-refrigerated))	3	PA; LD; SP; QL (1 injection per 1 day)
SAIZEN INJECTION SOLUTION RECONSTITUTED 8.8 MG (<i>somatropin</i> (non-refrigerated))	3	PA; LD; SP; QL (1 cartridge per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SAIZENPREP INJECTION SOLUTION RECONSTITUTED (<i>somatropin (non-refrigerated)</i>)	3	PA; LD; SP; QL (1 cartridge per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG (<i>somatropin (non-refrigerated)</i>)	3	PA; LD; QL (1 vial per 1 day)
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 5 MG, 6 MG (<i>somatropin (non-refrigerated)</i>)	3	PA; LD; QL (1 solution per 1 day)
SKYTROFA SUBCUTANEOUS CARTRIDGE 11 MG, 7.6 MG, 9.1 MG (<i>lonapegsomatropin-tcgd</i>)	3	PA; QL (8 cartridges per 28 days)
SKYTROFA SUBCUTANEOUS CARTRIDGE 13.3 MG, 3 MG, 3.6 MG, 4.3 MG, 5.2 MG, 6.3 MG (<i>lonapegsomatropin-tcgd</i>)	3	PA; QL (4 cartridges per 28 days)
ZOMACTON SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin</i>)	3	PA; SP; QL (1 vial per 1 day)
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>somatropin (non-refrigerated)</i>)	3	PA; SP; QL (1 injection per 1 day)
*HEREDITARY OROTIC ACIDURIA TREATMENT - AGENTS** - DRUGS FOR MENOPAUSE AND BONE LOSS		
XURIDEN ORAL PACKET (<i>uridine triacetate</i>)	3	PA; QL (4 packets per 1 day)
*HEREDITARY TYROSINEMIA TYPE 1 (HT-1) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
nitisinone oral capsule	1 or 1b*	PA
NITYR ORAL TABLET (<i>nitisinone</i>)	3	PA
ORFADIN ORAL CAPSULE (<i>nitisinone</i>)	3	PA
ORFADIN ORAL SUSPENSION (<i>nitisinone</i>)	3	PA
*HOMOCYSTINURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
betaine oral powder	1 or 1b*	LD
CYSTADANE ORAL POWDER (<i>betaine</i>)	3	LD
*HYPERAMMONEMIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CARBAGLU ORAL TABLET SOLUBLE (<i>carglumic acid</i>)	3	PA
carglumic acid oral tablet soluble	1 or 1b*	PA
*HYPERPARATHYROID TREATMENT - VITAMIN D ANALOGS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
calcitriol oral capsule	1 or 1b*	PA
calcitriol oral solution	1 or 1b*	PA
doxercalciferol intravenous solution	1 or 1b*	PA
doxercalciferol oral capsule	1 or 1b*	PA
HECTOROL INTRAVENOUS SOLUTION (<i>doxercalciferol</i>)	3	PA
paricalcitol intravenous solution	1 or 1b*	PA
paricalcitol oral capsule	1 or 1b*	PA
RAYALDEE ORAL CAPSULE EXTENDED RELEASE (<i>calcifediol</i>)	3	PA; QL (2 tablets per 1 day)
ROCALTROL ORAL CAPSULE (<i>calcitriol</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROCALtrol ORAL SOLUTION (<i>calcitriol</i>)	3	PA
ZEMPLAR INTRAVENOUS SOLUTION (<i>paricalcitol</i>)	3	PA
ZEMPLAR ORAL CAPSULE (<i>paricalcitol</i>)	3	PA
*HYPOPHOSPHATASIA (HPP) AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
STRENSIQ SUBCUTANEOUS SOLUTION (<i>asfotase alfa</i>)	3	PA
*INSULIN-LIKE GROWTH FACTOR-1 RECEPTOR INHIBITORS(IGF-1R)*** - DRUGS FOR THYROID		
TEPEZZA INTRAVENOUS SOLUTION RECONSTITUTED (<i>teprotumumab-trbw</i>)	3	PA; QL (8 fills per 168 days)
*INSULIN-LIKE GROWTH FACTORS (SOMATOMEDINS)*** - HORMONES		
INCRELEX SUBCUTANEOUS SOLUTION (<i>mecasermin</i>)	3	PA; SP
*LEPTIN ANALOGUES*** - HORMONES		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>metreleptin</i>)	3	PA; SP
*LHRH/GNRH AGONIST ANALOG PITUITARY SUPPRESSANTS*** - DRUGS FOR WOMEN		
FENSOLVI (6 MONTH) SUBCUTANEOUS KIT (<i>leuprolide acetate</i> (6 month))	3	PA; QL (1 kit per 24 weekss)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 11.25 MG, 15 MG (<i>leuprolide acetate</i>)	3	PA; SP; QL (1 kit per 28 days)
LUPRON DEPOT-PED (1-MONTH) INTRAMUSCULAR KIT 7.5 MG (<i>leuprolide acetate</i>)	3	PA; SP; QL (1 syringe kit per 28 days)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 11.25 MG (PED) (<i>leuprolide acetate</i> (3 month))	3	PA; SP; QL (1 kit per 12 weekss)
LUPRON DEPOT-PED (3-MONTH) INTRAMUSCULAR KIT 30 MG (<i>leuprolide acetate</i> (3 month))	3	PA; SP; QL (1 kit per 84 days)
LUPRON DEPOT-PED (6-MONTH) INTRAMUSCULAR KIT (<i>leuprolide acetate</i> (6 month))	3	PA; QL (1 kit per 24 weekss)
SUPPRELIN LA SUBCUTANEOUS KIT (<i>histrelin acetate</i> (cpp))	3	PA; SP; QL (1 kit per 365 days)
SYNAREL NASAL SOLUTION (<i>nafarelin acetate</i>)	3	PA; SP; QL (5 bottle per 30 days)
TRIPTODUR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>triptorelin pamoate</i>)	3	PA; QL (1 vial per 168 days)
*LYSOSOMAL ACID LIPASE (LAL) DEFICIENCY - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
KANUMA INTRAVENOUS SOLUTION (<i>sebelipase alfa</i>)	3	PA; SP
*MOLYBDENUM COFACTOR DEFICIENCY (MOCD) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
NULIBRY INTRAVENOUS SOLUTION RECONSTITUTED (<i>fosdenopterin hydrobromide</i>)	3	PA

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*MUCOPOLYSACCHARIDOSIS I (MPS I) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ALDURAZYME INTRAVENOUS SOLUTION (<i>laronidase</i>)	3	PA; SP
*MUCOPOLYSACCHARIDOSIS II (MPS II) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
ELAPRASE INTRAVENOUS SOLUTION (<i>idursulfase</i>)	3	PA
*MUCOPOLYSACCHARIDOSIS IV (MPS IV) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
VIMIZIM INTRAVENOUS SOLUTION (<i>elosulfase alfa</i>)	3	PA; SP
*MUCOPOLYSACCHARIDOSIS VI (MPS VI) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
NAGLAZYME INTRAVENOUS SOLUTION (<i>galsulfase</i>)	3	PA; SP
*MUCOPOLYSACCHARIDOSIS VII (MPS VII) - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
MEPSEVII INTRAVENOUS SOLUTION (<i>vestronidase alfa-vjbk</i>)	3	PA; SP
*NATRIURETIC PEPTIDES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>vosoritide</i>)	3	PA; QL (1 vial per 1 day)
*NON-STEROIDAL MINERALOCORTICOID RECEPTOR ANTAGONISTS*** - HORMONES		
KERENDIA ORAL TABLET (<i>finerenone</i>)	3	PA; QL (1 tablet per 1 day)
*OVULATION STIMULANTS-GONADOTROPINS*** - DRUGS FOR WOMEN		
CHORIONIC GONADOTROPIN INTRAMUSCULAR SOLUTION RECONSTITUTED	3	PA; SP
FOLLISTIM AQ SUBCUTANEOUS SOLUTION (<i>follitropin beta</i>)	3	PA; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED (<i>follitropin alfa</i>)	3	PA; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>follitropin alfa</i>)	3	PA; SP
GONAL-F RFF SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>follitropin alfa</i>)	3	PA; SP
MENOPUR SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>menotropins</i>)	3	PA; SP
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chorionic gonadotropin</i>)	2	PA; SP
OVIDREL SUBCUTANEOUS INJECTABLE (<i>choriogonadotropin alfa</i>)	3	PA; SP
PREGNYL INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>chorionic gonadotropin</i>)	3	PA; SP
*OVULATION STIMULANTS-SYNTHETIC*** - DRUGS FOR WOMEN		
CLOMID ORAL TABLET (<i>clomiphene citrate</i>)	1 or 1b*	PA

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*PARATHYROID HORMONE AND DERIVATIVES*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
FORTEO SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>teriparatide (recombinant)</i>)	3	SP; QL (1 pen per 28 days)
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR	3	QL (1 pen per 28 days)
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>abaloparatide</i>)	3	SP; QL (1 mL per 30 days)
*PHENYLKETONURIA TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
<i>sapropterin dihydrochloride</i> (Javygtor Oral Packet)	1 or 1b*	PA
<i>sapropterin dihydrochloride</i> (Javygtor Oral Tablet)	1 or 1b*	PA
KUVAN ORAL PACKET (<i>sapropterin dihydrochloride</i>)	3	PA; SP
KUVAN ORAL TABLET (<i>sapropterin dihydrochloride</i>)	3	PA; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML, 2.5 MG/0.5ML (<i>pegvaliase-pqpz</i>)	3	PA; SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>pegvaliase-pqpz</i>)	3	PA; SP; QL (1 syringe per 1 day)
<i>sapropterin dihydrochloride oral packet</i>	1 or 1b*	PA; SP
<i>sapropterin dihydrochloride oral tablet</i>	1 or 1b*	PA; SP
*RANK LIGAND (RANKL) INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>denosumab</i>)	3	PA; SP; QL (1 syringe per 180 days)
XGEVA SUBCUTANEOUS SOLUTION (<i>denosumab</i>)	3	PA; SP; QL (1 vial per 28 days)
*SCLEROSTIN INHIBITORS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
EVENITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>romosozumab-aqqg</i>)	3	PA; QL (2 syringes per 30 days)
*SELECTIVE ESTROGEN RECEPTOR MODULATORS (SERMS)*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
EVISTA ORAL TABLET (<i>raloxifene hcl</i>)	3; \$0	QL (1 tablet per 1 day)
OSPHENA ORAL TABLET (<i>ospemifene</i>)	3	PA; QL (1 tablet per 1 day)
<i>raloxifene hcl oral tablet</i>	1 or 1b*; \$0	QL (1 tablet per 1 day)
*SELECTIVE VASOPRESSIN V2-RECEPTOR ANTAGONISTS*** - HORMONES		
JYNARQUE ORAL TABLET (<i>tolvaptan</i>)	3	PA; SP; QL (4 tablets per 1 day)
JYNARQUE ORAL TABLET THERAPY PACK (<i>tolvaptan</i>)	3	PA; QL (1 carton per 28 days)
SAMSCA ORAL TABLET 15 MG (<i>tolvaptan</i>)	3	PA; SP; QL (1 tablet per 1 day)
SAMSCA ORAL TABLET 30 MG (<i>tolvaptan</i>)	3	PA; SP; QL (2 tablets per 1 day)
<i>tolvaptan oral tablet 15 mg</i>	1 or 1b*	PA; SP; QL (1 tablet per 1 day)
<i>tolvaptan oral tablet 30 mg</i>	1 or 1b*	PA; SP; QL (2 tablets per 1 day)

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*SOMATOSTATIC AGENTS*** - DRUGS FOR GROWTH		
LANREOTIDE ACETATE SUBCUTANEOUS SOLUTION	3	PA; LD; SP; QL (1 syringe/vial per 28 days)
MYCAPSSA ORAL CAPSULE DELAYED RELEASE (<i>octreotide acetate</i>)	3	PA; QL (4 capsules per 1 day)
<i>octreotide acetate injection solution</i>	1 or 1b*	PA; SP
<i>octreotide acetate subcutaneous solution prefilled syringe</i>	1 or 1b*	PA; SP
SANDOSTATIN INJECTION SOLUTION (<i>octreotide acetate</i>)	3	PA; SP
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 10 MG, 30 MG (<i>octreotide acetate</i>)	3	PA; SP; QL (1 kit per 28 days)
SANDOSTATIN LAR DEPOT INTRAMUSCULAR KIT 20 MG (<i>octreotide acetate</i>)	3	PA; SP; QL (2 kits per 28 days)
SIGNIFOR LAR INTRAMUSCULAR SUSPENSION RECONSTITUTED ER (<i>pasireotide pamoate</i>)	3	PA; LD; SP; QL (1 kit per 28 days)
SIGNIFOR SUBCUTANEOUS SOLUTION (<i>pasireotide diaspertate</i>)	3	PA; LD; SP; QL (2 mL per 1 day)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML (<i>lanreotide acetate</i>)	3	PA; LD; SP; QL (1 syringe/vial per 28 days)
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML (<i>lanreotide acetate</i>)	3	PA; SP; QL (1 syringe/vial per 28 days)
*UREA CYCLE DISORDER - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
AMMONUL INTRAVENOUS SOLUTION (<i>sod benz-sod phenylacet</i>)	3	
BUPHENYL ORAL POWDER (<i>sodium phenylbutyrate</i>)	3	PA; QL (25 GM per 1 day)
BUPHENYL ORAL TABLET (<i>sodium phenylbutyrate</i>)	3	PA; QL (40 tablets per 1 day)
PHEBURANE ORAL PELLETT (<i>sodium phenylbutyrate</i>)	3	PA; QL (8 bottles per 30 days)
RAVICTI ORAL LIQUID (<i>glycerol phenylbutyrate</i>)	3	PA; SP; QL (17.5 mL per 1 day)
<i>sod benz-sod phenylacet intravenous solution</i>	1 or 1b*	
<i>sodium phenylbutyrate oral powder</i>	1 or 1b*	PA; QL (25 GM per 1 day)
<i>sodium phenylbutyrate oral tablet</i>	1 or 1b*	PA; QL (40 tablets per 1 day)
*V1A/V2-ARGININE VASOPRESSIN (AVP) RECEPTOR ANTAGONISTS*** - HORMONES		
VAPRISOL INTRAVENOUS SOLUTION (<i>conivaptan hcl in dextrose</i>)	3	
*VASOPRESSIN*** - HORMONES		
DDAVP INJECTION SOLUTION (<i>desmopressin acetate</i>)	3	
DDAVP ORAL TABLET 0.1 MG (<i>desmopressin acetate</i>)	3	DO
DDAVP ORAL TABLET 0.2 MG (<i>desmopressin acetate</i>)	3	QL (6 tablets per 1 day)
DDAVP PF INJECTION SOLUTION (<i>desmopressin acetate</i>)	3	
<i>desmopressin ace spray refrig nasal solution</i>	1 or 1b*	
<i>desmopressin acetate injection solution</i>	1 or 1b*	
DESMOPRESSIN ACETATE NASAL SOLUTION	3	
<i>desmopressin acetate oral tablet 0.1 mg</i>	1 or 1b*	DO
<i>desmopressin acetate oral tablet 0.2 mg</i>	1 or 1b*	QL (6 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>desmopressin acetate pf injection solution</i>	1 or 1b*	
<i>desmopressin acetate spray nasal solution</i>	1 or 1b*	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL (<i>desmopressin acetate</i>)	3	PA; SP; QL (1 tablet per 1 day)
TERLIVAZ INTRAVENOUS SOLUTION RECONSTITUTED (<i>terlipressin acetate</i>)	3	
<i>vasopressin intravenous solution</i>	1 or 1b*	
VASOSTRICT INTRAVENOUS SOLUTION (<i>vasopressin</i>)	3	
*X-LINKED HYPOPHOSPHATEMIA (XLH) TREATMENT - AGENTS*** - DRUGS FOR MENOPAUSE AND BONE LOSS		
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML (<i>burosumab-twza</i>)	3	PA; SP; QL (2 vials per 28 days)
CRYSVITA SUBCUTANEOUS SOLUTION 20 MG/ML (<i>burosumab-twza</i>)	3	PA; SP; QL (8 vials per 28 days)
CRYSVITA SUBCUTANEOUS SOLUTION 30 MG/ML (<i>burosumab-twza</i>)	3	PA; SP; QL (6 vials per 28 days)
ESTROGENS - HORMONES		
*ESTROGEN & PROGESTIN*** - DRUGS FOR WOMEN		
ACTIVELLA ORAL TABLET (<i>estradiol-norethindrone acet</i>)	3	
<i>amabelz oral tablet</i>	1 or 1b*	
ANGELIQ ORAL TABLET (<i>drospirenone-estradiol</i>)	3	
BIJUVA ORAL CAPSULE (<i>estradiol-progesterone</i>)	2	QL (1 capsule per 1 day)
CLIMARA PRO TRANSDERMAL PATCH WEEKLY (<i>estradiol-levonorgestrel</i>)	2	QL (4 patch per 28 days)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol-norethindrone acet</i>)	2	QL (8 patch per 28 days)
<i>estradiol-norethindrone acet oral tablet</i>	1 or 1b*	
<i>fyavolv oral tablet</i>	1 or 1b*	
<i>jinteli oral tablet</i>	1 or 1b*	
<i>mimvey oral tablet</i>	1 or 1b*	
<i>norethindrone-eth estradiol oral tablet</i>	1 or 1b*	
PREFEST ORAL TABLET (<i>estradiol-norgestimate</i>)	3	
PREMPHASE ORAL TABLET (<i>conj estrogen-medroxyprogesterone acetate</i>)	2	
PREMPRO ORAL TABLET (<i>conj estrogen-medroxyprogesterone acetate</i>)	2	
*ESTROGEN-PROGESTIN-GNRH ANTAGONIST*** - DRUGS FOR WOMAN		
MYFEMBREE ORAL TABLET (<i>relugolix-estradiol-norethindrone</i>)	3	PA; QL (1 tablet per 1 day)
ORIAHNN ORAL CAPSULE THERAPY PACK (<i>elagolix-estradiol-norethindrone</i>)	3	PA; QL (1 carton per 28 days)
*ESTROGENS*** - DRUGS FOR WOMEN		
ALORA TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	3	QL (8 patch per 28 days)
CLIMARA TRANSDERMAL PATCH WEEKLY (<i>estradiol</i>)	3	QL (0.15 patches per 1 day)
DELESTROGEN INTRAMUSCULAR OIL (<i>estradiol valerate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPO-ESTRADIOL INTRAMUSCULAR OIL (<i>estradiol cypionate</i>)	3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 0.75 MG/0.75GM, 1 MG/GM (<i>estradiol</i>)	3	QL (1 packet per 1 day)
DIVIGEL TRANSDERMAL GEL 1.25 MG/1.25GM (<i>estradiol</i>)	3	QL (30 packets per 30 days)
<i>dotti transdermal patch twice weekly</i>	1 or 1b*	QL (8 patch per 28 days)
ELESTRIN TRANSDERMAL GEL (<i>estradiol</i>)	3	QL (1 pump per 30 days)
ESTRACE ORAL TABLET (<i>estradiol</i>)	3	
<i>estradiol oral tablet</i>	1 or 1b*	
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm</i>	1 or 1b*	QL (1 packet per 1 day)
<i>estradiol transdermal gel 1.25 mg/1.25gm</i>	1 or 1b*	QL (30 packets per 30 days)
<i>estradiol transdermal patch twice weekly</i>	1 or 1b*	QL (8 patch per 28 days)
<i>estradiol transdermal patch weekly</i>	1 or 1b*	QL (0.15 patches per 1 day)
<i>estradiol valerate intramuscular oil</i>	1 or 1b*	
ESTROGEL TRANSDERMAL GEL (<i>estradiol</i>)	3	QL (1 pump per 30 days)
EVAMIST TRANSDERMAL SOLUTION (<i>estradiol</i>)	2	QL (2 bottles per 30 days)
<i>lyllana transdermal patch twice weekly</i>	1 or 1b*	QL (8 patch per 28 days)
MENEST ORAL TABLET (<i>esterified estrogens</i>)	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY (<i>estradiol</i>)	3	QL (4 patch per 28 days)
MINIVELLE TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	3	QL (8 patch per 28 days)
PREMARIN INJECTION SOLUTION RECONSTITUTED (<i>estrogens conjugated</i>)	2	
PREMARIN ORAL TABLET (<i>estrogens conjugated</i>)	2	QL (1 tablet per 1 day)
VIVELLE-DOT TRANSDERMAL PATCH TWICE WEEKLY (<i>estradiol</i>)	3	QL (8 patch per 28 days)
*ESTROGEN-SELECTIVE ESTROGEN RECEPTOR MODULATOR COMB*** - DRUGS FOR WOMEN		
DUAVEE ORAL TABLET (<i>conj estrogens-bazedoxifene</i>)	3	PA; QL (1 tablet per 1 day)
FLUOROQUINOLONES - DRUGS FOR INFECTIONS		
*FLUOROQUINOLONES*** - ANTIBIOTICS		
BAXDELA INTRAVENOUS SOLUTION RECONSTITUTED (<i>delafloxacin meglumine</i>)	3	
BAXDELA ORAL TABLET (<i>delafloxacin meglumine</i>)	3	PA
CIPRO ORAL SUSPENSION RECONSTITUTED (<i>ciprofloxacin</i>)	3	
CIPRO ORAL TABLET (<i>ciprofloxacin hcl</i>)	3	
<i>ciprofloxacin hcl oral tablet</i>	1 or 1b*	
<i>ciprofloxacin in d5w intravenous solution</i>	1 or 1b*	
<i>levofloxacin in d5w intravenous solution</i>	1 or 1b*	
<i>levofloxacin intravenous solution</i>	1 or 1b*	
<i>levofloxacin oral solution</i>	1 or 1b*	
<i>levofloxacin oral tablet</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>moxifloxacin hcl in nacl intravenous solution</i>	1 or 1b*	
MOXIFLOXACIN HCL INTRAVENOUS SOLUTION	3	
<i>moxifloxacin hcl oral tablet</i>	1 or 1b*	
<i>ofloxacin oral tablet</i>	1 or 1b*	
GASTROINTESTINAL AGENTS - MISC. - DRUGS FOR THE STOMACH		
*5-HT4 RECEPTOR AGONISTS*** - DRUGS FOR THE STOMACH		
MOTEGRITY ORAL TABLET (<i>prucalopride succinate</i>)	3	ST; QL (1 tablet per 1 day)
*BILE ACID SYNTHESIS DISORDER AGENTS*** - DRUGS FOR THE STOMACH		
CHOLBAM ORAL CAPSULE (<i>cholic acid</i>)	3	PA; QL (4 capsule per 1 day)
*CIC AGENTS - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR CONSTIPATION		
TRULANCE ORAL TABLET (<i>plecanatide</i>)	3	ST; QL (1 tablet per 1 day)
*FARNESOID X RECEPTOR (FXR) AGONISTS*** - DRUGS FOR THE STOMACH		
OALIVA ORAL TABLET (<i>obeticholic acid</i>)	3	PA; SP; QL (1 tablet per 1 day)
*GALLSTONE SOLUBILIZING AGENTS*** - DRUGS FOR THE STOMACH		
CHENODAL ORAL TABLET (<i>chenodiol</i>)	3	PA; LD; QL (7 tablets per 1 day)
RELTONE ORAL CAPSULE (<i>ursodiol</i>)	3	PA
URSO 250 ORAL TABLET (<i>ursodiol</i>)	3	
URSO FORTE ORAL TABLET (<i>ursodiol</i>)	3	
URSODIOL ORAL CAPSULE 200 MG, 400 MG	3	PA
<i>ursodiol oral capsule 300 mg</i>	1 or 1b*	
<i>ursodiol oral tablet</i>	1 or 1b*	
*GASTROINTESTINAL ANTIALLERGY AGENTS*** - DRUGS FOR THE STOMACH		
<i>cromolyn sodium oral concentrate</i>	1 or 1b*	
GASTROCROM ORAL CONCENTRATE (<i>cromolyn sodium</i>)	3	
*GASTROINTESTINAL CHLORIDE CHANNEL ACTIVATORS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
AMITIZA ORAL CAPSULE (<i>lubiprostone</i>)	3	ST; QL (2 capsules per 1 day)
<i>lubiprostone oral capsule</i>	1 or 1b*	QL (2 capsules per 1 day)
*GASTROINTESTINAL STIMULANTS*** - DRUGS FOR THE STOMACH		
GIMOTI NASAL SOLUTION (<i>metoclopramide hcl</i>)	3	PA; QL (1 bottle per 4 weekss)
<i>metoclopramide hcl injection solution</i>	1 or 1a*	
<i>metoclopramide hcl oral solution</i>	1 or 1a*	QL (60 mL per 1 day)
<i>metoclopramide hcl oral tablet 10 mg</i>	1 or 1a*	QL (6 tablets per 1 day)
<i>metoclopramide hcl oral tablet 5 mg</i>	1 or 1a*	QL (12 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>metoclopramide hcl oral tablet dispersible</i>	1 or 1a*	ST; QL (12 tablets per 1 day)
REGLAN ORAL TABLET 10 MG (<i>metoclopramide hcl</i>)	3	QL (6 tablets per 1 day)
REGLAN ORAL TABLET 5 MG (<i>metoclopramide hcl</i>)	3	QL (12 tablets per 1 day)
*GLUCAGON-LIKE PEPTIDE-2 (GLP-2) ANALOGS*** - DRUGS FOR THE STOMACH		
GATTEX SUBCUTANEOUS KIT (<i>teduglutide (rdna)</i>)	3	PA; SP
*IBS AGENT - GUANYLATE CYCLASE-C (GC-C) AGONISTS*** - DRUGS FOR CONSTIPATION		
LINZESS ORAL CAPSULE (<i>linaclotide</i>)	2	QL (1 capsule per 1 day)
*IBS AGENT - MU-OPIOID RECEPTOR AGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
VIBERZI ORAL TABLET (<i>eluxadoline</i>)	3	PA; QL (2 tablets per 1 day)
*IBS AGENT - SELECTIVE 5-HT3 RECEPTOR ANTAGONISTS*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
<i>alosetron hcl oral tablet</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
LOTROXEX ORAL TABLET (<i>alosetron hcl</i>)	3	PA; QL (2 tablets per 1 day)
*IBS AGENT - SODIUM/HYDROGEN EXCHANGER 3 (NHE3) INHIBITOR*** - DRUGS FOR IRRITABLE BOWEL SYNDROME		
IBSRELA ORAL TABLET (<i>tenapanor hcl</i>)	3	ST; QL (2 capsules per 1 day)
*ILEAL BILE ACID TRANSPORTER (IBAT) INHIBITORS*** - DRUGS FOR THE STOMACH		
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG (<i>odevixibat</i>)	3	PA; QL (30 pellets per 1 day)
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG (<i>odevixibat</i>)	3	PA; QL (10 pellets per 1 day)
BYLVAY ORAL CAPSULE 1200 MCG (<i>odevixibat</i>)	3	PA; QL (5 capsules per 1 day)
BYLVAY ORAL CAPSULE 400 MCG (<i>odevixibat</i>)	3	PA; QL (15 capsules per 1 day)
LIVMARLI ORAL SOLUTION (<i>maralixibat chloride</i>)	3	PA; QL (90 mL per 30 days)
*INFLAMMATORY BOWEL AGENTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>mesalamine</i>)	3	ST; QL (4 capsule per 1 day)
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE (<i>sulfasalazine</i>)	3	QL (8 tablet per 1 day)
AZULFIDINE ORAL TABLET (<i>sulfasalazine</i>)	3	QL (8 tablet per 1 day)
<i>balsalazide disodium oral capsule</i>	1 or 1b*	QL (9 capsule per 1 day)
CANASA RECTAL SUPPOSITORY (<i>mesalamine</i>)	3	QL (1 suppository per 1 day)
COLAZAL ORAL CAPSULE (<i>balsalazide disodium</i>)	3	QL (9 capsule per 1 day)
DELZICOL ORAL CAPSULE DELAYED RELEASE (<i>mesalamine</i>)	3	ST; QL (6 tablets per 1 day)
DIPENTUM ORAL CAPSULE (<i>olsalazine sodium</i>)	3	ST; QL (4 capsule per 1 day)
LIALDA ORAL TABLET DELAYED RELEASE (<i>mesalamine</i>)	3	ST; QL (4 tablet per 1 day)
<i>mesalamine er oral capsule extended release</i>	1 or 1b*	QL (8 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mesalamine er oral capsule extended release 24 hour</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>mesalamine oral capsule delayed release</i>	1 or 1b*	QL (6 tablets per 1 day)
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>mesalamine oral tablet delayed release 800 mg</i>	1 or 1b*	QL (6 tablet per 1 day)
<i>mesalamine rectal enema</i>	1 or 1b*	QL (60 mL per 1 day)
<i>mesalamine rectal suppository</i>	1 or 1b*	QL (1 suppository per 1 day)
<i>mesalamine-cleanser rectal kit</i>	1 or 1b*	QL (1 kit per 30 days)
PENTASA ORAL CAPSULE EXTENDED RELEASE 250 MG (mesalamine)	2	QL (16 capsule per 1 day)
PENTASA ORAL CAPSULE EXTENDED RELEASE 500 MG (mesalamine)	3	ST; QL (8 capsule per 1 day)
ROWASA RECTAL KIT (mesalamine-cleanser)	3	QL (1 kit per 30 days)
SFROWASA RECTAL ENEMA (mesalamine)	3	QL (60 mL per 1 day)
<i>sulfasalazine oral tablet</i>	1 or 1b*	QL (8 tablet per 1 day)
<i>sulfasalazine oral tablet delayed release</i>	1 or 1b*	QL (8 tablet per 1 day)
*INTEGRIN RECEPTOR ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
ENTYVIO INTRAVENOUS SOLUTION RECONSTITUTED (vedolizumab)	3	PA; SP; QL (1 vial per 56 days)
*INTERLEUKIN ANTAGONISTS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
SKYRIZI INTRAVENOUS SOLUTION (risankizumab-rzaa)	3	PA; QL (30 mL per 365 days)
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE (risankizumab-rzaa)	3	PA; QL (1 kit per 56 days)
STELARA INTRAVENOUS SOLUTION (ustekinumab)	2	PA; SP; QL (4 vial per 365 days)
*INTESTINAL ACIDIFIERS*** - DRUGS FOR THE STOMACH		
<i>enulose oral solution</i>	1 or 1b*	
<i>generlac oral solution</i>	1 or 1b*	
*LIVE FECAL MICROBIOTA (HUMAN)** - DRUGS FOR THE STOMACH		
REBYOTA RECTAL SUSPENSION (fecal microbiota, live-jslm)	3	PA; QL (1 carton per 1 lifetime)
*PERIPHERAL OPIOID RECEPTOR ANTAGONISTS*** - DRUGS FOR THE STOMACH		
<i>alvimopan oral capsule</i>	1 or 1b*	
ENTEREG ORAL CAPSULE (alvimopan)	3	
MOVANTIK ORAL TABLET (naloxegol oxalate)	2	QL (1 tablet per 1 day)
RELISTOR ORAL TABLET (methylnaltrexone bromide)	3	ST; QL (3 tablets per 1 day)
RELISTOR SUBCUTANEOUS SOLUTION (methylnaltrexone bromide)	3	ST; QL (1 syringe per 1 day)
SYMPROIC ORAL TABLET (naldemedine tosylate)	3	ST; QL (1 tablet per 1 day)
*PHOSPHATE BINDER AGENTS*** - DRUGS FOR THE STOMACH		
AURYXIA ORAL TABLET (ferric citrate)	3	ST; QL (9 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
calcium acetate (phos binder) oral capsule	1 or 1b*	QL (12 capsules per 1 day)
calcium acetate oral tablet	1 or 1b*	QL (12 tablets per 1 day)
FOSRENOL ORAL PACKET (lanthanum carbonate)	3	ST; QL (3 stick packs per 1 day)
FOSRENOL ORAL TABLET CHEWABLE (lanthanum carbonate)	3	ST; QL (3 tablets per 1 day)
lanthanum carbonate oral tablet chewable	1 or 1b*	QL (3 tablets per 1 day)
PHOSLYRA ORAL SOLUTION (calcium acetate (phos binder))	3	ST; QL (60 mL per 1 day)
RENAGEL ORAL TABLET (sevelamer hcl)	3	ST; QL (9 tablets per 1 day)
RENVELA ORAL PACKET 0.8 GM (sevelamer carbonate)	3	ST; QL (6 packets per 1 day)
RENVELA ORAL PACKET 2.4 GM (sevelamer carbonate)	3	ST; QL (3 packets per 1 day)
RENVELA ORAL TABLET (sevelamer carbonate)	3	ST; QL (9 tablets per 1 day)
sevelamer carbonate oral packet 0.8 gm	1 or 1b*	QL (6 packets per 1 day)
sevelamer carbonate oral packet 2.4 gm	1 or 1b*	QL (3 packets per 1 day)
sevelamer carbonate oral tablet	1 or 1b*	QL (9 tablets per 1 day)
sevelamer hcl oral tablet 400 mg	1 or 1b*	QL (15 tablets per 1 day)
sevelamer hcl oral tablet 800 mg	1 or 1b*	QL (9 tablets per 1 day)
VELPHORO ORAL TABLET CHEWABLE (sucroferric oxyhydroxide)	3	ST; QL (3 tablets per 1 day)
*TRYPTOPHAN HYDROXYLASE INHIBITORS*** - DRUGS FOR DIARRHEA		
XERMELO ORAL TABLET (telotristat etiprate)	3	PA; QL (3 tablets per 1 day)
*TUMOR NECROSIS FACTOR ALPHA BLOCKERS*** - DRUGS FOR INFLAMMATORY BOWEL DISEASE		
AVSOLA INTRAVENOUS SOLUTION RECONSTITUTED (infliximab-axxq)	3	PA
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT (certolizumab pegol)	3	PA; SP; QL (1 kit per 365 days)
CIMZIA SUBCUTANEOUS KIT (certolizumab pegol)	3	PA; SP; QL (1 package per 28 days)
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT (certolizumab pegol)	3	PA; SP; QL (1 kit per 28 days)
INFLECTRA INTRAVENOUS SOLUTION RECONSTITUTED (infliximab-dyyb)	3	PA; SP
INFLIXIMAB INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; SP
REMICADE INTRAVENOUS SOLUTION RECONSTITUTED (infliximab)	3	PA; SP
RENFLEXIS INTRAVENOUS SOLUTION RECONSTITUTED (infliximab-abda)	3	PA; SP
GENERAL ANESTHETICS - DRUGS FOR PAIN AND FEVER		
*ANESTHETICS - MISC.*** - DRUGS FOR SEDATION		
AMIDATE INTRAVENOUS SOLUTION (etomidate)	3	
ANESTHESIA S/I-40A INTRAVENOUS KIT	3	
ANESTHESIA S/I-40H INTRAVENOUS KIT	3	
ANESTHESIA S/I-40S INTRAVENOUS KIT	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIPRIVAN INTRAVENOUS EMULSION (<i>propofol</i>)	3	
<i>etomidate intravenous solution</i>	1 or 1b*	
<i>fresenius propoven intravenous emulsion</i>	1 or 1b*	
KETALAR INJECTION SOLUTION (<i>ketamine hcl</i>)	3	
<i>ketamine hcl injection solution</i>	1 or 1b*	
<i>ketamine hcl-sodium chloride intravenous solution</i>	3	
<i>propofol intravenous emulsion</i>	1 or 1b*	
<i>propofol-lipuro intravenous emulsion</i>	1 or 1b*	
*BARBITURATE ANESTHETICS*** - DRUGS FOR SEDATION		
BREVITAL SODIUM INJECTION SOLUTION RECONSTITUTED (<i>methohexital sodium</i>)	3	
*VOLATILE ANESTHETICS*** - DRUGS FOR SEDATION		
<i>desflurane inhalation solution</i>	1 or 1b*	
FORANE INHALATION SOLUTION (<i>isoflurane</i>)	3	
<i>isoflurane inhalation solution</i>	1 or 1b*	
<i>sevoflurane inhalation solution</i>	1 or 1b*	
SUPRANE INHALATION SOLUTION (<i>desflurane</i>)	3	
<i>terrell inhalation solution</i>	1 or 1b*	
ULTANE INHALATION SOLUTION (<i>sevoflurane</i>)	3	
GENITOURINARY AGENTS - MISCELLANEOUS - DRUGS FOR THE URINARY SYSTEM		
*5-ALPHA REDUCTASE INHIBITORS*** - DRUGS FOR THE PROSTATE		
AVODART ORAL CAPSULE (<i>dutasteride</i>)	3	QL (1 capsule per 1 day)
<i>dutasteride oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>finasteride oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
PROSCAR ORAL TABLET (<i>finasteride</i>)	3	QL (1 tablet per 1 day)
*ALPHA 1-ADRENOCEPTOR ANTAGONISTS*** - DRUGS FOR THE PROSTATE		
<i>alfuzosin hcl er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>doxazosin mesylate</i>)	3	QL (1 tablet per 1 day)
FLOMAX ORAL CAPSULE (<i>tamsulosin hcl</i>)	3	QL (2 capsules per 1 day)
RAPAFLO ORAL CAPSULE (<i>silodosin</i>)	3	QL (1 capsule per 1 day)
<i>silodosin oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>tamsulosin hcl oral capsule</i>	1 or 1b*	QL (2 capsules per 1 day)
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>alfuzosin hcl</i>)	3	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTI-INFECTIVE GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>neomycin-polymyxin b gu irrigation solution</i>	1 or 1b*	
*CITRATES*** - DRUGS FOR INFECTIONS		
<i>pot & sod cit-cit ac oral solution</i>	1 or 1b*	
<i>potassium citrate er oral tablet extended release</i>	1 or 1b*	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE (<i>potassium citrate</i>)	3	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE (<i>potassium citrate</i>)	3	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE (<i>potassium citrate</i>)	3	
*CYSTINOSIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
CYSTAGON ORAL CAPSULE (<i>cysteamine bitartrate</i>)	3	PA; LD
PROCYSBI ORAL CAPSULE DELAYED RELEASE (<i>cysteamine bitartrate</i>)	3	PA; LD; SP
PROCYSBI ORAL PACKET (<i>cysteamine bitartrate</i>)	3	PA; LD
*GENITOURINARY IRRIGANTS*** - DRUGS FOR THE URINARY SYSTEM		
<i>acetic acid irrigation solution</i>	1 or 1b*	
<i>argyle sterile saline irrigation solution</i>	1 or 1b*	
<i>curity sterile saline irrigation solution</i>	1 or 1b*	
<i>glycine irrigation solution</i>	1 or 1b*	
<i>glycine urologic irrigation solution</i>	1 or 1b*	
RENACIDIN IRRIGATION SOLUTION (<i>citric ac-gluconolact-mg carb</i>)	3	
<i>sodium chloride irrigation solution</i>	1 or 1b*	
SORBITOL IRRIGATION SOLUTION	3	
SORBITOL-MANNITOL IRRIGATION SOLUTION	3	
*IGAN AGENTS - ENDOTHELIN & ANGIOTENSIN II RECEPTOR ANTAG*** - DRUGS FOR THE URINARY SYSTEM		
FILSPARI ORAL TABLET (<i>sparsentan</i>)	3	PA; QL (1 tablet per 1 day)
*INTERSTITIAL CYSTITIS AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
ELMIRON ORAL CAPSULE (<i>pentosan polysulfate sodium</i>)	3	QL (3 capsules per 1 day)
RIMSO-50 INTRAVESICAL SOLUTION (<i>dimethyl sulfoxide</i>)	3	
*PHOSPHATES*** - DRUGS FOR INFECTIONS		
K-PHOS NO 2 ORAL TABLET (<i>pot & sod ac phosphates</i>)	3	
*PROSTATIC HYPERTROPHY AGENT COMBINATIONS*** - DRUGS FOR THE PROSTATE		
<i>dutasteride-tamsulosin hcl oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
ENTADFI ORAL CAPSULE (<i>finasteride-tadalafil</i>)	3	PA; QL (1 capsule per 1 day)
JALYN ORAL CAPSULE (<i>dutasteride-tamsulosin hcl</i>)	3	QL (1 capsule per 1 day)

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*SMALL INTERFERING RIBONUCLEIC ACID AGENTS (SIRNA)*** - DRUGS FOR THE URINARY SYSTEM		
OXLUMO SUBCUTANEOUS SOLUTION (<i>lumasiran sodium</i>)	3	PA
*URINARY STONE AGENTS*** - DRUGS FOR THE URINARY SYSTEM		
LITHOSTAT ORAL TABLET (<i>acetohydroxamic acid</i>)	3	
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG (<i>tiopronin</i>)	3	PA; QL (10 tablet per 1 day)
THIOLA EC ORAL TABLET DELAYED RELEASE 300 MG (<i>tiopronin</i>)	3	PA; QL (3 tablet per 1 day)
THIOLA ORAL TABLET (<i>tiopronin</i>)	3	PA; QL (10 tablet per 1 day)
<i>tiopronin oral tablet</i>	1 or 1b*	PA; QL (10 tablet per 1 day)
*VESICoureTERAL REFLUX (VUR) AGENT COMBINATIONS*** - DRUGS FOR THE URINARY SYSTEM		
DEFLUX INJECTION PREFILLED SYRINGE (<i>dextranomer-hyaluronic acid</i>)	3	
GOUT AGENTS - DRUGS FOR PAIN AND FEVER		
*GOUT AGENT COMBINATIONS*** - GOUT DRUGS		
<i>colchicine-probenecid oral tablet</i>	1 or 1b*	
*GOUT AGENTS*** - GOUT DRUGS		
<i>allopurinol oral tablet 100 mg</i>	1 or 1a*	QL (8 tablets per 1 day)
<i>allopurinol oral tablet 200 mg</i>	3	PA; QL (4 tablets per 1 day)
<i>allopurinol oral tablet 300 mg</i>	1 or 1a*	QL (2 tablets per 1 day)
<i>allopurinol sodium intravenous solution reconstituted</i>	1 or 1b*	
ALOPRIM INTRAVENOUS SOLUTION RECONSTITUTED (<i>allopurinol sodium</i>)	3	
<i>colchicine oral capsule</i>	3	ST; QL (2 capsules per 1 day)
<i>colchicine oral tablet</i>	2	QL (2.3 tablet per 1 day)
COLCRYS ORAL TABLET (<i>colchicine</i>)	3	ST; QL (2.3 tablet per 1 day)
<i>febuxostat oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
KRYSTEXXA INTRAVENOUS SOLUTION (<i>pegloticase</i>)	3	PA; LD; SP; QL (0.08 mL per 1 day)
MITIGARE ORAL CAPSULE (<i>colchicine</i>)	3	ST; QL (2 capsules per 1 day)
ULORIC ORAL TABLET (<i>febuxostat</i>)	3	ST; QL (1 tablet per 1 day)
ZYLOPRIM ORAL TABLET 100 MG (<i>allopurinol</i>)	3	QL (8 tablets per 1 day)
ZYLOPRIM ORAL TABLET 300 MG (<i>allopurinol</i>)	3	QL (2 tablets per 1 day)
*URICOSURICS*** - GOUT DRUGS		
<i>probenecid oral tablet</i>	1 or 1b*	
HEMATOLOGICAL AGENTS - MISC. - DRUGS FOR THE BLOOD		
*AMINOLEVULINATE SYNTHASE 1-DIRECTED SIRNA*** - DRUGS FOR THE BLOOD		
GIVLAARI SUBCUTANEOUS SOLUTION (<i>givosiran sodium</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ANTIHEMOPHILIC PRODUCTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
HEMLIBRA SUBCUTANEOUS SOLUTION (<i>emicizumab-kxwh</i>)	3	PA; SP
*ANTIHEMOPHILIC PRODUCTS*** - DRUGS TO PREVENT BLEEDING		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophil factor (rahf-pfm)</i>)	3	PA; LD; SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
AFSTYLA INTRAVENOUS KIT (<i>antihemophil fact single chain</i>)	3	PA; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor-vwf</i>)	3	PA; LD; SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix</i>)	3	PA; LD; SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (rfixfc)</i>)	3	PA; LD; SP
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact fc-vwf-xten-ehltl</i>)	3	PA
BENEFIX INTRAVENOUS KIT (<i>coagulation factor ix (recomb)</i>)	3	PA; SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor x (human)</i>)	3	PA
CORIFACT INTRAVENOUS KIT (<i>factor xiii concentrate human</i>)	3	PA; SP
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihem fact (bdd-rfviiiifc)</i>)	3	PA; LD; SP
ESPEROCT INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemoph fact rcmb gpeg-exei</i>)	3	PA
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED (<i>antiinhibitor coagulant cmplx</i>)	3	PA; LD; SP
FIBRYGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>fibrinogen concentrate (human)</i>)	3	PA
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT (<i>antihemophilic factor</i>)	3	PA; LD; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT (<i>antihemophilic factor</i>)	3	PA; SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor-vwf</i>)	3	PA; SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (rix-fp)</i>)	3	PA; SP
IXINITY INTRAVENOUS SOLUTION RECONSTITUTED (<i>coagulation factor ix (recomb)</i>)	3	PA; LD; SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED (<i>ahf (bdd-rfviii peg-aucl)</i>)	3	PA; SP
KCENTRA INTRAVENOUS KIT (<i>prothrombin complex conc human</i>)	3	
KOATE INTRAVENOUS SOLUTION RECONSTITUTED (<i>antihemophilic factor</i>)	3	PA; LD; SP

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KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED (antihemophilic factor)	3	PA; LD; SP
KOGENATE FS INTRAVENOUS KIT (antihem factor recomb (rfviii))	3	PA; LD; SP
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED (antihemophil factor (rahf-pfm))	3	PA; LD; SP
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED (antihemophil fact bd truncated)	3	PA; SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor viia recomb)	3	PA; SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact (bdd-rfviii,sim))	3	PA; SP
NUWIQ INTRAVENOUS KIT 1500 UNIT (antihem fact (bdd-rfviii,sim))	3	PA
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT (antihem fact (bdd-rfviii,sim))	3	PA; SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT (antihem fact (bdd-rfviii,sim))	3	PA
obizur intravenous solution reconstituted	3	PA
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED (factor ix complex)	3	PA; LD; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 500 UNIT (coagulation factor ix glycopeg)	3	PA; SP
REBINYN INTRAVENOUS SOLUTION RECONSTITUTED 3000 UNIT (coagulation factor ix glycopeg)	3	PA
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED (antihem factor recomb (rfviii))	3	PA; SP
RIASTAP INTRAVENOUS SOLUTION RECONSTITUTED (fibrinogen concentrate (human))	3	PA
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED	3	PA; LD; SP
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor viia-jncw)	3	PA
TRETTEIN INTRAVENOUS SOLUTION RECONSTITUTED (coagulation factor xiii a-sub)	3	PA; SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED (von willebrand factor (recomb))	3	PA; SP
WILATE INTRAVENOUS KIT (antihemophilic factor-vwf)	3	PA; SP
XYNTHA INTRAVENOUS KIT (antihem fact (bdd-rfviii,mor))	3	PA; SP
XYNTHA SOLOFUSE INTRAVENOUS KIT (antihem fact (bdd-rfviii,mor))	3	PA; SP
*ANTI-VON WILLEBRAND FACTOR AGENTS*** - DRUGS FOR THE BLOOD		
CABLIVI INJECTION KIT (caplacizumab-yhdp)	3	PA

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*BRADYKININ B2 RECEPTOR ANTAGONISTS*** - DRUGS FOR THE BLOOD		
FIRAZYR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (icatibant acetate)	3	PA; SP; QL (24 syringes per 30 days)
icatibant acetate subcutaneous solution prefilled syringe	1 or 1b*	PA; SP; QL (24 syringes per 30 days)
sajazir subcutaneous solution prefilled syringe	1 or 1b*	PA; SP; QL (24 syringes per 30 days)
*C1 ESTERASE INHIBITORS*** - DRUGS FOR THE BLOOD		
BERINERT INTRAVENOUS KIT (c1 esterase inhibitor (human))	3	PA; QL (24 kits per 30 days)
CINRYZE INTRAVENOUS SOLUTION RECONSTITUTED (c1 esterase inhibitor (human))	3	PA; SP; QL (20 vials per 30 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT (c1 esterase inhibitor (human))	3	PA; SP; QL (24 vials per 28 days)
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 3000 UNIT (c1 esterase inhibitor (human))	3	PA; SP; QL (16 vials per 28 days)
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED (c1 esterase inhibitor (recomb))	3	PA; SP; QL (16 vials per 30 days)
*COMPLEMENT C1 INHIBITORS*** - DRUGS FOR THE BLOOD		
ENJAYMO INTRAVENOUS SOLUTION (sutimlimab-jome)	3	PA; QL (6 vials per 2 weeks)
*COMPLEMENT C3 INHIBITORS*** - DRUGS FOR THE BLOOD		
EMPAVELI SUBCUTANEOUS SOLUTION (pegcetacoplan)	3	PA; QL (200 mL per 30 days)
*COMPLEMENT C5 INHIBITORS*** - DRUGS FOR THE BLOOD		
SOLIRIS INTRAVENOUS SOLUTION (eculizumab)	3	PA; SP; QL (8 vials per 28 days)
ULTOMIRIS INTRAVENOUS SOLUTION 1100 MG/11ML (ravulizumab-cwvz)	3	PA; QL (3 vials per 56 days)
ULTOMIRIS INTRAVENOUS SOLUTION 300 MG/3ML (ravulizumab-cwvz)	3	PA; QL (12 vials per 56 days)
*COMPLEMENT C5A RECEPTOR INHIBITORS*** - DRUGS FOR THE BLOOD		
TAVNEOS ORAL CAPSULE (avacopan)	3	PA; QL (6 capsules per 1 day)
*DIRECT-ACTING P2Y12 INHIBITORS*** - DRUGS FOR THE BLOOD		
BRILINTA ORAL TABLET (ticagrelor)	2	QL (2 tablets per 1 day)
KENGREAL INTRAVENOUS SOLUTION RECONSTITUTED (cangrelor tetrasodium)	3	
*GLYCOPROTEIN IIB/IIIA RECEPTOR INHIBITORS*** - DRUGS FOR THE BLOOD		
AGGRASTAT INTRAVENOUS CONCENTRATE (tirofiban hcl)	3	
AGGRASTAT INTRAVENOUS SOLUTION (tirofiban hcl in nacl)	3	
eptifibatide intravenous solution	1 or 1b*	

