VCHCP Formulary Guidebook

Please note that the formulary is subject to change and all previous copies of the formulary should be discarded.

Here is the direct link of the electronic version of the formulary posted on the Ventura County Health Care Plan's website:
http://www.vchealthcareplan.org/members/programs/docs/ProviderDrugList.pdf

HEALTH PLAN CONTACT INFORMATION

Ventura County Health Plan
2220 E. Gonzales Road, Ste 210B, Oxnard CA. 93036
Monday - Friday, 8:30 a.m. to 4:30 p.m.
24-hour Administrator access for emergency providers at
PHONE: (805) 981-5050 or (800) 600-8247
FAX: (805) 981-5051
Email: VCHCP.Memberservices@ventura.org
(Email is responded to Mon-Fri, 8:30 a.m. - 4:30 p.m.)
Language Line Services:
Phone: (805) 981-5050
Toll-free: (800) 600-8247
TDD to Voice: (800) 735-2929
Voice to TDD: (800) 735-2922

PRESCRIPTION BENEFIT SUMMARY

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND IS A SUMMARY ONLY. THE EVIDENCE OF COVERAGE AND PLAN CONTRACT SHOULD BE CONSULTED FOR A DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS.

Commercial Benefit Plans:
HERE IS THE DIRECT LINK FOR THE LOCATION OF THE EVIDENCE OF COVERAGE BOOKLET:
http://www.vchealthcareplan.org/members/programs/docs/countyemployees/EOCCountyAndClinicEmp2019.pdf

Prescription Drug Benefits	Services by Express Scripts Inc. In-Network Pharmacies	Out of Network
Retail Prescriptions (up to a 30 day supply)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	$9	Not Covered
Tier 2 (Preferred Brand)	$30	Not Covered
Tier 3 (Non-Preferred Brand)	$45	Not Covered
Tier 4 (Specialty Drugs) Authorization is required	10% up to $250 per script per month	Not Covered
Mail Order Prescriptions (up to a 90 day supply. Full copay applies regardless of quantity supplied.)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	$18	Not Covered
Tier 2 (Preferred Brand)	$60	Not Covered
Tier 3 (Non-Preferred Brand)	$90	Not Covered
Infertility Medications	50% contracted rate	Not Covered

* Please note that Schedule II drugs may be dispensed as partial fills and the member copay shall be prorated accordingly.

Bronze Plan:
HERE IS THE DIRECT LINK FOR THE LOCATION OF THE EVIDENCE OF COVERAGE BOOKLET:
http://www.vchealthcareplan.org/members/programs/docs/countyemployees/EOCBronze2019.pdf

		Retail (up to a 30 day supply)	Mail Order or Smart 90 Pharmacy (up to a 90 day supply)	Non-Participating Pharmacy
If you need drugs to treat your illness or condition	**Tier 1**: Most generics	100% up to $500 per script after pharmacy deductible: Individual $500 Family $1000		Not Covered
	Tier 2: Preferred brand			Not Covered
	Tier 3: Non-Preferred brand			Not Covered
	Tier 4: Specialty drugs			Not Covered

Informational Section

1. Definitions:

i. "Brand name drug" is listed in all CAPITAL letters. A brand name drug is a drug that is marketed under a proprietary, trademark protected name.

ii. Coinsurance means the percentage of costs of a covered health benefit that an enrollee pays after the enrollee has paid his/her deductible, if a deductible applies.

iii. Copayment means a fixed dollar amount that an enrollee pays for a covered health benefit after the enrollee has paid the deductible, if a deductible applies.

iv. Deductible means the amount an enrollee pays for covered health benefits before the enrollee's health care service plan begins to pay for part of the cost of the health benefit.

v. "Drug Tier" means a group of prescription drugs that fall within a particular description and category of drugs, and/or utilization management requirement, tied to a specified copayment, coinsurance, or deductible. The tier in which a prescription drug is placed determines the enrollee's portion of the prescription drug cost.

vi. "Enrollee" means a person who is enrolled in a plan and who is a recipient of services from the plan.

vii. "Exigent circumstances" means when an enrollee is suffering from a health condition that may seriously jeopardize the enrollee's life, health, or ability to regain maximum function or when an enrollee is undergoing a current course of treatment using a nonformulary drug.

viii. "Formulary," also called a prescription drug list, means the complete list of drugs preferred for use and eligible for coverage under a health care service plan product, and includes all drugs covered under the prescription drug benefit of the product.

ix. "Generic drug" is listed in italicized lower case. A generic drug is the same as its brand name drug equivalent in dosage, safety, strength, how it is taken, quality, performance, and intended use.

x. "Nonformulary drug" means a prescription drug that is not listed on the formulary but which must be covered when medical necessity is demonstrated unless the drug is excluded from coverage.

xi. "Out-of-pocket cost" means a copayment or coinsurance, and applicable deductible, plus all costs for benefits that are not covered.