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*HEMATORHEOLOGIC AGENTS*** - DRUGS FOR THE BLOOD		
<i>pentoxifylline er oral tablet extended release</i>	1 or 1b*	
*HEMIN*** - DRUGS FOR THE BLOOD		
PANHEMATIN INTRAVENOUS SOLUTION RECONSTITUTED (hemin)	3	
*HUMAN PROTEIN C*** - DRUGS FOR THE BLOOD		
CEPROTIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>protein c concentrate (human)</i>)	3	SP
*PHOSPHODIESTERASE III INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>cilostazol oral tablet</i>	1 or 1b*	
*PLASMA EXPANDERS*** - DRUGS FOR THE BLOOD		
HESPAN INTRAVENOUS SOLUTION (<i>hetastarch-nacl</i>)	3	
<i>hetastarch-nacl intravenous solution</i>	1 or 1b*	
HEXTEND INTRAVENOUS SOLUTION (<i>hetastarch in lact electrolyte</i>)	3	
<i>lmd in d5w intravenous solution</i>	1 or 1b*	
<i>lmd in nacl intravenous solution</i>	1 or 1b*	
*PLASMA KALLIKREIN INHIBITORS - MONOCLONAL ANTIBODIES*** - DRUGS FOR THE BLOOD		
TAKHZYRO SUBCUTANEOUS SOLUTION (<i>lanadelumab-flyo</i>)	3	PA; SP; QL (1 vial per 28 days)
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>lanadelumab-flyo</i>)	3	PA; QL (2 mL per 28 days)
*PLASMA KALLIKREIN INHIBITORS*** - DRUGS FOR THE BLOOD		
KALBITOR SUBCUTANEOUS SOLUTION (<i>ecallantide</i>)	3	PA; SP; QL (48 vials per 30 days)
ORLADEYO ORAL CAPSULE (<i>berotralstat hcl</i>)	3	PA; QL (1 capsule per 1 day)
*PLASMA PROTEINS*** - DRUGS FOR THE BLOOD		
ALBUKED 25 INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
ALBUKED 5 INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
ALBUMIN HUMAN INTRAVENOUS SOLUTION	3	
ALBUMINEX INTRAVENOUS SOLUTION (<i>albumin human-kjda</i>)	3	
ALBUMIN-ZLB INTRAVENOUS SOLUTION	3	
ALBURX INTRAVENOUS SOLUTION	3	
ALBUTEIN INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
FLEXBUMIN INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
HUMAN ALBUMIN GRIFOLS INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
KEDBUMIN INTRAVENOUS SOLUTION	3	
OCTAPLAS BLOOD GROUP A INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	

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OCTAPLAS BLOOD GROUP AB INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP B INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
OCTAPLAS BLOOD GROUP O INTRAVENOUS SOLUTION (<i>plasma human</i>)	3	
PLASBUMIN-25 INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
PLASBUMIN-5 INTRAVENOUS SOLUTION (<i>albumin human</i>)	3	
PLASMANATE INTRAVENOUS SOLUTION (<i>plasma protein fraction</i>)	3	
RYPLAZIM INTRAVENOUS SOLUTION RECONSTITUTED (<i>plasminogen human-tvmh</i>)	3	PA
THROMBATE III INTRAVENOUS SOLUTION RECONSTITUTED (<i>antithrombin iii (human)</i>)	3	
*PLATELET AGGREGATION INHIBITOR COMBINATIONS*** - DRUGS FOR THE BLOOD		
<i>aspirin-dipyridamole er oral capsule extended release 12 hour</i>	1 or 1b*	QL (2 capsules per 1 day)
YOSPRALA ORAL TABLET DELAYED RELEASE (<i>aspirin-omeprazole</i>)	3	PA; QL (1 tablet per 1 day)
*PLATELET AGGREGATION INHIBITORS*** - DRUGS FOR THE BLOOD		
<i>dipyridamole oral tablet</i>	1 or 1b*	
*PROTAMINE*** - DRUGS FOR THE BLOOD		
<i>protamine sulfate intravenous solution</i>	1 or 1b*	
*PROTEASE-ACTIVATED RECEPTOR-1 (PAR-1) ANTAGONISTS*** - DRUGS FOR THE BLOOD		
ZONTIVITY ORAL TABLET (<i>vorapaxar sulfate</i>)	3	PA; QL (1 tablet per 1 day)
*PYRUVATE KINASE ACTIVATORS*** - DRUGS FOR THE BLOOD		
PYRUKYND ORAL TABLET (<i>mitapivat sulfate</i>)	3	PA; QL (2 tablets per 1 day)
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK (<i>mitapivat sulfate</i>)	3	PA; QL (1 pack per 28 days)
*QUINAZOLINE AGENTS*** - DRUGS FOR THE BLOOD		
AGRYLIN ORAL CAPSULE (<i>anagrelide hcl</i>)	3	QL (20 capsules per 1 day)
<i>anagrelide hcl oral capsule 0.5 mg</i>	1 or 1b*	QL (20 capsules per 1 day)
<i>anagrelide hcl oral capsule 1 mg</i>	1 or 1b*	QL (10 capsules per 1 day)
*SPLEEN TYROSINE KINASE (SYK) INHIBITORS*** - DRUGS FOR THE BLOOD		
TAVALISSE ORAL TABLET (<i>fostamatinib disodium</i>)	3	PA; QL (2 tablets per 1 day)
*THIENOPYRIDINE DERIVATIVES*** - DRUGS FOR THE BLOOD		
<i>clopidogrel bisulfate oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
EFFIENT ORAL TABLET (<i>prasugrel hcl</i>)	3	QL (1 tablet per 1 day)
PLAVIX ORAL TABLET (<i>clopidogrel bisulfate</i>)	3	QL (1 tablet per 1 day)
<i>prasugrel hcl oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)

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*THROMBOLYTIC AGENT - MISC*** - DRUGS FOR THE BLOOD		
DEFITELIO INTRAVENOUS SOLUTION (<i>defibrotide sodium</i>)	3	
*TISSUE PLASMINOGEN ACTIVATORS*** - DRUGS FOR THE BLOOD		
ACTIVASE INTRAVENOUS SOLUTION RECONSTITUTED (<i>alteplase</i>)	3	
CATHFLO ACTIVASE INJECTION SOLUTION RECONSTITUTED (<i>alteplase</i>)	3	
RETAVASE HALF-KIT INTRAVENOUS KIT (<i>reteplase</i>)	3	
RETAVASE INTRAVENOUS KIT (<i>reteplase</i>)	3	
TNKASE INTRAVENOUS KIT (<i>tenecteplase</i>)	3	
HEMATOPOIETIC AGENTS - DRUGS FOR NUTRITION		
*AGENTS FOR GAUCHER DISEASE*** - DRUGS FOR NUTRITION		
CERDELGA ORAL CAPSULE (<i>eliglustat tartrate</i>)	2	PA; SP; QL (2 capsules per 1 day)
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED (<i>imiglucerase</i>)	3	PA; SP
ELELYSO INTRAVENOUS SOLUTION RECONSTITUTED (<i>taliglucerase alfa</i>)	3	PA; SP
<i>miglustat oral capsule</i>	1 or 1b*	PA; SP; QL (3 capsules per 1 day)
VPRIV INTRAVENOUS SOLUTION RECONSTITUTED (<i>velaglucerase alfa</i>)	3	PA; SP
ZAVESCA ORAL CAPSULE (<i>miglustat</i>)	3	PA; SP; QL (3 capsules per 1 day)
*AMINO ACIDS*** - DRUGS FOR NUTRITION		
ENDARI ORAL PACKET (<i>glutamine (sickle cell)</i>)	3	PA
*COBALAMIN COMBINATIONS*** - DRUGS FOR NUTRITION		
NEURIN-SL SUBLINGUAL TABLET SUBLINGUAL	3	
*COBALAMINS*** - DRUGS FOR NUTRITION		
<i>cyanocobalamin injection solution</i>	1 or 1a*	
<i>dodex injection solution</i>	1 or 1a*	
<i>hydroxocobalamin acetate intramuscular solution</i>	1 or 1b*	
NASCOBAL NASAL SOLUTION (<i>cyanocobalamin</i>)	3	
*CXCR4 RECEPTOR ANTAGONIST*** - DRUGS FOR NUTRITION		
MOZOBIL SUBCUTANEOUS SOLUTION (<i>plerixafor</i>)	3	PA; SP
*CYTOTOXIC AGENTS*** - DRUGS FOR NUTRITION		
DROXIA ORAL CAPSULE (<i>hydroxyurea</i>)	2	
SIKLOS ORAL TABLET (<i>hydroxyurea</i>)	3	PA; SP
*ERYTHROID MATURATION AGENTS*** - DRUGS FOR NUTRITION		
REBLOZYL SUBCUTANEOUS SOLUTION RECONSTITUTED (<i>luspatercept-aamt</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ERYTHROPOIESIS-STIMULATING AGENTS (ESAS)*** - DRUGS FOR NUTRITION		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION (<i>darbepoetin alfa</i>)	3	PA; SP; QL (4 vials per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML, 100 MCG/0.5ML, 150 MCG/0.3ML, 200 MCG/0.4ML, 25 MCG/0.42ML, 300 MCG/0.6ML, 40 MCG/0.4ML, 60 MCG/0.3ML (<i>darbepoetin alfa</i>)	3	PA; SP; QL (4 syringes per 28 days)
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML (<i>darbepoetin alfa</i>)	3	PA; SP; QL (4 syringes per 30 days)
EPOGEN INJECTION SOLUTION (<i>epoetin alfa</i>)	3	PA; SP; QL (12 mL per 28 days)
MIRCERA INJECTION SOLUTION PREFILLED SYRINGE (<i>methoxy peg-epoetin beta</i>)	3	PA; QL (2 syringes per 28 days)
PROCRIT INJECTION SOLUTION (<i>epoetin alfa</i>)	3	PA; SP; QL (12 mL per 28 days)
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML (<i>epoetin alfa-epbx</i>)	3	PA; SP; QL (12 mL per 28 days)
RETACRIT INJECTION SOLUTION 20000 UNIT/ML (<i>epoetin alfa-epbx</i>)	3	PA; QL (12 mL per 28 days)
*FOLIC ACID/FOLATE COMBINATIONS*** - DRUGS FOR NUTRITION		
<i>fa-vitamin b-6-vitamin b-12 oral tablet</i>	1 or 1b*	
FOLGARD RX ORAL TABLET (<i>folic acid-vit b6-vit b12</i>)	3	
<i>foltabs 800 oral tablet</i>	1 or 1b*; \$0	
<i>millguard oral tablet</i>	1 or 1b*; \$0	
*FOLIC ACID/FOLATES*** - DRUGS FOR NUTRITION		
<i>cvs folic acid oral tablet</i>	1 or 1a*; \$0	
<i>fa-8 oral capsule</i>	1 or 1b*; \$0	
<i>folate oral tablet</i>	1 or 1a*; \$0	
<i>folic acid injection solution</i>	1 or 1a*	
<i>folic acid oral capsule</i>	1 or 1b*; \$0	
<i>folic acid oral tablet</i>	1 or 1a*; \$0	
<i>gnp folic acid oral tablet</i>	1 or 1a*; \$0	
<i>hm folic acid oral tablet</i>	1 or 1a*; \$0	
<i>kp folic acid oral tablet</i>	1 or 1a*; \$0	
<i>px folic acid oral tablet</i>	1 or 1a*; \$0	
<i>qc folic acid oral tablet</i>	1 or 1a*; \$0	
<i>ra folic acid oral tablet</i>	1 or 1a*; \$0	
<i>sm folic acid oral tablet</i>	1 or 1a*; \$0	
<i>yl folic acid oral tablet</i>	1 or 1a*; \$0	
*GRANULOCYTE COLONY-STIMULATING FACTORS (G-CSF)*** - DRUGS FOR NUTRITION		
FULPHILA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>pegfilgrastim-jmdb</i>)	3	PA; SP; QL (2 syringes per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FYLNETRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim-pbbk)	3	PA; QL (2 syringes per 28 days)
GRANIX SUBCUTANEOUS SOLUTION (tbo-filgrastim)	3	PA; SP
GRANIX SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (tbo-filgrastim)	3	PA; SP
NEULASTA ONPRO SUBCUTANEOUS PREFILLED SYRINGE KIT (pegfilgrastim)	3	PA; SP; QL (2 injectors/kits per 28 days)
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim)	3	PA; SP; QL (2 syringes per 28 days)
NEUPOGEN INJECTION SOLUTION (filgrastim)	3	PA; SP
NEUPOGEN INJECTION SOLUTION PREFILLED SYRINGE (filgrastim)	3	PA; SP
NIVESTYM INJECTION SOLUTION (filgrastim-aafi)	3	PA
NIVESTYM INJECTION SOLUTION PREFILLED SYRINGE (filgrastim-aafi)	3	PA; SP
NYVEPRIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim-apgf)	3	PA; QL (2 syringes per 28 days)
RELEUKO INJECTION SOLUTION	3	PA
RELEUKO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	3	PA
ROLVEDON SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (eflapegrastim-xnst)	3	PA; QL (2 syringes per 28 days)
STIMUFEND SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim-fpgk)	3	PA; QL (2 syringes per 28 days)
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim-cbqv)	3	PA; SP; QL (2 syringes per 28 days)
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE (filgrastim-sndz)	3	PA; SP
ZIEXTENZO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (pegfilgrastim-bmez)	3	PA; QL (2 injections per 28 days)
*GRANULOCYTE/MACROPHAGE COLONY-STIMULATING FACTOR(GM-CSF)*** - DRUGS FOR NUTRITION		
LEUKINE INJECTION SOLUTION RECONSTITUTED (sargramostim)	3	PA; SP
*HEMOGLOBIN S (HBS) POLYMERIZATION INHIBITORS*** - DRUGS FOR NUTRITION		
OXBRYTA ORAL TABLET (voxelotor)	3	PA; QL (5 tablets per 1 day)
OXBRYTA ORAL TABLET SOLUBLE (voxelotor)	3	PA; QL (5 tablets per 1 day)
*IRON COMBINATIONS*** - DRUGS FOR NUTRITION		
foltrin oral capsule	1 or 1b*	
*IRON*** - DRUGS FOR NUTRITION		
ACCRUFER ORAL CAPSULE (ferric maltol)	3	
FERAHEME INTRAVENOUS SOLUTION (ferumoxytol)	3	PA; QL (2 vials per 6 days)
FERRLECIT INTRAVENOUS SOLUTION (na ferric gluc cplx in sucrose)	3	PA; QL (16 vials per 8 weekss)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>ferumoxytol intravenous solution</i>	3	PA; QL (2 vials per 6 days)
INFED INJECTION SOLUTION (<i>iron dextran</i>)	3	PA
INJECTAFER INTRAVENOUS SOLUTION 100 MG/2ML (<i>ferric carboxymaltose</i>)	3	PA; QL (7 vials per 7 days)
INJECTAFER INTRAVENOUS SOLUTION 750 MG/15ML (<i>ferric carboxymaltose</i>)	3	PA; QL (2 vials per 14 days)
MONOFERRIC INTRAVENOUS SOLUTION (<i>ferric derisomaltose</i>)	3	PA; QL (1 vial per 1 day)
<i>na ferric gluc cplx in sucrose intravenous solution</i>	1 or 1b*	PA; QL (16 vials per 8 weekss)
TRIFERIC AVNU INTRAVENOUS SOLUTION (<i>ferric pyrophosphate citrate</i>)	3	PA
TRIFERIC HEMODIALYSIS PACKET (<i>ferric pyrophosphate citrate</i>)	3	PA
TRIFERIC HEMODIALYSIS SOLUTION (<i>ferric pyrophosphate citrate</i>)	3	PA
VENOFER INTRAVENOUS SOLUTION (<i>iron sucrose</i>)	3	PA; QL (15 mL per 71 days)
*SELECTIN BLOCKERS*** - DRUGS FOR NUTRITION		
ADAKVEO INTRAVENOUS SOLUTION (<i>crizanlizumab-tmca</i>)	3	PA
*THROMBOPOIETIN (TPO) RECEPTOR AGONISTS*** - DRUGS FOR NUTRITION		
DOPTELET ORAL TABLET (<i>avatrombopag maleate</i>)	3	PA; SP; QL (2 tablets per 1 day)
MULPLETA ORAL TABLET (<i>lusutrombopag</i>)	3	PA; SP; QL (1 tablet per 1 day)
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 125 MCG (<i>romiplostim</i>)	3	PA
NPLATE SUBCUTANEOUS SOLUTION RECONSTITUTED 250 MCG, 500 MCG (<i>romiplostim</i>)	3	PA; SP
PROMACTA ORAL PACKET 12.5 MG (<i>eltrombopag olamine</i>)	3	PA; DO
PROMACTA ORAL PACKET 25 MG (<i>eltrombopag olamine</i>)	3	PA; QL (3 dose-packs per 1 day)
PROMACTA ORAL TABLET 12.5 MG, 25 MG (<i>eltrombopag olamine</i>)	3	PA; DO; SP
PROMACTA ORAL TABLET 50 MG (<i>eltrombopag olamine</i>)	3	PA; SP; QL (3 tablets per 1 day)
PROMACTA ORAL TABLET 75 MG (<i>eltrombopag olamine</i>)	3	PA; SP; QL (1 tablet per 1 day)
HEMOSTATICS - DRUGS FOR THE BLOOD		
*HEMOSTATIC COMBINATIONS - TOPICAL*** - DRUGS TO PREVENT BLEEDING		
ARTISS EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
THROMBI-GEL 10 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	3	
THROMBI-GEL 100 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	3	
THROMBI-GEL 40 EXTERNAL PAD (<i>thrombin-cmc-cacl-gelatin</i>)	3	
THROMBI-PAD EXTERNAL PAD (<i>thrombin-cmc-cacl</i>)	3	
TISSEEL EXTERNAL KIT (<i>fibrin sealant component</i>)	3	
TISSEEL EXTERNAL SOLUTION (<i>fibrin sealant component</i>)	3	
*HEMOSTATICS - SYSTEMIC*** - DRUGS TO PREVENT BLEEDING		
AMICAR ORAL SOLUTION (<i>aminocaproic acid</i>)	3	QL (120 mL per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AMICAR ORAL TABLET 1000 MG (<i>aminocaproic acid</i>)	3	
AMICAR ORAL TABLET 500 MG (<i>aminocaproic acid</i>)	3	QL (60 tablets per 1 day)
<i>aminocaproic acid intravenous solution</i>	1 or 1b*	
<i>aminocaproic acid oral solution</i>	1 or 1b*	QL (120 mL per 1 day)
<i>aminocaproic acid oral tablet 1000 mg</i>	1 or 1b*	
<i>aminocaproic acid oral tablet 500 mg</i>	1 or 1b*	QL (60 tablets per 1 day)
CYKLOKAPRON INTRAVENOUS SOLUTION (<i>tranexamic acid</i>)	3	
<i>tranexamic acid intravenous solution</i>	1 or 1b*	
<i>tranexamic acid oral tablet</i>	1 or 1b*	QL (6 tablets per 1 day)
TRANEXAMIC ACID-NACL INTRAVENOUS SOLUTION	3	
*HEMOSTATICS - TOPICAL*** - DRUGS TO PREVENT BLEEDING		
ACTIFOAM COLLAGEN SPONGE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
AVITENE EXTERNAL PAD (<i>microfibrillar coll hemostat</i>)	3	
AVITENE FLOUR EXTERNAL POWDER (<i>microfibrillar coll hemostat</i>)	3	
ENDO AVITENE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
GELFILM EXTERNAL FILM (<i>gelatin absorbable</i>)	3	
GEL-FLOW NT EXTERNAL PREFILLED SYRINGE (<i>gelatin absorbable</i>)	3	
GELFOAM COMPRESSED SIZE 100 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM DENTAL PACK SIZE 4 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM MOUTH/THROAT POWDER (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE SIZE 100 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE SIZE 200 EXTERNAL (<i>gelatin absorbable</i>)	3	
GELFOAM SPONGE SIZE 50 EXTERNAL (<i>gelatin absorbable</i>)	3	
INSTAT EXTERNAL PAD (<i>absorbable collagen hemostat</i>)	3	
INTERCEED (TC7) EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
INTERCEED EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin (recombinant)</i>)	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin (recombinant)</i>)	3	
SURGICEL FIBRILLAR EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SURGICEL NU-KNIT EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SURGICEL SNOW 1"X2" EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SURGICEL SNOW 2"X4" EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SURGICEL SNOW 4"X4" EXTERNAL PAD (<i>oxidized cellulose</i>)	3	
SYRINGE AVITENE EXTERNAL (<i>absorbable collagen hemostat</i>)	3	
TACHOSIL EXTERNAL PATCH (<i>absorbable fibrin sealant</i>)	3	

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THROMBIN-JMI EPISTAXIS EXTERNAL KIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL KIT (<i>thrombin</i>)	3	
THROMBIN-JMI EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL KIT (<i>thrombin</i>)	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED (<i>thrombin</i>)	3	
ULTRAFOAM SPONGE 2X6.25X7CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X12.5X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X12.5X3CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X25X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
ULTRAFOAM SPONGE 8X6.25X1CM EXTERNAL (<i>microfibrillar coll hemostat</i>)	3	
HYPNOTICS/SEDATIVES/SLEEP DISORDER AGENTS - DRUGS FOR THE NERVOUS SYSTEM		
*BARBITURATE HYPNOTICS*** - DRUGS FOR INSOMNIA		
<i>pentobarbital sodium injection solution</i>	1 or 1b*	
<i>phenobarbital oral elixir</i>	1 or 1b*	QL (100 mL per 1 day)
<i>phenobarbital oral tablet 100 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
<i>phenobarbital oral tablet 15 mg, 16.2 mg, 30 mg, 32.4 mg</i>	1 or 1b*	DO
<i>phenobarbital oral tablet 60 mg</i>	1 or 1b*	QL (200 tablets per 30 days)
<i>phenobarbital oral tablet 64.8 mg</i>	1 or 1b*	QL (185 tablets per 30 days)
<i>phenobarbital oral tablet 97.2 mg</i>	1 or 1b*	QL (123 tablets per 30 days)
<i>phenobarbital sodium injection solution</i>	1 or 1b*	
SEZABY INTRAVENOUS SOLUTION RECONSTITUTED (<i>phenobarbital sodium</i>)	3	
*BENZODIAZEPINE HYPNOTICS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
BYFAVO INTRAVENOUS SOLUTION RECONSTITUTED (<i>remimazolam besylate</i>)	3	
DORAL ORAL TABLET (<i>quazepam</i>)	3	ST; QL (1 tablet per 1 day)
<i>estazolam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
HALCION ORAL TABLET (<i>triazolam</i>)	3	QL (1 tablet per 1 day)
<i>midazolam hcl (pf) injection solution</i>	1 or 1b*	
<i>midazolam hcl injection solution</i>	1 or 1b*	
<i>midazolam hcl oral syrup</i>	1 or 1b*	QL (10 mL per 1 fill)
MIDAZOLAM HCL-SODIUM CHLORIDE INTRAVENOUS SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>quazepam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
RESTORIL ORAL CAPSULE (<i>temazepam</i>)	3	QL (1 capsule per 1 day)
<i>temazepam oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>triazolam oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
*HYPNOTICS - TRICYCLIC AGENTS*** - DRUGS FOR INSOMNIA		
<i>doxepin hcl oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
SILENOR ORAL TABLET (<i>doxepin hcl</i>)	3	ST; QL (1 tablet per 1 day)
*NON-BENZODIAZEPINE - GABA-RECEPTOR MODULATORS*** - DRUGS FOR INSOMNIA		
AMBIEN CR ORAL TABLET EXTENDED RELEASE (<i>zolpidem tartrate</i>)	3	ST; QL (1 tablet per 1 day)
AMBIEN ORAL TABLET (<i>zolpidem tartrate</i>)	3	ST; QL (1 tablet per 1 day)
EDLUAR SUBLINGUAL TABLET SUBLINGUAL (<i>zolpidem tartrate</i>)	3	ST; QL (1 tablet per 1 day)
<i>eszopiclone oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
LUNESTA ORAL TABLET (<i>eszopiclone</i>)	3	ST; QL (1 tablet per 1 day)
<i>zaleplon oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>zolpidem tartrate er oral tablet extended release</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>zolpidem tartrate oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>zolpidem tartrate sublingual tablet sublingual</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
ZOLPIMIST ORAL SOLUTION (<i>zolpidem tartrate</i>)	3	ST; QL (0.2567 mL per 1 day)
*OREXIN RECEPTOR ANTAGONISTS*** - DRUGS FOR INSOMNIA		
BELSOMRA ORAL TABLET (<i>suvorexant</i>)	3	ST; QL (1 tablet per 1 day)
DAYVIGO ORAL TABLET (<i>lemborexant</i>)	3	ST; QL (1 tablet per 1 day)
QUVIVIQ ORAL TABLET (<i>daridorexant hcl</i>)	3	ST; QL (1 tablet per 1 day)
*SELECTIVE ALPHA2-ADRENORECEPTOR AGONIST SEDATIVES*** - DRUGS FOR INSOMNIA		
<i>dexmedetomidine hcl in nacl intravenous solution</i>	1 or 1b*	
DEXMEDETOMIDINE HCL INTRAVENOUS SOLUTION 1000 MCG/10ML, 400 MCG/4ML	3	
<i>dexmedetomidine hcl intravenous solution 200 mcg/2ml</i>	1 or 1b*	
DEXMEDETOMIDINE HCL-DEXTROSE INTRAVENOUS SOLUTION	3	
IGALMI SUBLINGUAL FILM (<i>dexmedetomidine hcl</i>)	3	PA; QL (20 films per 30 days)
PRECEDEX INTRAVENOUS SOLUTION (<i>dexmedetomidine hcl in nacl</i>)	3	
*SELECTIVE MELATONIN RECEPTOR AGONISTS*** - DRUGS FOR INSOMNIA		
HETLIOZ LQ ORAL SUSPENSION (<i>tasimelteon</i>)	3	PA; QL (5 mL per 1 day)
HETLIOZ ORAL CAPSULE (<i>tasimelteon</i>)	3	PA; SP; QL (1 capsule per 1 day)
<i>ramelteon oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
ROZEREM ORAL TABLET (<i>ramelteon</i>)	3	ST; QL (1 tablet per 1 day)
<i>tasimelteon oral capsule</i>	1 or 1b*	PA; QL (1 capsule per 1 day)

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LAXATIVES - DRUGS FOR THE STOMACH		
*BOWEL EVACUANT COMBINATIONS*** - DRUGS TO PREVENT CONSTIPATION		
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML (<i>sod picosulfate-mag ox-cit acd</i>)	3	QL (320 mL per 30 days)
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/175ML (<i>sod picosulfate-mag ox-cit acd</i>)	3	
GAVILYTE-C ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	1 or 1a*; \$0	QL (1 bottle per 30 days)
<i>gavilyte-g oral solution reconstituted</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
GOLYTELY ORAL SOLUTION RECONSTITUTED (<i>peg 3350-kcl-nabcb-nacl-nasulf</i>)	3	QL (4000 grams per 30 days)
MOVIPREP ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	3	QL (1 gram per 30 days)
<i>na sulfate-k sulfate-mg sulf oral solution</i>	1 or 1b*; \$0	QL (2 kits per 30 days)
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes oral solution reconstituted</i>	1 or 1a*; \$0	QL (4000 grams per 30 days)
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted</i>	1 or 1b*; \$0	QL (1 gram per 30 days)
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted</i>	1 or 1b*; \$0	QL (1 gram per 30 days)
PEG-PREP ORAL KIT (<i>bisacodyl-peg-kcl-nabicar-nacl</i>)	3	QL (1 kit per 30 days)
PLENVU ORAL SOLUTION RECONSTITUTED (<i>peg-kcl-nacl-nasulf-na asc-c</i>)	3	QL (1 gram per 30 days)
SUPREP BOWEL PREP KIT ORAL SOLUTION (<i>na sulfate-k sulfate-mg sulf</i>)	3	QL (2 kits per 30 days)
SUTAB ORAL TABLET (<i>sodium sulfate-mag sulfate-kcl</i>)	2	QL (24 tablets per 30 days)
*LAXATIVES - MISCELLANEOUS*** - DRUGS TO PREVENT CONSTIPATION		
<i>clearlax oral powder</i>	1 or 1b*; \$0	
<i>constulose oral solution</i>	1 or 1b*	
<i>cvs purelax oral packet</i>	1 or 1b*; \$0	
<i>cvs purelax oral powder</i>	1 or 1b*; \$0	
<i>eq clearlax oral powder</i>	1 or 1b*; \$0	
<i>eql clearlax oral powder</i>	1 or 1b*; \$0	
<i>gavilax oral powder</i>	1 or 1b*; \$0	
<i>gentlelax oral powder</i>	1 or 1b*; \$0	
<i>glycolax oral powder</i>	1 or 1b*; \$0	
<i>gnp clearlax oral packet</i>	1 or 1b*; \$0	
<i>gnp clearlax oral powder</i>	1 or 1b*; \$0	
<i>goodsense clearlax oral powder</i>	1 or 1b*; \$0	
<i>healthylax oral packet</i>	1 or 1b*; \$0	
<i>hm clearlax oral powder</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>kls laxaclear oral powder</i>	1 or 1b*; \$0	
KRISTALOSE ORAL PACKET (<i>lactulose</i>)	3	
LACTULOSE ORAL PACKET	3	
<i>lactulose oral solution</i>	1 or 1b*	
<i>mm clearlax oral powder</i>	1 or 1b*; \$0	
<i>peg 3350 oral packet</i>	1 or 1b*; \$0	
<i>peg 3350 oral powder</i>	1 or 1b*; \$0	
<i>polyethylene glycol 3350 oral packet</i>	1 or 1b*; \$0	
<i>polyethylene glycol 3350 oral powder</i>	1 or 1b*; \$0	
<i>qc natura-lax oral powder</i>	1 or 1b*; \$0	
<i>ra laxative oral powder</i>	1 or 1b*; \$0	
<i>sb polyethylene glycol 3350 oral powder</i>	1 or 1b*; \$0	
<i>sm clearlax oral powder</i>	1 or 1b*; \$0	
<i>smooth lax oral packet</i>	1 or 1b*; \$0	
<i>smooth lax oral powder</i>	1 or 1b*; \$0	
*LUBRICANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>mineral oil heavy oral oil</i>	1 or 1b*	
*SALINE LAXATIVE MIXTURES*** - DRUGS TO PREVENT CONSTIPATION		
OSMOPREP ORAL TABLET (<i>sod phos mono-sod phos dibasic</i>)	3; \$0	QL (32 tablet per 30 days)
*SALINE LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>citrate of magnesia oral solution</i>	1 or 1a*; \$0	
<i>citroma oral solution</i>	1 or 1a*; \$0	
<i>cvs magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>cvs milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>dulcolax milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>dulcolax oral suspension</i>	1 or 1b*; \$0	
<i>eq magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>eql milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>gnp milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>goodsense magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>goodsense milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>hm magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>hm milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>milk of magnesia oral suspension</i>	1 or 1b*; \$0	
ONELAX MAGNESIUM CITRATE ORAL SOLUTION (<i>magnesium citrate</i>)	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>phillips milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>px milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>qc magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>qc milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>ra magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>ra milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>sb magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>sb milk of magnesia oral suspension</i>	1 or 1b*; \$0	
<i>sm magnesium citrate oral solution</i>	1 or 1a*; \$0	
<i>sm milk of magnesia oral suspension</i>	1 or 1b*; \$0	
*STIMULANT LAXATIVES*** - DRUGS TO PREVENT CONSTIPATION		
<i>alophen oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bisacodyl ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>bisacodyl oral tablet delayed release</i>	1 or 1a*; \$0	
<i>correctol oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs c-lax laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>cvs gentle laxative womens oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eq gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eql gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>eql laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ex-lax ultra oral tablet delayed release</i>	1 or 1a*; \$0	
<i>feenamint oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>gnp womens gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense bisacodyl ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense bisacodyl laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>goodsense womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>hm laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>kp bisacodyl oral tablet delayed release</i>	1 or 1a*; \$0	
<i>laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>px laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc gentle laxative womens oral tablet delayed release</i>	1 or 1a*; \$0	
<i>qc laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>ra womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sb bisacodyl laxative ec oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sb gentle lax-women oral tablet delayed release</i>	1 or 1a*; \$0	
<i>sm gentle laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>womans laxative oral tablet delayed release</i>	1 or 1a*; \$0	
<i>womens laxative oral tablet delayed release</i>	1 or 1a*; \$0	
LOCAL ANESTHETICS-PARENTERAL - DRUGS FOR PAIN AND FEVER		
*LOCAL ANESTHETIC & SYMPATHOMIMETIC*** - DRUGS FOR SEDATION		
<i>articadent dental injection solution cartridge</i>	3	
<i>bupivacaine-epinephrine (pf) injection solution</i>	1 or 1b*	
<i>bupivacaine-epinephrine injection solution</i>	1 or 1b*	
<i>lidocaine-epinephrine injection solution</i>	1 or 1b*	
MARCAINE/EPINEPHRINE INJECTION SOLUTION (bupivacaine-epinephrine)	3	
MARCAINE/EPINEPHRINE PF INJECTION SOLUTION (bupivacaine-epinephrine)	3	
ORABLOC INJECTION SOLUTION CARTRIDGE (articaine-epinephrine)	3	
<i>sensorcaine/epinephrine injection solution</i>	1 or 1b*	
<i>sensorcaine-mpf/epinephrine injection solution 0.25% -1:200000</i>	1 or 1b*	
<i>sensorcaine-mpf/epinephrine injection solution 0.5% -1:200000</i>	3	
SENSORCAINE-MPF/EPINEPHRINE INJECTION SOLUTION 0.75-1:200000 % (bupivacaine-epinephrine)	3	
XYLOCAINE/EPINEPHRINE INJECTION SOLUTION (lidocaine-epinephrine)	3	
XYLOCAINE-MPF/EPINEPHRINE INJECTION SOLUTION (lidocaine-epinephrine)	3	
*LOCAL ANESTHETIC COMBINATIONS*** - DRUGS FOR SEDATION		
POINT OF CARE LM-2.5 INJECTION KIT (lidocaine hcl-bupivacaine hcl)	3	
*LOCAL ANESTHETICS - AMIDES*** - DRUGS FOR SEDATION		
BUPIVACAINE FISIOPHARMA INJECTION SOLUTION	3	
<i>bupivacaine hcl (pf) injection solution</i>	1 or 1b*	
<i>bupivacaine hcl injection solution</i>	1 or 1b*	
<i>bupivacaine in dextrose intrathecal solution</i>	1 or 1b*	
<i>bupivacaine spinal intrathecal solution</i>	1 or 1b*	
<i>lidocaine hcl (pf) injection solution</i>	1 or 1b*	
<i>lidocaine hcl injection solution</i>	1 or 1b*	
MARCAINE INJECTION SOLUTION (bupivacaine hcl)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MARCAINE PRESERVATIVE FREE INJECTION SOLUTION (bupivacaine hcl)	3	
MARCAINE SPINAL INTRATHECAL SOLUTION (bupivacaine in dextrose)	3	
MONOJECT BONE MARROW BIOPSY INJECTION KIT (lidocaine hcl)	3	
NAROPIN INJECTION SOLUTION (ropivacaine hcl)	3	
polocaine injection solution	1 or 1b*	
polocaine-mpf injection solution	1 or 1b*	
POSIMIR INJECTION SOLUTION (bupivacaine)	3	
ropivacaine hcl injection solution	1 or 1b*	
sensorcaine injection solution	1 or 1b*	
sensorcaine-mpf injection solution	1 or 1b*	
XARACOLL IMPLANT IMPLANT (bupivacaine hcl)	3	
XYLOCAINE INJECTION SOLUTION (lidocaine hcl)	3	
XYLOCAINE-MPF INJECTION SOLUTION (lidocaine hcl)	3	
ZINGO INTRADERMAL JET-INJECTOR (lidocaine hcl)	3	
*LOCAL ANESTHETICS - ESTERS*** - DRUGS FOR SEDATION		
chloroprocaine hcl (pf) injection solution	1 or 1b*	
CLOROTEKAL INTRATHECAL SOLUTION (chloroprocaine hcl)	3	
NESACAINE INJECTION SOLUTION (chloroprocaine hcl)	3	
NESACAINE-MPF INJECTION SOLUTION (chloroprocaine hcl)	3	
MACROLIDES - DRUGS FOR INFECTIONS		
*AZITHROMYCIN*** - ANTIBIOTICS		
azithromycin intravenous solution reconstituted	1 or 1b*	
azithromycin oral packet	1 or 1b*	
azithromycin oral suspension reconstituted	1 or 1b*	
azithromycin oral tablet	1 or 1b*	
ZITHROMAX INTRAVENOUS SOLUTION RECONSTITUTED (azithromycin)	3	
ZITHROMAX ORAL PACKET (azithromycin)	3	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED (azithromycin)	3	
ZITHROMAX ORAL TABLET (azithromycin)	3	
ZITHROMAX TRI-PAK ORAL TABLET (azithromycin)	3	
ZITHROMAX Z-PAK ORAL TABLET (azithromycin)	3	
*CLARITHROMYCIN*** - ANTIBIOTICS		
clarithromycin er oral tablet extended release 24 hour	1 or 1b*	
clarithromycin oral suspension reconstituted	1 or 1b*	
clarithromycin oral tablet	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ERYTHROMYCINS*** - ANTIBIOTICS		
<i>e.e.s. 400 oral tablet</i>	1 or 1b*	
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED (erythromycin ethylsuccinate)	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED (erythromycin ethylsuccinate)	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED (erythromycin ethylsuccinate)	3	
<i>ery-tab oral tablet delayed release</i>	1 or 1b*	
ERYTHROCIN LACTOBIONATE INTRAVENOUS SOLUTION RECONSTITUTED (erythromycin lactobionate)	3	
<i>erythrocin stearate oral tablet</i>	1 or 1b*	
<i>erythromycin base oral capsule delayed release particles</i>	1 or 1b*	
<i>erythromycin base oral tablet</i>	1 or 1b*	
<i>erythromycin base oral tablet delayed release</i>	1 or 1b*	
<i>erythromycin ethylsuccinate oral suspension reconstituted</i>	1 or 1b*	
<i>erythromycin ethylsuccinate oral tablet</i>	1 or 1b*	
<i>erythromycin lactobionate intravenous solution reconstituted</i>	1 or 1b*	
<i>erythromycin oral tablet delayed release</i>	1 or 1b*	
*FIDAXOMICIN*** - ANTIBIOTICS		
DIFICID ORAL SUSPENSION RECONSTITUTED (fidaxomicin)	3	QL (1 bottle per 30 days)
DIFICID ORAL TABLET (fidaxomicin)	3	QL (20 tablets per 1 fill)
MEDICAL DEVICES AND SUPPLIES - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
*CERVICAL CAPS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FEMCAP VAGINAL DEVICE (cervical caps)	2; \$0	
*CONDOMS - FEMALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
FC2 FEMALE CONDOM (condoms - female)	2; \$0	QL (12 units per 1 fill)
*CONDOMS - MALE*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
<i>aimsco lubricated</i>	2; \$0	
<i>condoms</i>	2; \$0	
DUREX REALFEEL DEVICE (condoms non-latex lubricated)	2; \$0	
FANTASY LUBRICATED (condoms latex lubricated)	2; \$0	
FANTASY LUBRICATED/SPERMICIDE (condoms latex lubricated)	2; \$0	
KAMELEON LUBRICATED (condoms latex lubricated)	2; \$0	
<i>kimono</i>	2; \$0	
KIMONO COLORS DEVICE (condoms latex lubricated)	2; \$0	
<i>kimono micro thin</i>	2; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>kimono micro thin plus</i>	2; \$0	
<i>kimono plus</i>	2; \$0	
<i>kimono ps</i>	2; \$0	
<i>kimono ps plus</i>	2; \$0	
<i>kimono sensation</i>	2; \$0	
<i>kimono sensation plus</i>	2; \$0	
KIMONO SPECIAL DEVICE (<i>condoms latex lubricated</i>)	2; \$0	
K-Y ME & YOU EXTRA LUBRICATED DEVICE (<i>condoms latex lubricated</i>)	2; \$0	
K-Y ME & YOU INTENSE DEVICE (<i>condoms latex lubricated</i>)	2; \$0	
<i>maxx</i>	2; \$0	
<i>maxx plus</i>	2; \$0	
REALITY LATEX CONDOMS (<i>condoms latex lubricated</i>)	2; \$0	
REALITY LATEX/ULTRA TEXTURED DEVICE (<i>condoms latex lubricated</i>)	2; \$0	
REALITY LATEX/ULTRA THIN DEVICE (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX COLOR CONDOMS + LUBE (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUB/RIBBED/STUDED (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUB/SPERMICIDE EX ST (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUB/SPERMICIDE XL (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUBRICATED (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUBRICATED EX LARGE (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUBRICATED EXTRA ST (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX LUBRICATED/SPERMICIDE (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX NATURAL CONDOMS + LUBE (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	2; \$0	
TRUSTEX RIA LUB/SPERMICIDE (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX RIA LUBRICATED (<i>condoms latex lubricated</i>)	2; \$0	
TRUSTEX RIA NON-LUBRICATED (<i>condoms latex non-lubricated</i>)	2; \$0	
TRUSTEX-NONOXYNOL-9/RIB/STUD (<i>condoms latex lubricated</i>)	2; \$0	
*DENTAL DESENSITIZING PRODUCTS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
REMESENSE DENTAL (<i>dental desensitizing product</i>)	3	
*DENTIFRICES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
MI PASTE DENTAL PASTE (<i>dentifrices</i>)	3	
MI PASTE PLUS DENTAL PASTE (<i>dentifrices</i>)	3	
*DIAPHRAGMS*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
CAYA VAGINAL DIAPHRAGM (<i>diaphragm arc-spring</i>)	2; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNIFLEX DIAPHRAGM VAGINAL DIAPHRAGM (<i>diaphragms</i>)	3; \$0	
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM (<i>diaphragm wide seal</i>)	2; \$0	
*GLUCOSE MONITORING TEST SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
1ST TIER UNILET COMFORTOUCH	2	QL (204 lancets per 30 days)
ACCU-CHEK FASTCLIX LANCET KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
ACCU-CHEK FASTCLIX LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ACCU-CHEK SAFE-T PRO LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ACCU-CHEK SOFTCLIX LANCET DEV KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
ACCU-CHEK SOFTCLIX LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ACTI-LANCE 28G	2	QL (204 lancets per 30 days)
ACTI-LANCE LITE LANCETS 28G	2	QL (204 lancets per 30 days)
ACTI-LANCE SPECIAL LANCETS 17G	2	QL (204 lancets per 30 days)
ACTI-LANCE UNIVERSAL 23G	2	QL (204 lancets per 30 days)
<i>adjustable lancing device</i>	2	
ADVANCED MOBILE LANCET	2	QL (204 lancets per 30 days)
ADVOCATE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ADVOCATE LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ADVOCATE LANCING DEVICE (<i>lancet devices</i>)	2	
ADVOCATE RAPID-SAFE LANCING (<i>lancet devices</i>)	2	
ADVOCATE SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ADVOCATE SAFETY LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
AGAMATRIX ULTRA-THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
AIMSCO TWIST LANCETS 32G	2	QL (204 lancets per 30 days)
AIMSCO TWIST LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
AQUALANCE LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASSURE COMFORT LANCETS 28G	2	QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS HIGH (lancets)	2	QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS LOW (lancets)	2	QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS MICRO (lancets)	2	QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS NORMAL (lancets)	2	QL (204 lancets per 30 days)
ASSURE HAEMOLANCE PLUS PED (lancets)	2	QL (204 lancets per 30 days)
ASSURE LANCE LANCETS (lancets)	2	QL (204 lancets per 30 days)
ASSURE LANCE LANCETS 21G (lancets)	2	QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 25G (lancets)	2	QL (204 lancets per 30 days)
ASSURE LANCE PLUS SAFETY 30G (lancets)	2	QL (204 lancets per 30 days)
ASSURE LANCE SAFETY LANCET 28G (lancets)	2	QL (204 lancets per 30 days)
AURORA LANCET SUPER THIN 30G	2	QL (204 lancets per 30 days)
AURORA LANCET THIN 23G	2	QL (204 lancets per 30 days)
AUTO-LANCET (lancet devices)	2	
AUTO-LANCET MINI (lancet devices)	2	
AUTOLET II CLINISAFE KIT (lancets misc.)	2	QL (200 units per 30 days)
AUTOLET LANCING DEVICE (lancet devices)	2	
AUTOLET LITE CLINISAFE KIT (lancets misc.)	2	QL (200 units per 30 days)
AUTOLET LITE STARTER PACK KIT (lancets misc.)	2	QL (200 units per 30 days)
AUTOLET MINI (lancet devices)	2	
AUTOLET PLATFORMS (lancets misc.)	2	QL (200 units per 30 days)
AUTOLET PLUS (lancet devices)	2	
BD LANCET ULTRAFINE 30G (lancets)	2	QL (204 lancets per 30 days)
BD LANCET ULTRAFINE 33G (lancets)	2	QL (204 lancets per 30 days)
BD MICROTAINER LANCETS (lancets)	2	QL (204 lancets per 30 days)
CARDIOCOM LANCING DEVICE (lancet devices)	2	
CAREONE LANCET SUPER THIN 30G (lancets)	2	QL (204 lancets per 30 days)
CAREONE LANCET THIN 23G	2	QL (204 lancets per 30 days)
CARESENS LANCETS (lancets)	2	QL (204 lancets per 30 days)
CARETOUCH LANCING/EJECTOR (lancet devices)	2	
CARETOUCH SAFETY LANCETS (lancets)	2	QL (204 lancets per 30 days)
CARETOUCH SAFETY LANCETS 26G (lancets)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 28G (lancets)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 30G (lancets)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST LANCETS 33G (lancets)	2	QL (204 lancets per 30 days)
CARETOUCH TWIST MC LANCETS 30G (lancets)	2	QL (204 lancets per 30 days)
CLEANLET LANCETS 28G (lancets)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLEVER CHEK LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CLEVER CHOICE LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COAGUCHEK LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COMFORT ASSURED LANCETS 28G	2	QL (204 lancets per 30 days)
COMFORT ASSURED LANCETS 33G	2	QL (204 lancets per 30 days)
COMFORT LANCETS	2	QL (204 lancets per 30 days)
COMFORT TOUCH LANCETS 31G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
COMFORT TOUCH PLUS LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
CVS LANCETS 21G	2	QL (204 lancets per 30 days)
CVS LANCETS MICRO THIN 33G	2	QL (204 lancets per 30 days)
CVS LANCETS ORIGINAL	2	QL (204 lancets per 30 days)
CVS LANCETS THIN 26G	2	QL (204 lancets per 30 days)
CVS LANCETS ULTRA THIN 30G	2	QL (204 lancets per 30 days)
CVS LANCETS ULTRA-THIN 30G	2	QL (204 lancets per 30 days)
<i>cvs lancing device</i>	2	
CVS ULTRA THIN LANCETS	2	QL (204 lancets per 30 days)
DEXCOM G6 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	2	PA; QL (1 unit per 365 days)
DEXCOM G6 SENSOR (<i>continuous blood gluc sensor</i>)	2	PA; QL (3 units per 30 days)
DEXCOM G6 TRANSMITTER (<i>continuous blood gluc transmit</i>)	2	PA; QL (1 unit per 90 days)
DEXCOM G7 RECEIVER DEVICE (<i>continuous blood gluc receiver</i>)	2	PA; QL (1 receiver per 1 year)
DEXCOM G7 SENSOR (<i>continuous blood gluc sensor</i>)	2	PA; QL (3 sensors per 30 days)
DIATHRIVE LANCET ULTRA THIN 30 (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DIATHRIVE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DIATHRIVE LANCING DEVICE (<i>lancet devices</i>)	2	
DROPLET GENTEEL LANCING DEVICE (<i>lancet devices</i>)	2	
DROPLET LANCETS ULTRA THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DROPLET LANCING DEVICE (<i>lancet devices</i>)	2	
DROPLET PERSONAL LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DRUG MART LANCETS THIN 26G	2	QL (204 lancets per 30 days)
DRUG MART LANCING DEVICE (<i>lancet devices</i>)	2	
DRUG MART ON-THE-GO LANCET 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
DRUG MART UNILET LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EASY COMFORT LANCETS	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EASY COMFORT LANCETS TWIST TOP	2	QL (204 lancets per 30 days)
<i>easy mini eject lancing device</i>	2	
<i>easy mini lancing device</i>	2	
EASY TOUCH LANCETS 21G (lancets)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 23G (lancets)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 26G (lancets)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G (lancets)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 28G/TWIST (lancets)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G (lancets)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 30G/TWIST (lancets)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G (lancets)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 32G/TWIST (lancets)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCETS 33G/TWIST (lancets)	2	QL (204 lancets per 30 days)
EASY TOUCH LANCING DEVICE (lancet devices)	2	
EASY TOUCH SAFETY LANCETS 21G (lancets)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 23G (lancets)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 26G (lancets)	2	QL (204 lancets per 30 days)
EASY TOUCH SAFETY LANCETS 28G (lancets)	2	QL (204 lancets per 30 days)
EMBRACE LANCETS ULTRA THIN 30G (lancets)	2	QL (204 lancets per 30 days)
<i>embrace lancing device/ejector</i>	2	
EMBRACE PRESSURE ACTIVATED 21G (lancets)	2	QL (204 lancets per 30 days)
EMBRACE PRESSURE ACTIVATED 28G (lancets)	2	QL (204 lancets per 30 days)
ENLITE GLUCOSE SENSOR (continuous blood gluc sensor)	3	PA
EQL COLOR LANCETS 21G	2	QL (204 lancets per 30 days)
EQL COLOR LANCETS MICRO 33G	2	QL (204 lancets per 30 days)
EQL SUPER THIN LANCETS 30G	2	QL (204 lancets per 30 days)
EQL THIN LANCETS 26G	2	QL (204 lancets per 30 days)
EVERSENSE E3 SENSOR/HOLDER (continuous blood gluc sensor)	3	PA
EVERSENSE E3 SMART TRANSMITTER (continuous blood gluc transmit)	3	PA; QL (1 unit per 365 days)
EVERSENSE SENSOR/HOLDER (continuous blood gluc sensor)	3	PA
EVERSENSE SMART TRANSMITTER (continuous blood gluc transmit)	3	PA; QL (1 unit per 365 days)
E-Z JECT LANCET MICRO-THIN 33G (lancets)	2	QL (204 lancets per 30 days)
E-Z JECT LANCET SUPER THIN 30G (lancets)	2	QL (204 lancets per 30 days)
E-Z JECT LANCETS (lancets)	2	QL (204 lancets per 30 days)
E-Z JECT LANCETS 21G (lancets)	2	QL (204 lancets per 30 days)
E-Z JECT LANCETS THIN 26G (lancets)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 21G (lancets)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 26G (lancets)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EZ-LETS LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
EZ-LETS LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FIFTY50 SAFETY SEAL LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FIFTY50 UNILET LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FINE 30 (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FINGERSTIX LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FORA LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FORA LANCING DEVICE (<i>lancet devices</i>)	2	
<i>freds pharmacy autolet lancing</i>	2	
FREDS PHARMACY UNILET LANC 28G	2	QL (204 lancets per 30 days)
FREDS PHARMACY UNILET LANC 30G	2	QL (204 lancets per 30 days)
FREESTYLE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
FREESTYLE LIBRE 14 DAY READER DEVICE (<i>continuous blood gluc receiver</i>)	2	PA; QL (1 unit per 365 days)
FREESTYLE LIBRE 14 DAY SENSOR (<i>continuous blood gluc sensor</i>)	2	PA; QL (2 units per 28 days)
FREESTYLE LIBRE 2 READER DEVICE (<i>continuous blood gluc receiver</i>)	2	PA; QL (1 reader per 1 year)
FREESTYLE LIBRE 2 SENSOR (<i>continuous blood gluc sensor</i>)	2	PA; QL (2 units per 28 days)
<i>freestyle libre 3 sensor</i>	2	PA; QL (2 sensors per 28 days)
FREESTYLE LIBRE READER DEVICE (<i>continuous blood gluc receiver</i>)	2	PA; QL (1 unit per 365 days)
FREESTYLE UNISTICK II LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GENTEEL BUTTERFLY TOUCH LANCET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GENTEEL CONTACT TIPS (BLUE) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (CLEAR) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (GREEN) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (ORANGE) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (RAINBOW) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (VIOLET) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL CONTACT TIPS (YELLOW) (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL LANCING KIT (BLUE) KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL NOZZLES (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
GENTEEL PLUS LANCING (BLACK) (<i>lancet devices</i>)	2	
GENTEEL PLUS LANCING (PURPLE) (<i>lancet devices</i>)	2	
GENTEEL PLUS LANCING (WHITE) (<i>lancet devices</i>)	2	
GENTEEL PLUS LANCING DEV(BLUE) (<i>lancet devices</i>)	2	
GENTEEL PLUS LANCING DEV(PINK) (<i>lancet devices</i>)	2	
GENTLE-LET GP LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GENTLE-LET LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GENTLE-LET PLATFORMS (<i>lancets misc.</i>)	2	QL (200 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLOBAL INJECT EASE LANCETS 28G	2	QL (204 lancets per 30 days)
GLOBAL INJECT EASE LANCETS 30G	2	QL (204 lancets per 30 days)
<i>global lancing device</i>	2	
GLUCOCOM LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GLUCOCOM LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GLUCOCOM LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GNP LANCETS 21G	2	QL (204 lancets per 30 days)
GNP LANCETS THIN 26G	2	QL (204 lancets per 30 days)
GNP LANCING SYSTEM DEVICE (<i>lancet devices</i>)	2	
GNP STERILE LANCETS 28G	2	QL (204 lancets per 30 days)
GNP STERILE LANCETS 30G	2	QL (204 lancets per 30 days)
GNP STERILE LANCETS 33G	2	QL (204 lancets per 30 days)
GOJJI LANCING DEVICE/CLEAR CAP (<i>lancet devices</i>)	2	
GOJJI STERILE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
GOODSENSE COLOR LANCETS 33G	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 26G UNIV	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 30G	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 30G UNIV	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 33G	2	QL (204 lancets per 30 days)
GOODSENSE LANCETS 33G UNIV	2	QL (204 lancets per 30 days)
<i>goodsense lancing device</i>	2	
GUARDIAN 4 GLUCOSE SENSOR (<i>continuous blood gluc sensor</i>)	3	PA; QL (5 sensors per 30 days)
GUARDIAN 4 TRANSMITTER (<i>continuous blood gluc transmit</i>)	3	PA; QL (2 units per 1 year)
GUARDIAN CONNECT TRANSMITTER (<i>continuous blood gluc transmit</i>)	3	PA; QL (2 units per 1 year)
GUARDIAN LINK 3 TRANSMITTER (<i>continuous blood gluc transmit</i>)	3	PA
GUARDIAN REAL-TIME REPLACE PED DEVICE (<i>continuous blood gluc receiver</i>)	3	PA; QL (1 unit per 365 days)
GUARDIAN SENSOR (3) (<i>continuous blood gluc sensor</i>)	3	PA; QL (5 sensors per 30 days)
GUARDIAN SENSOR 3	3	PA; QL (5 sensors per 30 days)
HAEMOLANCE (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE LOW FLOW LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS HIGH FLOW (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS LOW FLOW (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS MAX FLOW (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HAEMOLANCE PLUS PEDIATRIC FLOW (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HEALTH CARE LANCING DEVICE (<i>lancet devices</i>)	2	
<i>healthy accents lancing device</i>	2	
HEALTHY ACCENTS UNILET LANCETS	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>h-e-b incontrol adv lancing</i>	2	
H-E-B INCONTROL LANCETS 28G	2	QL (204 lancets per 30 days)
H-E-B INCONTROL LANCETS 30G	2	QL (204 lancets per 30 days)
H-E-B INCONTROL LANCETS 33G	2	QL (204 lancets per 30 days)
HYPOLANCE AST LANCING KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
HY-VEE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
HY-VEE THIN LANCETS	2	QL (204 lancets per 30 days)
IN TOUCH LANCING DEVICE (<i>lancet devices</i>)	2	
IN TOUCH STERILE LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
KINNEY LANCETS	2	QL (204 lancets per 30 days)
KINNEY THIN LANCETS	2	QL (204 lancets per 30 days)
KROGER AUTOLET LANCING DEVICE (<i>lancet devices</i>)	2	
KROGER HEALTHPRO LANCET 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
KROGER LANCETS	2	QL (204 lancets per 30 days)
KROGER LANCETS 21G	2	QL (204 lancets per 30 days)
KROGER LANCETS MICRO THIN 33G	2	QL (204 lancets per 30 days)
KROGER LANCETS SUPER THIN	2	QL (204 lancets per 30 days)
KROGER LANCETS THIN	2	QL (204 lancets per 30 days)
KROGER LANCETS THIN 26G	2	QL (204 lancets per 30 days)
KROGER LANCETS ULTRATHIN 30G	2	QL (204 lancets per 30 days)
<i>kroger lancing device</i>	2	
<i>lancet device</i>	2	
<i>lancet device with ejector</i>	2	
<i>lancet transporter case</i>	2	QL (200 units per 30 days)
LANCETS	2	QL (204 lancets per 30 days)
LANCETS 30G	2	QL (204 lancets per 30 days)
LANCETS 33G	2	QL (204 lancets per 30 days)
LANCETS MICRO THIN 33G	2	QL (204 lancets per 30 days)
LANCETS SUPER THIN 28G	2	QL (204 lancets per 30 days)
LANCETS THIN	2	QL (204 lancets per 30 days)
LANCETS ULTRA THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)
LANCETS ULTRA THIN 30G	2	QL (204 lancets per 30 days)
<i>lancing device</i>	2	
LANZO (<i>lancet devices</i>)	2	
<i>leader advanced lancing device</i>	2	
LIBERTY MEDICAL LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
LIBERTY MINI LANCING DEVICE (<i>lancet devices</i>)	2	
LITE TOUCH LANCETS	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LITE TOUCH LANCING PEN (<i>lancet devices</i>)	2	
LITETOUCH LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
<i>live better adv lancing device</i>	2	
LIVE BETTER LANCET SUPER THIN	2	QL (204 lancets per 30 days)
LIVE BETTER LANCET ULTRA THIN	2	QL (204 lancets per 30 days)
LONGS LANCETS STANDARD	2	QL (204 lancets per 30 days)
LONGS LANCETS THIN	2	QL (204 lancets per 30 days)
LONGS LANCETS ULTRA THIN	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET EXTRA	2	QL (204 lancets per 30 days)
MEDICHOICE SAFETY LANCET NORM	2	QL (204 lancets per 30 days)
MEDLANCE EXTRA 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE LITE 25G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS EXTRA 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS LITE 25G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS SPECIAL 0.8MM (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS SUPERLITE 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE PLUS UNIVERSAL 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEDLANCE UNIVERSAL 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER LANCETS THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER LANCETS UNIVERSAL 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MEIJER SUPER THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MICROLET LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MICROLET NEXT LANCING DEVICE (<i>lancet devices</i>)	2	
<i>mini lancing device</i>	2	
MINILINK REAL-TIME TRANSMITTER (<i>continuous blood gluc transmit</i>)	3	PA
MINIMED 630G GUARDIAN PRESS (<i>continuous blood gluc transmit</i>)	3	PA
MM LANCING DEVICE (<i>lancet devices</i>)	2	
MM TWIST LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MONOLET LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MONOLET OPD LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MONOLETTOR SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
MPD SAFETY LANCET 21G	2	QL (204 lancets per 30 days)
MPD SAFETY LANCET 23G	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MPD SAFETY LANCET 28G	2	QL (204 lancets per 30 days)
MPD SAFETY LANCET 30G	2	QL (204 lancets per 30 days)
<i>multi-lancet device</i>	2	
MULTI-LANCET DEVICE 2 KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
MYGLUCOHEALTH LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
NOVA SAFETY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
NOVA SUREFLEX LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
NOVA SUREFLEX LANCING DEVICE (<i>lancet devices</i>)	2	
ONETOUCH DELICA PLUS LANCET30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCET33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ONETOUCH DELICA PLUS LANCING (<i>lancet devices</i>)	2	
ONETOUCH DELICA SAFETY LANCING (<i>lancet devices</i>)	2	
PARADIGM REAL-TIME TRANSMITTER (<i>continuous blood gluc transmit</i>)	3	PA
PC LANCETS SUPER THIN 30G	2	QL (204 lancets per 30 days)
PERFECT LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PERFECT LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PHARMACIST CHOICE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PHARMACY COUNTER LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PIP LANCETS 28G	2	QL (204 lancets per 30 days)
PIP LANCETS 30G	2	QL (204 lancets per 30 days)
PRECISION THINS GP LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PREFERRED PLUS LANCETS COLORED	2	QL (204 lancets per 30 days)
PREFERRED PLUS LANCETS THIN	2	QL (204 lancets per 30 days)
PRO COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
PRO COMFORT LANCETS 31G	2	QL (204 lancets per 30 days)
<i>pro comfort safety lancets 30g</i>	2	QL (204 lancets per 30 days)
PRODIGY LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PRODIGY LANCING DEVICE (<i>lancet devices</i>)	2	
PRODIGY SAFETY LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PRODIGY TWIST TOP LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PSS SELECT GP LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PSS SELECT PLATFORMS (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
PSS SELECT SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
PURE COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
<i>px advanced lancing device</i>	2	
<i>px lancet auto injector</i>	2	
PX LANCETS MICROTHIN 33G	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PX LANCETS ULTRA THIN	2	QL (204 lancets per 30 days)
PX LANCETS ULTRA THIN 28G	2	QL (204 lancets per 30 days)
<i>qc advanced lancing device</i>	2	
QC LANCETS SUPER THIN 30G	2	QL (204 lancets per 30 days)
QC LANCETS ULTRA THIN	2	QL (204 lancets per 30 days)
QC UNILET LANCETS 28G	2	QL (204 lancets per 30 days)
QC UNILET LANCETS MICRO THIN	2	QL (204 lancets per 30 days)
RA E-ZJECT LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RA E-ZJECT LANCETS THIN 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RA E-ZJECT LANCETS ULTRA THIN (<i>lancets</i>)	2	QL (204 lancets per 30 days)
READYLANCE SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
REALITY LANCETS	2	QL (204 lancets per 30 days)
REALITY TRIGGER LANCETS	2	QL (204 lancets per 30 days)
RELION LANCET DEVICES 30G (<i>lancet devices</i>)	2	
RELION LANCETS MICRO-THIN 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION LANCETS THIN 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION LANCETS ULTRA-THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION LANCING DEVICE (<i>lancet devices</i>)	2	
RELION LANCING DEVICE KIT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
RELION ULTRA THIN LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RELION ULTRA THIN PLUS LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
REXALL LANCETS ULTRA THIN 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
RIGHTEST ALTERNATE SITE ADAPT (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
RIGHTEST GD500 LANCING DEVICE (<i>lancet devices</i>)	2	
RIGHTEST GL300 LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SAFE-T-LANCE (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SAFE-T-LANCE PLUS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SAFETY LANCET 30G/PRESSURE ACT	2	QL (204 lancets per 30 days)
SAFETY LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SAFETY LANCETS 21G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SAFETY LANCETS 23G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SAFETY LANCETS 28G	2	QL (204 lancets per 30 days)
<i>saps health plus lancets</i>	2	QL (204 lancets per 30 days)
SAPS HEALTH TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
SAPS TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
SAPSCARE TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
SB LANCETS THIN	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SB LANCETS ULTRA THIN	2	QL (204 lancets per 30 days)
<i>select-lite device/lancets kit</i>	2	QL (200 units per 30 days)
<i>select-lite lancing device</i>	2	
SHOPKO AUTOLET LANCING DEVICE (<i>lancet devices</i>)	2	
SHOPKO ON-THE-GO LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SHOPKO UNILET LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SHOPKO UNILET LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SIMPLE DIAGNOSTICS LANCING DEV (<i>lancet devices</i>)	2	
SINGLE-LET (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SM LANCETS 33G	2	QL (204 lancets per 30 days)
SM TRUEDRAW LANCING DEVICE (<i>lancet devices</i>)	2	
SMART DIABETES VANTAGE LANCING (<i>lancet devices</i>)	2	
SMART SENSE COLOR LANCETS 33G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SMART SENSE STANDARD LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SMART SENSE SUPER THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SMART SENSE THIN LANCETS 26G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SMARTEST LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SOLUS V2 LANCETS 28G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SOLUS V2 LANCING DEVICE (<i>lancet devices</i>)	2	
SOLUS V2 TWIST LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
STERILANCE PA (<i>lancets misc.</i>)	2	QL (200 units per 30 days)
STERILANCE TL (<i>lancets</i>)	2	QL (204 lancets per 30 days)
SUPER THIN LANCETS	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 18G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 21G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 23G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 28G	2	QL (204 lancets per 30 days)
SURE COMFORT LANCETS 30G	2	QL (204 lancets per 30 days)
<i>sure comfort lancing pen</i>	2	
SURELITE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TECHLITE AST LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TECHLITE LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TECHLITE LANCETS 30G (<i>lancets</i>)	2	QL (204 lancets per 30 days)
TGT LANCET MICRO THIN 33G	2	QL (204 lancets per 30 days)
TGT LANCET THIN 26G	2	QL (204 lancets per 30 days)
TGT LANCET ULTRA THIN 30G	2	QL (204 lancets per 30 days)
<i>tgt lancing device</i>	2	
THINLETS GP LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>today's health lancing device</i>	2	
TODAY'S HEALTH THIN LANCETS 28G	2	QL (204 lancets per 30 days)
TODAY'S HEALTH THIN LANCETS 30G	2	QL (204 lancets per 30 days)
TOPCARE LANCETS MICRO-THIN 33G	2	QL (204 lancets per 30 days)
TRAVEL LANCETS	2	QL (204 lancets per 30 days)
TRAVEL LANCETS ADVANCED 28G (lancets)	2	QL (204 lancets per 30 days)
<i>true comfort safety lancets</i>	2	QL (204 lancets per 30 days)
TRUE COMFORT TWIST TOP LANCETS	2	QL (204 lancets per 30 days)
TRUEDRAW LANCING DEVICE (lancet devices)	2	
TRUEPLUS LANCETS 26G (lancets)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 28G (lancets)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 30G (lancets)	2	QL (204 lancets per 30 days)
TRUEPLUS LANCETS 33G (lancets)	2	QL (204 lancets per 30 days)
TRUEPLUS SAFETY LANCETS 28G (lancets)	2	QL (204 lancets per 30 days)
<i>twist top lancets 30g</i>	2	QL (204 lancets per 30 days)
ULTI-LANCE AUTOMATIC (lancet devices)	2	
ULTILET CLASSIC LANCETS (lancets)	2	QL (204 lancets per 30 days)
ULTILET LANCETS (lancets)	2	QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS (lancets)	2	QL (204 lancets per 30 days)
ULTILET SAFETY LANCETS 23G (lancets)	2	QL (204 lancets per 30 days)
ULTRA THIN LANCETS 31G	2	QL (204 lancets per 30 days)
ULTRA-CARE LANCETS 30G	2	QL (204 lancets per 30 days)
ULTRA-THIN II AUTO LANCET (lancets)	2	QL (204 lancets per 30 days)
ULTRA-THIN II LANCETS (lancets)	2	QL (204 lancets per 30 days)
UNILET COMFORTOUCH LANCET (lancets)	2	QL (204 lancets per 30 days)
UNILET EXCELITE (lancets)	2	QL (204 lancets per 30 days)
UNILET EXCELITE II (lancets)	2	QL (204 lancets per 30 days)
UNILET G.P. LANCET (lancets)	2	QL (204 lancets per 30 days)
UNILET G.P. SUPERLITE LANCET (lancets)	2	QL (204 lancets per 30 days)
UNILET GP 28 ULTRA THIN (lancets)	2	QL (204 lancets per 30 days)
UNILET LANCET (lancets)	2	QL (204 lancets per 30 days)
UNILET MICRO-THIN 33G (lancets)	2	QL (204 lancets per 30 days)
UNILET SUPERLITE LANCET (lancets)	2	QL (204 lancets per 30 days)
UNILET SUPER-THIN 30G (lancets)	2	QL (204 lancets per 30 days)
UNILET ULTRA-THIN 28G (lancets)	2	QL (204 lancets per 30 days)
UNISTIK 1 (lancets misc.)	2	QL (200 units per 30 days)
UNISTIK 2 (lancets misc.)	2	QL (200 units per 30 days)
UNISTIK 2 COMFORT (lancets misc.)	2	QL (200 units per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UNISTIK 2 EXTRA (lancets misc.)	2	QL (200 units per 30 days)
UNISTIK 2 NEONATAL (lancets misc.)	2	QL (200 units per 30 days)
UNISTIK 2 NORMAL (lancets misc.)	2	QL (200 units per 30 days)
UNISTIK 2 SUPER (lancets misc.)	2	QL (200 units per 30 days)
UNISTIK 3 (lancets misc.)	2	QL (200 units per 30 days)
UNISTIK 3 COMFORT (lancets misc.)	2	QL (200 units per 30 days)
UNISTIK 3 EXTRA (lancets misc.)	2	QL (200 units per 30 days)
UNISTIK 3 GENTLE (lancets)	2	QL (204 lancets per 30 days)
UNISTIK 3 NEONATAL (lancets misc.)	2	QL (200 units per 30 days)
UNISTIK 3 NORMAL (lancets misc.)	2	QL (200 units per 30 days)
UNISTIK CZT COMFORT (lancets misc.)	2	QL (200 units per 30 days)
UNISTIK CZT NORMAL (lancets misc.)	2	QL (200 units per 30 days)
UNISTIK NORMAL (lancets misc.)	2	QL (200 units per 30 days)
UNISTIK PRO SAFETY LANCET (lancets)	2	QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 28G (lancets)	2	QL (204 lancets per 30 days)
UNISTIK SAFETY LANCETS 30G (lancets)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 21G (lancets)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 23G (lancets)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 28G (lancets)	2	QL (204 lancets per 30 days)
UNISTIK TOUCH SAFETY LANC 30G (lancets)	2	QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 26G (lancets)	2	QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS THIN 33G (lancets)	2	QL (204 lancets per 30 days)
UNIVERSAL 1 LANCETS ULTRA THIN (lancets)	2	QL (204 lancets per 30 days)
VALUE PLUS LANCET STANDARD 21G	2	QL (204 lancets per 30 days)
VALUE PLUS LANCETS SUPER THIN	2	QL (204 lancets per 30 days)
VALUE PLUS LANCETS THIN 26G	2	QL (204 lancets per 30 days)
value plus lancing device	2	
VALUMARK LANCET SUPER THIN 30G	2	QL (204 lancets per 30 days)
VALUMARK LANCET ULTRA THIN 28G	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 28G (lancets)	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 30G (lancets)	2	QL (204 lancets per 30 days)
VERIFINE UNIVERSAL LANCETS 33G (lancets)	2	QL (204 lancets per 30 days)
VIDA MIA AUTOLET LANCING DEV (lancet devices)	2	
VIDA MIA UNILET LANCETS 28G (lancets)	2	QL (204 lancets per 30 days)
VIDA MIA UNILET LANCETS 30G (lancets)	2	QL (204 lancets per 30 days)
VIVAGUARD LANCETS (lancets)	2	ST; QL (204 lancets per 30 days)
VIVAGUARD LANCING DEVICE (lancet devices)	2	
WALGREENS ADV TRAVEL LANCETS	2	QL (204 lancets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
WALGREENS LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
WALGREENS LANCETS MICRO THIN	2	QL (204 lancets per 30 days)
WALGREENS LANCETS SUPER THIN	2	QL (204 lancets per 30 days)
WALGREENS THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
WALGREENS ULTRA THIN LANCETS (<i>lancets</i>)	2	QL (204 lancets per 30 days)
ZEVRX TWIST TOP LANCETS 30G	2	QL (204 lancets per 30 days)
*INSULIN ADMINISTRATION SUPPLIES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
OMNIPOD 5 G6 INTRO (GEN 5) KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD 5 G6 POD (GEN 5) (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
OMNIPOD CLASSIC PODS (GEN 3) (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
OMNIPOD DASH INTRO (GEN 4) KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PDM (GEN 4) KIT (<i>insulin disposable pump</i>)	2	PA; QL (1 kit per 4 yearss)
OMNIPOD DASH PODS (GEN 4) (<i>insulin disposable pump</i>)	2	PA; QL (15 pods per 30 days)
V-GO 20 KIT (<i>insulin disposable pump</i>)	3	PA
V-GO 30 KIT (<i>insulin disposable pump</i>)	3	PA
V-GO 40 KIT (<i>insulin disposable pump</i>)	3	PA
*NEEDLES & SYRINGES*** - MEDICAL SUPPLIES AND DURABLE MEDICAL EQUIPMENT		
1ST TIER UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
1ST TIER UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
ABOUTTIME PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ADVOCATE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
<i>aq insulin syringe</i>	3	ST; QL (200 syringes per 30 days)
<i>aqinject pen needle</i>	3	ST; QL (200 needles per 30 days)
ASSURE ID INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ASSURE ID SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
<i>aum insulin safety pen needle</i>	3	ST; QL (200 needles per 30 days)
AUM MINI INSULIN PEN NEEDLE	3	ST; QL (200 needles per 30 days)
<i>aum pen needle</i>	3	ST; QL (200 needles per 30 days)
AUM READYGARD DUO PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
AUM SAFETY PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
AURORA PEN NEEDLES	3	ST; QL (200 needles per 30 days)
AURORA UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
BD AUTOSHIELD (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD AUTOSHIELD DUO (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD INSULIN SYR ULTRAFINE II (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BD INSULIN SYRINGE HALF-UNIT (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE MICROFINE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE U-500 (<i>insulin syringe/needle u-500</i>)	2	QL (200 syringes per 30 days)
BD INSULIN SYRINGE ULTRAFINE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD PEN NEEDLE MICRO U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE MINI U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO 2ND GEN (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE NANO U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE ORIGINAL U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD PEN NEEDLE SHORT U/F (<i>insulin pen needle</i>)	2	QL (200 needles per 30 days)
BD SAFETYGLIDE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD SAFETY-LOK INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYR U/F 1/2UNIT (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
BD VEO INSULIN SYRINGE U/F (<i>insulin syringe-needle u-100</i>)	2	QL (200 syringes per 30 days)
CAREFINE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
CAREONE INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
CAREONE UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
CAREONE UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
CARETOUCH INSULIN SYRINGE 28G X 5/16" 1 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
CARETOUCH INSULIN SYRINGE 29G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
CARETOUCH PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
CEQUR SIMPLICITY 2U DEVICE (<i>injection device for insulin</i>)	3	PA
CLEVER CHOICE COMFORT EZ (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
CLICKFINE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
COMFORT ASSIST INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
COMFORT EZ INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
COMFORT EZ MICRO PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
COMFORT EZ PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
COMFORT EZ SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
COMFORT TOUCH INSULIN PEN NEED (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
DIATHRIVE PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
DROPLET INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 15/64" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DROPLET INSULIN SYRINGE 30G X 1/2" 1 ML, 30G X 15/64" 0.3 ML, 30G X 15/64" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
DROPLET MICRON (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
DROPLET PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
DROPSAFE SAFETY PEN NEEDLES 31G X 5 MM	3	ST; QL (200 needles per 30 days)
DROPSAFE SAFETY PEN NEEDLES 31G X 6 MM , 31G X 8 MM	3	QL (200 needles per 30 days)
DROPSAFE SAFETY SYRINGE/NEEDLE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
DRUG MART UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
EASY COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
EASY COMFORT PEN NEEDLES 31G X 5 MM , 31G X 8 MM	3	QL (200 needles per 30 days)
EASY COMFORT PEN NEEDLES 31G X 6 MM , 32G X 4 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	3	ST; QL (200 needles per 30 days)
EASY GLIDE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
EASY TOUCH FLIPLOCK INSULIN SY (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EASY TOUCH INSULIN SYRINGE 27G X 5/8" 1 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
EASY TOUCH PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
EASY TOUCH SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
EASY TOUCH SHEATHLOCK SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
EMBRACE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
EQL INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
FIFTY50 PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
FIFTY50 SUPERIOR COMFORT SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
FREDS PHARMACY UNIFINE PENTIP+	3	ST; QL (200 needles per 30 days)
FREDS PHARMACY UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
GLOBAL EASE INJECT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML	3	QL (200 syringes per 30 days)
GLOBAL EASY GLIDE INSULIN SYR 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML	3	ST; QL (200 syringes per 30 days)
GLOBAL EASY GLIDE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GLOBAL INJECT EASE INSULIN SYR	3	ST; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLOBAL INSULIN SYRINGES	3	ST; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.3 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	3	ST; QL (200 syringes per 30 days)
GLUCOPRO INSULIN SYRINGE 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML (insulin syringe-needle u-100)	3	QL (200 syringes per 30 days)
GNP CLICKFINE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GNP INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 28GX1/2"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 29GX1/2"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 30GX5/16"	3	ST; QL (200 syringes per 30 days)
GNP INSULIN SYRINGES 31GX5/16"	3	ST; QL (200 syringes per 30 days)
GNP ULTICARE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
GNP ULTIGUARD SAFEPACK NEEDLE (insulin pen needle)	3	ST; QL (200 needles per 30 days)
GNP ULTRA COM INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
GOODSENSE CLICKFINE PEN NEEDLE	3	ST; QL (200 needles per 30 days)
GOODSENSE PEN NEEDLE PENFINE (insulin pen needle)	3	ST; QL (200 needles per 30 days)
HEALTHWISE INSULIN SYR/NEEDLE	3	QL (200 syringes per 30 days)
HEALTHWISE MICRON PEN NEEDLES	3	QL (200 needles per 30 days)
HEALTHWISE MINI PEN NEEDLES	3	ST; QL (200 needles per 30 days)
HEALTHWISE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
HEALTHWISE SHORT PEN NEEDLES 31G X 5 MM	3	QL (200 needles per 30 days)
HEALTHWISE SHORT PEN NEEDLES 31G X 8 MM	3	ST; QL (200 needles per 30 days)
HEALTHWISE UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
HEALTHY ACCENTS UNIFINE PENTIP	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL PEN NEEDLES	3	ST; QL (200 needles per 30 days)
H-E-B INCONTROL UNIFINE PENTIP (insulin pen needle)	3	ST; QL (200 needles per 30 days)
HM ULTICARE INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST; QL (200 syringes per 30 days)
HM ULTICARE MINI PEN NEEDLES (insulin pen needle)	3	ST; QL (200 needles per 30 days)
HM ULTICARE SHORT PEN NEEDLES (insulin pen needle)	3	ST; QL (200 needles per 30 days)
INCONTROL ULTICARE PEN NEEDLES (insulin pen needle)	3	ST; QL (200 needles per 30 days)
INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
insulin syringe-needle u-100 27g x 1/2" 0.5 ml, 27g x 1/2" 1 ml, 28g x 1/2" 0.5 ml, 28g x 1/2" 1 ml, 30g x 1/2" 1 ml	3	ST; QL (200 syringes per 30 days)
INSULIN SYRINGE-NEEDLE U-100 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML, 31G X 1/4" 0.3 ML, 31G X 1/4" 0.5 ML, 31G X 1/4" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
insulin syringes	3	ST; QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INSUPEN PEN NEEDLES	3	ST; QL (200 needles per 30 days)
INSUPEN SENSITIVE (insulin pen needle)	3	ST; QL (200 needles per 30 days)
INSUPEN ULTRAFIN (insulin pen needle)	3	ST; QL (200 needles per 30 days)
KINRAY INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
KMART VALU INSULIN SYRINGE 29G	3	ST; QL (200 syringes per 30 days)
KMART VALU INSULIN SYRINGE 30G	3	ST; QL (200 syringes per 30 days)
KROGER INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
KROGER PEN NEEDLES	3	ST; QL (200 needles per 30 days)
LEADER INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
LEADER UNIFINE PENTIPS (insulin pen needle)	3	ST; QL (200 needles per 30 days)
LEADER UNIFINE PENTIPS PLUS (insulin pen needle)	3	ST; QL (200 needles per 30 days)
LITETOUCH INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST; QL (200 syringes per 30 days)
LITETOUCH PEN NEEDLES (insulin pen needle)	3	ST; QL (200 needles per 30 days)
LONGS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
MAGELLAN INSULIN SAFETY SYR (insulin syringe-needle u-100)	3	ST; QL (200 syringes per 30 days)
MARATHON MEDICAL PENTIPS (insulin pen needle)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT II PEN NEEDLE (insulin pen needle)	3	ST; QL (200 needles per 30 days)
MAXI-COMFORT INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST; QL (200 syringes per 30 days)
MAXI-COMFORT SAFETY PEN NEEDLE (insulin pen needle)	3	ST; QL (200 needles per 30 days)
MAXICOMFORT SYR 27G X 1/2" (insulin syringe-needle u-100)	3	ST; QL (200 syringes per 30 days)
MEDIC INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
MEDICINE SHOPPE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MEIJER PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MICRODOT PEN NEEDLE (insulin pen needle)	3	ST; QL (200 needles per 30 days)
MM INSULIN SYRINGE/NEEDLE	3	ST; QL (200 syringes per 30 days)
MM PEN NEEDLES (insulin pen needle)	3	ST; QL (200 needles per 30 days)
MONOJECT INSULIN SYRINGE (insulin syringe-needle u-100)	3	ST; QL (200 syringes per 30 days)
MONOJECT ULTRA COMFORT SYRINGE (insulin syringe-needle u-100)	3	ST; QL (200 syringes per 30 days)
MS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
NOVOFINE AUTOCOVER PEN NEEDLE (insulin pen needle)	3	ST; QL (200 needles per 30 days)
NOVOFINE PEN NEEDLE (insulin pen needle)	3	ST; QL (200 needles per 30 days)
NOVOFINE PLUS PEN NEEDLE (insulin pen needle)	3	ST; QL (200 needles per 30 days)
PC UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PEN NEEDLES 5/16"	3	ST; QL (200 needles per 30 days)
PENTIPS (insulin pen needle)	3	ST; QL (200 needles per 30 days)
pip pen needles 31g x 5mm	3	ST; QL (200 needles per 30 days)
pip pen needles 32g x 4mm	3	ST; QL (200 needles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRECISION SURE-DOSE SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
PREFERRED PLUS INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
PREFERRED PLUS UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
PREVENT DROPSAFE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
PREVENT SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
PRO COMFORT INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
PRO COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PRODIGY INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
PURE COMFORT PEN NEEDLE	3	ST; QL (200 needles per 30 days)
PX EXTRA SHORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PX INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
PX MINI PEN NEEDLES	3	ST; QL (200 needles per 30 days)
PX PEN NEEDLE	3	ST; QL (200 needles per 30 days)
PX SHORTLENGTH PEN NEEDLES	3	ST; QL (200 needles per 30 days)
QC PEN NEEDLES	3	ST; QL (200 needles per 30 days)
QC UNIFINE PENTIPS	3	ST; QL (200 needles per 30 days)
RA INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
RA PEN NEEDLES	3	ST; QL (200 needles per 30 days)
<i>raya sure pen needle</i>	3	ST; QL (200 needles per 30 days)
REALITY INSULIN SYRINGE 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML	3	QL (200 syringes per 30 days)
REALITY INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML	3	ST; QL (200 syringes per 30 days)
RELION INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
RELION MINI PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
RELION PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
RELION SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
<i>safety pen needles</i>	3	ST; QL (200 needles per 30 days)
SB INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
SECURESAFE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
SECURESAFE SAFETY PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
SHOPKO UNIFINE PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
SHOPKO UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
SURE COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
SURE COMFORT PEN NEEDLES 29G X 12.7MM , 30G X 8 MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM	3	ST; QL (200 needles per 30 days)
<i>sure comfort pen needles 31g x 6 mm</i>	3	ST; QL (200 needles per 30 days)
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.3 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.3 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 1 ML	3	ST; QL (200 syringes per 30 days)
TECHLITE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 31G X 15/64" 0.5 ML, 31G X 5/16" 0.5 ML	3	QL (200 syringes per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TECHLITE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH MINI PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TODAYS HEALTH SHORT PEN NEEDLE	3	ST; QL (200 needles per 30 days)
TOPCARE CLICKFINE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TOPCARE ULTRA COMFORT INS SYR	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT INSULIN SYRINGE	3	QL (200 syringes per 30 days)
TRUE COMFORT PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TRUE COMFORT PRO INSULIN SYR	3	ST; QL (200 syringes per 30 days)
TRUE COMFORT PRO PEN NEEDLES	3	ST; QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 29G X 12.7MM (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
TRUEPLUS 5-BEVEL PEN NEEDLES 31G X 5 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
TRUEPLUS INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
TRUEPLUS PEN NEEDLES 29G X 12MM , 31G X 5 MM , 31G X 8 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
TRUEPLUS PEN NEEDLES 31G X 6 MM , 32G X 4 MM (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
ULTICARE INSULIN SAFETY SYR (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYR 1/2 UNIT (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTICARE INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTICARE MICRO PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE MINI PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTICARE SHORT PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTIGUARD SAFEPAK PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTIGUARD SAFEPAK SYR/NEEDLE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTILET PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA COMFORT INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA FLO INSULIN SYR 1/2 UNIT (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA FLO INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA THIN PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRACARE INSULIN SYRINGE	3	QL (200 syringes per 30 days)
ULTRACARE PEN NEEDLES	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II INS SYR SHORT (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II INSULIN SYRINGE (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
ULTRA-THIN II MINI PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
ULTRA-THIN II PEN NEEDLE SHORT (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRA-THIN II PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE PEN NEEDLES (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE PENTIPS PLUS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE SAFECONTROL PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
UNIFINE ULTRA PEN NEEDLE (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
VALUE HEALTH INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
VALUMARK PEN NEEDLES	3	ST; QL (200 needles per 30 days)
VANISHPOINT INSULIN SYRINGE 29G X 1/2" 1 ML, 29G X 5/16" 1 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.5 ML, 30G X 5/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	ST; QL (200 syringes per 30 days)
VANISHPOINT INSULIN SYRINGE 30G X 3/16" 0.5 ML, 30G X 3/16" 1 ML (<i>insulin syringe-needle u-100</i>)	3	QL (200 syringes per 30 days)
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
VERIFINE INSULIN PEN NEEDLE 31G X 5 MM (<i>insulin pen needle</i>)	3	QL (200 needles per 30 days)
VIDA MIA UNIFINE PENTIPS (<i>insulin pen needle</i>)	3	ST; QL (200 needles per 30 days)
VP INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
WEGMANS UNIFINE PENTIPS PLUS	3	ST; QL (200 needles per 30 days)
ZEV RX INSULIN SYRINGE	3	ST; QL (200 syringes per 30 days)
ZEV RX PEN NEEDLES	3	ST; QL (200 needles per 30 days)
MIGRAINE PRODUCTS - DRUGS FOR THE NERVOUS SYSTEM		
*CALCITONIN GENE-RELATED PEPTIDE RECEPTOR ANTAG (CGRP)*** - DRUGS FOR MIGRAINE HEADACHES		
NURTEC ORAL TABLET DISPERSIBLE (<i>rimegepant sulfate</i>)	2	PA; QL (8 tablets per 30 days)
QULIPTA ORAL TABLET (<i>atogepant</i>)	3	PA; QL (1 tablet per 1 day)
UBRELVIY ORAL TABLET (<i>ubrogepant</i>)	3	ST; QL (16 tablets per 30 days)
*CGRP RECEPTOR ANTAGONISTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MIGRAINE HEADACHES		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>erenumab-aooe</i>)	3	PA; QL (1 autoinjector per 28 days)
AJOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>fremanezumab-vfrm</i>)	3	PA; QL (3 syringes per 90 days)
AJOVY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>fremanezumab-vfrm</i>)	3	PA; QL (3 syringes per 90 days)
EMGALITY (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	3	PA; QL (3 syringes per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>galcanezumab-gnlm</i>)	3	PA; QL (1 pen per 28 days)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>galcanezumab-gnlm</i>)	3	PA; QL (1 syringe per 28 days)
VYEPTI INTRAVENOUS SOLUTION (<i>eptinezumab-jjmr</i>)	3	PA; QL (1 vial per 3 monthss)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*ERGOT COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
CAFERGOT ORAL TABLET (<i>ergotamine-caffeine</i>)	3	
<i>ergotamine-caffeine oral tablet</i>	1 or 1b*	
<i>migergot rectal suppository</i>	1 or 1b*	
*MIGRAINE PRODUCTS - CYCLOOXYGENASE 2 (COX-2) INHIBITORS*** - DRUGS FOR MIGRAINE HEADACHES		
ELXYXB ORAL SOLUTION (<i>celecoxib (migraine)</i>)	3	ST; QL (43.2 mL per 30 days)
*MIGRAINE PRODUCTS - NSAIDS*** - DRUGS FOR MIGRAINE HEADACHES		
CAMBIA ORAL PACKET (<i>diclofenac potassium(migraine)</i>)	3	ST; QL (9 packets per 30 days)
<i>diclofenac potassium(migraine) oral packet</i>	3	ST; QL (9 packets per 30 days)
*MIGRAINE PRODUCTS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>dihydroergotamine mesylate injection solution</i>	1 or 1b*	PA; QL (24 mL per 28 days)
<i>dihydroergotamine mesylate nasal solution</i>	3	ST; QL (8 mL per 28 days)
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL (<i>ergotamine tartrate</i>)	3	
MIGRANAL NASAL SOLUTION (<i>dihydroergotamine mesylate</i>)	3	ST; QL (8 mL per 28 days)
TRUDHESA NASAL AEROSOL SOLUTION (<i>dihydroergotamine mesylate hfa</i>)	3	ST; QL (2 kits per 28 days)
*SELECTIVE SEROTONIN AGONIST-NSAID COMBINATIONS*** - DRUGS FOR MIGRAINE HEADACHES		
<i>sumatriptan-naproxen sodium oral tablet</i>	3	ST; QL (9 tablets per 30 days)
TREXIMET ORAL TABLET (<i>sumatriptan-naproxen sodium</i>)	3	ST; QL (9 tablets per 30 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1)*** - DRUGS FOR MIGRAINE HEADACHES		
<i>almotriptan malate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>eletriptan hydrobromide oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
FROVA ORAL TABLET (<i>frovatriptan succinate</i>)	3	ST; QL (9 tablets per 30 days)
<i>frovatriptan succinate oral tablet</i>	1 or 1b*	ST; QL (9 tablets per 30 days)
IMITREX NASAL SOLUTION (<i>sumatriptan</i>)	3	ST; QL (6 nasal inhalers per 30 days)
IMITREX ORAL TABLET (<i>sumatriptan succinate</i>)	3	ST; QL (9 tablets per 30 days)
IMITREX STATDOSE REFILL SUBCUTANEOUS SOLUTION CARTRIDGE (<i>sumatriptan succinate</i>)	3	ST; QL (6 cartridges per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 4 MG/0.5ML (<i>sumatriptan succinate</i>)	3	ST; QL (6 syringes (2 ML.) per 30 days)
IMITREX STATDOSE SYSTEM SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.5ML (<i>sumatriptan succinate</i>)	3	ST; QL (6 cartridges (2ml) per 30 days)
MAXALT ORAL TABLET (<i>rizatriptan benzoate</i>)	3	ST; QL (9 tablets per 30 days)
MAXALT-MLT ORAL TABLET DISPERSIBLE (<i>rizatriptan benzoate</i>)	3	ST; QL (9 tablets per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>naratriptan hcl oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
ONZETRA XSAIL NASAL EXHALER POWDER (<i>sumatriptan succinate</i>)	3	ST; QL (1 kit per 30 days)
RELPAK ORAL TABLET (<i>eletriptan hydrobromide</i>)	3	ST; QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>rizatriptan benzoate oral tablet dispersible</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>sumatriptan nasal solution</i>	1 or 1b*	QL (6 nasal inhalers per 30 days)
<i>sumatriptan succinate oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	1 or 1b*	QL (6 cartridges per 30 days)
<i>sumatriptan succinate subcutaneous solution</i>	1 or 1b*	QL (5 vials per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml</i>	1 or 1b*	QL (6 syringes (2 ML) per 30 days)
<i>sumatriptan succinate subcutaneous solution auto-injector 6 mg/0.5ml</i>	1 or 1b*	QL (6 cartridges (2ml) per 30 days)
TOSYMRA NASAL SOLUTION (<i>sumatriptan</i>)	3	ST; QL (12 units per 30 days)
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>sumatriptan succinate</i>)	3	ST; QL (8 syringes per 30 days)
<i>zolmitriptan nasal solution</i>	1 or 1b*	ST; QL (6 nasal inhalers per 30 days)
<i>zolmitriptan oral tablet</i>	1 or 1b*	QL (9 tablets per 30 days)
<i>zolmitriptan oral tablet dispersible</i>	1 or 1b*	QL (9 tablets per 30 days)
ZOMIG NASAL SOLUTION (<i>zolmitriptan</i>)	3	ST; QL (6 nasal inhalers per 30 days)
ZOMIG ORAL TABLET (<i>zolmitriptan</i>)	3	ST; QL (9 tablets per 30 days)
*SELECTIVE SEROTONIN AGONISTS 5-HT(1F)*** - DRUGS FOR MIGRAINE HEADACHES		
REYVOW ORAL TABLET 100 MG (<i>lasmiditan succinate</i>)	3	ST; QL (8 tablets per 30 days)
REYVOW ORAL TABLET 50 MG (<i>lasmiditan succinate</i>)	3	ST; QL (4 tablets per 30 days)
MINERALS & ELECTROLYTES - DRUGS FOR NUTRITION		
*BICARBONATES*** - DRUGS FOR NUTRITION		
SODIUM ACETATE INTRAVENOUS SOLUTION 2 MEQ/ML	3	
<i>sodium acetate intravenous solution 4 meq/ml</i>	1 or 1b*	
<i>sodium bicarbonate intravenous solution</i>	1 or 1b*	
THAM INTRAVENOUS SOLUTION (<i>tromethamine</i>)	3	
*CALCIUM COMBINATIONS*** - DRUGS FOR NUTRITION		
CALCIUM GLUCONATE-NACL INTRAVENOUS SOLUTION	3	
*CALCIUM*** - DRUGS FOR NUTRITION		
CALCIUM GLUCONATE INTRAVENOUS SOLUTION	3	
*ELECTROLYTES & DEXTROSE*** - DRUGS FOR NUTRITION		
DEXTROSE 5%/ELECTROLYTE #48 INTRAVENOUS SOLUTION	3	
<i>dextrose in lactated ringers intravenous solution</i>	1 or 1b*	
DEXTROSE-NACL INTRAVENOUS SOLUTION 10-0.2 %, 2.5-0.45 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>dextrose-nacl intravenous solution 10-0.45 %, 5-0.2 %, 5-0.33 %, 5-0.45 %, 5-0.9 %</i>	1 or 1b*	
<i>dextrose-sodium chloride intravenous solution 2.5-0.45 %, 5-0.45 %, 5-0.9 %</i>	1 or 1b*	
DEXTROSE-SODIUM CHLORIDE INTRAVENOUS SOLUTION 5-0.225 %, 5-0.3 %	3	
ELLIOTTS B INTRATHECAL SOLUTION (<i>intrathecal elec-dextrose</i>)	3	
IONOSOL-MB IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-mb in dextrose</i>)	3	
ISOLYTE-P IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-p in dextrose</i>)	3	
<i>kcl in dextrose-nacl intravenous solution 10-5-0.45 meq/l-%-, 20-5-0.2 meq/l-%-, 20-5-0.45 meq/l-%-, 20-5-0.9 meq/l-%-, 30-5-0.45 meq/l-%-, 40-5-0.45 meq/l-%-</i>	1 or 1b*	
KCL IN DEXTROSE-NACL INTRAVENOUS SOLUTION 20-5-0.225 MEQ/L-%-, 40-5-0.9 MEQ/L-%-	3	
KCL-LACTATED RINGERS-D5W INTRAVENOUS SOLUTION	3	
NORMOSOL-M IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-m in dextrose</i>)	3	
NORMOSOL-R IN D5W INTRAVENOUS SOLUTION (<i>electrolyte-r in dextrose</i>)	3	
<i>potassium cl in dextrose 5% intravenous solution</i>	1 or 1b*	
*ELECTROLYTES PARENTERAL*** - DRUGS FOR NUTRITION		
ISOLYTE-S INTRAVENOUS SOLUTION (<i>electrolyte-s</i>)	3	
ISOLYTE-S PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-s (ph 7.4)</i>)	3	
<i>lactated ringers intravenous solution</i>	1 or 1b*	
NORMOSOL-R INTRAVENOUS SOLUTION (<i>electrolyte-r</i>)	3	
NORMOSOL-R PH 7.4 INTRAVENOUS SOLUTION (<i>electrolyte-r (ph 7.4)</i>)	3	
PLASMA-LYTE 148 INTRAVENOUS SOLUTION (<i>electrolyte-148</i>)	3	
PLASMA-LYTE A INTRAVENOUS SOLUTION (<i>electrolyte-a</i>)	3	
POTASSIUM CHLORIDE IN NACL INTRAVENOUS SOLUTION 20-0.45 MEQ/L-%, 40-0.9 MEQ/L-%	3	
<i>potassium chloride in nacl intravenous solution 20-0.9 meq/l-%</i>	3	
<i>ringers intravenous solution</i>	1 or 1b*	
TPN ELECTROLYTES INTRAVENOUS CONCENTRATE (<i>parenteral electrolytes</i>)	3	
*FLUORIDE COMBINATIONS*** - DRUGS FOR NUTRITION		
FLORIVA ORAL LIQUID (<i>sodium fluoride-vitamin d</i>)	3	
*FLUORIDE*** - DRUGS FOR NUTRITION		
<i>fluoritab oral solution</i>	1 or 1a*; \$0	
<i>nafrinse drops oral solution</i>	1 or 1a*; \$0	
<i>nafrinse oral tablet chewable</i>	1 or 1a*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium fluoride oral solution 0.5 mg/ml	1 or 1b*; \$0	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	1 or 1a*; \$0	
sodium fluoride oral tablet	1 or 1a*; \$0	
sodium fluoride oral tablet chewable	1 or 1a*; \$0	
*MAGNESIUM*** - DRUGS FOR NUTRITION		
MAGNESIUM SULFATE IN D5W INTRAVENOUS SOLUTION	3	
MAGNESIUM SULFATE INTRAVENOUS SOLUTION	3	
*MANGANESE*** - DRUGS FOR NUTRITION		
manganese chloride intravenous solution	1 or 1b*	
*PHOSPHATE*** - DRUGS FOR NUTRITION		
GLYCOPHOS INTRAVENOUS SOLUTION (sodium glycerophosphate)	3	
K-PHOS ORAL TABLET (potassium phosphate monobasic)	2	
K-PHOS-NEUTRAL ORAL TABLET (k phos mono-sod phos di & mono)	3	
phospha 250 neutral oral tablet	1 or 1b*	
phosphorous oral tablet	1 or 1b*	
phospho-trin 250 neutral oral tablet	1 or 1b*	
phospho-trin k500 oral tablet	1 or 1b*	
POTASSIUM PHOSPHATES INTRAVENOUS SOLUTION 15 MMOLE/5ML, 150 MMOLE/50ML	3	
potassium phosphates intravenous solution 45 mmole/15ml	1 or 1b*	
POTASSIUM PHOSPHATES(71 MEQ K) INTRAVENOUS SOLUTION	3	
sodium phosphates intravenous solution	1 or 1b*	
*POTASSIUM*** - DRUGS FOR NUTRITION		
klor-con 10 oral tablet extended release	1 or 1b*	
klor-con m10 oral tablet extended release	1 or 1a*	
klor-con m15 oral tablet extended release	1 or 1a*	
klor-con m20 oral tablet extended release	1 or 1a*	
klor-con oral packet	1 or 1b*	
klor-con oral tablet extended release	1 or 1b*	
K-TAB ORAL TABLET EXTENDED RELEASE (potassium chloride)	3	
POTASSIUM ACETATE INTRAVENOUS SOLUTION	3	
potassium chloride crys er oral tablet extended release	1 or 1a*	
potassium chloride er oral capsule extended release	1 or 1b*	
potassium chloride er oral tablet extended release	1 or 1b*	
POTASSIUM CHLORIDE INTRAVENOUS SOLUTION 10 MEQ/100ML, 10 MEQ/50ML, 20 MEQ/100ML, 20 MEQ/50ML, 40 MEQ/100ML	3	
potassium chloride intravenous solution 2 meq/ml	1 or 1b*	
potassium chloride oral packet	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>potassium chloride oral solution</i>	1 or 1b*	
*SODIUM*** - DRUGS FOR NUTRITION		
<i>aquastat intravenous solution</i>	1 or 1b*	
<i>bd posiflush intravenous solution</i>	1 or 1b*	
<i>monoject flush syringe intravenous solution</i>	1 or 1b*	
<i>monoject sodium chloride flush intravenous solution</i>	1 or 1b*	
<i>normal saline flush intravenous solution</i>	1 or 1b*	
<i>sodium chloride (pf) injection solution</i>	1 or 1b*	
<i>sodium chloride flush intravenous solution</i>	1 or 1b*	
<i>sodium chloride injection solution</i>	1 or 1b*	
<i>sodium chloride intravenous solution</i>	1 or 1b*	
*TRACE MINERAL COMBINATIONS*** - DRUGS FOR NUTRITION		
MULTITRACE-4 PEDIATRIC INTRAVENOUS SOLUTION (<i>trace minerals cr-cu-mn-zn</i>)	3	
MULTRY'S INTRAVENOUS SOLUTION (<i>trace minerals cu-mn-se-zn</i>)	3	
THE LIQUILIFT TRACE INTRAVENOUS KIT (<i>trace minerals cr-cu-mn-se-zn</i>)	3	
TRALEMENT INTRAVENOUS SOLUTION (<i>trace minerals cu-mn-se-zn</i>)	3	
*TRACE MINERALS*** - DRUGS FOR NUTRITION		
<i>chromic chloride intravenous solution</i>	1 or 1b*	
<i>cupric chloride intravenous solution</i>	1 or 1b*	
SELENIOS ACID INTRAVENOUS SOLUTION	3	
*ZINC*** - DRUGS FOR NUTRITION		
GALZIN ORAL CAPSULE (<i>zinc acetate (oral)</i>)	3	
<i>zinc chloride intravenous solution</i>	1 or 1b*	
<i>zinc sulfate intravenous solution</i>	1 or 1b*	
MISCELLANEOUS THERAPEUTIC CLASSES - VITAMINS AND MINERALS		
*ACTIVATED PHOSPHOINOSITIDE 3-KINASE DELTA SYNDROME AGENT*** - VITAMINS AND MINERALS		
JOENJA ORAL TABLET (<i>leniolisib phosphate</i>)	3; OC	PA; QL (2 tablets per 1 day)
*ALLOGENEIC THYMUS TISSUE*** - VITAMINS AND MINERALS		
RETHYMIC INTRAMUSCULAR IMPLANT (<i>allogeneic thymus tissue-agdc</i>)	3	
*ANTILEPTOTICS*** - VITAMINS AND MINERALS		
THALOMID ORAL CAPSULE 100 MG, 50 MG (<i>thalidomide</i>)	2; OC	PA; LD; SP; QL (1 capsule per 1 day)
THALOMID ORAL CAPSULE 150 MG, 200 MG (<i>thalidomide</i>)	2; OC	PA; LD; SP; QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*B-LYMPHOCYTE STIMULATOR (BLYS)-SPECIFIC INHIBITORS*** - VITAMINS AND MINERALS		
BENLYSTA INTRAVENOUS SOLUTION RECONSTITUTED (belimumab)	3	PA; SP
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (belimumab)	3	PA; SP; QL (4 autoinjectors per 28 days)
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (belimumab)	3	PA; SP; QL (4 pens per 28 days)
*CHELATING AGENTS*** - VITAMINS AND MINERALS		
CUPRIMINE ORAL CAPSULE (penicillamine)	3	PA; QL (8 capsules per 1 day)
CUVRIOR ORAL TABLET (trientine tetrahydrochloride)	3	PA; QL (10 tablets per 1 day)
DEPEN TITRATABS ORAL TABLET (penicillamine)	3	PA; QL (8 tablets per 1 day)
penicillamine oral capsule	3	PA; QL (8 capsules per 1 day)
penicillamine oral tablet	1 or 1b*	PA; QL (8 tablets per 1 day)
SYPRINE ORAL CAPSULE (trientine hcl)	3	PA; SP; QL (8 capsules per 1 day)
trientine hcl oral capsule	1 or 1b*	PA; SP; QL (8 capsules per 1 day)
*CONTINUOUS RENAL REPLACEMENT THERAPY (CRRT) SOLUTIONS*** - VITAMINS AND MINERALS		
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION (bicarb-dextrose-k (crrt))	3	
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION (bicarb-dextrose-ca (crrt))	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION (bicarb-dextrose-k (crrt))	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION (bicarb-dextrose-k-ca (crrt))	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION (bicarb-dextrose-k-mg (crrt))	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION (bicarb-dextrose-k-ca (crrt))	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION (bicarb-mg (crrt))	3	
*CYCLOSPORINE ANALOGS*** - VITAMINS AND MINERALS		
cyclosporine intravenous solution	1 or 1b*	SP
cyclosporine modified oral capsule	1 or 1b*	SP
cyclosporine modified oral solution	1 or 1b*	SP
cyclosporine oral capsule	1 or 1b*	SP
gengraf oral capsule	1 or 1b*	
gengraf oral solution	1 or 1b*	
LUPKYNIS ORAL CAPSULE (voclosporin)	3	PA; QL (6 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NEORAL ORAL CAPSULE (<i>cyclosporine modified</i>)	3	
NEORAL ORAL SOLUTION (<i>cyclosporine modified</i>)	3	
SANDIMMUNE INTRAVENOUS SOLUTION (<i>cyclosporine</i>)	3	
SANDIMMUNE ORAL CAPSULE (<i>cyclosporine</i>)	3	
SANDIMMUNE ORAL SOLUTION (<i>cyclosporine</i>)	3	
*ENZYMES*** - VITAMINS AND MINERALS		
AMPHADASE INJECTION SOLUTION (<i>hyaluronidase bovine</i>)	3	
HYLENEX INJECTION SOLUTION (<i>hyaluronidase human</i>)	3	
VITRASE INJECTION SOLUTION (<i>hyaluronidase ovine</i>)	3	
XIAFLEX INJECTION SOLUTION RECONSTITUTED (<i>collagenase clostrid histolyt</i>)	3	PA
*FARNESYLTRANSFERASE INHIBITORS*** - VITAMINS AND MINERALS		
ZOKINVY ORAL CAPSULE (<i>lonafarnib</i>)	3	PA; QL (4 capsules per 1 day)
*FECAL INCONTINENCE BULKING AGENT - COMBINATIONS*** - VITAMINS AND MINERALS		
SOLESTA INJECTION GEL (<i>dextranomer-sodium hyaluronate</i>)	3	
*IMMUNE GLOBULIN IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
ATGAM INTRAVENOUS INJECTABLE (<i>lymphocyte,anti-thymo imm glob</i>)	3	SP
THYMOGLOBULIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>anti-thymocyte glob (rabbit)</i>)	3	SP
*IMMUNOMODULATORS FOR MYELODYSPLASTIC SYNDROMES*** - VITAMINS AND MINERALS		
lenalidomide oral capsule 10 mg, 15 mg, 25 mg, 5 mg	1 or 1b*; OC	PA; SP; QL (1 capsule per 1 day)
lenalidomide oral capsule 2.5 mg, 20 mg	1 or 1b*; OC	PA; QL (1 capsule per 1 day)
REVLIMID ORAL CAPSULE (<i>lenalidomide</i>)	2; OC	PA; SP; QL (1 capsule per 1 day)
*INOSINE MONOPHOSPHATE DEHYDROGENASE INHIBITORS*** - VITAMINS AND MINERALS		
CELLCEPT INTRAVENOUS INTRAVENOUS SOLUTION RECONSTITUTED (<i>mycophenolate mofetil hcl</i>)	3	
CELLCEPT ORAL CAPSULE (<i>mycophenolate mofetil</i>)	3	
CELLCEPT ORAL SUSPENSION RECONSTITUTED (<i>mycophenolate mofetil</i>)	3	
CELLCEPT ORAL TABLET (<i>mycophenolate mofetil</i>)	3	
mycophenolate mofetil hcl intravenous solution reconstituted	1 or 1b*	SP
mycophenolate mofetil intravenous solution reconstituted	1 or 1b*	SP
mycophenolate mofetil oral capsule	1 or 1b*	SP
mycophenolate mofetil oral suspension reconstituted	1 or 1b*	SP
mycophenolate mofetil oral tablet	1 or 1b*	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>mycophenolate sodium oral tablet delayed release</i>	1 or 1b*	SP
MYFORTIC ORAL TABLET DELAYED RELEASE (<i>mycophenolate sodium</i>)	3	
*INTERLEUKIN-6 (IL-6) ANTAGONISTS*** - VITAMINS AND MINERALS		
SYLVANT INTRAVENOUS SOLUTION RECONSTITUTED (<i>siltuximab</i>)	3	PA; SP
*IRRIGATION SOLUTIONS*** - VITAMINS AND MINERALS		
<i>argyle sterile water irrigation solution</i>	1 or 1b*	
<i>lactated ringers irrigation solution</i>	1 or 1b*	
<i>physiolyte irrigation solution</i>	1 or 1b*	
<i>physiosol irrigation irrigation solution</i>	1 or 1b*	
<i>ringers irrigation irrigation solution</i>	1 or 1b*	
<i>sterile water for irrigation irrigation solution</i>	1 or 1b*	
<i>tis-u-sol irrigation solution</i>	1 or 1b*	
<i>water for irrigation, sterile irrigation solution</i>	1 or 1b*	
*MACROLIDE IMMUNOSUPPRESSANTS*** - VITAMINS AND MINERALS		
ASTAGRAF XL ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>tacrolimus</i>)	3	
ENVARUS XR ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>tacrolimus</i>)	3	
<i>everolimus oral tablet</i>	1 or 1b*	SP
PROGRAF INTRAVENOUS SOLUTION (<i>tacrolimus</i>)	2	
PROGRAF ORAL CAPSULE (<i>tacrolimus</i>)	3	
PROGRAF ORAL PACKET (<i>tacrolimus</i>)	3	
RAPAMUNE ORAL SOLUTION (<i>sirolimus</i>)	3	
RAPAMUNE ORAL TABLET (<i>sirolimus</i>)	3	
<i>sirolimus oral solution</i>	1 or 1b*	SP
<i>sirolimus oral tablet</i>	1 or 1b*	SP
<i>tacrolimus oral capsule</i>	1 or 1b*	SP
ZORTRESS ORAL TABLET (<i>everolimus</i>)	3	
*MONOCLONAL ANTIBODIES*** - VITAMINS AND MINERALS		
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>satralizumab-mwge</i>)	3	PA; QL (1 syringe per 28 days)
GAMIFANT INTRAVENOUS SOLUTION (<i>emapalumab-lzsg</i>)	3	PA
SIMULECT INTRAVENOUS SOLUTION RECONSTITUTED (<i>basiliximab</i>)	3	SP
UPLIZNA INTRAVENOUS SOLUTION (<i>inebilizumab-cdon</i>)	3	PA; QL (30 mL per 180 days)
*NEONATAL FC RECEPTOR (FCRN) ANTAGONISTS*** - VITAMINS AND MINERALS		
VYVGART INTRAVENOUS SOLUTION (<i>efgartigimod alfa-fcab</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PERITONEAL DIALYSIS SOLUTIONS*** - VITAMINS AND MINERALS		
DELFLEX-LC/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DELFLEX-LC/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DELFLEX-LC/4.25% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DELFLEX-SM/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	2	
DELFLEX-SM/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DIANEAL LOW CALCIUM/1.5% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DIANEAL LOW CALCIUM/2.5% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DIANEAL LOW CALCIUM/4.25% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DIANEAL PD-2/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DIANEAL PD-2/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
DIANEAL PD-2/4.25% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
EXTRANEAL INTRAPERITONEAL SOLUTION (icodextrin-electrolytes)	3	
ULTRABAG/DIANEAL PD-2/1.5% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
ULTRABAG/DIANEAL PD-2/2.5% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
ULTRABAG/DIANEAL PD-2/4.25% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
ULTRABAG/DIANEAL/1.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
ULTRABAG/DIANEAL/2.5% DEXTROSE INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
ULTRABAG/DIANEAL/4.25% DEX INTRAPERITONEAL SOLUTION (peritoneal dialysis solutions)	3	
*PIK3CA-RELATED OVERGROWTH SPECTRUM AGENTS - PI3K INHIB*** - VITAMINS AND MINERALS		
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG (alpelisib)	3	PA; QL (1 tablet per 1 day)
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG (alpelisib)	3	PA; QL (2 tablets per 1 day)
*POTASSIUM REMOVING AGENTS*** - VITAMINS AND MINERALS		
LOKELMA ORAL PACKET (sodium zirconium cyclosilicate)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>sodium polystyrene sulfonate oral powder</i>	1 or 1b*	
<i>sps oral suspension</i>	1 or 1b*	
VELTASSA ORAL PACKET (<i>patiromer sorbitex calcium</i>)	3	SP
*PROSTAGLANDINS*** - VITAMINS AND MINERALS		
<i>alprostadil injection solution</i>	1 or 1b*	
PROSTIN VR INJECTION SOLUTION (<i>alprostadil</i>)	3	
*PURINE ANALOGS*** - VITAMINS AND MINERALS		
<i>azasan oral tablet</i>	1 or 1b*	
<i>azathioprine oral tablet</i>	1 or 1b*	
AZATHIOPRINE SODIUM INJECTION SOLUTION RECONSTITUTED	3	
IMURAN ORAL TABLET (<i>azathioprine</i>)	3	
*ROCK INHIBITORS*** - VITAMINS AND MINERALS		
REZUROCK ORAL TABLET (<i>belumosudil mesylate</i>)	3; OC	PA; QL (1 tablet per 1 day)
*SCLEROSING AGENTS*** - VITAMINS AND MINERALS		
ASCLERA INTRAVENOUS SOLUTION (<i>polidocanol</i>)	3	
ETHAMOLIN INTRAVENOUS SOLUTION (<i>ethanolamine oleate</i>)	3	
<i>sodium tetradecyl sulfate intravenous solution</i>	1 or 1b*	
SOTRADECOL INTRAVENOUS SOLUTION 1 % (<i>sodium tetradecyl sulfate</i>)	1 or 1b*	
<i>sotradecol intravenous solution 3 %</i>	1 or 1b*	
VARITHENA INTRAVENOUS FOAM (<i>polidocanol</i>)	3	
*SELECTIVE T-CELL COSTIMULATION BLOCKERS*** - VITAMINS AND MINERALS		
NULOJIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>belatacept</i>)	3	PA; SP
*TYPE I INTERFERON (IFN) RECEPTOR ANTAGONISTS*** - VITAMINS AND MINERALS		
SAPHNELO INTRAVENOUS SOLUTION (<i>anifrolumab-fnia</i>)	3	PA; QL (1 vial per 28 days)
*UREMIC PRURITUS AGENTS*** - VITAMINS AND MINERALS		
KORSUVA INTRAVENOUS SOLUTION (<i>difelikefalin acetate</i>)	3	PA
MOUTH/THROAT/DENTAL AGENTS - DRUGS FOR THE MOUTH AND THROAT		
*ANESTHETICS TOPICAL ORAL*** - DRUGS FOR THE MOUTH AND THROAT		
<i>lidocaine hcl mouth/throat solution</i>	1 or 1a*	QL (10 mL per 1 day)
<i>lidocaine viscous hcl mouth/throat solution</i>	1 or 1a*	QL (10 mL per 1 day)
*ANTI-INFECTIVES - THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clotrimazole mouth/throat troche</i>	1 or 1b*	QL (5 tablet per 1 day)
<i>nystatin mouth/throat suspension</i>	1 or 1b*	QL (750 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORAVIG BUCCAL TABLET (<i>miconazole</i>)	3	
*ANTISEPTICS - MOUTH/THROAT*** - DRUGS FOR THE MOUTH AND THROAT		
<i>chlorhexidine gluconate mouth/throat solution</i>	1 or 1a*	QL (480 mL per 30 days)
PERIDEX MOUTH/THROAT SOLUTION (<i>chlorhexidine gluconate</i>)	3	QL (480 mL per 30 days)
<i>periogard mouth/throat solution</i>	1 or 1a*	QL (480 mL per 30 days)
*DENTAL PRODUCTS - COMBINATIONS*** - DRUGS FOR THE MOUTH AND THROAT		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE (<i>sod fluoride-potassium nitrate</i>)	3	
NAFRINSE DAILY ACIDULATED MOUTH/THROAT SOLUTION RECONSTITUTED (<i>sodium fluoride-phosphoric acid</i>)	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL (<i>sod fluoride-potassium nitrate</i>)	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL (<i>sod fluoride-potassium nitrate</i>)	3	
*FLUORIDE DENTAL PRODUCTS*** - DRUGS FOR THE MOUTH AND THROAT		
<i>clinpro 5000 dental paste</i>	1 or 1b*	QL (3.77 grams per 1 day)
<i>denta 5000 plus dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>dentagel dental gel</i>	1 or 1a*	QL (100 grams per 30 days)
<i>easygel dental gel</i>	1 or 1b*	
<i>fluoridex daily renewal mouth/throat concentrate</i>	1 or 1b*	
<i>fluoridex dental paste</i>	1 or 1b*	QL (3.77 grams per 1 day)
<i>fluoridex enhanced whitening dental paste</i>	1 or 1b*	QL (3.77 grams per 1 day)
NAFRINSE DAILY/NEUTRAL MOUTH/THROAT SOLUTION RECONSTITUTED (<i>sodium fluoride</i>)	3	
NAFRINSE WEEKLY MOUTH/THROAT SOLUTION RECONSTITUTED (<i>sodium fluoride</i>)	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE (<i>sodium fluoride</i>)	3	QL (3.77 grams per 1 day)
PREVIDENT 5000 DRY MOUTH DENTAL GEL (<i>sodium fluoride</i>)	3	QL (100 grams per 30 days)
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE (<i>sodium fluoride</i>)	3	QL (3.77 grams per 1 day)
PREVIDENT 5000 PLUS DENTAL CREAM (<i>sodium fluoride</i>)	3	QL (3.4 grams per 1 day)
PREVIDENT DENTAL GEL (<i>sodium fluoride</i>)	3	QL (100 grams per 30 days)
PREVIDENT MOUTH/THROAT SOLUTION (<i>sodium fluoride</i>)	3	
<i>sf 5000 plus dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>sf dental gel</i>	1 or 1a*	QL (100 grams per 30 days)
<i>sodium fluoride 5000 plus dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental cream</i>	1 or 1b*	QL (3.4 grams per 1 day)
<i>sodium fluoride 5000 ppm dental paste</i>	1 or 1b*	QL (3.77 grams per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sodium fluoride dental cream	1 or 1b*	QL (3.4 grams per 1 day)
*SALIVA STIMULANTS*** - DRUGS FOR THE MOUTH AND THROAT		
cevimeline hcl oral capsule	1 or 1b*	
EVOXAC ORAL CAPSULE (cevimeline hcl)	3	
pilocarpine hcl oral tablet	1 or 1b*	QL (4 tablets per 1 day)
SALAGEN ORAL TABLET (pilocarpine hcl)	3	QL (4 tablets per 1 day)
*STEROIDS - MOUTH/THROAT/DENTAL*** - DRUGS FOR THE MOUTH AND THROAT		
oralone mouth/throat paste	1 or 1b*	
triamcinolone acetonide mouth/throat paste	1 or 1b*	
MULTIVITAMINS - DRUGS FOR NUTRITION		
*B-COMPLEX VITAMINS*** - DRUGS FOR NUTRITION		
b-complex plus b-12 oral tablet	1 or 1b*; \$0	
b-complex/b-12 oral tablet	1 or 1b*; \$0	
ra b-complex oral tablet	1 or 1b*; \$0	
ra b-complex with b-12 oral tablet	1 or 1b*; \$0	
vitamin b complex oral tablet	1 or 1b*; \$0	
vitamin-b complex oral tablet	1 or 1b*; \$0	
*B-COMPLEX W/ C & CALCIUM*** - DRUGS FOR NUTRITION		
gnp b-complex plus vitamin c oral tablet	1 or 1b*; \$0	
qc b-complex/vitamin c oral tablet	1 or 1b*; \$0	
*B-COMPLEX W/ C & FOLIC ACID*** - DRUGS FOR NUTRITION		
b complex-c-folic acid oral tablet	1 or 1b*; \$0	
b-complex balanced oral tablet	1 or 1b*; \$0	
b-complex/vitamin c oral tablet	1 or 1b*; \$0	
b-complex-c (w/folic acid) oral tablet	1 or 1b*; \$0	
dialyvite 800 oral tablet	1 or 1b*; \$0	
eql super b complex/vitamin c oral tablet	1 or 1b*; \$0	
FULL SPECTRUM B/VITAMIN C ORAL TABLET	2; \$0	
kp b complex-c oral tablet	1 or 1b*; \$0	
nephro vitamins oral tablet	1 or 1b*; \$0	
NEPHRO-VITE ORAL TABLET (b complex-c-folic acid)	2; \$0	
px b complex/vitamin c oral tablet	1 or 1b*; \$0	
renal vitamin oral tablet	1 or 1b*; \$0	
rena-vite oral tablet	1 or 1b*; \$0	
sm b super vitamin complex oral tablet	1 or 1b*; \$0	
SM B-COMPLEX/VITAMIN C ORAL TABLET	2; \$0	
stress formula (folic acid) oral tablet	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>super b complex/fa/vit c oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex/vit c/fa oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C*** - DRUGS FOR NUTRITION		
<i>allbee/c oral tablet</i>	1 or 1b*; \$0	
<i>b complex-c oral tablet</i>	1 or 1b*; \$0	
<i>b-complex-c oral tablet</i>	1 or 1b*; \$0	
<i>better b complex oral tablet</i>	1 or 1b*; \$0	
<i>cvs b complex plus c oral tablet</i>	1 or 1b*; \$0	
<i>cvs super b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>hm b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>sm super b complex/c oral tablet</i>	1 or 1b*; \$0	
<i>sm vitamin b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>super b complex/vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex + vitamin c oral tablet</i>	1 or 1b*; \$0	
<i>vitamin b + c complex oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/ C-BIOTIN-E & FOLIC ACID*** - DRUGS FOR NUTRITION		
B COMPLEX-C-BIOTIN-E-FA ORAL TABLET	2; \$0	
*B-COMPLEX W/ FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex (folic acid) oral tablet</i>	1 or 1b*; \$0	
<i>b complex formula 1 (w/ fa) oral tablet</i>	1 or 1b*; \$0	
<i>b-complex (folic acid) oral tablet</i>	1 or 1b*; \$0	
<i>b-complex/electrolytes oral tablet</i>	1 or 1b*; \$0	
<i>big 100 oral tablet</i>	1 or 1b*; \$0	
<i>kobee oral tablet</i>	1 or 1b*; \$0	
<i>sm balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>sm balanced b-50 oral tablet</i>	1 or 1b*; \$0	
*B-COMPLEX W/BIOTIN & FOLIC ACID*** - DRUGS FOR NUTRITION		
<i>b complex 100 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-100 b-complex oral tablet</i>	1 or 1b*; \$0	
<i>b-100 complex cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-100 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>b-50 complex oral tablet</i>	1 or 1b*; \$0	
<i>balance b-50 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b complex oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>balanced b-100 oral tablet extended release</i>	1 or 1b*; \$0	
<i>balanced b-50/fa oral tablet</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>b-compleet-100 oral tablet</i>	1 or 1b*; \$0	
<i>b-compleet-50 oral tablet</i>	1 or 1b*; \$0	
<i>b-complex oral tablet</i>	1 or 1b*; \$0	
<i>big 100 (biotin) oral tablet</i>	1 or 1b*; \$0	
<i>complex b-100 oral tablet extended release</i>	1 or 1b*; \$0	
<i>complex b-50 prolonged release oral tablet extended release</i>	1 or 1b*; \$0	
<i>endur-b oral tablet extended release</i>	1 or 1b*; \$0	
<i>eql b complex 50 oral tablet</i>	1 or 1b*; \$0	
<i>eql b-100 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>gnp b-100 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>gnp b-50 complex oral tablet extended release</i>	1 or 1b*; \$0	
<i>qc b50 prolonged release oral tablet extended release</i>	1 or 1b*; \$0	
<i>quin b strong b-25 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-100 cr oral tablet extended release</i>	1 or 1b*; \$0	
<i>ra balanced b-100 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-50 oral tablet</i>	1 or 1b*; \$0	
<i>ra balanced b-50 tr oral tablet extended release</i>	1 or 1b*; \$0	
<i>sm b100 complex oral tablet</i>	1 or 1b*; \$0	
<i>sm b-complex oral tablet</i>	1 or 1b*; \$0	
<i>super b-100 oral tablet</i>	1 or 1b*; \$0	
<i>super b-50 oral tablet</i>	1 or 1b*; \$0	
<i>super b-complex oral tablet</i>	1 or 1b*; \$0	
<i>super dec b-100 oral tablet</i>	1 or 1b*; \$0	
<i>super quints b-50 oral tablet</i>	1 or 1b*; \$0	
<i>yl balanced b-100 oral tablet</i>	1 or 1b*; \$0	
*MULTIPLE VITAMINS W/ IRON*** - DRUGS FOR NUTRITION		
<i>daily vite multivitamin/iron oral tablet</i>	1 or 1b*; \$0	
<i>daily-vitamin/iron oral tablet</i>	1 or 1b*; \$0	
<i>multiple vitamins/iron oral tablet</i>	1 or 1b*; \$0	
<i>multivitamin plus iron adult oral tablet</i>	1 or 1b*; \$0	
<i>multi-vitamin/iron oral tablet</i>	1 or 1b*; \$0	
<i>nat-rul daily-vite+iron oral tablet</i>	1 or 1b*; \$0	
<i>one daily multivitamin/iron oral tablet</i>	1 or 1b*; \$0	
<i>one-daily multi-vitamin/iron oral tablet</i>	1 or 1b*; \$0	
<i>one-daily/iron oral tablet</i>	1 or 1b*; \$0	
<i>qc daily multivitamins/iron oral tablet</i>	1 or 1b*; \$0	
<i>sm multiple vitamins/iron oral tablet</i>	1 or 1b*; \$0	
<i>stress b complex/iron oral tablet</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>stress formula/iron oral tablet</i>	1 or 1b*; \$0	
<i>tab-a-vite/iron oral tablet</i>	1 or 1b*; \$0	
TAB-A-VITE/IRON/BETA CAROTENE ORAL TABLET (<i>multiple vitamins-iron</i>)	2; \$0	
*MULTIPLE VITAMINS W/ MINERALS & CALCIUM-FOLIC ACID*** - DRUGS FOR NUTRITION		
FOLGARD OS ORAL TABLET (<i>multiple vit-min-calcium-fa</i>)	3	
*MULTIPLE VITAMINS W/ MINERALS & FLUORIDE-IRON-FOLIC ACID*** - DRUGS FOR NUTRITION		
QUFLORA FE ORAL TABLET CHEWABLE (<i>multi vit-min-fluoride-fe-fa</i>)	3	
*MULTIVITAMINS*** - DRUGS FOR NUTRITION		
AMLADEX ORAL TABLET (<i>multiple vitamin</i>)	3	
<i>anti-oxidant oral tablet</i>	1 or 1b*; \$0	
<i>daily multiple vitamins oral tablet</i>	2; \$0	
<i>daily value multivitamin oral tablet</i>	1 or 1b*; \$0	
<i>daily vitamins oral tablet</i>	1 or 1b*; \$0	
<i>daily vite oral tablet</i>	1 or 1b*; \$0	
<i>daily vites oral tablet</i>	1 or 1b*; \$0	
<i>daily-vitamin oral tablet</i>	1 or 1b*; \$0	
<i>daily-vite multivitamin oral tablet</i>	1 or 1b*; \$0	
<i>daily-vite oral tablet</i>	1 or 1b*; \$0	
ESTROFACTORS ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
<i>gnp essential one daily oral tablet</i>	1 or 1b*; \$0	
<i>healthy hair/skin/nails oral tablet</i>	1 or 1b*; \$0	
HIGH POTENCY MULTIVITAMIN ORAL TABLET	2; \$0	
INFUVITE ADULT INTRAVENOUS INJECTABLE (<i>multiple vitamin</i>)	3	
<i>multi vitamin oral tablet</i>	2; \$0	
MULTI VITAMIN W/D-3 ORAL TABLET	2; \$0	
<i>multiple vitamin-folic acid oral tablet</i>	1 or 1b*; \$0	
<i>multiple vitamins essential oral tablet</i>	1 or 1b*; \$0	
<i>multiple vitamins oral tablet</i>	1 or 1b*; \$0	
<i>multivitamin adult oral tablet</i>	2; \$0	
<i>multivitamin iron-free oral tablet</i>	1 or 1b*; \$0	
MULTIVITAMIN ORAL TABLET	2; \$0	
<i>multi-vitamin oral tablet</i>	1 or 1b*; \$0	
NEOMULTIVITE ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
OMNICAP ORAL TABLET	2; \$0	
<i>once daily oral tablet</i>	1 or 1b*; \$0	
<i>one daily essential oral tablet</i>	2; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>one daily multivitamin adult oral tablet</i>	1 or 1b*; \$0	
<i>one daily oral tablet</i>	1 or 1b*; \$0	
ONE VITE DAILY MULTIVITAMIN ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
ONE-A-DAY ESSENTIAL ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
ONE-A-DAY MENS ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
<i>one-daily multi vitamins oral tablet</i>	1 or 1b*; \$0	
<i>one-daily multi-vitamin oral tablet</i>	1 or 1b*; \$0	
<i>qc essentials oral tablet</i>	1 or 1b*; \$0	
QUINTABS ORAL TABLET	2; \$0	
<i>sm multiple vitamins essential oral tablet</i>	1 or 1b*; \$0	
<i>stress formula oral tablet</i>	1 or 1b*; \$0	
<i>stresstabs energy oral tablet</i>	1 or 1b*; \$0	
<i>tab-a-vite oral tablet</i>	1 or 1b*; \$0	
<i>tab-a-vite/beta carotene oral tablet</i>	1 or 1b*; \$0	
THERA ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
<i>thera-mill oral tablet</i>	1 or 1b*; \$0	
<i>thera-tabs oral tablet</i>	1 or 1b*; \$0	
THEREMS ORAL TABLET (<i>multiple vitamin</i>)	2; \$0	
<i>vit e-vit c-beta carotene oral tablet</i>	1 or 1b*; \$0	
<i>vitalee oral tablet</i>	1 or 1b*; \$0	
*PED MULTI VITAMINS W/FL & FE*** - DRUGS FOR NUTRITION		
<i>multi-vitamin/fluoride/iron oral solution</i>	1 or 1b*	
POLY-VI-FLOR/IRON ORAL SUSPENSION (<i>ped multivitamins-fl-iron</i>)	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE (<i>ped multivitamins-fl-iron</i>)	3	
QUFLORA FE PEDIATRIC ORAL LIQUID (<i>ped multivitamins-fl-iron</i>)	3	
*PED MV W/ FLUORIDE*** - DRUGS FOR NUTRITION		
FLORIVA PLUS ORAL SOLUTION (<i>pediatric multivitamins-fl</i>)	3	
<i>multivitamin/fluoride oral solution</i>	1 or 1b*; \$0	
<i>multi-vitamin/fluoride oral solution</i>	1 or 1b*; \$0	
<i>multivitamin/fluoride oral tablet chewable</i>	1 or 1b*; \$0	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL SUSPENSION (<i>pediatric multivitamins-fl</i>)	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	
QUFLORA GUMMIES ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	2	
QUFLORA PEDIATRIC ORAL SOLUTION (<i>pediatric multivitamins-fl</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE (<i>pediatric multivitamins-fl</i>)	3	
*PED VITAMINS ACD & FA W/ FLUORIDE*** - DRUGS FOR NUTRITION		
TRI-VI-FLOR ORAL SUSPENSION (<i>ped vit a-c-d-methylfolate-fl</i>)	3	
TRI-VI-FLORO ORAL SUSPENSION	3	
*PED VITAMINS ACD W/ FLUORIDE*** - DRUGS FOR NUTRITION		
<i>adc/f (0.5mg/ml) oral solution</i>	1 or 1b*; \$0	
<i>multivitamin select/fluoride oral solution</i>	1 or 1b*; \$0	
<i>tri-vite/fluoride oral solution</i>	1 or 1b*; \$0	
<i>vitamins acd-fluoride oral solution</i>	1 or 1b*; \$0	
*PEDIATRIC MULTIPLE VITAMINS & MINERALS W/ FLUORIDE*** - DRUGS FOR NUTRITION		
FLORIVA ORAL TABLET CHEWABLE (<i>ped multiple vit-minerals-fl</i>)	3	
*PEDIATRIC MULTIPLE VITAMINS*** - DRUGS FOR NUTRITION		
INFUVITE PEDIATRIC INTRAVENOUS SOLUTION (<i>pediatric multiple vitamins</i>)	3	
*PRENATAL MV & MIN W/FE-FA*** - DRUGS FOR NUTRITION		
ATABEX EC ORAL TABLET DELAYED RELEASE (<i>prenatal vit-dss-fe cbn-fa</i>)	2	QL (1 tablet per 1 day)
ATABEX OB ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	2	QL (1 tablet per 1 day)
AZESCO ORAL TABLET	3	ST; QL (2 tablets per 1 day)
CITRANATAL B-CALM ORAL (<i>prenat w/o a fecbnfeglu-fa &b6</i>)	2	QL (3 tablets per 1 day)
CITRANATAL BLOOM ORAL TABLET (<i>prenatal-dss-fecb-fegl-fa</i>)	3	ST; QL (2 tablets per 1 day)
CLASSIC PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
C-NATE DHA ORAL CAPSULE	2	QL (1 capsule per 1 day)
COMPLETENATE ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
CO-NATAL FA ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
CONCEPT DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	2	QL (1 capsule per 1 day)
CONCEPT OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	2	QL (1 capsule per 1 day)
CVS PRENATAL ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
DUET DHA 400 ORAL (<i>prenat-fepoly-fered-fa-omega 3</i>)	3	ST; QL (2 units per 1 day)
DUET DHA BALANCED ORAL (<i>prenat-fepoly-fered-fa-omega 3</i>)	3	ST; QL (2 units per 1 day)
<i>elite-ob oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
ENBRACE HR ORAL CAPSULE (<i>prenat vit-fe gly cys-fa-omega</i>)	3	ST; QL (1 capsule per 1 day)
EQL PRENATAL FORMULA ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
FOLIVANE-OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	2	QL (1 capsule per 1 day)
GNP PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
<i>inatal gt oral tablet</i>	1 or 1b*	QL (1 tablet per 1 day)
JENLIVA PRENATAL/POSTNATAL ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KOSHER PRENATAL PLUS IRON ORAL TABLET	3	ST; QL (1 tablet per 1 day)
KP PRENATAL MULTIVITAMINS ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
KPN PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
MASONATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
M-NATAL PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
MULTI PRENATAL ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
NATACHEW ORAL TABLET CHEWABLE (<i>prenatal vit-fe fum-fe bisg-fa</i>)	3	ST; QL (1 tablet per 1 day)
<i>natal pnv oral tablet</i>	3	ST
NATALVIT ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
NEEVO DHA ORAL CAPSULE (<i>prenat w/oa-fefum-methf-omegas</i>)	3	ST; QL (1 capsule per 1 day)
NEONATAL COMPLETE ORAL TABLET	3	ST; QL (1 tablet per 1 day)
NEONATAL FE ORAL TABLET	3	ST; QL (1 tablet per 1 day)
NEONATAL PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	QL (1 tablet per 1 day)
<i>neonatal prenatal oral tablet</i>	2; \$0	QL (1 tablet per 1 day)
NEONATAL VITAMIN ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2; \$0	ST; QL (1 tablet per 1 day)
NESTABS DHA ORAL (<i>prenat-w/oa-fe bisgly-fa-omega</i>)	3	ST; QL (2 tablets per 1 day)
NESTABS ORAL TABLET (<i>prenat-fe bisgly-fa-w/o vit a</i>)	3	ST; QL (2 tablets per 1 day)
NIVA-PLUS ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
OB COMPLETE ONE ORAL CAPSULE (<i>prenat-fecbn-feaspgl-fa-fish</i>)	3	ST; QL (1 capsule per 1 day)
OB COMPLETE ORAL TABLET (<i>prenatal vit-iron carbonyl-fa</i>)	3	ST; QL (1 tablet per 1 day)
OB COMPLETE PETITE ORAL CAPSULE (<i>prenat-fecbn-feaspgl-fa-omega</i>)	3	ST; QL (1 capsule per 1 day)
OB COMPLETE PREMIER ORAL TABLET (<i>prenatal-fe cbn-fe asp gly-fa</i>)	3	ST; QL (1 tablet per 1 day)
OB COMPLETE/DHA ORAL CAPSULE (<i>prenat-fecbn-feaspgl-fa-omega</i>)	3	ST; QL (1 capsule per 1 day)
OBSTETRIX DHA ORAL (<i>prenatal-fecbn-fa-dss-omega 3</i>)	2	QL (1 capsule per 1 day)
OBSTETRIX EC ORAL TABLET (<i>prenatal vit-dss-fe cbn-fa</i>)	2	QL (1 tablet per 1 day)
ONE VITE WOMENS ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
ONE VITE WOMENS PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
ONE-A-DAY WOMENS PRENATAL ORAL (<i>prenatal vit-fe fum-fa-omega</i>)	2; \$0	QL (1 EA per 1 day)
<i>pnv prenatal plus multivit+dha oral</i>	3	QL (2 units per 1 day)
PNV TABS 20-1 ORAL TABLET	3	ST; QL (1 tablet per 1 day)
PNV-OMEGA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
<i>pnv-select oral tablet</i>	1 or 1b*	ST; QL (1 tablet per 1 day)
PREGENNA ORAL TABLET	3	ST; QL (1 tablet per 1 day)
PRENA1 PEARL ORAL CAPSULE EXTENDED RELEASE	3	ST; QL (1 capsule per 1 day)
PRENATAL (W/IRON & FA) ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL 19 ORAL TABLET	2	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>prenatal 19 oral tablet chewable</i>	1 or 1a*	QL (1 tablet per 1 day)
PRENATAL 19 ORAL TABLET CHEWABLE 29-1 MG	2	QL (1 tablet per 1 day)
PRENATAL COMPLETE ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL FORTE ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL ONE DAILY ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 27-0.8 MG	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 27-1 MG	2	QL (1 tablet per 1 day)
PRENATAL ORAL TABLET 28-0.8 MG	2; \$0	QL (1 tablet per 1 day)
PRENATAL PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL PLUS VITAMIN/MINERAL ORAL TABLET	2	QL (1 tablet per 1 day)
PRENATAL VITAMIN AND MINERAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
PRENATAL VITAMINS ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
PRENATAL/IRON ORAL TABLET	2; \$0	ST; QL (1 tablet per 1 day)
PRENATAL/IRON ORAL TABLET 28-0.8 MG	2; \$0	QL (1 tablet per 1 day)
PRENATAL-U ORAL CAPSULE (<i>prenatal w/o a vit-fe fum-fa</i>)	2	QL (1 capsule per 1 day)
PRENATE ELITE ORAL TABLET (<i>prenatal-feaspgly-methylfol-fa</i>)	3	ST; QL (1 tablet per 1 day)
PRENATRIX ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	ST; QL (1 tablet per 1 day)
PRENATRYL ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	ST; QL (1 tablet per 1 day)
PRENATVITE COMPLETE ORAL TABLET	3	ST; QL (1 tablet per 1 day)
PRENATVITE PLUS ORAL TABLET	3	ST; QL (1 tablet per 1 day)
PRENATVITE RX ORAL TABLET	3	ST; QL (1 tablet per 1 day)
PRIMACARE ORAL CAPSULE (<i>pren-fe-meth-fa-omeg w/o a</i>)	3	ST; QL (1 capsule per 1 day)
PROVIDA OB ORAL CAPSULE (<i>prenat w/o a vit-fefum-fepo-fa</i>)	2	QL (1 capsule per 1 day)
PX PRENATAL MULTIVITAMINS ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
QC PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
RA PRENATAL FORMULA ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
RA PRENATAL ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
RELNATE DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
SELECT-OB ORAL TABLET CHEWABLE 29-0.6-0.4 MG (<i>prenat vit-fepoly-methylfol-fa</i>)	3	ST; QL (1 tablet per 1 day)
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG (<i>prenatal vit-fe psac cmplx-fa</i>)	2	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET	2	QL (1 tablet per 1 day)
SE-NATAL 19 ORAL TABLET CHEWABLE	2	QL (1 tablet per 1 day)
SM ONE DAILY PRENATAL ORAL	2; \$0	QL (1 EA per 1 day)
SM PRENATAL VITAMINS ORAL TABLET	2; \$0	QL (1 tablet per 1 day)
TARON-C DHA ORAL CAPSULE (<i>prenat-fefum-fepo-fa-omega 3</i>)	2	QL (1 capsule per 1 day)
THRIVITE RX ORAL TABLET	2	ST; QL (1 tablet per 1 day)
TRICARE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRINATAL RX 1 ORAL TABLET	2	QL (1 tablet per 1 day)
<i>trinate oral tablet</i>	1 or 1a*	QL (1 tablet per 1 day)
VINATE DHA RF ORAL CAPSULE (<i>prenat w/oa-fefum-methf-omegas</i>)	3	ST; QL (1 capsule per 1 day)
VINATE II ORAL TABLET (<i>prenatal vit w/ fe bisg-fa</i>)	2	QL (1 tablet per 1 day)
VINATE ONE ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	2	QL (1 tablet per 1 day)
VIRT-NATE DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
VITAFOL GUMMIES ORAL TABLET CHEWABLE (<i>prenatal vit-fe phos-fa-omega</i>)	2	QL (3 gummies per 1 day)
VITAFOL-NANO ORAL TABLET (<i>prenatal-fe fum-methf-fa w/o a</i>)	3	ST; QL (1 tablet per 1 day)
VITAFOL-OB ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	ST; QL (1 tablet per 1 day)
VITAPEARL ORAL CAPSULE EXTENDED RELEASE (<i>prenat-fefum-fered-fa-dha w/oa</i>)	3	ST; QL (1 capsule per 1 day)
VITATHELY WITH GINGER ORAL TABLET (<i>prenatal vit-fe fumarate-fa</i>)	3	ST; QL (1 tablet per 1 day)
VIVA DHA ORAL CAPSULE (<i>prenatal vit-fe fum-fa-omega</i>)	3	ST; QL (1 capsule per 1 day)
WESTAB PLUS ORAL TABLET	2	QL (1 tablet per 1 day)
ZALVIT ORAL TABLET	3	ST; QL (2 tablets per 1 day)
ZIPHEX ORAL TABLET	3	ST; QL (2 tablets per 1 day)
*PRENATAL MV & MIN W/FE-FA-CA-OMEGA 3 FISH OIL*** - DRUGS FOR NUTRITION		
COMPLETE NATAL DHA ORAL	2	QL (2 units per 1 day)
<i>wesnatal dha complete oral</i>	2	ST; QL (2 units per 1 day)
*PRENATAL MV & MIN W/FE-FA-DHA*** - DRUGS FOR NUTRITION		
CITRANATAL 90 DHA ORAL (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	3	ST; QL (2 tablets per 1 day)
CITRANATAL ASSURE ORAL (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	3	ST; QL (2 units per 1 day)
CITRANATAL DHA ORAL (<i>prenat w/o a-fecbgl-dss-fa-dha</i>)	3	ST; QL (2 units per 1 day)
CITRANATAL HARMONY ORAL CAPSULE (<i>prenat-fefmcb-dss-fa-dha w/o a</i>)	3	
CITRANATAL MEDLEY ORAL CAPSULE (<i>prenat-fecb-fefum-fa-dha w/o a</i>)	3	ST; QL (1 capsule per 1 day)
ENFAMIL EXPECTA ORAL (<i>prenatal mv-min-fe fum-fa-dha</i>)	2; \$0	QL (2 tablets per 1 day)
NEONATAL + DHA ORAL	3	ST; QL (2 units per 1 day)
NESTABS ONE ORAL CAPSULE (<i>prenat-fe-methylfol-dha w/o a</i>)	3	ST; QL (1 capsule per 1 day)
OBSTETRIX ONE ORAL CAPSULE (<i>prenat-fe-methyl-dss-dha w/o a</i>)	2	QL (1 capsule per 1 day)
<i>pnv-dha oral capsule</i>	1 or 1b*	QL (1 capsule per 1 day)
PNV-DHA+DOCUSATE ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
PREGEN DHA ORAL CAPSULE	3	ST; QL (1 tablet per 1 day)
PRENA 1 TRUE ORAL	2	QL (2 tablets per 1 day)
PRENAISSANCE ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENAISSANCE PLUS ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
PRENATAL MULTIVITAMIN + DHA ORAL (prenatal mv-min-fe fum-fa-dha)	2; \$0	QL (2 tablets per 1 day)
PRENATE DHA ORAL CAPSULE (prenat-feasp-meth-fa-dha w/o a)	3	ST; QL (1 capsule per 1 day)
PRENATE ENHANCE ORAL CAPSULE (prenat w/o a-fe-methfol-fa-dha)	3	ST; QL (1 capsule per 1 day)
PRENATE ESSENTIAL ORAL CAPSULE (prenat-feasp-meth-fa-dha w/o a)	3	ST; QL (1 capsule per 1 day)
PRENATE MINI ORAL CAPSULE (prenat-fecbn-feasp-meth-fa-dha)	3	ST; QL (1 capsule per 1 day)
PRENATE PIXIE ORAL CAPSULE (prenat-feasp-meth-fa-dha w/o a)	3	ST; QL (1 capsule per 1 day)
PRENATE RESTORE ORAL CAPSULE (prenat w/o a-fe-methfol-fa-dha)	3	ST; QL (1 capsule per 1 day)
SELECT-OB+DHA ORAL (prenatal vit-fepoly-fa-dha)	3	ST; QL (2 units per 1 day)
TRISTART DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
VIRT-PN DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
VITAFOL FE+ ORAL CAPSULE (prenat-fe poly-methfol-fa-dha)	3	ST; QL (2 capsules per 1 day)
VITAFOL ULTRA ORAL CAPSULE (prenat-fe poly-methfol-fa-dha)	3	ST; QL (1 capsule per 1 day)
VITAFOL-OB+DHA ORAL (prenatal mv-min-fe fum-fa-dha)	3	ST; QL (2 units per 1 day)
VITAFOL-ONE ORAL CAPSULE (prenatal vit-fepoly-fa-dha)	3	ST; QL (1 capsule per 1 day)
VITATRUE ORAL (prenat-fechel-fa-dha w/o vit a)	3	ST; QL (2 tablets per 1 day)
WESTGEL DHA ORAL CAPSULE	3	ST; QL (1 capsule per 1 day)
*PRENATAL MV & MINERALS W/FA WITHOUT IRON*** - DRUGS FOR NUTRITION		
PRENATE ORAL TABLET CHEWABLE (prenat mv-min-methylfolate-fa)	3	ST; QL (1 tablet per 1 day)
*PRENATAL VITAMINS*** - DRUGS FOR NUTRITION		
NEONATAL 19 ORAL TABLET	3	ST; QL (1 tablet per 1 day)
PREMESISRX ORAL TABLET (prenatal ca-b6-b12-fa-ginger)	3	ST; QL (1 tablet per 1 day)
PRENA1 ORAL TABLET CHEWABLE	3	ST; QL (1 tablet per 1 day)
PRENATE AM ORAL TABLET (prenatal ca-b6-b12-fa-ginger)	3	ST; QL (1 tablet per 1 day)
VITAFOL STRIPS ORAL FILM (prenatal-b6-b12-d3-folic acid)	2	ST; QL (1 EA per 1 day)
VITAMEDMD REDICHEW RX ORAL TABLET CHEWABLE (prenat-b2-b6-b12-d3-fa)	3	ST; QL (1 tablet per 1 day)
*VITAMINS W/ LIPOTROPICS*** - DRUGS FOR NUTRITION		
ACTIFLOVIT EAR HEALTH ORAL TABLET (vitamins-lipotropics)	2; \$0	
b complex (lipotropics) oral tablet	1 or 1b*; \$0	
b complex formula 1 (lipotrop) oral tablet	1 or 1b*; \$0	
balance b-100 oral tablet	1 or 1b*; \$0	
balanced b-50 complex oral tablet	1 or 1b*; \$0	
COMPLEX B-100-INOSITOL ORAL TABLET EXTENDED RELEASE	2; \$0	
cvs balanced b50 oral tablet	1 or 1b*; \$0	
cvs inner ear plus oral tablet	1 or 1b*; \$0	
ear health formula oral tablet	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ear health plus oral tablet	1 or 1b*; \$0	
lipo flavonoid plus oral tablet	1 or 1b*; \$0	
lipoflavovit oral tablet	1 or 1b*; \$0	
LIPOTRIAD ORAL TABLET (vitamins-lipotropics)	2; \$0	
mega multiple/chelated mineral oral tablet	1 or 1b*; \$0	
nat-rul b-50 oral tablet	1 or 1b*; \$0	
px b-50 oral tablet	1 or 1b*; \$0	
risanoid plus oral tablet	1 or 1b*; \$0	
ultra b-100 complex oral tablet	1 or 1b*; \$0	
MUSCULOSKELETAL THERAPY AGENTS - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
*CENTRAL MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
AMRIX ORAL CAPSULE EXTENDED RELEASE 24 HOUR (cyclobenzaprine hcl)	3	ST; QL (1 capsule per 1 day)
baclofen intrathecal solution	1 or 1b*	
BACLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE	3	
baclofen oral solution	3	QL (80 mL per 1 day)
baclofen oral suspension	3	QL (16 mL per 1 day)
baclofen oral tablet 10 mg, 5 mg	1 or 1b*	QL (3 tablets per 1 day)
baclofen oral tablet 20 mg	1 or 1b*	QL (4 tablets per 1 day)
carisoprodol oral tablet	1 or 1b*	QL (4 tablets per 1 day)
chlorzoxazone oral tablet 250 mg	3	ST; QL (4 tablets per 1 day)
chlorzoxazone oral tablet 375 mg, 750 mg	1 or 1b*	ST; QL (4 tablets per 1 day)
chlorzoxazone oral tablet 500 mg	1 or 1b*	QL (4 tablets per 1 day)
cyclobenzaprine hcl er oral capsule extended release 24 hour	3	ST; QL (1 capsule per 1 day)
cyclobenzaprine hcl oral tablet 10 mg, 5 mg	1 or 1b*	QL (3 tablets per 1 day)
cyclobenzaprine hcl oral tablet 7.5 mg	3	ST; QL (3 tablets per 1 day)
fexmid oral tablet	3	ST; QL (3 tablets per 1 day)
FLEQSUVY ORAL SUSPENSION (baclofen)	3	QL (16 mL per 1 day)
GABLOFEN INTRATHECAL SOLUTION (baclofen)	3	
GABLOFEN INTRATHECAL SOLUTION PREFILLED SYRINGE (baclofen)	3	
LIORESAL INTRATHECAL SOLUTION (baclofen)	3	
lorzone oral tablet	1 or 1b*	ST; QL (4 tablets per 1 day)
LYVISPAH ORAL PACKET 10 MG, 5 MG (baclofen)	3	QL (3 packets per 1 day)
LYVISPAH ORAL PACKET 20 MG (baclofen)	3	QL (4 packets per 1 day)
metaxalone oral tablet	1 or 1b*	ST; QL (4 tablets per 1 day)
methocarbamol injection solution	1 or 1b*	
methocarbamol oral tablet 1000 mg	3	ST; QL (4 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methocarbamol oral tablet 500 mg	1 or 1b*	QL (8 tablets per 1 day)
methocarbamol oral tablet 750 mg	1 or 1b*	QL (6 tablets per 1 day)
orphenadrine citrate er oral tablet extended release 12 hour	1 or 1b*	QL (2 tablets per 1 day)
orphenadrine citrate injection solution	1 or 1b*	
OZOBAX ORAL SOLUTION (baclofen)	3	QL (80 mL per 1 day)
ROBAXIN INJECTION SOLUTION (methocarbamol)	3	
SOMA ORAL TABLET (carisoprodol)	3	ST; QL (4 tablets per 1 day)
tizanidine hcl oral capsule 2 mg	3	ST; QL (4 capsules per 1 day)
tizanidine hcl oral capsule 4 mg	3	ST; QL (9 capsules per 1 day)
tizanidine hcl oral capsule 6 mg	1 or 1b*	QL (6 capsules per 1 day)
tizanidine hcl oral tablet 2 mg	1 or 1b*	QL (4 tablets per 1 day)
tizanidine hcl oral tablet 4 mg	1 or 1b*	QL (9 tablets per 1 day)
vanadom oral tablet	1 or 1b*	QL (4 tablets per 1 day)
ZANAFLEX ORAL CAPSULE 2 MG (tizanidine hcl)	3	ST; QL (4 capsules per 1 day)
ZANAFLEX ORAL CAPSULE 4 MG (tizanidine hcl)	3	ST; QL (9 capsules per 1 day)
ZANAFLEX ORAL CAPSULE 6 MG (tizanidine hcl)	3	ST; QL (6 capsules per 1 day)
ZANAFLEX ORAL TABLET (tizanidine hcl)	3	ST; QL (9 tablets per 1 day)
*DIRECT MUSCLE RELAXANTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
DANTRIUM INTRAVENOUS SOLUTION RECONSTITUTED (dantrolene sodium)	3	
DANTRIUM ORAL CAPSULE (dantrolene sodium)	3	
dantrolene sodium intravenous solution reconstituted	1 or 1b*	
dantrolene sodium oral capsule	1 or 1b*	
revonto intravenous solution reconstituted	1 or 1b*	
RYANODEX INTRAVENOUS SUSPENSION RECONSTITUTED (dantrolene sodium)	3	
*MUSCLE RELAXANT COMBINATIONS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
norgesic oral tablet	1 or 1b*	ST; QL (8 tablets per 1 day)
ORPHENADRINE-ASPIRIN-CAFFEINE ORAL TABLET	1 or 1b*	ST; QL (8 tablets per 1 day)
orphengesic forte oral tablet	1 or 1b*	ST; QL (4 tablets per 1 day)
*VISCOSUPPLEMENTS*** - DRUGS FOR MUSCLES, LIGAMENTS, TENDONS, AND BONES		
DUROLANE INTRA-ARTICULAR PREFILLED SYRINGE (sodium hyaluronate (viscosup))	3	PA; SP
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))	3	PA; SP
GEL-ONE INTRA-ARTICULAR PREFILLED SYRINGE (cross-linked hyaluronate)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GELSYN-3 INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))	3	PA; SP
HYALGAN INTRA-ARTICULAR SOLUTION (sodium hyaluronate (viscosup))	3	PA; SP
HYALGAN INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))	3	PA; SP
HYMOVIS INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hyaluronan)	3	PA; SP
MONOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hyaluronan)	3	PA; SP
ORTHOVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hyaluronan)	3	PA; SP
SUPARTZ FX INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))	3	PA; SP
SYNOJOYNT INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))	3	PA
SYNVISC INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hylan)	3	PA; SP
SYNVISC ONE INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (hylan)	3	PA; SP
TRILURON INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE (sodium hyaluronate (viscosup))	3	PA; SP
NASAL AGENTS - SYSTEMIC AND TOPICAL - DRUGS FOR THE NOSE		
*ANTI HISTAMINE-STEROID*** - ALLERGY		
azelastine-fluticasone nasal suspension	3	QL (1 bottle per 30 days)
DYMISTA NASAL SUSPENSION (azelastine-fluticasone)	3	QL (1 bottle per 30 days)
RYALTRIS NASAL SUSPENSION (olopatadine-mometasone)	3	QL (1 inhaler per 30 days)
*NASAL ANESTHETICS*** - ALLERGY		
COCAINE HCL NASAL SOLUTION	3	
GOPRELTO NASAL SOLUTION	3	
NUMBRINO NASAL SOLUTION (cocaine hcl (nasal anesthetic))	3	
*NASAL ANTICHOLINERGICS*** - ALLERGY		
ipratropium bromide nasal solution 0.03 %	1 or 1b*	QL (2 bottles per 30 days)
ipratropium bromide nasal solution 0.06 %	1 or 1b*	QL (1 mL per 1 day)
*NASAL ANTIHISTAMINES*** - ALLERGY		
azelastine hcl nasal solution 0.1 %, 137 mcg/spray	1 or 1b*	QL (1 package per 25 days)
azelastine hcl nasal solution 0.15 %	1 or 1b*	QL (1 bottle per 25 days)
olopatadine hcl nasal solution	1 or 1b*	QL (1 bottle per 30 days)
PATANASE NASAL SOLUTION (olopatadine hcl)	3	QL (1 bottle per 30 days)
*NASAL STEROIDS*** - ALLERGY		
BECONASE AQ NASAL SUSPENSION (beclomethasone diprop monohyd)	3	ST; QL (2 bottles per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>flunisolide nasal solution</i>	3	
<i>fluticasone propionate nasal suspension</i>	1 or 1a*	QL (1 bottle per 30 days)
<i>mometasone furoate nasal suspension</i>	3	ST; QL (1 bottle per 30 days)
OMNARIS NASAL SUSPENSION (<i>ciclesonide</i>)	3	ST; QL (1 bottle per 30 days)
PROPEL MINI NASAL IMPLANT (<i>mometasone furoate</i>)	3	
PROPEL MINI SDS NASAL IMPLANT (<i>mometasone furoate</i>)	3	
PROPEL NASAL IMPLANT (<i>mometasone furoate</i>)	3	
QNASL CHILDRENS NASAL AEROSOL SOLUTION (<i>beclomethasone diprop (nasal)</i>)	3	ST; QL (1 bottle per 30 days)
QNASL NASAL AEROSOL SOLUTION (<i>beclomethasone diprop (nasal)</i>)	3	ST; QL (1 bottle per 30 days)
XHANCE NASAL EXHALER SUSPENSION (<i>fluticasone propionate</i>)	3	PA; QL (2 inhalers per 30 days)
ZETONNA NASAL AEROSOL SOLUTION (<i>ciclesonide</i>)	3	ST; QL (1 inhaler per 30 days)
NEUROMUSCULAR AGENTS - DRUGS FOR NERVES AND MUSCLES		
*ALS AGENT COMBINATIONS*** - DRUGS FOR NERVES AND MUSCLES		
RELYVRIO ORAL PACKET (<i>phenylbutyrate-taurursodiol</i>)	3	PA; QL (56 packets per 28 days)
*ALS AGENTS - ANTISENSE OLIGONUCLEOTIDES*** - DRUGS FOR NERVES AND MUSCLES		
QALSODY INTRATHECAL SOLUTION (<i>tofersen</i>)	3	PA; QL (1 vial per 4 weekss)
*ALS AGENTS - MISCELLANEOUS*** - DRUGS FOR NERVES AND MUSCLES		
RADICAVA ORS ORAL SUSPENSION (<i>edaravone</i>)	3	PA; QL (1 kit per 28 days)
RADICAVA ORS STARTER KIT ORAL SUSPENSION (<i>edaravone</i>)	3	PA; QL (1 starter kit per 1 lifetime)
*BENZATHIAZOLES*** - DRUGS FOR NERVES AND MUSCLES		
EXSERVAN ORAL FILM (<i>riluzole</i>)	3	QL (4 films per 1 day)
RILUTEK ORAL TABLET (<i>riluzole</i>)	3	SP; QL (4 tablets per 1 day)
<i>riluzole oral tablet</i>	1 or 1b*	SP; QL (4 tablets per 1 day)
TIGLUTIK ORAL SUSPENSION (<i>riluzole</i>)	3	SP; QL (40 mL per 1 day)
*DEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
ANECTINE INJECTION SOLUTION (<i>succinylcholine chloride</i>)	3	
QUELICIN INJECTION SOLUTION (<i>succinylcholine chloride</i>)	3	
*FRIEDRICH'S ATAXIA AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR NERVES AND MUSCLES		
SKYCLARYS ORAL CAPSULE (<i>omaveloxolone</i>)	3	PA; QL (3 capsules per 1 day)
*MUSCULAR DYSTROPHY AGENTS*** - DRUGS FOR NERVES AND MUSCLES		
AMONDYS 45 INTRAVENOUS SOLUTION	3	PA
EXONDYS 51 INTRAVENOUS SOLUTION (<i>eteplirsen</i>)	3	PA
VILTEPSO INTRAVENOUS SOLUTION (<i>viltolarsen</i>)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VYONDYS 53 INTRAVENOUS SOLUTION (<i>golodirsen</i>)	3	PA
*NEUROMUSCULAR BLOCKING AGENT - NEUROTOXINS*** - DRUGS FOR NERVES AND MUSCLES		
BOTOX INJECTION SOLUTION RECONSTITUTED (<i>onabotulinumtoxin</i>)	3	PA; SP
DYSPORT INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>abobotulinumtoxin</i>)	3	PA; SP
MYOBLOC INTRAMUSCULAR SOLUTION (<i>rimabotulinumtoxinb</i>)	3	PA; SP
XEOMIN INTRAMUSCULAR SOLUTION RECONSTITUTED (<i>incobotulinumtoxin</i>)	3	PA; SP
*NONDEPOLARIZING MUSCLE RELAXANTS*** - DRUGS FOR NERVES AND MUSCLES		
<i>atracurium besylate intravenous solution</i>	1 or 1b*	
<i>cisatracurium besylate (pf) intravenous solution</i>	1 or 1b*	
<i>cisatracurium besylate intravenous solution</i>	1 or 1b*	
NIMBEX INTRAVENOUS SOLUTION (<i>cisatracurium besylate</i>)	3	
<i>rocuronium bromide intravenous solution</i>	1 or 1b*	
<i>vecuronium bromide intravenous solution reconstituted</i>	1 or 1b*	
*RETT SYNDROME AGENTS - GLYCINE-PROLINE-GLUTAMATE ANALOGS*** - DRUGS FOR NERVES AND MUSCLES		
DAYBUE ORAL SOLUTION (<i>trofinetide</i>)	3	PA; QL (120 mL per 1 day)
*SPINAL MUSCULAR ATROPHY-SMN2 SPLICING MODIFIERS*** - DRUGS FOR NERVES AND MUSCLES		
EVRYSDI ORAL SOLUTION RECONSTITUTED (<i>risdiplam</i>)	3	PA; QL (5 mg per 1 day)
NUTRIENTS - DRUGS FOR NUTRITION		
*AMINO ACID MIXTURES*** - DRUGS FOR NUTRITION		
AMINOSYN II INTRAVENOUS SOLUTION 10 % (<i>amino acid infusion</i>)	3	
<i>aminosyn ii intravenous solution 15 %</i>	1 or 1b*	
AMINOSYN-PF 7% INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
AMINOSYN-PF INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
CLINIMIX E/DEXTROSE (2.75/5) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d5w</i>)	3	
CLINIMIX E/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d10w</i>)	3	
CLINIMIX E/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d5w</i>)	3	
CLINIMIX E/DEXTROSE (5/15) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d15w</i>)	3	
CLINIMIX E/DEXTROSE (5/20) INTRAVENOUS SOLUTION (<i>amino ac elect-calc in d20w</i>)	3	
CLINIMIX E/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX E/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CLINIMIX/DEXTROSE (4.25/10) INTRAVENOUS SOLUTION (<i>amino acid infusion in d10w</i>)	3	
CLINIMIX/DEXTROSE (4.25/5) INTRAVENOUS SOLUTION (<i>amino acid infusion in d5w</i>)	3	
CLINIMIX/DEXTROSE (5/15) INTRAVENOUS SOLUTION (<i>amino acid infusion in d15w</i>)	3	
CLINIMIX/DEXTROSE (5/20) INTRAVENOUS SOLUTION (<i>amino acid infusion in d20w</i>)	3	
CLINIMIX/DEXTROSE (6/5) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/10) INTRAVENOUS SOLUTION	3	
CLINIMIX/DEXTROSE (8/14) INTRAVENOUS SOLUTION	3	
<i>clinisol sf intravenous solution</i>	1 or 1b*	
<i>plenamine intravenous solution</i>	1 or 1b*	
PREMASOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
PROSOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
TRAVASOL INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
TROPHAMINE INTRAVENOUS SOLUTION (<i>amino acid infusion</i>)	3	
*AMINO ACIDS-SINGLE*** - DRUGS FOR NUTRITION		
ELCYS INTRAVENOUS SOLUTION (<i>cysteine hcl</i>)	3	
*CARBOHYDRATES*** - DRUGS FOR NUTRITION		
<i>dextrose intravenous solution 10 %, 5 %, 70 %</i>	1 or 1b*	
DEXTROSE INTRAVENOUS SOLUTION 20 %, 30 %, 40 %	3	
*LIPIDS*** - DRUGS FOR NUTRITION		
CLINOLIPID INTRAVENOUS EMULSION (<i>fat emuls plant base(soy/oliv)</i>)	3	
DOJOLVI ORAL LIQUID (<i>triheptanoin</i>)	3	PA; QL (2 bottles per 30 days)
INTRALIPID INTRAVENOUS EMULSION (<i>fat emulsion plant based (soy)</i>)	3	
NUTRILIPID INTRAVENOUS EMULSION (<i>fat emulsion plant based (soy)</i>)	3	
OMEGAVEN INTRAVENOUS EMULSION (<i>fish oil triglyceride based</i>)	3	
SMOFLIPID INTRAVENOUS EMULSION (<i>fat emul fish oil/plant based</i>)	3	
*LIPOTROPIC COMBINATIONS*** - DRUGS FOR NUTRITION		
LECITHIN ORAL GRANULES	3	
*PROTEIN-CARBOHYDRATE-LIPID WITH ELECTROLYTE COMBINATIONS*** - DRUGS FOR NUTRITION		
KABIVEN INTRAVENOUS EMULSION (<i>amino ac-dext-lipid-electrolyt</i>)	3	
PERIKABIVEN INTRAVENOUS EMULSION (<i>amino ac-dext-lipid-electrolyt</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OPHTHALMIC AGENTS - DRUGS FOR THE EYE		
*ALPHA ADRENERGIC AGONIST & CARBONIC ANHYDRASE INHIB COMB*** - DRUGS FOR GLAUCOMA		
SIMBRINZA OPHTHALMIC SUSPENSION (<i>brinzolamide-brimonidine</i>)	2	QL (8 mL per 30 days)
*ARTIFICIAL TEAR INSERTS*** - DRUGS FOR THE EYE		
LACRISERT OPHTHALMIC INSERT (<i>artificial tear insert</i>)	3	PA; QL (2 inserts per 1 day)
*BETA-BLOCKERS - OPHTHALMIC COMBINATIONS*** - DRUGS FOR GLAUCOMA		
<i>brimonidine tartrate-timolol ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)
COMBIGAN OPHTHALMIC SOLUTION (<i>brimonidine tartrate-timolol</i>)	2	QL (15 mL per 30 days)
COSOPT OPHTHALMIC SOLUTION (<i>dorzolamide hcl-timolol mal</i>)	3	QL (10 mL per 30 days)
COSOPT PF OPHTHALMIC SOLUTION (<i>dorzolamide hcl-timolol mal</i>)	3	QL (60 units per 30 days)
<i>dorzolamide hcl-timolol mal ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
<i>dorzolamide hcl-timolol mal pf ophthalmic solution</i>	1 or 1b*	QL (60 units per 30 days)
*BETA-BLOCKERS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>betaxolol hcl ophthalmic solution</i>	1 or 1b*	QL (0.5 mL per 1 day)
BETIMOL OPHTHALMIC SOLUTION (<i>timolol hemihydrate</i>)	3	QL (15 mL per 30 days)
BETOPTIC-S OPHTHALMIC SUSPENSION (<i>betaxolol hcl</i>)	2	QL (15 mL per 30 days)
<i>carteolol hcl ophthalmic solution</i>	1 or 1a*	
ISTALOL OPHTHALMIC SOLUTION (<i>timolol maleate</i>)	3	QL (5 mL per 30 days)
<i>levobunolol hcl ophthalmic solution</i>	1 or 1b*	
<i>timolol maleate (once-daily) ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>timolol maleate ocudose ophthalmic solution</i>	1 or 1b*	QL (20 mL per 30 days)
<i>timolol maleate ophthalmic gel forming solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>timolol maleate ophthalmic solution</i>	1 or 1b*	QL (20 mL per 30 days)
<i>timolol maleate pf ophthalmic solution 0.25 %</i>	1 or 1b*	QL (18 mL per 30 days)
<i>timolol maleate pf ophthalmic solution 0.5 %</i>	1 or 1b*	QL (20 mL per 30 days)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 % (<i>timolol maleate</i>)	3	QL (18 mL per 30 days)
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.5 % (<i>timolol maleate</i>)	3	QL (20 mL per 30 days)
TIMOPTIC OPHTHALMIC SOLUTION (<i>timolol maleate</i>)	3	QL (20 mL per 30 days)
TIMOPTIC-XE OPHTHALMIC GEL FORMING SOLUTION (<i>timolol maleate</i>)	3	QL (5 mL per 30 days)
*CHOLINERGIC AGONISTS*** - DRUGS FOR THE EYE		
TYRVAYA NASAL SOLUTION (<i>varenicline tartrate</i>)	3	PA; QL (0.28 mL per 1 day)
*CYCLOPLEGIC MYDRIATIC COMBINATIONS*** - DRUGS FOR THE EYE		
CYCLOMYDRIL OPHTHALMIC SOLUTION (<i>cyclopentolate-phenylephrine</i>)	3	