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

xiii. "Prescription drug" means a drug that is prescribed by the enrollee's prescribing provider, bought at a pharmacy (including specialty pharmacy and mail order), prescribed for and intended to be used by one person, and regulated by the federal Food and Drug Administration ("FDA").

xiv. "Prescribing provider" means a provider authorized to write a prescription to treat a medical condition.

xv. "Step therapy" means a type of protocol that specifies the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are to be prescribed. For a drug subject to step therapy, the health care service plan may require the enrollee to first try certain drugs to treat the enrollee's medical condition before it will cover another drug for that condition. Plans must make exceptions to step therapy when medical necessity is demonstrated.

2. There are no additional or different terms used in the formulary that are necessary for comprehension of the prescription drug benefit.
3. A prescription drug may be located by looking up the therapeutic category and class to which the drug belongs or the brand or generic name of the drug in the alphabetical index.
    a. By Therapeutic Class - The drugs in this formulary are grouped into categories depending on the type of medical conditions that they are used to treat. For example, drugs used to treat a heart condition are listed under the category, "CARDIOVASCULAR, HYPERTENSION & LIPIDS - DRUGS TO TREAT HEART CONDITIONS OR HIGH BLOOD PRESSURE". If you know what your drug is used for, look for the category name in the table of contents.
    b. By Searching the Index Page – Alphabetical- If you are not sure what category to look under, you should look for your drug in the Index that is located towards the bottom of the page. The Index provides an alphabetical list of all of the drugs included in this document. Both brand name drugs and generic drugs are listed in the Index. Look in the Index and find your drug. Next to your drug, you will see the page number where you can find coverage information. Turn to the page listed in the Index and find the name of your drug in the first column of the list.

    ii.) If a generic equivalent for a brand name drug is not available on the market, the drug will not be separately listed by its generic name.
4. A description of how drugs are listed in the categorical list of prescription drugs
    i.) the generic name for a brand name drug is included after the brand name in parentheses and all lowercase italicized letters
    ii.) if a generic equivalent for a brand name drug is available, and both the brand name and generic equivalents are covered, the generic drug will be listed separately from the brand name drug in all lowercase *italicized* letters
    iii.) in the event 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 in all CAPITAL letters.
        a) For Example: ALINIA ORAL TABLET 500 MG (*nitazoxanide*) = this drug is available both as a brand name drug and a generic equivalent
5. A description of Drug Tiers in the Formulary

Commercial Plans

Prescription Drug Benefits	Services by Express Scripts Inc. In-Network Pharmacies	Out of Network
Retail Prescriptions (up to a 30 day supply)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	$9	Not Covered
Tier 2 (Preferred Brand)	$30	Not Covered
Tier 3 (Non-Preferred Brand)	$45	Not Covered
Tier 4 (Specialty Drugs) Authorization is required	10% up to $250 per script per month	Not Covered
Mail Order Prescriptions (up to a 90 day supply. Full copay applies regardless of quantity supplied.)		
Contraceptive Drugs and Devices	No Charge	Not Covered
Tier 1 (Most Generics)	$18	Not Covered
Tier 2 (Preferred Brand)	$60	Not Covered
Tier 3 (Non-Preferred Brand)	$90	Not Covered
Infertility Medications	50% contracted rate	Not Covered

* Please note that Schedule II drugs may be dispensed as partial fills and the member copay shall be prorated accordingly.