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*CYCLOPLEGIC MYDRIATICS*** - DRUGS FOR THE EYE		
<i>atropine sulfate ophthalmic ointment</i>	1 or 1b*	
ATROPINE SULFATE OPHTHALMIC SOLUTION	3	QL (20 mL per 30 days)
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 2 % (cyclopentolate hcl)	3	
CYCLOGYL OPHTHALMIC SOLUTION 1 % (cyclopentolate hcl)	3	QL (15 mL per 30 days)
<i>cyclopentolate hcl ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)
ISOPTO ATROPINE OPHTHALMIC SOLUTION (atropine sulfate)	3	QL (20 mL per 30 days)
MYDRIACYL OPHTHALMIC SOLUTION (tropicamide)	3	
<i>phenylephrine hcl ophthalmic solution</i>	1 or 1b*	
<i>tropicamide ophthalmic solution</i>	1 or 1b*	
*LYMPHOCYTE FUNCTION-ASSOCIATED ANTIGEN-1 (LFA-1) ANTAG*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
XIIDRA OPHTHALMIC SOLUTION (lifitegrast)	2	PA; QL (2 vial per 1 day)
*MIOTICS - CHOLINESTERASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED (echothiophate iodide)	3	
*MIOTICS - DIRECT ACTING*** - DRUGS FOR GLAUCOMA		
MIOCHOL-E INTRAOCULAR SOLUTION RECONSTITUTED (acetylcholine chloride)	3	
MIOSTAT INTRAOCULAR SOLUTION (carbachol)	3	
<i>pilocarpine hcl ophthalmic solution</i>	1 or 1b*	
VUITY OPHTHALMIC SOLUTION (pilocarpine hcl)	3	PA; QL (2.5 mL per 30 days)
*OPHTHALMIC - MULTIPLE RECEPTOR ANGIOGENESIS INHIBITORS*** - DRUGS FOR THE EYE		
VABYSMO INTRAVITREAL SOLUTION (faricimab-svoa)	3	PA
*OPHTHALMIC ANTIALLERGIC*** - DRUGS FOR ITCHY EYE		
ALOCRIL OPHTHALMIC SOLUTION (nedocromil sodium)	3	ST; QL (1 bottle per 30 days)
ALOMIDE OPHTHALMIC SOLUTION (lodoxamide tromethamine)	3	ST; QL (1 bottle per 30 days)
<i>azelastine hcl ophthalmic solution</i>	1 or 1b*	QL (1 bottle per 24 days)
<i>bepotastine besilate ophthalmic solution</i>	3	ST; QL (5 mL per 30 days)
BEPREVE OPHTHALMIC SOLUTION (bepotastine besilate)	3	ST; QL (5 mL per 30 days)
<i>cromolyn sodium ophthalmic solution</i>	1 or 1a*	QL (2 bottles per 30 days)
<i>epinastine hcl ophthalmic solution</i>	1 or 1b*	QL (1 bottle per 30 days)
ZERVIAE OPHTHALMIC SOLUTION (cetirizine hcl)	3	ST; QL (2 boxes per 30 days)
*OPHTHALMIC ANTIBIOTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
AZASITE OPHTHALMIC SOLUTION (azithromycin)	3	QL (2.5 mL per 30 days)
<i>bacitracin ophthalmic ointment</i>	1 or 1b*	QL (7 grams per 30 days)
BESIVANCE OPHTHALMIC SUSPENSION (besifloxacin hcl)	3	QL (5 mL per 30 days)

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CILOXAN OPHTHALMIC OINTMENT (<i>ciprofloxacin hcl</i>)	3	QL (3.5 grams per 30 days)
<i>ciprofloxacin hcl ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<i>erythromycin ophthalmic ointment</i>	1 or 1a*	QL (3.5 grams per 30 days)
<i>gatifloxacin ophthalmic solution</i>	1 or 1b*	QL (2.5 mL per 30 days)
<i>gentamicin sulfate ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<i>levofloxacin ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
MITOSOL OPHTHALMIC KIT (<i>mitomycin</i>)	3	
<i>moxifloxacin hcl (2x day) ophthalmic solution</i>	1 or 1b*	QL (3 mL per 30 days)
<i>moxifloxacin hcl ophthalmic solution</i>	1 or 1b*	QL (3 mL per 30 days)
OCUFLOX OPHTHALMIC SOLUTION (<i>ofloxacin</i>)	3	QL (10 mL per 30 days)
<i>ofloxacin ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
<i>tobramycin ophthalmic solution</i>	1 or 1a*	QL (20 mL per 30 days)
TOBREX OPHTHALMIC OINTMENT (<i>tobramycin</i>)	3	QL (3.5 grams per 30 days)
VIGAMOX OPHTHALMIC SOLUTION (<i>moxifloxacin hcl</i>)	3	QL (3 mL per 30 days)
ZYMAXID OPHTHALMIC SOLUTION (<i>gatifloxacin</i>)	3	QL (2.5 mL per 30 days)
*OPHTHALMIC ANTIFUNGAL*** - DRUGS FOR THE EYE		
NATACYN OPHTHALMIC SUSPENSION (<i>natamycin</i>)	3	QL (15 mL per 30 days)
*OPHTHALMIC ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitracin-polymyxin b ophthalmic ointment</i>	1 or 1a*	QL (3.5 grams per 30 days)
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment</i>	1 or 1b*	QL (3.5 grams per 30 days)
<i>neomycin-polymyxin-gramicidin ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
<i>neo-polycin ophthalmic ointment</i>	1 or 1b*	QL (3.5 grams per 30 days)
<i>polycin ophthalmic ointment</i>	1 or 1a*	QL (3.5 grams per 30 days)
<i>polymyxin b-trimethoprim ophthalmic solution</i>	1 or 1a*	QL (10 mL per 30 days)
POLYTRIM OPHTHALMIC SOLUTION (<i>polymyxin b-trimethoprim</i>)	3	QL (10 mL per 30 days)
*OPHTHALMIC ANTISEPTICS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION (<i>povidone-iodine</i>)	3	
*OPHTHALMIC ANTIVIRALS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>trifluridine ophthalmic solution</i>	1 or 1b*	QL (7.5 mL per 30 days)
ZIRGAN OPHTHALMIC GEL (<i>ganciclovir</i>)	3	QL (5 gram per 7 days)
*OPHTHALMIC CARBONIC ANHYDRASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
AZOPT OPHTHALMIC SUSPENSION (<i>brinzolamide</i>)	3	QL (15 ML per 30 days)
<i>brinzolamide ophthalmic suspension</i>	1 or 1b*	QL (15 mL per 30 days)
<i>dorzolamide hcl ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)

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*OPHTHALMIC COMPLEMENT C3 INHIBITORS*** - DRUGS FOR THE EYE		
SYFOVRE INTRAVITREAL SOLUTION (<i>pegcetacoplan (ophthalmic)</i>)	3	PA
*OPHTHALMIC DIAGNOSTIC PRODUCTS*** - DRUGS FOR THE EYE		
<i>altafluor benox ophthalmic solution</i>	1 or 1b*	
FLUORESCEIN SODIUM/BENOXINATE OPHTHALMIC SOLUTION	3	
<i>fluorescein-benoxinate ophthalmic solution</i>	1 or 1b*	
FLUORESCITE INTRAVENOUS SOLUTION (<i>fluorescein sodium</i>)	3	
<i>fluor-i-strips a.t. ophthalmic strip</i>	3	
FLURA-SAFE OPHTHALMIC SOLUTION (<i>fluorexon-benoxinate</i>)	3	
<i>proparacaine-fluorescein ophthalmic solution</i>	1 or 1b*	
*OPHTHALMIC IMMUNOMODULATORS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
CEQUA OPHTHALMIC SOLUTION (<i>cyclosporine</i>)	3	PA; QL (2 vials per 1 day)
<i>cyclosporine ophthalmic emulsion</i>	1 or 1b*	PA; QL (2 vials per 1 day)
RESTASIS MULTIDOSE OPHTHALMIC EMULSION (<i>cyclosporine</i>)	2	PA; QL (1 bottle per 28 days)
RESTASIS OPHTHALMIC EMULSION (<i>cyclosporine</i>)	2	PA; QL (2 vials per 1 day)
VERKAZIA OPHTHALMIC EMULSION (<i>cyclosporine</i>)	3	PA; QL (120 vials per 30 days)
*OPHTHALMIC IRRIGATION SOLUTIONS*** - DRUGS FOR THE EYE		
BSS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	3	
BSS PLUS INTRAOCULAR SOLUTION (<i>ophth irr soln-intraocular</i>)	3	
*OPHTHALMIC KINASE INHIBITORS - COMBINATIONS*** - DRUGS FOR GLAUCOMA		
ROCKLATAN OPHTHALMIC SOLUTION (<i>netarsudil-latanoprost</i>)	3	QL (2.5 mL per 30 days)
*OPHTHALMIC LOCAL ANESTHETICS*** - DRUGS FOR THE EYE		
AKTEN OPHTHALMIC GEL (<i>lidocaine hcl</i>)	3	
ALCAINE OPHTHALMIC SOLUTION (<i>proparacaine hcl</i>)	3	
IHEEZO OPHTHALMIC GEL (<i>chloroprocaine hcl</i>)	3	
<i>proparacaine hcl ophthalmic solution</i>	1 or 1b*	
<i>tetracaine hcl ophthalmic solution</i>	1 or 1b*	
*OPHTHALMIC NERVE GROWTH FACTORS*** - DRUGS FOR THE EYE		
OXERVATE OPHTHALMIC SOLUTION (<i>cenegermin-bkbj</i>)	3	PA; SP; QL (2 vials per 1 day)
*OPHTHALMIC NONSTEROIDAL ANTI-INFLAMMATORY AGENTS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
ACULAR LS OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	3	QL (5 mL per 30 days)
ACULAR OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	3	QL (10 mL per 30 days)
ACUVAIL OPHTHALMIC SOLUTION (<i>ketorolac tromethamine</i>)	3	QL (1 box per 30 days)

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<i>bromfenac sodium (once-daily) ophthalmic solution</i>	1 or 1b*	QL (1.7 mL per 30 days)
BROMSITE OPHTHALMIC SOLUTION (<i>bromfenac sodium</i>)	3	QL (5 mL per 30 days)
<i>diclofenac sodium ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
<i>flurbiprofen sodium ophthalmic solution</i>	1 or 1b*	QL (2.5 mL per 30 days)
ILEVRO OPHTHALMIC SUSPENSION (<i>nepafenac</i>)	2	QL (3 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.4 %</i>	1 or 1b*	QL (5 mL per 30 days)
<i>ketorolac tromethamine ophthalmic solution 0.5 %</i>	1 or 1b*	QL (10 mL per 30 days)
NEVANAC OPHTHALMIC SUSPENSION (<i>nepafenac</i>)	3	QL (3 mL per 30 days)
PROLENSA OPHTHALMIC SOLUTION (<i>bromfenac sodium</i>)	3	QL (3 mL per 30 days)
*OPHTHALMIC PHOTODYNAMIC THERAPY AGENTS*** - DRUGS FOR THE EYE		
VISUDYNE INTRAVENOUS SOLUTION RECONSTITUTED (<i>verteporfin</i>)	3	SP; QL (1 fill per 30 days)
*OPHTHALMIC PHOTOENHANCER COMBINATIONS*** - DRUGS FOR THE EYE		
PHOTREXA-PHOTREXA VISCOUS KIT OPHTHALMIC SOLUTION PREFILLED SYRINGE (<i>riboflav5 & riboflav5-dextran</i>)	3	
*OPHTHALMIC RHO KINASE INHIBITORS*** - DRUGS FOR GLAUCOMA		
RHOPRESSA OPHTHALMIC SOLUTION (<i>netarsudil dimesylate</i>)	3	QL (2.5 mL per 30 days)
*OPHTHALMIC SELECTIVE ALPHA ADRENERGIC AGONISTS*** - DRUGS FOR GLAUCOMA		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % (<i>brimonidine tartrate</i>)	2	QL (30 mL per 30 days)
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % (<i>brimonidine tartrate</i>)	3	QL (30 mL per 30 days)
<i>apraclonidine hcl ophthalmic solution</i>	1 or 1b*	
<i>brimonidine tartrate ophthalmic solution</i>	1 or 1b*	QL (30 mL per 30 days)
IOPIDINE OPHTHALMIC SOLUTION (<i>apraclonidine hcl</i>)	3	
*OPHTHALMIC STEROID COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment</i>	1 or 1b*	QL (7 mL per 30 days)
MAXITROL OPHTHALMIC OINTMENT (<i>neomycin-polymyxin-dexameth</i>)	3	QL (7 mL per 30 days)
MAXITROL OPHTHALMIC SUSPENSION (<i>neomycin-polymyxin-dexameth</i>)	3	QL (20 mL per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic ointment</i>	1 or 1a*	QL (7 mL per 30 days)
<i>neomycin-polymyxin-dexameth ophthalmic suspension</i>	1 or 1a*	QL (20 mL per 30 days)
<i>neomycin-polymyxin-hc ophthalmic suspension</i>	1 or 1b*	
<i>neo-polycin hc ophthalmic ointment</i>	1 or 1b*	QL (7 mL per 30 days)
<i>sulfacetamide-prednisolone ophthalmic solution</i>	1 or 1a*	QL (15 mL per 30 days)
TOBRADEX OPHTHALMIC OINTMENT (<i>tobramycin-dexamethasone</i>)	2	
TOBRADEX OPHTHALMIC SUSPENSION (<i>tobramycin-dexamethasone</i>)	3	QL (10 mL per 30 days)