Bronze Plan

		Retail (up to a 30 day supply)	**Mail Order or Smart 90 Pharmacy** (up to a 90 day supply)	**Non-Participating Pharmacy**
If you need drugs to treat your illness or condition	**Tier 1**: Most generics	100% up to $500 per script after pharmacy deductible: Individual $500 Family $1000		**Not Covered**
	Tier 2: Preferred brand			**Not Covered**
	Tier 3: Non-Preferred brand			**Not Covered**
	Tier 4: Specialty drugs			**Not Covered**

6. Description of Ventura County Health Care Plan's Utilization Management restrictions:
   i.) Prior Authorization - The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval

before you fill your prescriptions. If you don't get approval, we may not cover the drug.

ii.) Step Therapy - In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

iii.) Quantity Limits - For certain drugs, the Plan limits the amount of the drug that we will cover.

iv.) Limited Availability - This prescription may be available only at certain pharmacies. For more information, please call Customer Service at (800) 811-0293.

7. This formulary only includes drugs that are covered under the Pharmacy Benefit. Drugs that are covered under the Medical Benefit follows the same claims and prior authorization process as regular medical claims. For information on how to obtain coverage information concerning drugs covered under the medical benefit, please call Ventura County Health Care Plan Member Services at 805-981-5050 or (800) 600-8247 (Monday to Friday 8:30am to 4:30pm)
8. Ventura County Health Care Plan updates the formulary with changes on a monthly basis and re-posted monthly in VCHCP's member and provider website. Here is the direct link of the electronic version of the formulary posted on the Ventura County Health Care Plan's website: http://www.vchealthcareplan.org/members/programs/docs/ProviderDrugList.pdf. Notice to members and providers regarding the monthly updates in provided through the Member and Provider Newsletters sent twice a year.
9. Please note that the presence of a prescription drug on the formulary does not guarantee that a member will be prescribed that prescription drug by his or her prescribing provider for a particular medical condition.
10. Ventura County Health Care Plan cover nonformulary drugs when medically necessary

    i.) The member's Explanation of Coverage (EOC) booklet is posted on the Plan's member website which explains the process by which members may obtain coverage for non-formulary drugs. Members may consult with their physicians regarding an individual exception and if the physician is in agreement, the physician may submit an Authorization Request for that medication. Copays for these prescriptions will be at the 3rd or 4th tier. Requests for Authorization after regular business hours may be made by telephone by the prescribing physician to the Plan. Requests for Authorization during regular business hours may be made by telephone, in writing, or by facsimile by the pharmacy or the prescribing physician to the Plan. The Plan processes requests for new prescriptions, and for refills when exigent circumstances exist, within 24 hours and processes requests for other refills within 48 hours of the Plan's receipt of the request. A verbal Authorization may be given to the pharmacy or requesting physician. The notification letter is transmitted to the prescribing physician and mailed to the

member. The Utilization Management (UM) denial notification letters indicate any alternative drug or treatment offered by the Plan and inform the member of Plan grievance procedures.

ii.) Ventura County Health Care Plan notifies the enrollee or his or her designee and the enrollee's prescribing provider of its coverage determination no later than 72 hours following receipt of a non-urgent request and 24 hours following receipt of a request based on exigent circumstances.

iii.) Ventura County Health Care Plan provides coverage to a non-urgent request for the duration of the prescription, including refills, and request based on exigent circumstances, for the duration of the exigency.

iv.) The denial of a coverage request for a nonformulary drug may be appealed and the UM notification letter provides more information on appeal rights and procedures.

11. Instructions on how to locate a network retail pharmacy and fill a prescription through a network retail pharmacy, mail order pharmacy, and specialty pharmacy

    i.) Covered medications must be dispensed by an In-Network Pharmacy. The pharmacy benefit manager maintains a nationwide network of In-Network Pharmacies. A list of locations within the Service Area is available on the Plan's website at www.vchealthcareplan.org or please call the Member Services Department at (805) 981-5050 or toll free at (800) 600-8247 to have a printed copy mailed to you. Members are encouraged to call the PBM's toll-free number printed on their member identification pharmacy card for locations of In-Network pharmacies outside the Service Area. Covered medications dispensed by an out-of-network pharmacy will be covered only when dispensed in conjunction with, and immediately following, an Emergency or Urgently Needed Services or Out-of-Area Coverage. In such circumstances, the member must pay for covered medications at the time they are dispensed and submit a claim for reimbursement to the PBM. The member will be reimbursed by the PBM the amount that would have been due the In-Network pharmacy. The PBM will reimburse member claims for prescriptions, subject to dispensing limits and Plan authorization requirements.