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TOBRADEX ST OPHTHALMIC SUSPENSION (<i>tobramycin-dexamethasone</i>)	3	QL (10 mL per 30 days)
<i>tobramycin-dexamethasone ophthalmic suspension</i>	1 or 1b*	QL (10 mL per 30 days)
ZYLET OPHTHALMIC SUSPENSION (<i>loteprednol-tobramycin</i>)	2	QL (20 mL per 30 days)
*OPHTHALMIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
ALREX OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	3	
<i>dexamethasone sodium phosphate ophthalmic solution</i>	1 or 1b*	
DEXTENZA OPHTHALMIC INSERT (<i>dexamethasone</i>)	3	
DEXYCU INTRAOCULAR SUSPENSION (<i>dexamethasone</i>)	3	
<i>difluprednate ophthalmic emulsion</i>	1 or 1b*	QL (10 mL per 30 days)
DUREZOL OPHTHALMIC EMULSION (<i>difluprednate</i>)	3	QL (10 mL per 30 days)
EYSUVIS OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	3	PA; QL (20 mL per 30 days)
FLAREX OPHTHALMIC SUSPENSION (<i>fluorometholone acetate</i>)	3	
<i>fluorometholone ophthalmic suspension</i>	1 or 1b*	
FML FORTE OPHTHALMIC SUSPENSION (<i>fluorometholone</i>)	3	
FML LIQUIFILM OPHTHALMIC SUSPENSION (<i>fluorometholone</i>)	3	
ILUVIEN INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	3	PA; SP
INVELTYS OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	3	QL (5.6 mL per 30 days)
LOTEMAX OPHTHALMIC GEL (<i>loteprednol etabonate</i>)	3	QL (10 grams per 30 days)
LOTEMAX OPHTHALMIC OINTMENT (<i>loteprednol etabonate</i>)	3	QL (7 grams per 30 days)
LOTEMAX OPHTHALMIC SUSPENSION (<i>loteprednol etabonate</i>)	3	QL (30 mL per 30 days)
LOTEMAX SM OPHTHALMIC GEL (<i>loteprednol etabonate</i>)	3	QL (10 grams per 30 days)
<i>loteprednol etabonate ophthalmic gel</i>	1 or 1b*	QL (10 grams per 30 days)
<i>loteprednol etabonate ophthalmic suspension</i>	1 or 1b*	QL (30 mL per 30 days)
MAXIDEX OPHTHALMIC SUSPENSION (<i>dexamethasone</i>)	3	
OZURDEX INTRAVITREAL IMPLANT (<i>dexamethasone</i>)	3	PA; SP
PRED FORTE OPHTHALMIC SUSPENSION (<i>prednisolone acetate</i>)	3	QL (20 mL per 30 days)
PRED MILD OPHTHALMIC SUSPENSION (<i>prednisolone acetate</i>)	3	
<i>prednisolone acetate ophthalmic suspension</i>	1 or 1b*	QL (20 mL per 30 days)
PREDNISOLONE SODIUM PHOSPHATE OPHTHALMIC SOLUTION	3	QL (20 mL per 30 days)
RETISERT INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	3	PA; SP
TRIESENCE INTRAOCULAR SUSPENSION (<i>triamcinolone acetonide</i>)	3	
XIPERE INTRAOCULAR SUSPENSION (<i>triamcinolone acetonide</i>)	3	PA
YUTIQ INTRAVITREAL IMPLANT (<i>fluocinolone acetonide</i>)	3	PA; SP
*OPHTHALMIC SULFONAMIDES*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
<i>sulfacetamide sodium ophthalmic ointment</i>	1 or 1b*	QL (3.5 grams per 30 days)
<i>sulfacetamide sodium ophthalmic solution</i>	1 or 1b*	QL (15 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*OPHTHALMIC SURGICAL AIDS - COMBINATIONS*** - DRUGS FOR THE EYE		
DISCOVISC INTRAOCULAR SOLUTION (<i>na chondroit sulf-na hyaluron</i>)	3	
DUOVISC INTRAOCULAR KIT (<i>na hyalur & na chond-na hyalur</i>)	3	
OMIDRIA INTRAOCULAR SOLUTION (<i>phenylephrine-ketorolac</i>)	3	
VISCOAT INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>na chondroit sulf-na hyaluron</i>)	3	
*OPHTHALMIC SURGICAL AIDS*** - DRUGS FOR THE EYE		
AMVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
CELLUGEL INTRAOCULAR SOLUTION (<i>hypromellose</i>)	3	
HEALON DUET PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
HEALON GV PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
HEALON PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
HEALON5 PRO INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
PROVISC INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>sodium hyaluronate</i>)	3	
TISSUEBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>brilliant blue g</i>)	3	
VISIONBLUE INTRAOCULAR SOLUTION PREFILLED SYRINGE (<i>trypan blue</i>)	3	
*OPHTHALMICS - BLEPHAROPTOSIS AGENTS** - DRUGS FOR THE EYE		
UPNEEQ OPHTHALMIC SOLUTION (<i>oxymetazoline hcl</i>)	3	PA; QL (30 containers per 30 days)
*OPHTHALMICS - CYSTINOSIS AGENTS** - DRUGS FOR THE EYE		
CYSTADROPS OPHTHALMIC SOLUTION (<i>cysteamine hcl</i>)	3	PA; QL (4 bottles per 28 days)
CYSTARAN OPHTHALMIC SOLUTION (<i>cysteamine hcl</i>)	3	PA; QL (60 mL per 28 days)
*PROSTAGLANDINS - OPHTHALMIC*** - DRUGS FOR GLAUCOMA		
<i>bimatoprost ophthalmic solution</i>	1 or 1b*	
DURYSTA INTRAOCULAR IMPLANT (<i>bimatoprost</i>)	3	PA; QL (2 applicators per 1 lifetime)
<i>latanoprost ophthalmic solution</i>	1 or 1b*	QL (5 mL per 30 days)
LUMIGAN OPHTHALMIC SOLUTION (<i>bimatoprost</i>)	2	QL (7.5 mL per 30 days)
<i>tafluprost (pf) ophthalmic solution</i>	1 or 1b*	QL (9 mL per 30 days)
TRAVATAN Z OPHTHALMIC SOLUTION (<i>travoprost</i>)	3	QL (10 mL per 30 days)
<i>travoprost (bak free) ophthalmic solution</i>	1 or 1b*	QL (10 mL per 30 days)
VYZULTA OPHTHALMIC SOLUTION (<i>latanoprostene bunod</i>)	3	QL (5 mL per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XALATAN OPHTHALMIC SOLUTION (<i>latanoprost</i>)	3	QL (5 mL per 30 days)
XELPROS OPHTHALMIC EMULSION (<i>latanoprost</i>)	3	QL (5 mL per 30 days)
ZIOPTAN OPHTHALMIC SOLUTION (<i>tafluprost</i>)	3	QL (9 mL per 30 days)
*VASCULAR ENDOTHELIAL GROWTH FACTOR (VEGF) ANTAGONISTS*** - DRUGS FOR THE EYE		
BEOVU INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>brolocizumab-dbl</i>)	3	PA
BYOOVIZ INTRAVITREAL SOLUTION (<i>ranibizumab-nuna</i>)	3	PA
CIMERLI INTRAVITREAL SOLUTION (<i>ranibizumab-eqrn</i>)	3	PA
EYLEA INTRAVITREAL SOLUTION (<i>aflibercept</i>)	3	PA; SP
EYLEA INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>aflibercept</i>)	3	PA
LUCENTIS INTRAVITREAL SOLUTION PREFILLED SYRINGE (<i>ranibizumab</i>)	3	PA; SP
SUSVIMO (IMPLANT 1ST FILL) INTRAVITREAL SOLUTION (<i>ranibizumab</i>)	3	
SUSVIMO (IMPLANT REFILL) INTRAVITREAL SOLUTION (<i>ranibizumab</i>)	3	
OTIC AGENTS - DRUGS FOR THE EAR		
*OTIC AGENTS - MISCELLANEOUS*** - WAX REMOVAL		
<i>acetic acid otic solution</i>	1 or 1b*	
*OTIC ANALGESIC COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
PRAMOTIC OTIC LIQUID (<i>pramoxine-chloroxylonol</i>)	3	
*OTIC ANTI-INFECTIVES*** - ANTIBIOTICS		
CETRAXAL OTIC SOLUTION (<i>ciprofloxacin hcl</i>)	3	QL (28 containers per 1 fill)
<i>ciprofloxacin hcl otic solution</i>	1 or 1b*	QL (28 containers per 1 fill)
<i>ofloxacin otic solution</i>	1 or 1b*	QL (10 mL per 1 fill)
*OTIC STEROID-ANTI-INFECTIVE COMBINATIONS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
CIPRO HC OTIC SUSPENSION (<i>ciprofloxacin-hydrocortisone</i>)	3	QL (10 mL per 1 fill)
CIPRODEX OTIC SUSPENSION (<i>ciprofloxacin-dexamethasone</i>)	3	QL (7.5 mL per 1 fill)
<i>ciprofloxacin-dexamethasone otic suspension</i>	1 or 1b*	QL (7.5 mL per 1 fill)
<i>ciprofloxacin-fluocinolone pf otic solution</i>	1 or 1b*	QL (28 vials per 1 fill)
CORTISPORIN-TC OTIC SUSPENSION (<i>neomycin-colist-hc-thonzonium</i>)	3	
<i>neomycin-polymyxin-hc otic solution</i>	1 or 1b*	
<i>neomycin-polymyxin-hc otic suspension</i>	1 or 1b*	QL (15 mL per 30 days)
OTOVEL OTIC SOLUTION (<i>ciprofloxacin-fluocinolone</i>)	3	QL (28 vials per 1 fill)
*OTIC STEROIDS*** - ANTI-INFECTIVE/ANTI-INFLAMMATORIES		
DERMOTIC OTIC OIL (<i>fluocinolone acetonide</i>)	3	
<i>flac otic oil</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluocinolone acetonide otic oil	1 or 1b*	
hydrocortisone-acetic acid otic solution	1 or 1b*	QL (10 mL per 1 fill)
OXYTOCICS - HORMONES		
*ABORTIFACIENTS/CERVICAL RIPENING - PROSTAGLANDINS*** - DRUGS FOR WOMEN		
carboprost tromethamine intramuscular solution	1 or 1b*	
CERVIDIL VAGINAL INSERT (dinoprostone)	3	
HEMABATE INTRAMUSCULAR SOLUTION (carboprost tromethamine)	3	
PREPIDIL VAGINAL GEL (dinoprostone)	3	
*OXYTOCICS*** - DRUGS FOR WOMEN		
methergine oral tablet	1 or 1b*	
methylergonovine maleate injection solution	1 or 1b*	
methylergonovine maleate oral tablet	1 or 1b*	
oxytocin injection solution	1 or 1b*	
PITOCIN INJECTION SOLUTION (oxytocin)	3	
PASSIVE IMMUNIZING AND TREATMENT AGENTS - BIOLOGICAL AGENTS		
*ANTITOXINS-ANTIVENINS*** - BIOLOGICAL AGENTS		
ANASCORP INTRAVENOUS SOLUTION RECONSTITUTED (centruroides (scorpion) im fab)	3	
ANAVIP INTRAVENOUS SOLUTION RECONSTITUTED (crotalidae immune fab (equine))	3	
ANTIVENIN LATRODECTUS MACTANS INJECTION KIT	3	
ANTIVENIN MICRURUS FULVIUS INTRAVENOUS SOLUTION RECONSTITUTED	3	
CROFAB INTRAVENOUS SOLUTION RECONSTITUTED (crotalidae polyval immune fab)	3	
*ANTIVIRAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
SYNAGIS INTRAMUSCULAR SOLUTION (palivizumab)	3	PA; SP
*BACTERIAL MONOCLONAL ANTIBODIES*** - BIOLOGICAL AGENTS		
ZINPLAVA INTRAVENOUS SOLUTION (bezlotoxumab)	3	PA
*IMMUNE SERUMS*** - BIOLOGICAL AGENTS		
ASCENIV INTRAVENOUS SOLUTION (immune globulin (human)-slra)	3	PA
BIVIGAM INTRAVENOUS SOLUTION (immune globulin (human))	3	PA; LD; SP
CNJ-016 INTRAVENOUS SOLUTION (vaccinia immune globulin human)	3	
CUTAQUIG SUBCUTANEOUS SOLUTION (immune globulin (human)-hipp)	3	PA
CUVITRU SUBCUTANEOUS SOLUTION (immune globulin (human))	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYTOGAM INTRAVENOUS INJECTABLE (<i>cytomegalovirus immune glob</i>)	3	SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 0.5 GM/10ML, 10 GM/200ML, 2.5 GM/50ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	3	PA; SP
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	3	PA; LD; SP
GAMASTAN INTRAMUSCULAR INJECTABLE (<i>immune globulin (human)</i>)	3	PA; SP
GAMMAGARD INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	3	PA; LD; SP
GAMMAGARD INJECTION SOLUTION 2.5 GM/25ML, 30 GM/300ML (<i>immune globulin (human)</i>)	3	PA; SP
GAMMAGARD S/D LESS IGA INTRAVENOUS SOLUTION RECONSTITUTED (<i>immune globulin (human)</i>)	3	PA; LD; SP
GAMMAKED INJECTION SOLUTION (<i>immune globulin (human)</i>)	3	PA; LD; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	3	PA; LD; SP
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML (<i>immune globulin (human)</i>)	3	PA; SP
GAMUNEX-C INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML (<i>immune globulin (human)</i>)	3	PA; LD; SP
GAMUNEX-C INJECTION SOLUTION 2.5 GM/25ML, 40 GM/400ML (<i>immune globulin (human)</i>)	3	PA; SP
HEPAGAM B INJECTION SOLUTION (<i>hepatitis b immune globulin</i>)	3	SP
HIZENTRA SUBCUTANEOUS SOLUTION (<i>immune globulin (human)</i>)	3	PA; SP
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>immune globulin (human)</i>)	3	PA
HYPERHEP B INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	3	SP
HYPERHEP B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b immune globulin</i>)	3	SP
HYPERRAB INJECTION SOLUTION 1500 UNIT/5ML, 300 UNIT/ML (<i>rabies immune globulin</i>)	3	SP
HYPERRAB INJECTION SOLUTION 900 UNIT/3ML (<i>rabies immune globulin</i>)	3	
HYPERRHO S/D INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	3	LD; SP; QL (2 fills per 365 days)
HYPERTET INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>tetanus immune globulin</i>)	3	
IMOGAM RABIES-HT INJECTION SOLUTION (<i>rabies immune globulin</i>)	3	SP
KEDRAB INJECTION SOLUTION	3	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICRHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	3	LD; SP; QL (2 fills per 365 days)
NABI-HB INTRAMUSCULAR SOLUTION (<i>hepatitis b immune globulin</i>)	3	LD; SP
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 5 GM/100ML (<i>immune globulin (human)</i>)	3	PA; SP
OCTAGAM INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	3	PA; LD; SP
OCTAGAM INTRAVENOUS SOLUTION 30 GM/300ML (<i>immune globulin (human)</i>)	3	PA
PANZYGA INTRAVENOUS SOLUTION (<i>immune globulin (human)-ifas</i>)	3	PA
PRIVIGEN INTRAVENOUS SOLUTION 10 GM/100ML, 5 GM/50ML (<i>immune globulin (human)</i>)	3	PA; LD; SP
PRIVIGEN INTRAVENOUS SOLUTION 20 GM/200ML, 40 GM/400ML (<i>immune globulin (human)</i>)	3	PA; SP
RHOGAM ULTRA-FILTERED PLUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	3	LD; SP; QL (2 fills per 365 days)
RHOPHYLAC INJECTION SOLUTION PREFILLED SYRINGE (<i>rho d immune globulin</i>)	3	SP; QL (2 fills per 365 days)
VARIZIG INTRAMUSCULAR SOLUTION (<i>varicella-zoster immune glob</i>)	3	
WINRHO SDF INJECTION SOLUTION (<i>rho d immune globulin</i>)	3	SP; QL (2 fills per 365 days)
XEMBIFY SUBCUTANEOUS SOLUTION (<i>immune globulin (human)-klhw</i>)	3	PA
*PASSIVE IMMUNIZING AGENTS - COMBINATIONS*** - BIOLOGICAL AGENTS		
HYQVIA SUBCUTANEOUS KIT (<i>immune globulin-hyaluronidase</i>)	3	PA; SP
PENICILLINS - DRUGS FOR INFECTIONS		
*AMINOPENICILLINS*** - ANTIBIOTICS		
<i>amoxicillin oral capsule</i>	1 or 1a*	
<i>amoxicillin oral suspension reconstituted</i>	1 or 1a*	
<i>amoxicillin oral tablet</i>	1 or 1a*	
<i>amoxicillin oral tablet chewable</i>	1 or 1a*	
<i>ampicillin oral capsule</i>	1 or 1a*	
<i>ampicillin sodium injection solution reconstituted</i>	1 or 1b*	
<i>ampicillin sodium intravenous solution reconstituted</i>	1 or 1b*	
*NATURAL PENICILLINS*** - ANTIBIOTICS		
BICILLIN L-A INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>penicillin g benzathine</i>)	3	
PENICILLIN G POT IN DEXTROSE INTRAVENOUS SOLUTION	3	
<i>penicillin g potassium injection solution reconstituted</i>	1 or 1b*	
<i>penicillin g sodium injection solution reconstituted</i>	1 or 1b*	
<i>penicillin v potassium oral solution reconstituted</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>penicillin v potassium oral tablet</i>	1 or 1b*	
<i>pfizerpen injection solution reconstituted</i>	1 or 1b*	
*PENICILLIN COMBINATIONS*** - ANTIBIOTICS		
<i>amoxicillin-pot clavulanate er oral tablet extended release 12 hour</i>	1 or 1b*	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	1 or 1b*	
<i>amoxicillin-pot clavulanate oral tablet</i>	1 or 1b*	
<i>amoxicillin-pot clavulanate oral tablet chewable</i>	1 or 1b*	
<i>ampicillin-sulbactam sodium injection solution reconstituted</i>	1 or 1b*	
<i>ampicillin-sulbactam sodium intravenous solution reconstituted</i>	1 or 1b*	
AUGMENTIN ES-600 ORAL SUSPENSION RECONSTITUTED (<i>amoxicillin-pot clavulanate</i>)	3	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED (<i>amoxicillin-pot clavulanate</i>)	2	
AUGMENTIN ORAL TABLET (<i>amoxicillin-pot clavulanate</i>)	3	
BICILLIN C-R 900/300 INTRAMUSCULAR SUSPENSION (<i>penicillin g benzathine & proc</i>)	3	
BICILLIN C-R INTRAMUSCULAR SUSPENSION (<i>penicillin g benzathine & proc</i>)	3	
<i>piperacillin sod-tazobactam so intravenous solution reconstituted</i>	1 or 1b*	
UNASYN INJECTION SOLUTION RECONSTITUTED (<i>ampicillin-sulbactam sodium</i>)	3	
UNASYN INTRAVENOUS SOLUTION RECONSTITUTED (<i>ampicillin-sulbactam sodium</i>)	3	
ZOSYN INTRAVENOUS SOLUTION (<i>piperacillin-tazobactam in dex</i>)	3	
*PENICILLINASE-RESISTANT PENICILLINS*** - ANTIBIOTICS		
<i>dicloxacillin sodium oral capsule</i>	1 or 1b*	
NAFCILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
<i>nafcillin sodium injection solution reconstituted</i>	1 or 1b*	
<i>nafcillin sodium intravenous solution reconstituted</i>	1 or 1b*	
OXACILLIN SODIUM IN DEXTROSE INTRAVENOUS SOLUTION	3	
<i>oxacillin sodium injection solution reconstituted</i>	1 or 1b*	
<i>oxacillin sodium intravenous solution reconstituted</i>	1 or 1b*	
PROGESTINS - HORMONES		
*PROGESTINS*** - DRUGS FOR WOMEN		
AYGESTIN ORAL TABLET (<i>norethindrone acetate</i>)	3	
<i>medroxyprogesterone acetate oral tablet</i>	1 or 1a*	QL (1 tablet per 1 day)
<i>megestrol acetate oral suspension</i>	1 or 1b*	
<i>norethindrone acetate oral tablet</i>	1 or 1b*	
<i>progesterone intramuscular oil</i>	1 or 1b*	
<i>progesterone oral capsule 100 mg</i>	1 or 1b*	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>progesterone oral capsule 200 mg</i>	1 or 1b*	QL (2 capsule per 1 day)
PROMETRIUM ORAL CAPSULE 100 MG (<i>progesterone</i>)	3	QL (2 capsules per 1 day)
PROMETRIUM ORAL CAPSULE 200 MG (<i>progesterone</i>)	3	QL (2 capsule per 1 day)
PROVERA ORAL TABLET (<i>medroxyprogesterone acetate</i>)	3	QL (1 tablet per 1 day)
PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC. - DRUGS FOR THE NERVOUS SYSTEM		
*AGENTS FOR OPIOID WITHDRAWAL*** - DRUGS FOR THE NERVOUS SYSTEM		
LUCEMYRA ORAL TABLET (<i>lofexidine hcl</i>)	3	QL (16 tablets per 1 day)
*ALCOHOL DETERRENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>acamprosate calcium oral tablet delayed release</i>	1 or 1b*	QL (6 tablet per 1 day)
<i>disulfiram oral tablet</i>	1 or 1b*	
*ANTI-CATAPLECTIC AGENTS*** - DRUGS FOR SLEEP DISORDER		
<i>sodium oxybate oral solution</i>	3	PA; QL (18 mL per 1 day)
XYREM ORAL SOLUTION (<i>sodium oxybate</i>)	3	PA; SP; QL (18 mL per 1 day)
*ANTI-CATAPLECTIC COMBINATIONS*** - DRUGS FOR SLEEP DISORDER		
XYWAV ORAL SOLUTION (<i>ca, mg, k, and na oxybates</i>)	3	PA; QL (18 mL per 1 day)
*ANTIDEMENTIA AGENT COMBINATIONS*** - DRUGS FOR ALZHEIMER'S DISEASE		
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK (<i>memantine hcl-donepezil hcl</i>)	2	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>memantine hcl-donepezil hcl</i>)	2	QL (1 capsule per 1 day)
*ANTISENSE OLIGONUCLEOTIDE (ASO) INHIBITOR AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>inotersen sodium</i>)	3	PA; SP; QL (4 syringes per 28 days)
*BENZODIAZEPINES & TRICYCLIC AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
<i>chlordiazepoxide-amitriptyline oral tablet</i>	1 or 1b*	
*CHOLINOMIMETICS - ACHE INHIBITORS*** - DRUGS FOR ALZHEIMER'S DISEASE		
ADLARTY TRANSDERMAL PATCH WEEKLY (<i>donepezil hcl</i>)	3	QL (1 patch per 1 week)
ARICEPT ORAL TABLET 10 MG, 23 MG (<i>donepezil hcl</i>)	3	QL (1 tablet per 1 day)
ARICEPT ORAL TABLET 5 MG (<i>donepezil hcl</i>)	3	DO
<i>donepezil hcl oral tablet 10 mg, 23 mg</i>	1 or 1b*	QL (1 tablet per 1 day)
<i>donepezil hcl oral tablet 5 mg</i>	1 or 1b*	DO
<i>donepezil hcl oral tablet dispersible</i>	1 or 1b*	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24HR, 9.5 MG/24HR (<i>rivastigmine</i>)	3	ST; QL (1 patch per 1 day)
EXELON TRANSDERMAL PATCH 24 HOUR 4.6 MG/24HR (<i>rivastigmine</i>)	3	ST; QL (1 gram per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>galantamine hydrobromide er oral capsule extended release 24 hour 8 mg</i>	1 or 1b*	DO
<i>galantamine hydrobromide oral solution</i>	1 or 1b*	QL (6 mL per 1 day)
<i>galantamine hydrobromide oral tablet 12 mg, 8 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>galantamine hydrobromide oral tablet 4 mg</i>	1 or 1b*	DO
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 24 MG (<i>galantamine hydrobromide</i>)	3	QL (1 capsule per 1 day)
RAZADYNE ER ORAL CAPSULE EXTENDED RELEASE 24 HOUR 8 MG (<i>galantamine hydrobromide</i>)	3	DO
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg</i>	1 or 1b*	DO
<i>rivastigmine tartrate oral capsule 4.5 mg, 6 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 9.5 mg/24hr</i>	1 or 1b*	QL (1 patch per 1 day)
<i>rivastigmine transdermal patch 24 hour 4.6 mg/24hr</i>	1 or 1b*	QL (1 gram per 1 day)
*FIBROMYALGIA AGENT - SNRIS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
SAVELLA ORAL TABLET (<i>milnacipran hcl</i>)	2	QL (2 tablets per 1 day)
SAVELLA TITRATION PACK ORAL (<i>milnacipran hcl</i>)	2	QL (1 pack per 365 days)
*MELANOCORTIN RECEPTOR AGONISTS*** - DRUGS FOR THE NERVOUS SYSTEM		
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>bremelanotide acetate</i>)	3	PA; QL (4 autoinjectors per 30 days)
*MOVEMENT DISORDER DRUG THERAPY*** - DRUGS FOR THE NERVOUS SYSTEM		
AUSTEDO ORAL TABLET (<i>deutetrabenazine</i>)	3	PA; SP; QL (4 tablets per 1 day)
INGREZZA ORAL CAPSULE 40 MG (<i>valbenazine tosylate</i>)	3	PA; DO; LD
INGREZZA ORAL CAPSULE 60 MG, 80 MG (<i>valbenazine tosylate</i>)	3	PA; LD; QL (1 capsule per 1 day)
INGREZZA ORAL CAPSULE THERAPY PACK (<i>valbenazine tosylate</i>)	3	PA; LD; QL (1 pack per 1 year)
<i>tetrabenazine oral tablet 12.5 mg</i>	1 or 1b*	PA; SP; QL (8 tablets per 1 day)
<i>tetrabenazine oral tablet 25 mg</i>	1 or 1b*	PA; SP; QL (4 tablets per 1 day)
XENAZINE ORAL TABLET 12.5 MG (<i>tetrabenazine</i>)	3	PA; SP; QL (8 tablets per 1 day)
XENAZINE ORAL TABLET 25 MG (<i>tetrabenazine</i>)	3	PA; SP; QL (4 tablets per 1 day)
*MS AGENTS - PYRIMIDINE SYNTHESIS INHIBITORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AUBAGIO ORAL TABLET (<i>teriflunomide</i>)	3	PA; SP; QL (1 tablet per 1 day)
<i>teriflunomide oral tablet</i>	1 or 1b*	PA; QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MULTIPLE SCLEROSIS AGENTS - ANTIMETABOLITES*** - DRUGS FOR MULTIPLE SCLEROSIS		
MAVENCLAD (10 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (4 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (5 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (6 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (7 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (8 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss)
MAVENCLAD (9 TABS) ORAL TABLET THERAPY PACK (<i>cladribine</i>)	3	PA; LD; QL (2 packs per 46 weekss)
*MULTIPLE SCLEROSIS AGENTS - INTERFERONS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT (<i>interferon beta-1a</i>)	3	PA; SP; QL (4 kits per 28 days)
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT (<i>interferon beta-1a</i>)	3	PA; SP; QL (4 kits per 28 days)
BETASERON SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	2	PA; SP; QL (15 kits per 30 days)
EXTAVIA SUBCUTANEOUS KIT (<i>interferon beta-1b</i>)	3	PA; SP; QL (15 kits per 30 days)
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; QL (2 syringes per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>peginterferon beta-1a</i>)	3	PA; SP; QL (1 ML per 28 days)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; SP; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR (<i>peginterferon beta-1a</i>)	3	PA; SP; QL (1 ML per 28 days)
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>peginterferon beta-1a</i>)	3	PA; SP; QL (1 ML per 28 days)
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	3	PA; SP; QL (12 ML per 28 days)
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>interferon beta-1a</i>)	3	PA; SP; QL (4.2 ML per 28 days)
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	3	PA; SP; QL (12 syringes per 28 days)
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>interferon beta-1a</i>)	3	PA; SP; QL (1 pack per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*MULTIPLE SCLEROSIS AGENTS - MONOCLONAL ANTIBODIES*** - DRUGS FOR MULTIPLE SCLEROSIS		
BRIUMVI INTRAVENOUS SOLUTION (<i>ublituximab-xiiy</i>)	3	PA; QL (3 vials per 24 weeks)
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR (<i>ofatumumab</i>)	3	PA; QL (1 syringe per 28 days)
LEMTRADA INTRAVENOUS SOLUTION (<i>alemtuzumab</i>)	3	PA; SP; QL (3 vials per 365 days)
OCREVUS INTRAVENOUS SOLUTION (<i>ocrelizumab</i>)	3	PA; SP; QL (2 vials per 180 days)
TYSABRI INTRAVENOUS CONCENTRATE (<i>natalizumab</i>)	3	PA; SP; QL (1 vial per 28 days)
*MULTIPLE SCLEROSIS AGENTS - NRF2 PATHWAY ACTIVATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
BAFIERTAM ORAL CAPSULE DELAYED RELEASE (<i>monomethyl fumarate</i>)	3	PA; QL (4 capsules per 1 day)
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1 or 1b*	PA; SP; QL (14 capsules per 365 days)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1 or 1b*	PA; SP; QL (2 capsules per 1 day)
<i>dimethyl fumarate starter pack oral</i>	1 or 1b*	PA; SP; QL (1 kit per 365 days)
TECFIDERA ORAL (<i>dimethyl fumarate</i>)	2	PA; SP; QL (1 kit per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 120 MG (<i>dimethyl fumarate</i>)	2	PA; SP; QL (14 capsules per 365 days)
TECFIDERA ORAL CAPSULE DELAYED RELEASE 240 MG (<i>dimethyl fumarate</i>)	2	PA; SP; QL (2 capsules per 1 day)
VUMERITY ORAL CAPSULE DELAYED RELEASE (<i>diroximel fumarate</i>)	3	PA; LD; QL (4 capsules per 1 day)
*MULTIPLE SCLEROSIS AGENTS - POTASSIUM CHANNEL BLOCKERS*** - DRUGS FOR MULTIPLE SCLEROSIS		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HOUR (<i>dalfampridine</i>)	3	PA; SP; QL (2 tablets per 1 day)
<i>dalfampridine er oral tablet extended release 12 hour</i>	1 or 1b*	PA; SP; QL (2 tablets per 1 day)
*MULTIPLE SCLEROSIS AGENTS*** - DRUGS FOR MULTIPLE SCLEROSIS		
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML (<i>glatiramer acetate</i>)	3	PA; LD; SP; QL (1 syringe per 1 day)
COPAXONE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/ML (<i>glatiramer acetate</i>)	3	PA; LD; SP; QL (12 ML per 28 days)
<i>glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	2	PA; LD; SP; QL (1 syringe per 1 day)
<i>glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	2	PA; LD; SP; QL (12 ML per 28 days)
<i>glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	2	PA; LD; SP; QL (1 syringe per 1 day)
<i>glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	2	PA; LD; SP; QL (12 ML per 28 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*N-METHYL-D-ASPARTATE (NMDA) RECEPTOR ANTAGONISTS*** - DRUGS FOR ALZHEIMER'S DISEASE		
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 7 mg</i>	1 or 1b*	DO
<i>memantine hcl er oral capsule extended release 24 hour 21 mg, 28 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>memantine hcl oral solution</i>	1 or 1b*	QL (10 mL per 1 day)
<i>memantine hcl oral tablet 10 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	1 or 1b*	QL (1 tablet per 6 months)
<i>memantine hcl oral tablet 5 mg</i>	1 or 1b*	DO
NAMENDA ORAL TABLET 10 MG (<i>memantine hcl</i>)	3	QL (2 tablets per 1 day)
NAMENDA ORAL TABLET 5 MG (<i>memantine hcl</i>)	3	DO
NAMENDA TITRATION PAK ORAL TABLET (<i>memantine hcl</i>)	3	QL (1 tablet per 6 months)
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14 MG, 7 MG (<i>memantine hcl</i>)	3	DO
NAMENDA XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 21 MG, 28 MG (<i>memantine hcl</i>)	3	QL (1 capsule per 1 day)
*PHENOTHIAZINES & TRICYCLIC AGENTS*** - DRUGS FOR DEPRESSION		
<i>perphenazine-amitriptyline oral tablet</i>	1 or 1b*	
*POSTHERPETIC NEURALGIA (PHN)/NEUROPATHIC PAIN AGENTS*** - DRUGS FOR SEIZURES /PERSONALITY DISORDER/NERVE PAIN		
GRALISE ORAL TABLET 300 MG, 450 MG, 750 MG (<i>gabapentin (once-daily)</i>)	2	PA; DO
GRALISE ORAL TABLET 600 MG (<i>gabapentin (once-daily)</i>)	2	PA; QL (3 tablets per 1 day)
GRALISE ORAL TABLET 900 MG (<i>gabapentin (once-daily)</i>)	2	PA; QL (2 tablets per 1 day)
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 165 MG, 82.5 MG (<i>pregabalin</i>)	3	PA; DO
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HOUR 330 MG (<i>pregabalin</i>)	3	PA; QL (2 tablets per 1 day)
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 82.5 mg</i>	1 or 1b*	PA; DO
<i>pregabalin er oral tablet extended release 24 hour 330 mg</i>	1 or 1b*	PA; QL (2 tablets per 1 day)
*PREMENSTRUAL DYSPHORIC DISORDER (PMDD) AGENTS - SSRIS*** - DRUGS FOR DEPRESSION		
<i>fluoxetine hcl (pmdd) oral tablet 10 mg</i>	1 or 1b*	DO
<i>fluoxetine hcl (pmdd) oral tablet 20 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
*PSEUDOBULBAR AFFECT AGENT COMBINATIONS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
NUEDEXTA ORAL CAPSULE (<i>dextromethorphan-quinidine</i>)	3	PA; QL (2 capsules per 1 day)
*PSYCHOTHERAPEUTIC AND NEUROLOGICAL AGENTS - MISC.*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>ergoloid mesylates oral tablet</i>	1 or 1b*	QL (3 tablets per 1 day)
<i>pimozide oral tablet 1 mg</i>	1 or 1b*	QL (10 tablets per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>pimozide oral tablet 2 mg</i>	1 or 1b*	QL (5 tablets per 1 day)
*RESTLESS LEG SYNDROME (RLS) AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
HORIZANT ORAL TABLET EXTENDED RELEASE (<i>gabapentin enacarbil</i>)	3	PA; QL (2 tablets per 1 day)
*SEROTONIN 1A RECEPT AGONIST/SEROTONIN 2A RECEPT ANTAG*** - DRUGS FOR THE NERVOUS SYSTEM		
ADDYI ORAL TABLET (<i>flibanserin</i>)	3	PA; QL (1 tablet per 1 day)
*SMALL INTERFERING RIBONUCLEIC ACID (SIRNA) AGENTS*** - DRUGS FOR THE NERVOUS SYSTEM		
AMVUTTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE (<i>vutrisiran sodium</i>)	3	PA; QL (1 syringe per 90 days)
ONPATTRO INTRAVENOUS SOLUTION (<i>patisiran sodium</i>)	3	PA; QL (0.72 mL per 1 day)
*SMOKING DETERRENTS*** - DRUGS FOR DEPRESSION		
APO-VARENICLINE ORAL TABLET 0.5 MG	3; \$0	PA; QL (2 tablets per 1 day)
APO-VARENICLINE ORAL TABLET 1 MG	3; \$0	PA; QL (2 tablet per 1 day)
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour</i>	1 or 1b*; \$0	QL (2 tablets per 1 day)
<i>cvs nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>cvs nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>cvs nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>cvs nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>cvs nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>eq nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>eq nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>eq nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>eq nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>eq nicotine step 3 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>eq nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>eq nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>gnp nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>gnp nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>gnp nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>goodsense nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>goodsense nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>habitrol transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>hm nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>hm nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>hm nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>kls quit2 mouth/throat gum</i>	1 or 1b*; \$0	
<i>kls quit2 mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>kls quit4 mouth/throat gum</i>	1 or 1b*; \$0	
<i>kls quit4 mouth/throat lozenge</i>	1 or 1b*; \$0	
NICODERM CQ TRANSDERMAL PATCH 24 HOUR (<i>nicotine</i>)	2; \$0	
NICORETTE MINI MOUTH/THROAT LOZENGE (<i>nicotine polacrilex</i>)	2; \$0	
NICORETTE MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	2; \$0	
NICORETTE MOUTH/THROAT LOZENGE (<i>nicotine polacrilex</i>)	2; \$0	
NICORETTE STARTER KIT MOUTH/THROAT GUM (<i>nicotine polacrilex</i>)	2; \$0	
<i>nicotine mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mini mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>nicotine step 1 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>nicotine step 2 transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>nicotine step 3 transdermal patch 24 hour</i>	1 or 1b*; \$0	
NICOTINE TRANSDERMAL KIT	2; \$0	
<i>nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
NICOTROL INHALATION INHALER (<i>nicotine</i>)	3; \$0	QL (16 cartridges per 1 day)
NICOTROL NS NASAL SOLUTION (<i>nicotine</i>)	3; \$0	QL (4 mL per 1 day)
<i>px stop smoking aid mouth/throat gum</i>	1 or 1b*; \$0	
<i>px stop smoking aid mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>qc nicotine transdermal system transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>ra mini nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ra nicotine gum mouth/throat gum</i>	1 or 1b*; \$0	
<i>ra nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>ra nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>ra nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>sm nicotine mouth/throat gum</i>	1 or 1b*; \$0	
<i>sm nicotine mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>sm nicotine polacrilex mouth/throat gum</i>	1 or 1b*; \$0	
<i>sm nicotine polacrilex mouth/throat lozenge</i>	1 or 1b*; \$0	
<i>sm nicotine transdermal patch 24 hour</i>	1 or 1b*; \$0	
<i>thrive mouth/throat gum</i>	1 or 1b*; \$0	
<i>varenicline tartrate oral tablet 0.5 mg</i>	1 or 1b*; \$0	QL (2 tablets per 1 day)
<i>varenicline tartrate oral tablet 1 mg</i>	1 or 1b*; \$0	QL (2 tablet per 1 day)
<i>varenicline tartrate oral tablet therapy pack</i>	1 or 1b*; \$0	QL (53 EA per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*SPHINGOSINE 1-PHOSPHATE (S1P) RECEPTOR MODULATORS*** - DRUGS FOR MULTIPLE SCLEROSIS		
<i>fingolimod hcl oral capsule</i>	2	PA; QL (1 capsule per 1 day)
GILENYA ORAL CAPSULE 0.25 MG (<i>fingolimod hcl</i>)	3	PA; QL (1 capsule per 1 day)
GILENYA ORAL CAPSULE 0.5 MG (<i>fingolimod hcl</i>)	2	PA; SP; QL (1 capsule per 1 day)
MAYZENT ORAL TABLET 0.25 MG (<i>siponimod fumarate</i>)	3	PA; QL (4 tablets per 1 day)
MAYZENT ORAL TABLET 1 MG, 2 MG (<i>siponimod fumarate</i>)	3	PA; QL (1 tablet per 1 day)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 0.25 MG (<i>siponimod fumarate</i>)	3	PA; QL (1 pack per 1 fill)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG (<i>siponimod fumarate</i>)	3	PA; QL (1 pack per 1 one time fill)
PONVORY ORAL TABLET (<i>ponesimod</i>)	3	PA; QL (1 tablet per 1 day)
PONVORY STARTER PACK ORAL TABLET THERAPY PACK (<i>ponesimod</i>)	3	PA; QL (1 pack per 1 one time fill)
TASCENSO ODT ORAL TABLET DISPERSIBLE (<i>fingolimod lauryl sulfate</i>)	3	PA; QL (1 tablet per 1 day)
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK (<i>ozanimod hcl</i>)	3	PA; QL (1 pack per 1 fill)
ZEPOSIA ORAL CAPSULE (<i>ozanimod hcl</i>)	3	PA; QL (1 capsule per 1 day)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK (<i>ozanimod hcl</i>)	3	PA; QL (1 pack per 1 fill)
*THIENBENZODIAZEPINES & OPIOID ANTAGONISTS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
LYBALVI ORAL TABLET (<i>olanzapine-samidorphane</i>)	3	ST; QL (1 tablet per 1 day)
*THIENBENZODIAZEPINES & SSRIS*** - DRUGS FOR SEVERE MENTAL DISORDERS		
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 6-50 mg</i>	1 or 1b*	QL (1 capsule per 1 day)
<i>olanzapine-fluoxetine hcl oral capsule 3-25 mg, 6-25 mg</i>	1 or 1b*	DO
SYMBYAX ORAL CAPSULE (<i>olanzapine-fluoxetine hcl</i>)	3	DO
*VASOMOTOR SYMPTOM AGENTS - SSRIS*** - DRUGS FOR THE NERVOUS SYSTEM		
<i>paroxetine mesylate oral capsule</i>	1 or 1b*	
RESPIRATORY AGENTS - MISC. - DRUGS FOR THE LUNGS		
*ALPHA-PROTEINASE INHIBITOR (HUMAN)*** - DRUGS FOR ASTHMA/COPD		
ARALAST NP INTRAVENOUS SOLUTION RECONSTITUTED (<i>alpha1-proteinase inhibitor</i>)	3	PA; SP
GLASSIA INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	3	PA; SP
PROLASTIN-C INTRAVENOUS SOLUTION (<i>alpha1-proteinase inhibitor</i>)	3	PA
PROLASTIN-C INTRAVENOUS SOLUTION RECONSTITUTED (<i>alpha1-proteinase inhibitor</i>)	3	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZEMAIRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>alpha1-proteinase inhibitor</i>)	3	PA; SP
*CFTR POTENTIATORS*** - DRUGS FOR CYSTIC FIBROSIS		
KALYDECO ORAL PACKET 25 MG (<i>ivacaftor</i>)	3	PA; LD; QL (2 packets per 1 day)
KALYDECO ORAL PACKET 50 MG, 75 MG (<i>ivacaftor</i>)	3	PA; LD; SP; QL (2 packet per 1 day)
KALYDECO ORAL TABLET (<i>ivacaftor</i>)	3	PA; LD; SP; QL (2 tablets per 1 day)
*CYSTIC FIBROSIS AGENT - COMBINATIONS*** - DRUGS FOR CYSTIC FIBROSIS		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG (<i>lumacaftor-ivacaftor</i>)	3	PA; SP; QL (2 packets per 1 day)
ORKAMBI ORAL PACKET 75-94 MG (<i>lumacaftor-ivacaftor</i>)	3	PA; QL (2 units per 1 day)
ORKAMBI ORAL TABLET (<i>lumacaftor-ivacaftor</i>)	3	PA; SP; QL (4 tablet per 1 day)
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG (<i>tezacaftor-ivacaftor</i>)	3	PA; SP; QL (1 carton per 28 days)
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG (<i>tezacaftor-ivacaftor</i>)	3	PA; QL (1 carton per 28 days)
TRIKAFTA ORAL TABLET THERAPY PACK (<i>elexacaftor-tezacaftor-ivacaft</i>)	2	PA; QL (1 carton per 28 days)
*CYSTIC FIBROSIS AGENTS - MISCELLANEOUS*** - DRUGS FOR CYSTIC FIBROSIS		
BRONCHITOL INHALATION CAPSULE (<i>mannitol (cystic fibrosis)</i>)	3	PA; QL (560 tablets per 28 days)
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE (<i>mannitol (cystic fibrosis)</i>)	3	PA; QL (1 test per 1 fill)
*HYDROLYTIC ENZYMES*** - DRUGS FOR THE LUNGS		
PULMOZYME INHALATION SOLUTION (<i>dornase alfa</i>)	3	SP; QL (150 mL per 30 days)
*PLEURAL SCLEROSING AGENTS*** - DRUGS FOR THE LUNGS		
SCLEROSOL INTRAPLEURAL INTRAPLEURAL AEROSOL POWDER (<i>talc</i>)	3	
STERILE TALC POWDER INTRAPLEURAL SUSPENSION RECONSTITUTED (<i>talc</i>)	3	
*PULMONARY FIBROSIS AGENTS - KINASE INHIBITORS*** - DRUGS FOR THE LUNGS		
OFEV ORAL CAPSULE (<i>nintedanib esylate</i>)	3	PA; SP; QL (2 capsules per 1 day)
*PULMONARY FIBROSIS AGENTS*** - DRUGS FOR THE LUNGS		
ESBRIET ORAL CAPSULE (<i>pirfenidone</i>)	3	PA; LD; SP; QL (9 capsule per 1 day)
ESBRIET ORAL TABLET 267 MG (<i>pirfenidone</i>)	3	PA; LD; SP; QL (9 tablets per 1 day)
ESBRIET ORAL TABLET 801 MG (<i>pirfenidone</i>)	3	PA; LD; SP; QL (3 tablets per 1 day)
<i>pirfenidone oral capsule</i>	1 or 1b*	PA; QL (9 capsule per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
pirfenidone oral tablet 267 mg	1 or 1b*	PA; LD; SP; QL (9 tablets per 1 day)
pirfenidone oral tablet 534 mg	1 or 1b*	PA; QL (3 tablets per 1 day)
pirfenidone oral tablet 801 mg	1 or 1b*	PA; LD; SP; QL (3 tablets per 1 day)
*RESPIRATORY AGENTS - MISC.*** - DRUGS FOR THE LUNGS		
CUROSURF INTRATRACHEAL SUSPENSION (<i>poractant alfa</i>)	3	
INFASURF INTRATRACHEAL SUSPENSION (<i>calfactant in nacl</i>)	3	
SURVANTA INTRATRACHEAL SUSPENSION (<i>beractant in nacl</i>)	3	
SULFONAMIDES - DRUGS FOR INFECTIONS		
*SULFONAMIDES*** - ANTIBIOTICS		
sulfadiazine oral tablet	1 or 1b*	
TETRACYCLINES - DRUGS FOR INFECTIONS		
*AMINOMETHYLCYCLINES*** - ANTIBIOTICS		
NUZYRA INTRAVENOUS SOLUTION RECONSTITUTED (<i>omadacycline tosylate</i>)	3	
NUZYRA ORAL TABLET (<i>omadacycline tosylate</i>)	3	PA; QL (30 tablets per 30 days)
*FLUOROCYCLINES*** - ANTIBIOTICS		
XERAVA INTRAVENOUS SOLUTION RECONSTITUTED (<i>eravacycline dihydrochloride</i>)	3	
*GLYCYLCYCLINES*** - ANTIBIOTICS		
TIGECYCLINE INTRAVENOUS SOLUTION RECONSTITUTED	3	
TYGACIL INTRAVENOUS SOLUTION RECONSTITUTED (<i>tigecycline</i>)	3	
*TETRACYCLINES*** - ANTIBIOTICS		
demeclocycline hcl oral tablet	1 or 1b*	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG (<i>doxycycline hyclate</i>)	3	ST; QL (2 tablets per 1 day)
DORYX MPC ORAL TABLET DELAYED RELEASE 60 MG (<i>doxycycline hyclate</i>)	3	ST
DORYX ORAL TABLET DELAYED RELEASE (<i>doxycycline hyclate</i>)	3	ST; QL (2 tablets per 1 day)
doxy 100 intravenous solution reconstituted	1 or 1b*	QL (2 vials per 1 day)
doxycycline hyclate intravenous solution reconstituted	1 or 1b*	QL (2 vials per 1 day)
doxycycline hyclate oral capsule 100 mg	1 or 1b*	QL (2 capsules per 1 day)
doxycycline hyclate oral capsule 50 mg	1 or 1b*	
doxycycline hyclate oral tablet 100 mg, 20 mg, 50 mg	1 or 1b*	QL (2 tablets per 1 day)
doxycycline hyclate oral tablet 150 mg	3	ST; QL (1 tablet per 1 day)
doxycycline hyclate oral tablet 75 mg	3	ST; QL (2 tablets per 1 day)
doxycycline hyclate oral tablet delayed release	3	ST; QL (2 tablets per 1 day)
doxycycline monohydrate oral capsule 100 mg, 50 mg, 75 mg	1 or 1b*	QL (2 capsules per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>doxycycline monohydrate oral capsule 150 mg</i>	3	ST
<i>doxycycline monohydrate oral suspension reconstituted</i>	1 or 1b*	QL (600 mL per 30 days)
<i>doxycycline monohydrate oral tablet 100 mg, 50 mg, 75 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>doxycycline monohydrate oral tablet 150 mg</i>	1 or 1b*	
MINOCIN INTRAVENOUS SOLUTION RECONSTITUTED (<i>minocycline hcl</i>)	3	
<i>minocycline hcl er (biphasic) oral tablet extended release 24 hour</i>	3	QL (1 tablet per 1 day)
<i>minocycline hcl er oral capsule extended release 24 hour</i>	3	ST; QL (1 capsule per 1 day)
<i>minocycline hcl er oral tablet extended release 24 hour</i>	3	ST; QL (1 tablet per 1 day)
<i>minocycline hcl oral capsule 100 mg, 75 mg</i>	1 or 1b*	QL (2 capsules per 1 day)
<i>minocycline hcl oral capsule 50 mg</i>	1 or 1b*	QL (4 capsules per 1 day)
<i>minocycline hcl oral tablet 100 mg, 75 mg</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>minocycline hcl oral tablet 50 mg</i>	1 or 1b*	QL (4 tablets per 1 day)
MINOLIRA ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>minocycline hcl</i>)	3	ST; QL (1 tablet per 1 day)
<i>mondoxylene nl oral capsule</i>	1 or 1b*	QL (2 capsules per 1 day)
SEYSARA ORAL TABLET (<i>sarecycline hcl</i>)	3	ST; QL (1 tablet per 1 day)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR (<i>minocycline hcl</i>)	3	ST; QL (1 tablet per 1 day)
<i>targadox oral tablet</i>	1 or 1b*	QL (2 tablets per 1 day)
<i>tetracycline hcl oral capsule</i>	1 or 1b*	
VIBRAMYCIN ORAL CAPSULE (<i>doxycycline hyclate</i>)	3	ST; QL (2 capsules per 1 day)
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED (<i>doxycycline monohydrate</i>)	3	ST; QL (600 mL per 30 days)
XIMINO ORAL CAPSULE EXTENDED RELEASE 24 HOUR (<i>minocycline hcl</i>)	3	ST; QL (1 capsule per 1 day)
THYROID AGENTS - HORMONES		
*ANTITHYROID AGENTS - RADIOPHARMACEUTICALS*** - DRUGS FOR THYROID		
SODIUM IODIDE I-131 ORAL SOLUTION	3	
*ANTITHYROID AGENTS*** - DRUGS FOR THYROID		
<i>methimazole oral tablet</i>	1 or 1a*	
<i>propylthiouracil oral tablet</i>	1 or 1b*	
*THYROID HORMONES*** - DRUGS FOR THYROID		
ADTHYZA ORAL TABLET (<i>thyroid</i>)	3	
ARMOUR THYROID ORAL TABLET (<i>thyroid</i>)	3	
CYTOMEL ORAL TABLET (<i>liothyronine sodium</i>)	3	
ERMEZA ORAL SOLUTION (<i>levothyroxine sodium</i>)	3	
<i>euthyrox oral tablet</i>	1 or 1b*	
<i>levo-t oral tablet</i>	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION	3	
LEVOTHYROXINE SODIUM INTRAVENOUS SOLUTION RECONSTITUTED	3	
levothyroxine sodium oral capsule	1 or 1b*	
levothyroxine sodium oral tablet	1 or 1a*	
levoxyl oral tablet	1 or 1a*	
liothyronine sodium intravenous solution	1 or 1b*	
liothyronine sodium oral tablet	1 or 1b*	
np thyroid oral tablet	1 or 1a*	
SYNTHROID ORAL TABLET (levothyroxine sodium)	3	
THYQUIDITY ORAL SOLUTION (levothyroxine sodium)	3	
TIROSINT ORAL CAPSULE (levothyroxine sodium)	3	
TIROSINT-SOL ORAL SOLUTION (levothyroxine sodium)	3	
unithroid oral tablet	1 or 1a*	
TOXOIDS - BIOLOGICAL AGENTS		
*TOXOID COMBINATIONS*** - VACCINES		
ADACEL INTRAMUSCULAR SUSPENSION (tetanus-diphth-acell pertussis)	3; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION (tetanus-diphth-acell pertussis)	3; \$0	
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (tetanus-diphth-acell pertussis)	3; \$0	
DAPTACEL INTRAMUSCULAR SUSPENSION (diphth-acell pertussis-tetanus)	3; \$0	
INFANRIX INTRAMUSCULAR SUSPENSION (diphth-acell pertussis-tetanus)	3; \$0	
KINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-ipv vaccine)	3; \$0	
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-hepatitis b recomb-ipv)	3; \$0	
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED (dtap-ipv-hib vaccine)	3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION (dtap-ipv vaccine)	3; \$0	
QUADRACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dtap-ipv vaccine)	3; \$0	
TDVAX INTRAMUSCULAR SUSPENSION (tetanus-diphtheria toxoids td)	3; \$0	
TENIVAC INTRAMUSCULAR INJECTABLE (tetanus-diphtheria toxoids td)	3; \$0	
TETANUS-DIPHThERIA TOXOIDS TD INTRAMUSCULAR SUSPENSION	3; \$0	
VAXELIS INTRAMUSCULAR SUSPENSION (dtap-ipv-hib-hepatitis b recmb)	3	

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VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (dta ^{ap} -ipv-hib-hepatitis b recmb)	3	
ULCER DRUGS/ANTISPASMODICS/ANTICHOLINERGICS - DRUGS FOR THE STOMACH		
*ANTICHOLINERGIC COMBINATIONS*** - DRUGS FOR STOMACH CRAMPS		
chlordiazepoxide-clidinium oral capsule	1 or 1b*	
LIBRAX ORAL CAPSULE (chlordiazepoxide-clidinium)	3	
*ANTISPASMODICS*** - DRUGS FOR STOMACH CRAMPS		
BENTYL INTRAMUSCULAR SOLUTION (dicyclomine hcl)	3	
dicyclomine hcl intramuscular solution	1 or 1b*	
dicyclomine hcl oral capsule	1 or 1a*	
dicyclomine hcl oral solution	1 or 1a*	
dicyclomine hcl oral tablet	1 or 1a*	
*BELLADONNA ALKALOIDS*** - DRUGS FOR STOMACH CRAMPS		
ATROPEN INTRAMUSCULAR SOLUTION AUTO-INJECTOR (atropine sulfate)	3	
ATROPINE SULFATE INJECTION SOLUTION PREFILLED SYRINGE	3	
ATROPINE SULFATE INTRAVENOUS SOLUTION	3	
*H-2 ANTAGONISTS*** - DRUGS FOR ULCERS AND STOMACH ACID		
cimetidine oral tablet 200 mg	1 or 1b*	QL (2 tablets per 1 day)
cimetidine oral tablet 300 mg, 400 mg	1 or 1b*	QL (4 tablets per 1 day)
cimetidine oral tablet 800 mg	1 or 1b*	QL (3 tablets per 1 day)
famotidine (pf) intravenous solution	1 or 1b*	
famotidine intravenous solution	1 or 1b*	
famotidine oral suspension reconstituted	1 or 1b*	QL (5 mL per 1 day)
famotidine oral tablet	1 or 1b*	QL (2 tablets per 1 day)
famotidine premixed intravenous solution	1 or 1b*	
nizatidine oral capsule 150 mg	1 or 1b*	QL (2 capsules per 1 day)
nizatidine oral capsule 300 mg	1 or 1b*	QL (1 capsule per 1 day)
PEPCID ORAL TABLET 20 MG (famotidine)	3	QL (4 tablets per 1 day)
PEPCID ORAL TABLET 40 MG (famotidine)	3	QL (2 tablets per 1 day)
*MISC. ANTI-ULCER*** - DRUGS FOR ULCERS AND STOMACH ACID		
CARAFATE ORAL SUSPENSION (sucralfate)	3	
CARAFATE ORAL TABLET (sucralfate)	3	
sucralfate oral suspension	1 or 1b*	
sucralfate oral tablet	1 or 1b*	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*PROTON PUMP INHIBITOR-ANTACID COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
KONVOMEPRAL ORAL SUSPENSION RECONSTITUTED (<i>omeprazole-sodium bicarbonate</i>)	3	ST; QL (20 mL per 1 day)
<i>omeprazole-sodium bicarbonate oral capsule</i>	3	ST; QL (1 capsule per 1 day)
<i>omeprazole-sodium bicarbonate oral packet</i>	3	ST; QL (1 packet per 1 day)
ZEGERID ORAL CAPSULE (<i>omeprazole-sodium bicarbonate</i>)	3	ST; QL (1 capsule per 1 day)
ZEGERID ORAL PACKET (<i>omeprazole-sodium bicarbonate</i>)	3	ST; QL (1 packet per 1 day)
*PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
ACIPHEX ORAL TABLET DELAYED RELEASE (<i>rabeprazole sodium</i>)	3	ST; QL (1 tablet per 1 day)
DEXILANT ORAL CAPSULE DELAYED RELEASE (<i>dexlansoprazole</i>)	3	ST; QL (1 capsule per 1 day)
<i>dexlansoprazole oral capsule delayed release</i>	3	ST; QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral capsule delayed release</i>	3	ST; QL (1 capsule per 1 day)
<i>esomeprazole magnesium oral packet</i>	3	ST; QL (1 packet per 1 day)
<i>esomeprazole sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>lansoprazole oral capsule delayed release</i>	3	ST; QL (1 capsule per 1 day)
<i>lansoprazole oral tablet delayed release dispersible</i>	3	ST; QL (1 tablet per 1 day)
NEXIUM I.V. INTRAVENOUS SOLUTION RECONSTITUTED (<i>esomeprazole sodium</i>)	3	
NEXIUM ORAL CAPSULE DELAYED RELEASE (<i>esomeprazole magnesium</i>)	3	ST; QL (1 capsule per 1 day)
NEXIUM ORAL PACKET (<i>esomeprazole magnesium</i>)	3	ST; QL (1 packet per 1 day)
<i>omeprazole oral capsule delayed release</i>	1 or 1b*	
<i>pantoprazole sodium intravenous solution reconstituted</i>	1 or 1b*	
<i>pantoprazole sodium oral packet</i>	3	ST; QL (1 packet per 1 day)
<i>pantoprazole sodium oral tablet delayed release</i>	1 or 1b*	
PREVACID ORAL CAPSULE DELAYED RELEASE (<i>lansoprazole</i>)	3	ST; QL (1 capsule per 1 day)
PREVACID SOLUTAB ORAL TABLET DELAYED RELEASE DISPERSIBLE (<i>lansoprazole</i>)	3	ST; QL (1 tablet per 1 day)
PRILOSEC ORAL PACKET (<i>omeprazole magnesium</i>)	3	ST; QL (1 pack per 1 day)
PROTONIX INTRAVENOUS SOLUTION RECONSTITUTED (<i>pantoprazole sodium</i>)	3	
PROTONIX ORAL PACKET (<i>pantoprazole sodium</i>)	3	ST; QL (1 packet per 1 day)
PROTONIX ORAL TABLET DELAYED RELEASE (<i>pantoprazole sodium</i>)	3	ST; QL (1 tablet per 1 day)
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE	3	ST; QL (1 capsule per 1 day)
<i>rabeprazole sodium oral tablet delayed release</i>	3	ST; QL (1 tablet per 1 day)
*QUATERNARY ANTICHOLINERGICS*** - DRUGS FOR STOMACH CRAMPS		
CUVPOSA ORAL SOLUTION (<i>glycopyrrolate</i>)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DARTISLA ODT ORAL TABLET DISPERSIBLE (<i>glycopyrrolate</i>)	3	PA
GLYCATE ORAL TABLET (<i>glycopyrrolate</i>)	3	PA
<i>glycopyrrolate injection solution</i>	1 or 1b*	
<i>glycopyrrolate oral solution</i>	1 or 1b*	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1 or 1b*	
GLYCOPYRROLATE ORAL TABLET 1.5 MG	3	PA
GLYCOPYRROLATE PF INJECTION SOLUTION PREFILLED SYRINGE 0.2 MG/ML, 0.4 MG/2ML	3	
<i>glycopyrrolate pf injection solution prefilled syringe 0.6 mg/3ml</i>	3	
GLYRX-PF INJECTION SOLUTION (<i>glycopyrrolate</i>)	3	
GLYRX-PF INJECTION SOLUTION PREFILLED SYRINGE (<i>glycopyrrolate</i>)	3	
<i>methscopolamine bromide oral tablet</i>	1 or 1b*	
ROBINUL ORAL TABLET (<i>glycopyrrolate</i>)	3	
ROBINUL-FORTE ORAL TABLET (<i>glycopyrrolate</i>)	3	
*ULCER ANTI-INFECTIVE W/ BISMUTH COMBINATIONS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>bismuth/metronidaz/tetracyclin oral capsule</i>	1 or 1b*	ST; QL (1 pack per 1 fill)
HELIDAC THERAPY ORAL (<i>metronid-tetracyc-bis subsal</i>)	3	ST; QL (1 pack per 1 fill)
PYLERA ORAL CAPSULE (<i>bis subcit-metronid-tetracyc</i>)	3	ST; QL (1 pack per 1 fill)
*ULCER ANTI-INFECTIVE W/ PROTON PUMP INHIBITORS*** - DRUGS FOR ULCERS AND STOMACH ACID		
<i>amoxicill-clarithro-lansopraz oral therapy pack</i>	1 or 1b*	ST; QL (1 pack per 1 fill)
OMECLAMOX-PAK ORAL (<i>amoxicill-clarithro-omeprazole</i>)	3	ST; QL (1 pack per 1 fill)
TALICIA ORAL CAPSULE DELAYED RELEASE (<i>amoxicill-rifabutin-omeprazole</i>)	3	ST; QL (1 pack per 1 fill)
*ULCER ANTI-INFECTIVE-PCAB COMBINATIONS*** - DRUGS FOR THE STOMACH		
VOQUEZNA DUAL PAK ORAL THERAPY PACK (<i>amoxicillin-vonoprazan</i>)	3	PA; QL (1 pack per 1 fill)
VOQUEZNA TRIPLE PAK ORAL THERAPY PACK (<i>amoxicill-clarithro-vonoprazan</i>)	3	PA; QL (1 pack per 1 fill)
*ULCER DRUGS - PROSTAGLANDINS*** - DRUGS FOR ULCERS AND STOMACH ACID		
CYTOTEC ORAL TABLET (<i>misoprostol</i>)	3	
<i>misoprostol oral tablet</i>	1 or 1a*	
URINARY ANTISPASMODICS - DRUGS FOR THE URINARY SYSTEM		
*URINARY ANTISPASMODIC - ANTIMUSCARINIC (ANTICHOLINERGIC)*** - DRUGS FOR THE BLADDER		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour</i>	1 or 1b*	QL (1 tablet per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DETROL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR (tolterodine tartrate)	3	ST; QL (1 capsule per 1 day)
DETROL ORAL TABLET (tolterodine tartrate)	3	ST; QL (2 tablets per 1 day)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24 HOUR (oxybutynin chloride)	3	ST; QL (1 tablet per 1 day)
fesoterodine fumarate er oral tablet extended release 24 hour	1 or 1b*	QL (1 tablet per 1 day)
GELNIQUE TRANSDERMAL GEL (oxybutynin chloride)	3	ST; QL (1 sachet per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg	1 or 1b*	QL (2 tablets per 1 day)
oxybutynin chloride er oral tablet extended release 24 hour 5 mg	1 or 1b*	QL (1 tablet per 1 day)
oxybutynin chloride oral solution	3	ST; QL (20 mL per 1 day)
oxybutynin chloride oral syrup	1 or 1b*	QL (20 mL per 1 day)
oxybutynin chloride oral tablet 2.5 mg	1 or 1b*	QL (8 tablets per 1 day)
oxybutynin chloride oral tablet 5 mg	1 or 1b*	QL (4 tablets per 1 day)
OXYTROL TRANSDERMAL PATCH TWICE WEEKLY (oxybutynin)	3	ST; QL (8 patch per 28 days)
solifenacin succinate oral tablet	1 or 1b*	QL (1 tablet per 1 day)
tolterodine tartrate er oral capsule extended release 24 hour	1 or 1b*	QL (1 capsule per 1 day)
tolterodine tartrate oral tablet	1 or 1b*	QL (2 tablets per 1 day)
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HOUR (fesoterodine fumarate)	3	ST; QL (1 tablet per 1 day)
trospium chloride er oral capsule extended release 24 hour	1 or 1b*	QL (1 capsule per 1 day)
trospium chloride oral tablet	1 or 1b*	QL (2 tablets per 1 day)
VESICARE LS ORAL SUSPENSION (solifenacin succinate)	3	PA; QL (10 mL per 1 day)
VESICARE ORAL TABLET (solifenacin succinate)	3	ST; QL (1 tablet per 1 day)
*URINARY ANTISPASMODICS - BETA-3 ADRENERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
GEMTESA ORAL TABLET (vibegron)	3	ST; QL (1 tablet per 1 day)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER (mirabegron)	3	QL (3 bottles per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR (mirabegron)	3	QL (1 tablet per 1 day)
*URINARY ANTISPASMODICS - CHOLINERGIC AGONISTS*** - DRUGS FOR THE BLADDER		
bethanechol chloride oral tablet	1 or 1b*	
*URINARY ANTISPASMODICS - DIRECT MUSCLE RELAXANTS*** - DRUGS FOR THE BLADDER		
flavoxate hcl oral tablet	1 or 1b*	
VACCINES - BIOLOGICAL AGENTS		
*BACTERIAL VACCINES*** - VACCINES		
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED (haemophilus b polysac conj vac)	3; \$0	
BCG VACCINE INJECTION SOLUTION RECONSTITUTED	3; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (meningococcal b recomb omv adj)	3; \$0	
BIOTHRAX INTRAMUSCULAR SUSPENSION (anthrax vaccine adsorbed)	3	
HIBERIX INJECTION SOLUTION RECONSTITUTED (haemophilus b polysac conj vac)	3; \$0	
MENACTRA INTRAMUSCULAR SOLUTION (mening acy&w-135 diphth conj)	3; \$0	
MENQUADFI INTRAMUSCULAR SOLUTION (mening acy&w-135 tetanus conj)	3; \$0	
MENVEO INTRAMUSCULAR SOLUTION (meningococcal a c y&w-135 olig)	3; \$0	
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED (meningococcal a c y&w-135 olig)	3; \$0	
PEDVAX HIB INTRAMUSCULAR SUSPENSION (haemophilus b polysac conj vac)	3; \$0	
PNEUMOVAX 23 INJECTION INJECTABLE (pneumococcal vac polyvalent)	2; \$0	
PREVNAR 13 INTRAMUSCULAR SUSPENSION (pneumococcal 13-val conj vacc)	2; \$0	
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (pneumococcal 20-val conj vacc)	2; \$0	
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (meningococcal b vac (recomb))	3; \$0	
TYPHIM VI INTRAMUSCULAR SOLUTION (typhoid vi polysaccharide vacc)	3	
TYPHIM VI INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (typhoid vi polysaccharide vacc)	3	
VAXCHORA ORAL SUSPENSION RECONSTITUTED (cholera vac live attenuated)	3	
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (pneumococcal 15-val conj vacc)	2; \$0	
VIVOTIF ORAL CAPSULE DELAYED RELEASE (typhoid vaccine)	2	
*VIRAL VACCINE COMBINATIONS*** - VACCINES		
M-M-R II INJECTION SOLUTION RECONSTITUTED (measles, mumps & rubella vac)	3; \$0	
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED (measles, mumps & rubella vac)	3; \$0	
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED (measles-mumps-rubella-varicell)	3; \$0	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (hepatitis a-hep b recomb vac)	3; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
*VIRAL VACCINES*** - VACCINES		
ACAM2000 INJECTION SOLUTION RECONSTITUTED (<i>smallpox vaccine</i>)	3; \$0	
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	2; \$0	QL (1 fill per 180 days)
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	2; \$0	QL (1 fill per 180 days)
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED (<i>dengue virus vaccine live tetr</i>)	3	
ENGRIX-B INJECTION SUSPENSION (<i>hepatitis b vac recombinant</i>)	3; \$0	
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE (<i>hepatitis b vac recombinant</i>)	3; \$0	
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE (<i>influenza vac a&b sa adj quad</i>)	2; \$0	QL (1 fill per 180 days)
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	2; \$0	QL (1 fill per 180 days)
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>influenza vac recomb ha quad</i>)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac subunit quad</i>)	2; \$0	QL (1 fill per 180 days)
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac subunit quad</i>)	2; \$0	QL (1 fill per 180 days)
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	2; \$0	QL (1 fill per 180 days)
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac high-dose quad</i>)	2; \$0	QL (1 fill per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION (<i>influenza vac split quad</i>)	2; \$0	QL (1 fill per 180 days)
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>influenza vac split quad</i>)	2; \$0	QL (1 fill per 180 days)
GARDASIL 9 INTRAMUSCULAR SUSPENSION (<i>hpv 9-valent recomb vaccine</i>)	2; \$0	
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (<i>hpv 9-valent recomb vaccine</i>)	2; \$0	
HAVRIX INTRAMUSCULAR SUSPENSION (<i>hepatitis a vaccine</i>)	3; \$0	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE (<i>hepatitis b vac recomb adj</i>)	3; \$0	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED (<i>rabies virus vaccine, hdc</i>)	3	
IPOLE INJECTION INJECTABLE (<i>poliovirus vaccine inactivated</i>)	3; \$0	
IXIARO INTRAMUSCULAR SUSPENSION (<i>japanese encephalitis vac inac</i>)	3	
JYNNEOS SUBCUTANEOUS SUSPENSION (<i>smallpox & monkeypox vac, live</i>)	3; \$0	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREHEVBRIO INTRAMUSCULAR SUSPENSION	3; \$0	
RABAVERT INTRAMUSCULAR SUSPENSION RECONSTITUTED (rabies vaccine, pcec)	3	
RECOMBIVAX HB INJECTION SUSPENSION (hepatitis b vac recombinant)	3; \$0	
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE (hepatitis b vac recombinant)	3; \$0	
ROTARIX ORAL SUSPENSION (rotavirus vaccine live oral)	3; \$0	
ROTARIX ORAL SUSPENSION RECONSTITUTED (rotavirus vaccine live oral)	3; \$0	
ROTATEQ ORAL SOLUTION (rotavirus vac live pentavalent)	3; \$0	
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED (zoster vac recomb adjuvanted)	3; \$0	
STAMARIL INJECTION SUSPENSION RECONSTITUTED	3	
TICOVAC INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE (tick-borne encephalitis vacc)	3	
VAQTA INTRAMUSCULAR SUSPENSION (hepatitis a vaccine)	3; \$0	
VARIVAX SUBCUTANEOUS INJECTABLE (varicella virus vaccine live)	3; \$0	
YF-VAX SUBCUTANEOUS INJECTABLE (yellow fever vaccine)	3	
VAGINAL AND RELATED PRODUCTS - DRUGS FOR WOMEN		
*IMIDAZOLE-RELATED ANTIFUNGALS*** - DRUGS FOR INFECTIONS		
GYNAZOLE-1 VAGINAL CREAM (butoconazole nitrate (1 dose))	3	
miconazole 3 vaginal suppository	1 or 1b*	
terconazole vaginal cream 0.4 %	1 or 1b*	QL (90 grams per 30 days)
terconazole vaginal cream 0.8 %	1 or 1b*	QL (40 grams per 30 days)
terconazole vaginal suppository	1 or 1b*	QL (6 suppositories per 30 days)
*MISCELLANEOUS VAGINAL PRODUCTS*** - DRUGS FOR WOMEN		
INTRAROSA VAGINAL INSERT (prasterone)	3	ST; QL (1 insert per 1 day)
*SPERMICIDES*** - BIRTH CONTROL PILLS		
ENCARE VAGINAL SUPPOSITORY (nonoxynol-9)	2; \$0	
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL (nonoxynol-9)	2; \$0	
SHUR-SEAL CONTRACEPTIVE VAGINAL GEL (nonoxynol-9)	2; \$0	
TODAY SPONGE VAGINAL (nonoxynol-9)	2; \$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM (nonoxynol-9)	2; \$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL FOAM (nonoxynol-9)	2; \$0	
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL (nonoxynol-9)	2; \$0	
*VAGINAL ANTI-INFECTIVES*** - DRUGS FOR INFECTIONS		
CLEOCIN VAGINAL CREAM (clindamycin phosphate)	3	
CLEOCIN VAGINAL SUPPOSITORY (clindamycin phosphate)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
<i>clindamycin phosphate vaginal cream</i>	1 or 1b*	
CLINDESSE VAGINAL CREAM (<i>clindamycin phosphate (1 dose)</i>)	3	
<i>metronidazole vaginal gel</i>	1 or 1b*	
NUVESSA VAGINAL GEL (<i>metronidazole</i>)	3	
VANDAZOLE VAGINAL GEL (<i>metronidazole</i>)	1 or 1b*	
XACIATO VAGINAL GEL (<i>clindamycin phosphate</i>)	3	PA; QL (1 applicator per 30 days)
*VAGINAL CONTRACEPTIVE PH MODULATOR - COMBINATIONS*** - DRUGS FOR WOMEN		
PHEXXI VAGINAL GEL (<i>lactic ac-citric ac-pot bitart</i>)	3; \$0	
*VAGINAL ESTROGENS*** - DRUGS FOR WOMEN		
ESTRACE VAGINAL CREAM (<i>estradiol</i>)	3	
<i>estradiol vaginal cream</i>	1 or 1b*	
<i>estradiol vaginal tablet</i>	1 or 1b*	QL (18 tablet per 28 days)
ESTRING VAGINAL RING (<i>estradiol</i>)	3	QL (1 ring per 90 days)
FEMRING VAGINAL RING (<i>estradiol acetate</i>)	3	QL (0.02 EA per 1 day)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	3	QL (18 inserts per 28 days)
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 4 MCG (<i>estradiol</i>)	3	QL (18 packs per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG (<i>estradiol</i>)	3	QL (18 inserts per 28 days)
IMVEXXY STARTER PACK VAGINAL INSERT 4 MCG (<i>estradiol</i>)	3	QL (18 packs per 28 days)
PREMARIN VAGINAL CREAM (<i>estrogens, conjugated</i>)	2	QL (1 gm per 1 day)
VAGIFEM VAGINAL TABLET (<i>estradiol</i>)	3	QL (18 tablet per 28 days)
<i>yuvafem vaginal tablet</i>	1 or 1b*	QL (18 tablet per 28 days)
*VAGINAL PROGESTINS*** - DRUGS FOR WOMEN		
CRINONE VAGINAL GEL 4 % (<i>progesterone</i>)	3	SP
CRINONE VAGINAL GEL 8 % (<i>progesterone</i>)	3	PA; SP; QL (1 applicator per 1 day)
ENDOMETRIN VAGINAL INSERT (<i>progesterone</i>)	3	PA
VASOPRESSORS - DRUGS FOR THE HEART		
*ANAPHYLAXIS THERAPY AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
ADRENALIN INJECTION SOLUTION (<i>epinephrine</i>)	3	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	3	ST; QL (2 pens per 1 fill)
<i>epinephrine (anaphylaxis) injection solution</i>	1 or 1b*	
<i>epinephrine injection solution auto-injector</i>	1 or 1b*	QL (2 pens per 1 fill)
EPINEPHRINESNAP INJECTION KIT (<i>epinephrine</i>)	3	
EPIPEN 2-PAK INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	3	ST; QL (2 pens per 1 fill)
EPIPEN JR 2-PAK INJECTION SOLUTION AUTO-INJECTOR (<i>epinephrine</i>)	3	ST; QL (2 pens per 1 fill)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE (epinephrine)	3	ST; QL (2 syringes per 1 fill)
*NEUROGENIC ORTHOSTATIC HYPOTENSION (NOH) - AGENTS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
<i>droxidopa oral capsule 100 mg</i>	1 or 1b*	PA; SP; QL (3 capsules per 1 day)
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1 or 1b*	PA; SP; QL (6 capsules per 1 day)
NORTHERA ORAL CAPSULE 100 MG (<i>droxidopa</i>)	3	PA; SP; QL (3 capsules per 1 day)
NORTHERA ORAL CAPSULE 200 MG, 300 MG (<i>droxidopa</i>)	3	PA; SP; QL (6 capsules per 1 day)
*VASOPRESSORS*** - DRUGS FOR SERIOUS ALLERGIC REACTION		
AKOVAZ INTRAVENOUS SOLUTION (<i>ephedrine sulfate (pressors)</i>)	3	
AKOVAZ INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>ephedrine sulfate (pressors)</i>)	3	
BIORPHEN INTRAVENOUS SOLUTION (<i>phenylephrine hcl (pressors)</i>)	3	
EMERPHEID INTRAVENOUS SOLUTION (<i>ephedrine sulfate (pressors)</i>)	3	
EMERPHEID INTRAVENOUS SOLUTION PREFILLED SYRINGE (<i>ephedrine sulfate (pressors)</i>)	3	
EPHEDRINE SULFATE (PRESSORS) INTRAVENOUS SOLUTION	3	
<i>epinephrine injection solution</i>	3	
EPINEPHRINE INTRAVENOUS SOLUTION PREFILLED SYRINGE	3	
EPINEPHRINE PF INJECTION SOLUTION	3	
GIAPREZA INTRAVENOUS SOLUTION (<i>angiotensin ii acetate</i>)	3	
LEVOPHEID INTRAVENOUS SOLUTION (<i>norepinephrine bitartrate</i>)	3	
<i>midodrine hcl oral tablet</i>	1 or 1b*	
<i>norepinephrine bitartrate intravenous solution</i>	1 or 1b*	
PHENYLEPHRINE HCL INTRAVENOUS SOLUTION	3	
VAZCULEP INTRAVENOUS SOLUTION (<i>phenylephrine hcl (pressors)</i>)	3	
VITAMINS - DRUGS FOR NUTRITION		
*VITAMIN A*** - DRUGS FOR NUTRITION		
AQUASOL A INTRAMUSCULAR SOLUTION (<i>vitamin a</i>)	3	
*VITAMIN B-1*** - DRUGS FOR NUTRITION		
<i>thiamine hcl injection solution</i>	1 or 1b*	
*VITAMIN C*** - DRUGS FOR NUTRITION		
ASCOR INTRAVENOUS SOLUTION (<i>ascorbic acid</i>)	3	
*VITAMIN D*** - DRUGS FOR NUTRITION		
DRISDOL ORAL CAPSULE (<i>ergocalciferol</i>)	3	
<i>ergocalciferol oral capsule</i>	1 or 1a*	
<i>vitamin d (ergocalciferol) oral capsule</i>	1 or 1a*	
*VITAMIN K*** - DRUGS FOR NUTRITION		
<i>phytonadione injection solution</i>	1 or 1b*	

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<i>phytonadione oral tablet</i>	1 or 1b*	
<i>vitamin k1 injection solution</i>	1 or 1b*	

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<i>allopurinol sodium</i>	174	<i>amiodarone hcl</i>	37	ANTIVERT	66
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<i>aspirin low dose</i>	26	NEEDLE	207	<i>aztreonam</i>	82
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<i>bayer advanced aspirin reg st</i>	26	BENTYL	266	<i>blisovi 24 fe</i>	127
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<i>bayer low dose</i>	26	ACETAMINOPHEN	32	<i>blood glucose test strips 333</i>	151
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<i>b-compleet-50</i>	228	<i>benzoyl peroxide-erythromycin</i>	137	BONJESTA	66
<i>b-complex</i>	228	<i>benzphetamine hcl</i>	13	BOOSTRIX	265
<i>b-complex (folic acid)</i>	227	<i>benztropine mesylate</i>	102	<i>bortezomib</i>	93
<i>b-complex balanced</i>	226	BEOVU	249	BORTEZOMIB	93
<i>b-complex plus b-12</i>	226	<i>bepotastine besilate</i>	243	<i>bosentan</i>	123
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<i>b-complex/electrolytes</i>	227	BERINERT	177	BOTOX	240
<i>b-complex/vitamin c</i>	226	BERMUDA GRASS	16	BOTOX COSMETIC	146
<i>b-complex-c</i>	227	BESIVANCE	243	BOTRYTIS CINEREA	16
<i>b-complex-c (w/folic acid)</i>	226	BESPONSA	87	BRAFTOVI	90
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BD INSULIN SYRINGE		BETAPACE AF	117	BREZTRI AEROSPHERE	38
MICROFINE	208	BETASERON	256	BRIDION	65
BD INSULIN SYRINGE U/F	208	<i>betaxolol hcl</i>	116, 242	<i>briellyn</i>	127
BD INSULIN SYRINGE U/F		<i>bethanechol chloride</i>	269	BRILINTA	177
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BD LANCET ULTRAFINE 33G	195	<i>bexarotene</i>	100, 150	BROME	17
BD MICROTAINER LANCETS	195	BEXSERO	270	<i>bromfenac sodium (once-daily)</i>	246
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BD PEN NEEDLE MINI U/F	208	<i>bicalutamide</i>	85	BROMSITE	246
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BD PEN NEEDLE SHORT U/F	208	BIDIL	122	BRUKINSA	90
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BD SAFETYGLIDE INSULIN		<i>big 100 (biotin)</i>	228	BSP 0820	135
SYRINGE	208	BIJUVA	166	BSS	245
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SYRINGE	208	<i>bilac</i>	64	<i>budesonide</i>	34, 41, 133
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BD VEO INSULIN SYRINGE U/F	208	BINOSTO	158	<i>bumetanide</i>	157
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BELBUCA	32	BIOTHRAX	270	<i>bupap</i>	25
BELEODAQ	91	<i>bisacodyl</i>	189	BUPHENYL	165
BELRAPZO	84	<i>bisacodyl ec</i>	189	BUPIVACAINE FISIOPHARMA	190
BELSOMRA	186	<i>bismuth/metronidaz/tetracyclin</i>	268	<i>bupivacaine hcl</i>	190
<i>benazepril hcl</i>	74	<i>bisoprolol fumarate</i>	116	<i>bupivacaine hcl (pf)</i>	190
<i>benazepril-hydrochlorothiazide</i>	74	<i>bisoprolol-hydrochlorothiazide</i>	78	<i>bupivacaine in dextrose</i>	190
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<i>buprenorphine</i>	32	<i>captopril-hydrochlorothiazide</i>	74	CASPOFUNGIN ACETATE	67
<i>buprenorphine hcl</i>	32	CARAC	140	CAT HAIR EXTRACT	17
<i>buprenorphine hcl-naloxone hcl</i>	32	CARAFATE	266	CATAPRES-TTS-1	78
<i>bupropion hcl</i>	51	CARBAGLU	161	CATAPRES-TTS-2	78
<i>bupropion hcl er (smoking det)</i>	259	<i>carbamazepine</i>	45	CATAPRES-TTS-3	78
<i>bupropion hcl er (sr)</i>	51	<i>carbamazepine er</i>	45	CATHFLO ACTIVASE	180
<i>bupropion hcl er (xl)</i>	51	CARBATROL	45	CATTLE EPITHELIUM	17
<i>buspirone hcl</i>	35	<i>carbidopa</i>	103	CAVERJECT	122
<i>busulfan</i>	84	<i>carbidopa-levodopa</i>	103	CAVERJECT IMPULSE	122
BUSULFEX	84	<i>carbidopa-levodopa er</i>	103	CAYA	193
<i>butalbital-acetaminophen</i>	25	<i>carbidopa-levodopa-entacapone</i>	103	CAYSTON	82
<i>butalbital-apap-caff-cod</i>	28	<i>carbinoxamine maleate</i>	69	CEDAR ELM	17
<i>butalbital-apap-caffeine</i>	25	CARBINOXAMINE MALEATE	69	<i>cefaclor</i>	125
<i>butalbital-asa-caff-codeine</i>	28	<i>carboplatin</i>	84	CEFACTOR ER	125
<i>butalbital-aspirin-caffeine</i>	25	<i>carboprost tromethamine</i>	250	<i>cefadroxil</i>	124, 125
<i>butorphanol tartrate</i>	32	CARDENE IV	118	<i>cefazolin sodium</i>	125
BUTRANS	32	CARDIOM LANCING DEVICE	195	CEFAZOLIN SODIUM	125
BYDUREON BCISE	61	CARDIZEM	119	CEFAZOLIN SODIUM-DEXTROSE	125
BYETTA 10 MCG PEN	61	CARDIZEM CD	118	<i>cefdinir</i>	125
BYETTA 5 MCG PEN	61	CARDIZEM LA	118	<i>cefepime hcl</i>	126
BYFAVO	185	CARDURA	78	CEFEPIME HCL	126
BYLVAY	169	CARDURA XL	172	CEFEPIME-DEXTROSE	126
BYLVAY (PELLETS)	169	CAREFINE PEN NEEDLES	208	<i>cefixime</i>	125
BYOOVIZ	249	<i>careone advanced lancing dev</i>	195	<i>cefotaxime sodium</i>	125
BYSTOLIC	116	CAREONE BLOOD GLUCOSE TEST	151	<i>cefotetan disodium</i>	125
CABENUVA	109	CAREONE INSULIN SYRINGE	208	<i>cefoxitin sodium</i>	125
<i>cabergoline</i>	159	CAREONE LANCET SUPER THIN 30G	195	CEFOXITIN SODIUM-DEXTROSE	125
CABLIVI	176	CAREONE LANCET THIN 23G	195	<i>cefpodoxime proxitil</i>	125
CABOMETYX	92	CAREONE UNIFINE PENTIPS	208	<i>cefprozil</i>	125
CADUET	122	CAREONE UNIFINE PENTIPS PLUS	208	CEFTAZIDIME AND DEXTROSE	125
CAFERGOT	215	CARESENS LANCETS	195	<i>ceftriaxone sodium</i>	125, 126
<i>caffeine citrate</i>	13	CARESENS N GLUCOSE TEST	151	CEFTRIAZONE SODIUM	126
CALAN SR	118	CARETOUCH INSULIN SYRINGE	208	<i>ceftriaxone sodium in dextrose</i>	125
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CANASA	169	<i>cartia xt</i>	119	<i>cetirizine hcl</i>	69
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CONJUPRI	119	<i>cvs aspirin adult low dose</i>	26
<i>constulose</i>	187	<i>cvs aspirin adult low strength</i>	26
CONTOUR NEXT TEST	152	<i>cvs aspirin ec</i>	26
CONTOUR TEST	152	<i>cvs aspirin low dose</i>	26
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CONZIP	29	<i>cvs b complex plus c</i>	227
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STRIPS	152	<i>cvs c-lax laxative</i>	189
COPASIL	149	<i>cvs folic acid</i>	181
COPAXONE	257	<i>cvs gentle laxative</i>	189
COPIKTRA	100	<i>cvs gentle laxative womens</i>	189
CORDRAN	143	<i>cvs genuine aspirin</i>	26
COREG	115	CVS GLUCOSE METER TEST	
COREG CR	115	STRIPS	152
CORGARD	117	<i>cvs inner ear plus</i>	235
CORIFACT	175	CVS LANCETS 21G	196
CORLANOR	124	CVS LANCETS MICRO THIN 33G	196
CORLOPAM	79	CVS LANCETS ORIGINAL	196
CORN POLLEN	17	CVS LANCETS THIN 26G	196
<i>correctol</i>	189	CVS LANCETS ULTRA THIN 30G	196
CORTEF	133	CVS LANCETS ULTRA-THIN 30G	196
CORTENEMA	34	<i>cvs lancing device</i>	196
CORTIFOAM	34	<i>cvs magnesium citrate</i>	188
<i>cortisone acetate</i>	133	<i>cvs milk of magnesia</i>	188
CORTISPORIN-TC	249	<i>cvs nicotine</i>	259
CORTROPHIN	159	<i>cvs nicotine polacrilex</i>	259
CORVERT	37	CVS PRENATAL	231
COSELA	99	<i>cvs purelax</i>	187
COSENTYX	140	<i>cvs super b complex/c</i>	227
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		CYANOKIT	65
		<i>cyclobenzaprine hcl</i>	236
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<i>desflurane</i>	172	DEX	223	DIPRIVAN	172
<i>desipramine hcl</i>	55	DIANEAL LOW CALCIUM/4.25%		DIPROLENE	144
<i>desloratadine</i>	69	DEX	223	<i>dipyridamole</i>	179
<i>desmopressin ace spray refig</i>	165	DIANEAL PD-2/1.5% DEXTROSE	223	DISCOVISC	248
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<i>desogestrel-ethinyl estradiol</i>	126	DIASTAT PEDIATRIC	44	<i>divalproex sodium</i>	50
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<i>doxorubicin hcl liposomal</i>	94	DUREZOL	247	21G	197
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<i>hydrocortisone valerate</i>	145	<i>imiquimod</i>	146	<i>insulin degludec flextouch</i>	59
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<i>idarubicin hcl</i>	94	INFUGEM	86	IRESSA	90
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IFEX	99	INFUVITE ADULT	229	ISENTRESS HD	111
<i>ifosfamide</i>	99	INFUVITE PEDIATRIC	231	<i>isibloom</i>	128
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isoniazid	84	KALBITOR	178	KISQALI (200 MG DOSE)	96
isoproterenol hcl	39	KALETRA	110	KISQALI (400 MG DOSE)	97
ISOPTO ATROPINE	243	kalliga	128	KISQALI (600 MG DOSE)	97
ISORDIL TITRADOSE	35	KALYDECO	262	KISQALI FEMARA (200 MG	
isosorb dinitrate-hydralazine	122	KAMELEON LUBRICATED	192	DOSE)	95
isosorbide dinitrate	35	KANJINTI	88	KISQALI FEMARA (400 MG	
isosorbide mononitrate	35	KANUMA	162	DOSE)	95
isosorbide mononitrate er	35	KAPSPARGO SPRINKLE	116	KISQALI FEMARA (600 MG	
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isradipine	120	KARBINAL ER	69	KITABIS PAK	20
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JELMYTO	94	KESIMPTA	257	KOMBIGLYZE XR	57
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JORNAY PM	15	KIMMTRAK	90	K-PHOS NO 2	173
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KROGER INSULIN SYRINGE	211	<i>lansoprazole</i>	267	<i>levoleucovorin calcium pf</i>	97
KROGER LANCETS	200	<i>lanthanum carbonate</i>	171	<i>levonest</i>	132
KROGER LANCETS 21G	200	LANTUS	59	<i>levonorgest-eth est & eth est</i>	131
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KROGER LANCETS THIN 26G	200	<i>larin 24 fe</i>	128	<i>levora 0.15/30 (28)</i>	128
KROGER LANCETS ULTRATHIN		<i>larin fe 1.5/30</i>	128	<i>levorphanol tartrate</i>	30
30G	200	<i>larin fe 1/20</i>	128	<i>levo-t</i>	264
<i>kroger lancing device</i>	200	LASIX	157	LEVOTHYROXINE SODIUM	265
KROGER PEN NEEDLES	211	<i>latanoprost</i>	248	<i>levothyroxine sodium</i>	265
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<i>kurvelo</i>	128	<i>layolis fe</i>	128	LEXIVA	111
KUVAN	164	<i>leader advanced lancing device</i>	200	LIALDA	169
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LABETALOL HCL-SODIUM		<i>lenalidomide</i>	221	<i>lidocaine</i>	147
CHLORIDE	116	LENSCALE	17	<i>lidocaine hcl</i>	147, 190, 224
<i>lacosamide</i>	46	LENVIMA (10 MG DAILY DOSE)	101	<i>lidocaine hcl (cardiac)</i>	37
LACRISERT	242	LENVIMA (12 MG DAILY DOSE)	101	LIDOCAINE HCL (CARDIAC) PF	37
<i>lactated ringers</i>	217, 222	LENVIMA (14 MG DAILY DOSE)	101	<i>lidocaine hcl (cardiac) pf</i>	37
LACTULOSE	188	LENVIMA (18 MG DAILY DOSE)	101	<i>lidocaine hcl (pf)</i>	190
<i>lactulose</i>	188	LENVIMA (20 MG DAILY DOSE)	101	<i>lidocaine hcl urethral/mucosal</i>	147
LAMICTAL	46	LENVIMA (24 MG DAILY DOSE)	101	<i>lidocaine in d5w</i>	37
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LAMICTAL STARTER	46	LENVIMA (8 MG DAILY DOSE)	101	<i>lidocaine-epinephrine</i>	190
LAMICTAL XR	46	LEQVIO	73	<i>lidocaine-prilocaine</i>	150
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<i>lamivudine-zidovudine</i>	110	<i>lessina</i>	128	LILETTA (52 MG)	132
<i>lamotrigine</i>	46, 47	LETAIRIS	123	LINCOCIN	82
<i>lamotrigine er</i>	46	<i>letrozole</i>	96	<i>lincomycin hcl</i>	82
<i>lamotrigine starter kit-blue</i>	47	<i>leucovorin calcium</i>	97	<i>lindane</i>	148
<i>lamotrigine starter kit-green</i>	47	LEUKERAN	99	<i>linezolid</i>	82
<i>lamotrigine starter kit-orange</i>	47	LEUKINE	182	<i>linezolid in sodium chloride</i>	82
LAMPIT	80	<i>leuprolide acetate</i>	98	LINZESS	169
LAMZEDE	158	<i>levalbuterol hcl</i>	39	LIORESAL	236
<i>lancet device</i>	200	<i>levalbuterol tartrate</i>	39	<i>liothyronine sodium</i>	265
<i>lancet device with ejector</i>	200	<i>levamlodipine maleate</i>	120	LIPITOR	72
<i>lancet transporter case</i>	200	LEVEMIR	59	<i>lipo flavonoid plus</i>	236
LANCETS	200	LEVEMIR FLEXPEN	59	LIPOFEN	71
LANCETS 30G	200	<i>levetiracetam</i>	47	<i>lipoflavovit</i>	236
LANCETS 33G	200	<i>levetiracetam er</i>	47	LIPOTRIAD	236
LANCETS MICRO THIN 33G	200	LEVETIRACETAM IN NACL	47	<i>lisinopril</i>	74
LANCETS SUPER THIN 28G	200	<i>levetiracetam in nacl</i>	47	<i>lisinopril-hydrochlorothiazide</i>	74
LANCETS THIN	200	<i>levobunolol hcl</i>	242	LITE TOUCH LANCETS	200
LANCETS ULTRA THIN	200	<i>levocarnitine</i>	159	LITE TOUCH LANCING PEN	201
LANCETS ULTRA THIN 30G	200	<i>levocarnitine sf</i>	159	LITETOUCH INSULIN SYRINGE	211
<i>lancing device</i>	200	<i>levocetirizine dihydrochloride</i>	69	LITETOUCH LANCETS	201
LANOXIN	121, 122	<i>levofloxacin</i>	167, 244	LITETOUCH PEN NEEDLES	211
LANOXIN PEDIATRIC	122	<i>levofloxacin in d5w</i>	167	<i>lithium carbonate</i>	104
LANREOTIDE ACETATE	165	<i>levoleucovorin calcium</i>	97	<i>lithium carbonate er</i>	104

LITHOBID	104	LUCEMYRA	254	MARGENZA	88
LITHOSTAT	174	LUCENTIS	249	MARINOL	67
LIVALO	72	LUGOLS STRONG IODINE	109	<i>marlissa</i>	128
<i>live better adv lancing device</i>	201	<i>luliconazole</i>	146	MARPLAN	51
LIVE BETTER LANCET SUPER THIN	201	LUMAKRAS	91	MASONATAL	232
LIVE BETTER LANCET ULTRA THIN	201	LUMIGAN	248	MATULANE	96
LIVMARLI	169	LUMIZYME	160	<i>matzim la</i>	120
LIVTENCITY	113	LUMOXITI	87	MAVENCLAD (10 TABS)	256
<i>lmd in d5w</i>	178	LUNESTA	186	MAVENCLAD (4 TABS)	256
<i>lmd in nacl</i>	178	LUNSUMIO	90	MAVENCLAD (5 TABS)	256
LO LOESTRIN FE	126	LUPKYNIS	220	MAVENCLAD (6 TABS)	256
LOCOID	145	LUPRON DEPOT (1-MONTH)	98	MAVENCLAD (7 TABS)	256
LOCOID LIPOCREAM	145	LUPRON DEPOT (3-MONTH)	98	MAVENCLAD (8 TABS)	256
LODINE	24	LUPRON DEPOT (4-MONTH)	98	MAVENCLAD (9 TABS)	256
LODOSYN	103	LUPRON DEPOT (6-MONTH)	98	MAVYRET	114
<i>loestrin 1.5/30 (21)</i>	128	LUPRON DEPOT-PED (1-MONTH)	162	MAXALT	215
<i>loestrin 1/20 (21)</i>	128	LUPRON DEPOT-PED (3-MONTH)	162	MAXALT-MLT	215
<i>loestrin fe 1.5/30</i>	128	LUPRON DEPOT-PED (6-MONTH)	162	MAXICOMFORT II PEN NEEDLE	211
<i>loestrin fe 1/20</i>	128	<i>lurasidone hcl</i>	104	MAXI-COMFORT INSULIN SYRINGE	211
<i>lofena</i>	24	LUTATHERA	95	MAXI-COMFORT SAFETY PEN NEEDLE	211
<i>lojaimiess</i>	131	<i>luteru</i>	128	MAXIDEX	247
LOKELMA	223	LUXIQ	145	MAXITROL	246
LOMAIRA	13	LUZU	146	<i>maxi-tuss ac</i>	135
LOMOTIL	64	LYBALVI	261	MAXI-TUSS CD	136
LONGS INSULIN SYRINGE	211	<i>lyleq</i>	132	<i>maxx</i>	193
LONGS LANCETS STANDARD	201	<i>lyllana</i>	167	<i>maxx plus</i>	193
LONGS LANCETS THIN	201	LYNPARZA	100	MAXZIDE	156
LONGS LANCETS ULTRA THIN	201	LYRICA	47	MAXZIDE-25	156
LONHALA MAGNAIR REFILL KIT	40	LYRICA CR	258	MAYZENT	261
LONHALA MAGNAIR STARTER KIT	40	LYSODREN	85	MAYZENT STARTER PACK	261
LONSURF	95	<i>lytgobi (12 mg daily dose)</i>	91	M-CLEAR WC	135
<i>loperamide hcl</i>	64	<i>lytgobi (16 mg daily dose)</i>	91	MEADOW FESCUE GRASS POLLEN	17
LOPID	71	<i>lytgobi (20 mg daily dose)</i>	91	<i>meclizine hcl</i>	66
<i>lopinavir-ritonavir</i>	110	LYUMJEV	59	<i>meclofenamate sodium</i>	24
LOPRESSOR	116	LYUMJEV KWIPEN	59	MEDIC INSULIN SYRINGE	211
LOPROX	139	LYUMJEV TEMPO PEN	59	MEDICHOICE SAFETY LANCET	201
<i>lorazepam</i>	36	LYVISPAH	236	MEDICHOICE SAFETY LANCET EXTRA	201
<i>lorazepam intensol</i>	36	<i>lyza</i>	132	MEDICHOICE SAFETY LANCET NORM	201
LORBRENA	87	MACROBID	82	MEDICINE SHOPPE PEN NEEDLES	211
LOREEV XR	36	MACRODANTIN	82	MEDLANCE EXTRA 21G	201
<i>loryna</i>	128	<i>mafenide acetate</i>	142	MEDLANCE LITE 25G	201
<i>lorzone</i>	236	MAGELLAN INSULIN SAFETY SYR	211	MEDLANCE PLUS EXTRA 21G	201
<i>losartan potassium</i>	77	<i>magnesium citrate</i>	188	MEDLANCE PLUS LANCETS	201
<i>losartan potassium-hctz</i>	76	MAGNESIUM SULFATE	218	MEDLANCE PLUS LITE 25G	201
LOSEASONIQUE	131	MAGNESIUM SULFATE IN D5W	218	MEDLANCE PLUS SPECIAL 0.8MM	201
LOTEMAX	247	MALARONE	83	MEDLANCE PLUS SUPERLITE 30G	201
LOTEMAX SM	247	<i>malathion</i>	148	MEDLANCE PLUS UNIVERSAL 21G	201
LOTENSIN	74, 75	<i>manganese chloride</i>	218	MEDLANCE UNIVERSAL 21G	201
LOTENSIN HCT	74	<i>mannitol</i>	157	MEDROL	134
<i>loteprednol etabonate</i>	247	MARATHON MEDICAL PENTIPS	211	<i>medroxyprogesterone acetate</i>	131, 253
LOTREL	73	<i>maraviroc</i>	110	<i>mefenamic acid</i>	24
LOTRONEX	169	MARCAINE	190	<i>mefloquine hcl</i>	83
<i>lovastatin</i>	72	MARCAINE PRESERVATIVE FREE	191	<i>mega multiple/chelated mineral</i>	236
LOVAZA	70	MARCAINE SPINAL	191		
LOVENOX	44	MARCAINE/EPINEPHRINE	190		
<i>low-ogestrel</i>	128	MARCAINE/EPINEPHRINE PF	190		
<i>loxapine succinate</i>	107	MAR-COF BP	136		
<i>lo-zumandimine</i>	128	MAR-COF CG EXPECTORANT	135		
<i>lubiprostone</i>	168				

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<i>meijer aspirin ec</i>	27	<i>methergine</i>	250	CHLORIDE	185
MEIJER BLOOD GLUCOSE TEST	154	<i>methimazole</i>	264	<i>midodrine hcl</i>	274
MEIJER ESSENTIAL GLUCOSE		METHITEST	33	MIFEPREX	158
TEST	154	<i>methocarbamol</i>	236, 237	<i>mifepristone</i>	158
MEIJER LANCETS	201	<i>methotrexate</i>	86	<i>migergot</i>	215
MEIJER LANCETS THIN	201	<i>methotrexate sodium</i>	86	<i>miglitol</i>	55
MEIJER LANCETS UNIVERSAL		<i>methotrexate sodium (pf)</i>	86	<i>miglustat</i>	180
21G	201	<i>methoxsalen rapid</i>	140	MIGRANAL	215
MEIJER LANCETS UNIVERSAL		<i>methscopolamine bromide</i>	268	<i>mili</i>	129
30G	201	<i>methyl dopa</i>	78	<i>milk of magnesia</i>	188
MEIJER LANCETS UNIVERSAL		<i>methylene blue</i>	65	<i>millguard</i>	181
33G	201	<i>methyl ergonovine maleate</i>	250	MILLIPRED	134
MEIJER PEN NEEDLES	211	METHYLIN	15	<i>milrinone lactate</i>	122
MEIJER SUPER THIN LANCETS	201	<i>methylphenidate</i>	15	<i>milrinone lactate in dextrose</i>	122
MEIJER TRUETEST TEST	154	<i>methylphenidate hcl</i>	15	<i>mimvey</i>	166
MEIJER TRUETRACK TEST	154	<i>methylphenidate hcl er</i>	15	MINASTRIN 24 FE	129
MEKINIST	92	<i>methylphenidate hcl er (cd)</i>	15	<i>mineral oil heavy</i>	188
MEKTOVI	92	<i>methylphenidate hcl er (la)</i>	15	<i>mini lancing device</i>	201
MELALEUCA	17	<i>methylphenidate hcl er (osm)</i>	15	MINILINK REAL-TIME	
<i>meloxicam</i>	24	METHYLPHENIDATE HCL ER		TRANSMITTER	201
<i>mephalan</i>	99	(OSM)	15	MINIMED 630G GUARDIAN	
<i>mephalan hcl</i>	99	<i>methylphenidate hcl er (xr)</i>	15	PRESS	201
<i>memantine hcl</i>	258	<i>methylprednisolone</i>	134	MINIPRESS	78
<i>memantine hcl er</i>	258	<i>methylprednisolone sodium succ</i>	134	MINIVELLE	167
MENACTRA	270	<i>methyltestosterone</i>	33	MINOCIN	264
M-END PE	136	<i>metoclopramide hcl</i>	168, 169	<i>minocycline hcl</i>	264
MENEST	167	<i>metolazone</i>	158	<i>minocycline hcl er</i>	264
MENOPUR	163	<i>metoprolol succinate er</i>	116, 117	<i>minocycline hcl er (biphasic)</i>	264
MENOSTAR	167	<i>metoprolol tartrate</i>	117	MINOLIRA	264
MENQUADFI	270	<i>metoprolol-hydrochlorothiazide</i>	78	<i>minoxidil</i>	79
MENTAX	139	METROCREAM	148	MIOCHOL-E	243
MENVEO	270	METROGEL	148	MIOSTAT	243
<i>meperidine hcl</i>	30	METROLOTION	148	MIRAPEX ER	103
<i>meprobamate</i>	36	METRONIDAZOLE	79	MIRCERA	181
MEPRON	80	<i>metronidazole</i>	79, 148, 273	MIRCETTE	126
MEPSEVII	163	<i>metryrosine</i>	75	MIRENA (52 MG)	132
<i>mercaptopurine</i>	86	<i>mexiletine hcl</i>	37	<i>mirtazapine</i>	50, 51
<i>meropenem</i>	80	MI PASTE	193	MIRVASO	148
MEROPENEM-SODIUM		MI PASTE PLUS	193	<i>misoprostol</i>	268
CHLORIDE	80	MIACALCIN	159	MITE (D. FARINAE)	17
<i>merzee</i>	128	MICAFUNGIN SODIUM	67	MITE (D. PTERONYSSINUS)	17
<i>mesalamine</i>	170	MICARDIS	77	MITIGARE	174
<i>mesalamine er</i>	169, 170	MICARDIS HCT	76	<i>mitigo</i>	30
<i>mesalamine-cleanser</i>	170	<i>miconazole 3</i>	272	<i>mitomycin</i>	94
<i>mesna</i>	101	<i>miconazole-zinc oxide-petrolat</i>	139	MITOSOL	244
MESNEX	101	MICRHOGAM ULTRA-		<i>mitoxantrone hcl</i>	94
MESQUITE	17	FILTERED PLUS	252	MIXED FEATHERS	19
MESTINON	83	MICROCYN	150	MIXED RAGWEED	17
<i>metaxalone</i>	236	MICROCYN SKIN AND WOUND ..	150	MIXED VESPID VENOM	
<i>metformin hcl</i>	56	MICRODOT PEN NEEDLE	211	PROTEIN	18
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<i>metformin hcl er</i>	56	<i>microgestin 1.5/30</i>	128	<i>mm clearlax</i>	188
<i>metformin hcl er (mod)</i>	56	<i>microgestin 1/20</i>	128	MM EASY TOUCH GLUCOSE	154
<i>metformin hcl er (osm)</i>	56	<i>microgestin 24 fe</i>	128	MM INSULIN SYRINGE/NEEDLE	211
METHADONE HCL	30	<i>microgestin fe 1.5/30</i>	129	MM LANCING DEVICE	201
<i>methadone hcl</i>	30	<i>microgestin fe 1/20</i>	129	MM PEN NEEDLES	211
<i>methadone hcl intensol</i>	30	MICROLET LANCETS	201	MM TWIST LANCETS	201
METHADOSE	30	MICROLET NEXT LANCING		M-M-R II	270
<i>methadose</i>	30	DEVICE	201	M-NATAL PLUS	232
METHADOSE SUGAR-FREE	30	<i>midazolam hcl</i>	185	<i>modafinil</i>	15, 16
<i>methamphetamine hcl</i>	12	<i>midazolam hcl (pf)</i>	185	<i>moexipril hcl</i>	75
<i>methazolamide</i>	156			<i>molindone hcl</i>	107

<i>mometasone furoate</i>	145, 239	<i>multivitamin select/fluoride</i>	231	NAPROSYN	24
<i>mondoxyne nl</i>	264	<i>multivitamin/fluoride</i>	230	NAPROTIN	22
MONJUVI	87	<i>multi-vitamin/fluoride</i>	230	<i>naproxen</i>	24
MONOFERRIC	183	<i>multi-vitamin/fluoride/iron</i>	230	<i>naproxen sodium</i>	24
MONOJECT BONE MARROW		<i>multi-vitamin/iron</i>	228	<i>naproxen sodium er</i>	24
BIOPSY	191	MULTI-VIT-FLOR	230	<i>naproxen-esomeprazole mg</i>	22
<i>monoject flush syringe</i>	219	MULTRYs	219	<i>naratriptan hcl</i>	216
MONOJECT INSULIN SYRINGE ..	211	<i>mupirocin</i>	138	NARCAN	65
<i>monoject sodium chloride flush</i> ..	219	<i>mupirocin calcium</i>	138	NARDIL	52
MONOJECT ULTRA COMFORT		MUSE	122	NAROPIN	191
SYRINGE	211	<i>mutamycin</i>	94	NASCOBAL	180
MONOLET LANCETS	201	MVASI	101	NATACHEW	232
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<i>mono-lynyah</i>	129	MYAMBTOL	84	NATAZIA	131
MONOVISC	238	MYCAMINE	67	<i>nateglinide</i>	61
<i>montelukast sodium</i>	41	MYCAPSSA	165	NATESTO	34
MONUROL	82	MYCOBUTIN	84	NATROBA	148
MORPHINE SULFATE	30	<i>mycophenolate mofetil</i>	221	<i>nat-rul b-50</i>	236
<i>morphine sulfate</i>	30	<i>mycophenolate mofetil hcl</i>	221	<i>nat-rul daily-vite + iron</i>	228
<i>morphine sulfate (concentrate)</i> ..	30	<i>mycophenolate sodium</i>	222	NAYZILAM	44
<i>morphine sulfate (pf)</i>	30	MYDAYIS	12	<i>nebivolol hcl</i>	117
MORPHINE SULFATE (PF)	30	MYDRIACYL	243	NEBUPENT	79
<i>morphine sulfate er</i>	30	MYFEMBREE	166	<i>Nebusal</i>	135
<i>morphine sulfate er beads</i>	30	MYFORTIC	222	<i>necon 0.5/35 (28)</i>	129
MOTEGRITY	168	MYGLUCOHEALTH LANCETS		NEEVO DHA	232
MOTOFEN	64	30G	202	<i>nefazodone hcl</i>	53
MOUNJARO	61	MYGLUCOHEALTH TEST	154	<i>nelarabine</i>	86
MOUNTAIN CEDAR	18	MYLERAN	84	NEOMULTIVITE	229
MOUSE EPITHELIUM	18	MYLOTARG	88	<i>neomycin sulfate</i>	20
MOVANTIK	170	MYOBLOC	240	<i>neomycin-bacitracin zn-polymyx</i> ..	244
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<i>moxifloxacin hcl</i>	168, 244	MYTESI	64	<i>neomycin-polymyxin-gramicidin</i> ..	244
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MPD SAFETY LANCET 23G	201	<i>nabumetone</i>	24	NEONATAL FE	232
MPD SAFETY LANCET 28G	202	<i>nadolol</i>	117	NEONATAL PLUS	232
MPD SAFETY LANCET 30G	202	<i>nafcillin sodium</i>	253	<i>neonatal prenatal</i>	232
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MUCOR	18	<i>nafrinse</i>	217	<i>neo-polycin hc</i>	246
MUGWORT	18	NAFRINSE DAILY ACIDULATED	225	NEOPROFEN	24
MULPLETA	183	NAFRINSE DAILY/NEUTRAL	225	NEORAL	221
MULTAQ	37	<i>nafrinse drops</i>	217	NEOSTIGMINE	
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<i>multi vitamin</i>	229	<i>naftifine hcl</i>	139	NEO-SYNALAR	138
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<i>multi-lancet device</i>	202	NAGLAZYME	163	NEOX CORD 1K	149
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<i>multiple vitamin-folic acid</i>	229	NALFON	24	NEPHRO-VITE	226
<i>multiple vitamins</i>	229	<i>nalmefene hcl</i>	65	NERLYNX	92
<i>multiple vitamins essential</i>	229	NALOCET	32	NESACAINE	191
<i>multiple vitamins/iron</i>	228	<i>naloxone hcl</i>	65	NESACAINE-MPF	191
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<i>multivitamin adult</i>	229	NAMENDA XR	258	NESTABS ONE	234
<i>multivitamin iron-free</i>	229	NAMZARIC	254	<i>neuac</i>	137
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NEUPRO	103	nitroprusside sodium	79	NOVOLIN R FLEXPEN	60
NEURIN-SL	180	NITROSTAT	35	NOVOLIN R FLEXPEN RELION	60
NEURONTIN	47	NITYR	161	NOVOLIN R RELION	60
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NEXAVAR	92	NORDITROPIN FLEXPEN	160	NOVOLOG MIX 70/30	60
NEXICLON XR	78	norepinephrine bitartrate	274	NOVOLOG MIX 70/30 FLEXPEN	60
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NEXIUM I.V.	267	norethindrone	132	NOVOLOG PENFILL	60
NEXLETOL	70	norethindrone acetate	253	NOVOLOG RELION	60
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NEXTERONE	37	norethin-eth estradiol-fe	129	NPLATE	183
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niacor	73	NORLIQVA	120	NUEDEXTA	258
nicardipine hcl	120	norlyroc	132	NULIBRY	162
NICARDIPINE HCL IN NACL	120	normal saline flush	219	NULOJIX	224
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NICORETTE	260	NORMOSOL-R	217	NUPLAZID	104
NICORETTE MINI	260	NORMOSOL-R IN D5W	217	NURTEC	214
NICORETTE STARTER KIT	260	NORMOSOL-R PH 7.4	217	NUTRILIPID	241
NICOTINE	260	NORPACE	37	NUTROPIN AQ NUSPIN 10	160
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nicotine polacrilex mini	260	nortrel 0.5/35 (28)	129	NUVESSA	273
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nikki	129	NOVA SAFETY LANCETS 23G	202	nystatin	68, 139, 224
NILANDRON	85	NOVA SAFETY LANCETS 28G	202	nystatin-triamcinolone	139
nilutamide	85	NOVA SUREFLEX LANCETS	202	nystop	139
NIMBEX	240	NOVA SUREFLEX LANCING		NYVEPRIA	182
nimodipine	120	DEVICE	202	OB COMPLETE	232
NINJACOF-XG	135	NOVACHOR	149	OB COMPLETE ONE	232
NINLARO	93	NOVAREL	163	OB COMPLETE PETITE	232
NIPENT	96	NOVOEIGHT	176	OB COMPLETE PREMIER	232
NIPRIDE RTU	79	NOVOFINE AUTOCOVER PEN		OB COMPLETE/DHA	232
nisoldipine er	120	NEEDLE	211	obizur	176
nitazoxanide	80	NOVOFINE PEN NEEDLE	211	OBSTETRIX DHA	232
NITHIODOTE	64	NOVOFINE PLUS PEN NEEDLE	211	OBSTETRIX EC	232
nitisinone	161	NOVOLIN 70/30	60	OBSTETRIX ONE	234
NITRO-BID	35	NOVOLIN 70/30 FLEXPEN	60	OCALIVA	168
NITRO-DUR	35	NOVOLIN 70/30 FLEXPEN		ocella	129
nitrofurantoin	83	RELION	59	OCREVUS	257
nitrofurantoin macrocrystal	83	NOVOLIN 70/30 RELION	60	OCTAGAM	252
nitrofurantoin monohyd macro	83	NOVOLIN N	60	OCTAPLAS BLOOD GROUP A	178
NITROGLYCERIN	35	NOVOLIN N FLEXPEN	60	OCTAPLAS BLOOD GROUP AB	179
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<i>octreotide acetate</i>	165	LANCET30G	202	OTOVEL	249
OCUFLOX	244	ONETOUCH DELICA PLUS		OTREXUP	21
ODACTRA	19	LANCET33G	202	OVIDE	148
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<i>olanzapine-fluoxetine hcl</i>	261	ONEXTON	137	<i>oxaprozin</i>	24
OLINVYK	31	ONFI	44	OXAYDO	31
OLIVE TREE	18	ONGENTYS	104	<i>oxazepam</i>	36
<i>olmesartan medoxomil</i>	77	ONGLYZA	57	OXBRYTA	182
<i>olmesartan medoxomil-hctz</i>	76	ONIVYDE	101	<i>oxcarbazepine</i>	47
<i>olmesartan-amlodipine-hctz</i>	77	ONPATTRO	259	OXERVATE	245
<i>olopatadine hcl</i>	238	ONTRUZANT	88	<i>oxiconazole nitrate</i>	146
OLUMIANT	20	ONUREG	86	OXISTAT	146
OLUX-E	145	ONZETRA XSAIL	216	OXLUMO	174
OMECLAMOX-PAK	268	<i>opcicon one-step</i>	130	OXTELLAR XR	47
<i>omega-3-acid ethyl esters</i>	70	OPDIVO	89	<i>oxybutynin chloride</i>	269
OMEGAVEN	241	OPDUALAG	87	<i>oxybutynin chloride er</i>	269
<i>omeprazole</i>	267	OPSUMIT	123	<i>oxycodone hcl</i>	31
<i>omeprazole-sodium bicarbonate</i>	267	<i>option 2</i>	130	<i>oxycodone hcl er</i>	31
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OMNIPOD 5 G6 INTRO (GEN 5)	207	ORACEA	148	<i>oxymorphone hcl er</i>	31
OMNIPOD 5 G6 POD (GEN 5)	207	ORALAIR	19	<i>oxytocin</i>	250
OMNIPOD CLASSIC PODS (GEN		<i>oralone</i>	226	OXYTROL	269
3)	207	ORAPRED ODT	134	OZEMPIC (0.25 OR 0.5 MG/DOSE)	61
OMNIPOD DASH INTRO (GEN 4)	207	ORAVIG	225	OZEMPIC (1 MG/DOSE)	61
OMNIPOD DASH PDM (GEN 4)	207	ORBACTIV	81	OZEMPIC (2 MG/DOSE)	61
OMNIPOD DASH PODS (GEN 4)	207	ORCHARD GRASS POLLEN	18	OZOBAX	237
OMNITROPE	160	ORENCIA	25	OZURDEX	247
ON CALL EXPRESS BLOOD		ORENCIA CLICKJECT	25	<i>pacerone</i>	38
GLUCOSE	155	ORENITRAM	123	<i>paclitaxel</i>	99
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<i>once daily</i>	229	ORENITRAM MONTH 2	123	PART	99
<i>ondansetron</i>	66	ORENITRAM MONTH 3	123	PADCEV	89
<i>ondansetron hcl</i>	66	ORFADIN	161	PALFORZIA (12 MG DAILY	
<i>one daily</i>	230	ORGOVYX	97	DOSE)	18
<i>one daily essential</i>	229	ORIAHNN	166	PALFORZIA (120 MG DAILY	
<i>one daily multivitamin adult</i>	230	ORILISSA	160	DOSE)	18
<i>one daily multivitamin/iron</i>	228	ORKAMBI	262	PALFORZIA (160 MG DAILY	
ONE DROP TEST	155	ORLADEYO	178	DOSE)	18
ONE VITE DAILY		<i>orlistat</i>	14	PALFORZIA (20 MG DAILY	
MULTIVITAMIN	230	<i>orphenadrine citrate</i>	237	DOSE)	18
ONE VITE WOMENS	232	<i>orphenadrine citrate er</i>	237	PALFORZIA (200 MG DAILY	
ONE VITE WOMENS PLUS	232	ORPHENADRINE-ASPIRIN-		DOSE)	18
ONE-A-DAY ESSENTIAL	230	CAFFEINE	237	PALFORZIA (240 MG DAILY	
ONE-A-DAY MENS	230	<i>orphengesic forte</i>	237	DOSE)	18
ONE-A-DAY WOMENS		ORSERDU	100	PALFORZIA (3 MG DAILY DOSE)	18
PRENATAL	232	ORTHOVISC	238	PALFORZIA (300 MG	
<i>one-daily multi vitamins</i>	230	ORTIKOS	134	MAINTENANCE)	18
<i>one-daily multi-vitamin</i>	230	<i>oseltamivir phosphate</i>	115	PALFORZIA (300 MG	
<i>one-daily multi-vitamin/iron</i>	228	OSENI	57	TITRATION)	18
<i>one-daily/iron</i>	228	<i>osmitrol</i>	157	PALFORZIA (40 MG DAILY	
ONELAX MAGNESIUM CITRATE		OSMOLEX ER	102	DOSE)	18
.....	188	OSMOPREP	188	PALFORZIA (6 MG DAILY DOSE)	18
		OSPHERA	164		

PALFORZIA (80 MG DAILY DOSE)	18	PENICILLIN G POT IN		PHEGO	95
PALFORZIA INITIAL		DEXTROSE	252	PHEXXI	273
ESCALATION	18	<i>penicillin g potassium</i>	252	<i>philith</i>	129
PALINGEN FLOW	149	<i>penicillin g sodium</i>	252	<i>phillips milk of magnesia</i>	189
PALINGEN HYDROMEMBRANE	149	<i>penicillin v potassium</i>	252, 253	PHOSLYRA	171
PALINGEN INOVOFLO	149	PENICILLIUM NOTATUM	18	<i>phospha 250 neutral</i>	218
PALINGEN MEMBRANE	149	PENNSAID	139	PHOSPHOLINE IODIDE	243
PALINGEN XPLUS		PENTACEL	265	<i>phosphorous</i>	218
HYDROMEMBRANE	149	PENTAM	79	<i>phospho-trin 250 neutral</i>	218
PALINGEN XPLUS MEMBRANE	149	<i>pentamidine isethionate</i>	79	<i>phospho-trin k500</i>	218
<i>paliperidone er</i>	105	PENTASA	170	PHOTOFRIN	95
PALONOSETRON HCL	66	<i>pentazocine-naloxone hcl</i>	32	PHOTREXA-PHOTREXA	
<i>palonosetron hcl</i>	66	PENTETATE CALCIUM		VISCOUS KIT	246
PALYNZIQ	164	TRISODIUM	64	PHOXILLUM B22K4/0	220
PAMELOR	55	PENTETATE ZINC TRISODIUM	64	PHOXILLUM BK4/2.5	220
<i>pamidronate disodium</i>	158	PENTIPS	211	<i>physiolite</i>	222
PAMIDRONATE DISODIUM	158	<i>pentobarbital sodium</i>	185	<i>physiosol irrigation</i>	222
PANCREAZE	156	<i>pentoxifylline er</i>	178	<i>phytonadione</i>	274, 275
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<i>pantoprazole sodium</i>	267	POLLEN	18	<i>pimozide</i>	258, 259
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TRANSMITTER	202	PERFOROMIST	39	<i>pioglitazone hcl</i>	64
PARAGARD INTRAUTERINE		PERIDEX	225	<i>pioglitazone hcl-glimepiride</i>	63
COPPER	130	PERIKABIVEN	241	<i>pioglitazone hcl-metformin hcl</i>	63
<i>paraplatin</i>	84	<i>perindopril erbumine</i>	75	PIP BLOOD GLUCOSE TEST	
<i>paricalcitol</i>	161	<i>periogard</i>	225	STRIP	155
PARLODEL	102	PERJETA	88	PIP LANCETS 28G	202
PARNATE	52	<i>permethrin</i>	148	PIP LANCETS 30G	202
<i>paromomycin sulfate</i>	20	<i>perphenazine</i>	107	<i>pip pen needles 31g x 5mm</i>	211
<i>paroxetine hcl</i>	52	<i>perphenazine-amitriptyline</i>	258	<i>pip pen needles 32g x 4mm</i>	211
<i>paroxetine hcl er</i>	52	PERSERIS	105	<i>piperacillin sod-tazobactam so</i>	253
<i>paroxetine mesylate</i>	261	PERTZYE	156	PIQRAY (200 MG DAILY DOSE) ... 100	
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<i>peg 3350</i>	188	PHEBURANE	165	PLASMA-LYTE 148	217
<i>peg 3350-kcl-na bicarb-nacl</i>	187	<i>phendimetrazine tartrate</i>	13	PLASMA-LYTE A	217
<i>peg-3350/electrolytes</i>	187	PHENDIMETRAZINE TARTRATE		PLASMANATE	179
<i>peg-3350/electrolytes/ascorbat</i>	187	ER	13	PLAVIX	179
PEGASYS	114	<i>phenelzine sulfate</i>	52	PLEGRIDY	256
<i>peg-kcl-nacl-nasulf-na asc-c</i>	187	PHENERGAN	70	PLEGRIDY STARTER PACK	256
PEG-PREP	187	<i>phenobarbital</i>	185	<i>plenamine</i>	241
PEMAZYRE	91	<i>phenobarbital sodium</i>	185	PLENVU	187
<i>pemetrexed</i>	86	<i>phenoxybenzamine hcl</i>	75	PLIAGLIS	150
<i>pemetrexed disodium</i>	86	<i>phentermine hcl</i>	13	PLUVICTO	95
<i>pemetrexed ditromethamine</i>	86	<i>phentolamine mesylate</i>	75	PNEUMOVAX 23	270
PEMFEXY	86	<i>phenylephrine hcl</i>	243	<i>pnv prenatal plus multivit+dha</i>	232
PEN NEEDLES	211	PHENYLEPHRINE HCL	274	PNV TABS 20-1	232
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<i>penciclovir</i>	142	<i>phenytoin</i>	50	PNV-DHA+DOCUSATE	234
<i>penicillamine</i>	220	<i>phenytoin infatabs</i>	50	PNV-OMEGA	232
		<i>phenytoin sodium</i>	50	<i>pnv-select</i>	232
		<i>phenytoin sodium extended</i>	50	POCKETCHEM EZ TEST	155

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POLIVY	88	PREFERRED PLUS LANCETS		NEEDLES	212
<i>polocaine</i>	191	COLORÉD	202	PREVENT SAFETY PEN	
<i>polocaine-mpf</i>	191	PREFERRED PLUS LANCETS		NEEDLES	212
<i>polycin</i>	244	THIN	202	PREVENT	225
<i>polyethylene glycol 3350</i>	188	PREFERRED PLUS UNIFINE		PREVIDENT 5000 BOOSTER	
<i>polymyxin b sulfate</i>	82	PENTIPS	212	PLUS	225
<i>polymyxin b-trimethoprim</i>	244	PREFEST	166	PREVIDENT 5000 DRY MOUTH ...	225
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POLY-TUSSIN AC	136	<i>pregabalin er</i>	258	PROTECT	225
POLY-VI-FLOR	230	PREGEN DHA	234	PREVIDENT 5000 ORTHO	
POLY-VI-FLOR/IRON	230	PREGENNA	232	DEFENSE	225
POMALYST	91	PREGNYL	163	PREVIDENT 5000 PLUS	225
PONVORY	261	PREHEVBRIO	272	PREVIDENT 5000 SENSITIVE	225
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<i>posaconazole</i>	69	PREMIUM BLOOD GLUCOSE		PREZCOBIX	110
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<i>potassium citrate er</i>	173	PRENATAL 19	232, 233	PRISMASOL BGK 0/2.5	220
<i>potassium cl in dextrose 5%</i>	217	<i>prenatal 19</i>	233	PRISMASOL BGK 2/0	220
POTASSIUM PHOSPHATES	218	PRENATAL COMPLETE	233	PRISMASOL BGK 2/3.5	220
<i>potassium phosphates</i>	218	PRENATAL FORTE	233	PRISMASOL BGK 4/0/1.2	220
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MEQ K)	218	DHA	235	PRISMASOL BK 0/0/1.2	220
POTELIGEO	87	PRENATAL ONE DAILY	233	PRISTIQ	54
PRADAXA	44	PRENATAL PLUS	233	PRIVET	18
<i>pralatrexate</i>	86	PRENATAL PLUS		PRIVIGEN	252
PRALUENT	73	VITAMIN/MINERAL	233	PRO COMFORT INSULIN	
<i>pramipexole dihydrochloride</i>	103	PRENATAL VITAMIN AND		SYRINGE	212
<i>pramipexole dihydrochloride er</i>	103	MINERAL	233	PRO COMFORT LANCETS 30G ...	202
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<i>pravastatin sodium</i>	72	PRENATE	235	PRO VOICE V8/V9 GLUCOSE	155
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<i>praziquantel</i>	35	PRENATE DHA	235	PROAIR RESPICLICK	39
<i>prazosin hcl</i>	78	PRENATE ELITE	233	<i>probenecid</i>	174
PRECEDEX	186	PRENATE ENHANCE	235	<i>procainamide hcl</i>	37
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<i>prednisolone acetate</i>	247	PRENATVITE RX	233	<i>procto-med hc</i>	34
<i>prednisolone sodium phosphate</i>	134	PREPIDIL	250	<i>proctosol hc</i>	34
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GLUC	155	PURAPLY ANTIMICRO		QELBREE	11
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.....	202	PURE COMFORT LANCETS 30G	202	QNASL	239
PRODIGY TWIST TOP LANCETS		PURE COMFORT PEN NEEDLE	212	QNASL CHILDRENS	239
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<i>progesterone</i>	253, 254	<i>px aspirin</i>	27	QUADRACEL	265
PROGLYCEM	56	<i>px b complex/vitamin c</i>	226	QUALAQUIN	83
PROGRAF	222	<i>px b-50</i>	236	QUARTETTE	131
PROLASTIN-C	261	<i>px enteric aspirin</i>	27	<i>quazepam</i>	186
PROLATE	32	PX EXTRA SHORT PEN		QUDEXY XR	48
PROLENSA	246	NEEDLES	212	QUEEN PALM	18
PROLEUKIN	95	<i>px folic acid</i>	181	QUELICIN	239
PROLIA	164	PX INSULIN SYRINGE	212	QUESTRAN	71
PROMACTA	183	<i>px lancet auto injector</i>	202	QUESTRAN LIGHT	71
<i>promethazine hcl</i>	70	PX LANCETS MICROTHIN 33G	202	<i>quetiapine fumarate</i>	106, 107
<i>promethazine vc</i>	135	PX LANCETS ULTRA THIN	203	<i>quetiapine fumarate er</i>	106
<i>promethazine vc/codeine</i>	136	PX LANCETS ULTRA THIN 28G	203	QUFLORA FE	229
<i>promethazine-codeine</i>	136	<i>px laxative</i>	189	QUFLORA FE PEDIATRIC	230
<i>promethazine-dm</i>	136	<i>px milk of magnesia</i>	189	QUFLORA GUMMIES	230
<i>promethegan</i>	70	PX MINI PEN NEEDLES	212	QUFLORA PEDIATRIC	230, 231
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<i>propafenone hcl er</i>	37	PX SHORTLENGTH PEN		<i>quin b strong b-25</i>	228
<i>proparacaine hcl</i>	245	NEEDLES	212	<i>quinapril hcl</i>	75
<i>proparacaine-fluorescein</i>	245	<i>px stop smoking aid</i>	260	<i>quinapril-hydrochlorothiazide</i>	74
PROPECIA	150	PYLERA	268	<i>quinidine gluconate er</i>	37
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PROPEL MINI	239	<i>pyridostigmine bromide</i>	83	<i>quinine sulfate</i>	83
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<i>propofol</i>	172	<i>pyrimethamine</i>	83	QUINTET AC BLOOD GLUCOSE	
<i>propofol-lipuro</i>	172	PYRUKYND	179	TEST	155
<i>propranolol hcl</i>	118	PYRUKYND TAPER PACK	179	QUINTET BLOOD GLUCOSE	
<i>propranolol hcl er</i>	117	QALSODY	239	TEST	155
<i>propylthiouracil</i>	264	QBRELIS	75	QULIPTA	214
PROQUAD	270	QBREXZA	147	QUVIVIQ	186
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PROSCAR	172	<i>qc aspirin</i>	27	QVAR REDIHALER	42
PROSOL	241	<i>qc aspirin low dose</i>	27	<i>ra aspirin</i>	27
PROSTIN VR	224	<i>qc b50 prolonged release</i>	228	<i>ra aspirin adult low dose</i>	27
<i>protamine sulfate</i>	179	<i>qc b-complex/vitamin c</i>	226	<i>ra aspirin adult low strength</i>	27
PROTONIX	267	<i>qc childrens aspirin</i>	27	<i>ra aspirin childrens</i>	27
PROTOPAM CHLORIDE	65	<i>qc daily multivitamins/iron</i>	228	<i>ra aspirin ec</i>	27
<i>protriptyline hcl</i>	55	<i>qc enteric aspirin</i>	27	<i>ra aspirin ec adult low st</i>	27
PROVAYBLUE	65	<i>qc essentials</i>	230	<i>ra balanced b-100</i>	228
PROVENTIL HFA	39	<i>qc folic acid</i>	181	<i>ra balanced b-100 cr</i>	228
PROVERA	254	<i>qc gentle laxative</i>	189	<i>ra balanced b-50</i>	228
PROVIDA OB	233	<i>qc gentle laxative womens</i>	189	<i>ra balanced b-50 tr</i>	228
PROVIGIL	16	QC LANCETS SUPER THIN 30G	203	<i>ra b-complex</i>	226
PROVISC	248	QC LANCETS ULTRA THIN	203	<i>ra b-complex with b-12</i>	226
<i>proxivol</i>	147	<i>qc laxative</i>	189	RA E-ZJECT LANCETS 28G	203
PROZAC	53	<i>qc magnesium citrate</i>	189	RA E-ZJECT LANCETS THIN 26G	
PRUDOXIN	140	<i>qc milk of magnesia</i>	189		203
<i>pseudoeph-bromphen-dm</i>	136	<i>qc natura-lax</i>	188	RA E-ZJECT LANCETS THIN 28G	
PSS SELECT GP LANCETS	202	<i>qc nicotine transdermal system</i>	260		203
PSS SELECT PLATFORMS	202	QC PEN NEEDLES	212	RA E-ZJECT LANCETS ULTRA	
PSS SELECT SAFETY LANCETS	202	QC PRENATAL	233	THIN	203
PTS PANELS EGLU TEST	155	QC UNIFINE PENTIPS	212	<i>ra folic acid</i>	181

RA INSULIN SYRINGE	212	RED MULBERRY	18	RETACRIT	181
<i>ra laxative</i>	188, 189	RED TOP GRASS POLLEN	18	RETAVASE	180
<i>ra magnesium citrate</i>	189	REDITREX	21	RETAVASE HALF-KIT	180
<i>ra milk of magnesia</i>	189	REFUAH PLUS BLOOD		RETEVMO	93
<i>ra mini nicotine</i>	260	GLUCOSE TEST	155	RETHYMIC	219
<i>ra nicotine</i>	260	REGLAN	169	RETIN-A	138
<i>ra nicotine gum</i>	260	REGONOL	83	RETIN-A MICRO	138
<i>ra nicotine polacrilex</i>	260	REGRANEX	150	RETIN-A MICRO PUMP	138
<i>ra pain relief aspirin</i>	28	RELAFEN DS	24	RETISERT	247
RA PEN NEEDLES	212	RELENZA DISKHALER	115	RETROVIR	112, 113
RA PRENATAL	233	RELEUKO	182	REVATIO	123
RA PRENATAL FORMULA	233	RELEXXII	16	REVCovi	158
<i>ra womens laxative</i>	189	RELION BLOOD GLUCOSE TEST		REVLIMID	221
RABAVERT	272		155	<i>revonto</i>	237
RABBIT EPITHELIUM	18	RELION CONFIRM/MICRO TEST		REXALL BLOOD GLUCOSE	
RABEPRAZOLE SODIUM	267		155	TEST	155
<i>rabeprazole sodium</i>	267	RELION INSULIN SYRINGE	212	REXALL LANCETS ULTRA THIN	
RADICAVA ORS	239	RELION LANCET DEVICES 30G	203	30G	203
RADICAVA ORS STARTER KIT	239	RELION LANCETS MICRO-THIN		REXULTI	108
RADIOGARDASE	65	33G	203	REYATAZ	111, 112
RAGWITEK	18	RELION LANCETS THIN 26G	203	REYVOW	216
<i>raloxifene hcl</i>	164	RELION LANCETS ULTRA-THIN		REZLIDHIA	97
<i>ramelteon</i>	186	30G	203	REZUROCK	224
<i>ramipril</i>	75	RELION LANCING DEVICE	203	REZVOGLAR KWIKPEN	60
<i>ranolazine er</i>	35	RELION MINI PEN NEEDLES	212	RHOFADE	148
RAPAFLO	172	RELION PEN NEEDLES	212	RHOGAM ULTRA-FILTERED	
RAPAMUNE	222	RELION PREMIER TEST	155	PLUS	252
RAPIVAB	115	RELION PRIME TEST	155	RHOPHYLAC	252
<i>rasagiline mesylate</i>	102	RELION SHORT PEN NEEDLES	212	RHOPRESSA	246
RASUVO	21	RELION TRUE METRIX TEST		RIABNI	87
RAVICTI	165	STRIPS	155	RIASTAP	176
<i>raya sure pen needle</i>	212	RELION ULTIMA TEST	155	<i>ribavirin</i>	114, 115
RAYALDEE	161	RELION ULTRA THIN LANCETS		RIDAURA	22
RAYOS	134	30G	203	<i>rifabutin</i>	84
RAZADYNE ER	255	RELION ULTRA THIN PLUS		RIFADIN	84
<i>react</i>	130	LANCETS	203	<i>rifampin</i>	84
READYLANCE SAFETY		RELISTOR	170	RIGHTEST ALTERNATE SITE	
LANCETS	203	RELNATE DHA	233	ADAPT	203
REALITY INSULIN SYRINGE	212	RELPAx	216	RIGHTEST GD500 LANCING	
REALITY LANCETS	203	RELTONE	168	DEVICE	203
REALITY LATEX CONDOMS	193	RELYVRIO	239	RIGHTEST GL300 LANCETS	203
REALITY LATEX/ULTRA		REMERON	51	RIGHTEST GS100 BLOOD	
TEXTURED	193	REMERON SOLTAB	51	GLUCOSE	155
REALITY LATEX/ULTRA THIN	193	REMESENSE	193	RIGHTEST GS300 BLOOD	
REALITY TRIGGER LANCETS	203	REMICADE	171	GLUCOSE	155
REBIF	256	<i>remifentanyl hcl</i>	31	RIGHTEST GS550 BLOOD	
REBIF REBIDOSE	256	REMODULIN	123	GLUCOSE	155
REBIF REBIDOSE TITRATION		RENACIDIN	173	RIGHTEST GT333 BLOOD	
PACK	256	RENAGEL	171	GLUCOSE	155
REBIF TITRATION PACK	256	<i>renal vitamin</i>	226	RIGHTEST GT333 GLUCOSE	
REBINYN	176	<i>rena-vite</i>	226	TEST	155
REBLOZYL	180	RENFLEXIS	171	RILUTEK	239
REBYOTA	170	RENOVA	138	<i>riluzole</i>	239
RECARBRIO	80	RENOVA PUMP	138	<i>rimantadine hcl</i>	115
RECLAST	158	RENVELA	171	RIMSO-50	173
<i>reclipsen</i>	129	<i>repaglinide</i>	61	<i>ringers</i>	217
RECOMBINATE	176	REPATHA	73	<i>ringers irrigation</i>	222
RECOMBIVAX HB	272	REPATHA PUSHTRONEX		RINVOQ	20
RECORLEV	159	SYSTEM	73	RIOMET	56
RECOTHROM	184	REPATHA SURECLICK	73	<i>risanoid plus</i>	236
RECOTHROM SPRAY KIT	184	RESTASIS	245	<i>risedronate sodium</i>	158
RECTIV	34	RESTASIS MULTIDOSE	245	RISPERDAL	105
RED MAPLE	18	RESTORIL	186	RISPERDAL CONSTA	105

<i>risperidone</i>	105	SAFYRAL	129	<i>sensorcaine-mpf/epinephrine</i>	190
RITALIN	16	SAIZEN	160	SENSORCAINE-	
RITALIN LA	16	SAIZENPREP	161	MPF/EPINEPHRINE	190
<i>ritonavir</i>	112	<i>sajazir</i>	177	SEREVENT DISKUS	40
RITUXAN	87	SALAGEN	226	SERNIVO	145
RITUXAN HYCELA	95	SAMSCA	164	SEROQUEL	107
<i>rivastigmine</i>	255	SANCUSO	66	SEROQUEL XR	107
<i>rivastigmine tartrate</i>	255	SANDIMMUNE	221	SEROSTIM	161
<i>rivelsa</i>	131	SANDOSTATIN	165	SERTRALINE HCL	53
RIXUBIS	176	SANDOSTATIN LAR DEPOT	165	<i>sertraline hcl</i>	53
<i>rizatriptan benzoate</i>	216	SANTYL	146	<i>setlakin</i>	131
ROBAXIN	237	SAPHNELO	224	<i>sevelamer carbonate</i>	171
ROBINUL	268	SAPHRIS	106	<i>sevelamer hcl</i>	171
ROBINUL-FORTE	268	<i>sapropterin dihydrochloride</i>	164	SEVENFACT	176
ROCALTROL	161, 162	<i>saps health plus lancets</i>	203	<i>sevoflurane</i>	172
ROCKLATAN	245	SAPS HEALTH TWIST TOP		SEYSARA	264
<i>rocuronium bromide</i>	240	LANCETS	203	SEZABY	185
<i>roflumilast</i>	41	SAPS TWIST TOP LANCETS	203	<i>sf</i>	225
ROLVEDON	182	SAPSCARE TWIST TOP		<i>sf 5000 plus</i>	225
ROMIDEPSIN	91	LANCETS	203	SFROWASA	170
<i>romidepsin</i>	91	SARCLISA	88	SHAGBARK HICKORY	18
<i>ropinirole hcl</i>	103	SAVAYSA	43	<i>sharobel</i>	132
<i>ropinirole hcl er</i>	103	SAVELLA	255	SHEEP SORREL	18
<i>ropivacaine hcl</i>	191	SAVELLA TITRATION PACK	255	SHINGRIX	272
<i>rosuvastatin calcium</i>	72	SAXENDA	13	SHOPKO AUTOLET LANCING	
ROSZET	72	<i>sb aspirin</i>	28	DEVICE	204
ROTARIX	272	<i>sb aspirin ec</i>	28	SHOPKO ON-THE-GO LANCETS	
ROTATEQ	272	<i>sb bisacodyl laxative ec</i>	190	30G	204
ROUGH MARSH ELDER	18	<i>sb childrens aspirin</i>	28	SHOPKO UNIFINE PENTIPS	212
ROWASA	170	<i>sb gentle lax-women</i>	190	SHOPKO UNIFINE PENTIPS	
<i>roweepra</i>	48	SB INSULIN SYRINGE	212	PLUS	212
ROXICODONE	31	SB LANCETS THIN	203	SHOPKO UNILET LANCETS 28G	204
ROXYBOND	31	SB LANCETS ULTRA THIN	204	SHOPKO UNILET LANCETS 30G	204
ROZEREM	186	<i>sb low dose asa ec</i>	28	SHORT RAGWEED POLLEN EXT	18
ROZLYTREK	93	<i>sb magnesium citrate</i>	189	SHUR-SEAL CONTRACEPTIVE ...	272
RUCONEST	177	<i>sb milk of magnesia</i>	189	SIGNIFOR	165
<i>rufinamide</i>	48	<i>sb polyethylene glycol 3350</i>	188	SIGNIFOR LAR	165
RUKOBIA	111	SCEMBLIX	89	SIKLOS	180
RUSSIAN THISTLE	18	SCENESSE	147	<i>sildenafil citrate</i>	123, 124
RUXIENCE	87	SCLEROSOL INTRAPLEURAL	262	SILENOR	186
RYALTRIS	238	<i>scopolamine</i>	66	SILIQ	140
RYANODEX	237	SEASONIQUE	131	<i>silodosin</i>	172
RYBELSUS	61	SECUADO	106	SILVADENE	142
RYBREVANT	93	SECURESAFE INSULIN SYRINGE		<i>silver sulfadiazine</i>	142
<i>ryclora</i>	69		212	SIMBRINZA	242
RYDAPT	92	SECURESAFE SAFETY PEN		<i>simliya</i>	126
RYDEX	136	NEEDLES	212	<i>simpesse</i>	131
RYLAZE	95	SEGLENTIS	33	SIMPLE DIAGNOSTICS	
RYPLAZIM	179	SEGLUROMET	62	LANCING DEV	204
RYTARY	103	<i>select-lite device/lancets</i>	204	SIMPONI	21
RYTHMOL SR	37	<i>select-lite lancing device</i>	204	SIMPONI ARIA	21
RYVENT	69	SELECT-OB	233	SIMULECT	222
SABRIL	49	SELECT-OB+DHA	235	<i>simvastatin</i>	72
SACCHAROMYCES CEREVISIAE	18	<i>selegiline hcl</i>	102	SINEMET	103
SAFE-T-LANCE	203	SELENIUM ACID	219	SINGLE-LET	204
SAFE-T-LANCE PLUS	203	<i>selenium sulfide</i>	141	SINGULAIR	41
SAFETY LANCET 30G/PRESSURE		SELZENTRY	110	<i>sirolimus</i>	222
ACT	203	SEMGLEE (YFGN)	60	SIRTURO	84
SAFETY LANCETS	203	SE-NATAL 19	233	SITAVIG	114
SAFETY LANCETS 21G	203	SENSIPAR	159	SIVEXTRO	82
SAFETY LANCETS 23G	203	<i>sensorcaine</i>	191	SKYCLARYS	239
SAFETY LANCETS 28G	203	<i>sensorcaine/epinephrine</i>	190	SKYLA	132
<i>safety pen needles</i>	212	<i>sensorcaine-mpf</i>	191	SKYRIZI	141, 170

SKYRIZI PEN	141	SODIUM NITRITE	65	STALEVO 200	103
SKYTROFA	161	<i>sodium nitroprusside</i>	79	STALEVO 50	103
SLYND	132	<i>sodium oxybate</i>	254	STALEVO 75	103
<i>sm aspirin</i>	28	<i>sodium phenylbutyrate</i>	165	STAMARIL	272
<i>sm aspirin adult low strength</i>	28	<i>sodium phosphates</i>	218	<i>stavudine</i>	113
<i>sm aspirin ec</i>	28	<i>sodium polystyrene sulfonate</i>	224	STEGLATRO	62
<i>sm aspirin ec low strength</i>	28	<i>sodium tetradecyl sulfate</i>	224	STEGLUJAN	62
<i>sm aspirin low dose</i>	28	SODIUM THIOSULFATE	65	STELARA	141, 170
<i>sm aspirin tri-buffered</i>	26	SOFOSBUVIR-VELPATASVIR	114	STENDRA	124
<i>sm b super vitamin complex</i>	226	SOLESTA	221	STERILANCE PA	204
<i>sm b100 complex</i>	228	<i>solifenacin succinate</i>	269	STERILANCE TL	204
<i>sm balanced b-100</i>	227	SOLIQUEA	61	STERILE TALC POWDER	262
<i>sm balanced b-50</i>	227	SOLIRIS	177	<i>sterile water for irrigation</i>	222
<i>sm b-complex</i>	228	SOLODYN	264	STIMUFEND	182
SM B-COMPLEX/VITAMIN C	226	SOLOSEC	20	STIOLTO RESPIMAT	38
<i>sm childrens aspirin</i>	28	SOLTAMOX	85	STIVARGA	92
<i>sm clearlax</i>	188	SOLU-CORTEF	134	STRATAGRAFT	149
<i>sm folic acid</i>	181	SOLU-MEDROL	134	STRATTERA	11
<i>sm gentle laxative</i>	190	SOLU-MEDROL (PF)	134	STRAVIX	149
SM LANCETS 33G	204	SOLUS V2 LANCETS 28G	204	STRENSIQ	162
<i>sm magnesium citrate</i>	189	SOLUS V2 LANCING DEVICE	204	<i>streptomycin sulfate</i>	20
<i>sm milk of magnesia</i>	189	SOLUS V2 TEST	156	<i>stress b complex/iron</i>	228
<i>sm multiple vitamins essential</i>	230	SOLUS V2 TWIST LANCETS 30G	204	<i>stress formula</i>	230
<i>sm multiple vitamins/iron</i>	228	SOMA	237	<i>stress formula (folic acid)</i>	226
<i>sm nicotine</i>	260	SOMATULINE DEPOT	165	<i>stress formula/iron</i>	229
<i>sm nicotine polacrilex</i>	260	SOMAVERT	160	<i>stresstabs energy</i>	230
SM ONE DAILY PRENATAL	233	SOOLANTRA	148	STRIBILD	110
SM PRENATAL VITAMINS	233	<i>sorafenib tosylate</i>	92	STRIVERDI RESPIMAT	40
<i>sm super b complex/c</i>	227	SORBITOL	173	STROMECTOL	35
SM TRUEDRAW LANCING		SORBITOL-MANNITOL	173	STRONTIUM CHLORIDE SR-89	95
DEVICE	204	SORILUX	141	SUBLOCADE	32
<i>sm vitamin b complex/vitamin c</i>	227	<i>sorine</i>	118	SUBOXONE	33
SMART DIABETES VANTAGE		SORREL/DOCK MIX	19	SUBSYS	31
LANCING	204	SOTALOL HCL	118	<i>subvenite</i>	48
SMART SENSE COLOR LANCETS		<i>sotalol hcl</i>	118	<i>subvenite starter kit-blue</i>	48
33G	204	<i>sotalol hcl (af)</i>	118	<i>subvenite starter kit-green</i>	48
SMART SENSE PREMIUM TEST	155	SOTRADECOL	224	<i>subvenite starter kit-orange</i>	48
SMART SENSE STANDARD		<i>sotradecol</i>	224	SUCRAID	156
LANCETS	204	SOTYKTU	141	<i>sucralfate</i>	266
SMART SENSE SUPER THIN		SOTYLIZE	118	SUFENTANIL CITRATE	31
LANCETS	204	SOVALDI	114	SULAR	120
SMART SENSE THIN LANCETS		SPEVIGO	141	<i>sulconazole nitrate</i>	146
26G	204	<i>spinosad</i>	148	<i>sulfacetamide sodium</i>	247
SMART SENSE VALUE TEST	156	SPINY PIGWEED	19	<i>sulfacetamide sodium (acne)</i>	137
SMARTEST BLOOD GLUCOSE		SPIRIVA HANDIHALER	40	<i>sulfacetamide-prednisolone</i>	246
TEST	156	SPIRIVA RESPIMAT	40	<i>sulfadiazine</i>	263
SMARTEST LANCETS 28G	204	<i>spironolactone</i>	157	<i>sulfamethoxazole-trimethoprim</i>	80
SMOFLIPID	241	<i>spironolactone-hctz</i>	157	SULFAMYLON	142
<i>smooth lax</i>	188	SPORANOX	69	<i>sulfasalazine</i>	170
SOAANZ	157	SPRAVATO (56 MG DOSE)	52	<i>sulfatrim pediatric</i>	80
<i>sod benz-sod phenylacet</i>	165	SPRAVATO (84 MG DOSE)	52	<i>sulindac</i>	24
SODIUM ACETATE	216	<i>sprintec 28</i>	129	<i>sumatriptan</i>	216
<i>sodium acetate</i>	216	SPRITAM	48	<i>sumatriptan succinate</i>	216
<i>sodium bicarbonate</i>	216	SPRIX	24	<i>sumatriptan succinate refill</i>	216
<i>sodium chloride</i>	135, 173, 219	SPRYCEL	90	<i>sumatriptan-naproxen sodium</i>	215
<i>sodium chloride (pf)</i>	219	<i>sps</i>	224	<i>sunitinib malate</i>	92
<i>sodium chloride flush</i>	219	<i>sronyx</i>	129	SUNLENCA	110
<i>sodium citrate-gentamicin sulf</i>	43	<i>ssd</i>	142	SUNOSI	13
SODIUM EDECIN	157	<i>st joseph aspirin</i>	28	SUPARTZ FX	238
<i>sodium fluoride</i>	218, 226	<i>st joseph low dose</i>	28	<i>super b complex/fa/vit c</i>	227
<i>sodium fluoride 5000 plus</i>	225	STALEVO 100	103	<i>super b complex/vitamin c</i>	227
<i>sodium fluoride 5000 ppm</i>	225	STALEVO 125	103	<i>super b-100</i>	228
SODIUM IODIDE I-131	264	STALEVO 150	103	<i>super b-50</i>	228

<i>super b-complex</i>	228	SYRINGE AVITENE	184	TEGRETOL	48
<i>super b-complex + vitamin c</i>	227	<i>tab-a-vite</i>	230	TEGRETOL-XR	48
<i>super b-complex/vit c/fa</i>	227	<i>tab-a-vite/beta carotene</i>	230	TEGSEDI	254
<i>super dec b-100</i>	228	<i>tab-a-vite/iron</i>	229	TEKTURNA	79
<i>super quints b-50</i>	228	TAB-A-VITE/IRON/BETA		TEKTURNA HCT	79
SUPER THIN LANCETS	204	CAROTENE	229	<i>telmisartan</i>	77
SUPPRELIN LA	162	TABLOID	86	<i>telmisartan-amlodipine</i>	75
SUPRANE	172	TABRECTA	92	<i>telmisartan-hctz</i>	76
SUPRAX	126	TACHOSIL	184	<i>temazepam</i>	186
SUPREME TEST	156	TACLONEX	150	TEMODAR	97
SUPREP BOWEL PREP KIT	187	<i>tacrolimus</i>	147, 222	<i>temozolomide</i>	97
SURE COMFORT INSULIN		<i>tadalafil</i>	124	<i>temsirolimus</i>	92
SYRINGE	212	<i>tadalafil (pah)</i>	124	<i>tencon</i>	26
SURE COMFORT LANCETS 18G	204	TADLIQ	124	TENIVAC	265
SURE COMFORT LANCETS 21G	204	TAFINLAR	90	<i>tenofovir disoproxil fumarate</i>	113
SURE COMFORT LANCETS 23G	204	<i>tafluprost (pf)</i>	248	TENORETIC 100	78
SURE COMFORT LANCETS 28G	204	TAGRISSO	90	TENORETIC 50	78
SURE COMFORT LANCETS 30G	204	<i>take action</i>	131	TENORMIN	117
<i>sure comfort lancing pen</i>	204	TAKHZYRO	178	TEPADINA	84
SURE COMFORT PEN NEEDLES	212	TALICIA	268	TEPEZZA	162
<i>sure comfort pen needles</i>	212	TALL RAGWEED	19	TEPMETKO	92
SURELITE LANCETS	204	TALTZ	141	<i>terazosin hcl</i>	78
SURGICEL FIBRILLAR	184	TALZENNA	100	<i>terbinafine hcl</i>	68
SURGICEL NU-KNIT	184	TAMIFLU	115	<i>terbutaline sulfate</i>	40
SURGICEL SNOW 1"X2"	184	<i>tamoxifen citrate</i>	85	<i>terconazole</i>	272
SURGICEL SNOW 2"X4"	184	<i>tamsulosin hcl</i>	172	<i>teriflunomide</i>	255
SURGICEL SNOW 4"X4"	184	<i>taperdex 12-day</i>	134	TERIPARATIDE	
SURVANTA	263	<i>taperdex 6-day</i>	134	(RECOMBINANT)	164
SUSTOL	66	<i>taperdex 7-day</i>	134	TERLIVAZ	166
SUSVIMO (IMPLANT 1ST FILL)	249	TARCEVA	90	<i>terrell</i>	172
SUSVIMO (IMPLANT REFILL)	249	<i>targadox</i>	264	TESTIM	34
SUTAB	187	TARGRETIN	100, 150	TESTOPEL	34
SUTENT	92	<i>tarina 24 fe</i>	129	<i>testosterone</i>	34
SWEET GUM	19	<i>tarina fe 1/20 eq</i>	129	<i>testosterone cypionate</i>	34
SWEET VERNAL GRASS		TARON-C DHA	233	<i>testosterone enanthate</i>	34
POLLEN	19	TARPEYO	134	TETANUS-DIPHThERIA	
<i>syeda</i>	129	TASCENSO ODT	261	TOXOIDS TD	265
SYFOVRE	245	TASIGNA	90	<i>tetrabenazine</i>	255
SYLVANT	222	<i>tasimelteon</i>	186	<i>tetracaine hcl</i>	245
SYMBICORT	39	TASMAR	103	<i>tetracycline hcl</i>	264
SYMBYAX	261	<i>tavaborole</i>	147	TEXACORT	145
SYMDEKO	262	TAVALISSE	179	TEZSPIRE	42
SYMFI	110	TAVNEOS	177	TGT BLOOD GLUCOSE TEST	156
SYMFI LO	110	<i>taysofy</i>	129	TGT LANCET MICRO THIN 33G	204
SYMJEPI	274	TAYTULLA	129	TGT LANCET THIN 26G	204
SYMLINPEN 120	56	TAZAROTENE	138	TGT LANCET ULTRA THIN 30G	204
SYMLINPEN 60	56	<i>tazarotene</i>	141	<i>tgt lancing device</i>	204
SYMPAZAN	45	<i>tazicef</i>	126	THALITONE	158
SYMPROIC	170	TAZICEF	126	THALOMID	219
SYMITUZA	110	TAZORAC	141	THAM	216
SYNAGIS	250	<i>taztia xt</i>	120, 121	THE LIQUILIFT TRACE	219
SYNALAR	145	TAZVERIK	92	THEO-24	42
SYNAREL	162	TDVAX	265	<i>theophylline</i>	42
SYNDROS	67	TECENTRIQ	89	<i>theophylline er</i>	42
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