12. Description of the process for requesting prior authorization or an exception to a step therapy requirement.

    i.) When a physician requests a medication that has a prior authorization (PA) requirement, the pharmacy or the prescribing physician must contact the Plan explaining the medical necessity of the request, including past therapeutic attempts, contraindications to medications and allergies when applicable. Providers are required to use Form No. 61-211 to submit prior authorization requests for prescription drugs. For providers who have access to CERNER, the Plan allows providers to submit prior authorization requests for prescription drugs through CERNER, an electronic prior authorization request system. The Plan's electronic prior authorization system utilize Form No. 61-211. The Plan has the Form 61-211 electronically available on its website. The Plan utilizes a step therapy process for prescription drugs. The Plan requires providers to use Form No. 61-211 to submit step therapy exception requests. The Plan follows its prior-authorization policy and

procedure which treats and responds to step therapy exception requests in the same manner as requests for prior authorization for prescription drugs. Requests for exceptions to step therapy processes for prescription drugs may be submitted in the same manner as a request for prior authorization for prescription drugs and shall be treated in the same manner. (See Drug Policy: Prior Authorization of Medications). Here is the link: http://www.vchealthcareplan.org/providers/docs/padg/medrelatedpolicies/PriorAuthorizationOfMedications.pdf

13. Notice of an enrollee's rights concerning step therapy as provided in subdivision (d)(2) of section 1300.67.24 of title 28 of the California Code of Regulations.
    i) The Plan has an expeditious process in place to authorize exceptions to step therapy and non-formulary prescription drugs, as medically necessary. The Plan processes requests for prescriptions (including prior authorization of non-formulary drugs, and if applicable, certain formulary drugs, and any request for a step therapy exception, according to the following timelines:
        - For new prescriptions: Within 24 hours of the Plan's receipt of the request.
        - For all exigent circumstances (step therapy & formulary exception requests): Within 24 hours of the Plan's receipt of the request.
        - For urgent refills: Within 24 hours of the Plan's receipt of the request.
        - For other refills: Within 24 hours of the Plan's receipt of the request.
        - For non- urgent prior authorization, step therapy and formulary exception requests, the Plan responds within 72 hours of the Plan's receipt of the request.

    ii) The Plan conforms effectively and efficiently with the continuity of care requirements of the Act and regulations. In circumstances where an enrollee is changing plans and VCHCP is the new Plan, VCHCP does not require the enrollee to repeat step therapy when that enrollee is already being treated for that medical condition by a prescription drugs provided that the drug is appropriately prescribed and is considered safe and effective for the enrollee's condition. Nothing in this section shall preclude the new Plan from imposing prior authorization requirement pursuant to Section 1367.24 for the continued coverage of a prescription drug prescribed pursuant to step therapy imposed by the former plan, or preclude the prescribing provider from prescribing another drug covered by the new plan that is medically appropriate for the enrollee. For purposes of this section, "step therapy'' means a type of protocol that specifies the sequence in which different prescription drugs for a given medical condition and medically appropriate for a particular patient are to be prescribed.

14. Ventura County Health Care Plan does not limit or exclude coverage for a drug if the health care service plan previously approved coverage of the drug for an enrollee's medical condition and the prescribing provider continues to prescribe the drug for the medical condition, provided that the drug is appropriately prescribed and safe and effective for treating the enrollee's medical condition.

15. Per Health and Safety Code Section 1367.25, the Plan shall cover up to a maximum of 12-month supply of FDA approved, self-administered hormonal contraceptives when dispensed or furnished at one time for an enrollee by a provider, pharmacist, or at a location licensed or otherwise authorized to dispense drugs or supplies when requested by the member.
16. For members who are prescribed covered orally administered anti-cancer medications, the total amount of copayments and coinsurance shall not exceed $200 for an individual prescription of up to a 30-day supply
17. Process for requesting coverage and obtaining drugs that are limited to restricted specialty pharmacy access or subject to other network limitations on coverage.
    i. Member's healthcare provider will send prescription to Accredo via fax, phone or electronically.
    ii. Accredo will contact prescriber's office to verify member's information and coordinate the prior authorization if needed. Member will need to ensure the office has the member's correct phone number.
    iii. A pharmacist who is specialty-trained in member's condition prepares and checks prescription for accuracy.
    iv. A patient care advocate will call member within 2-5 days to schedule delivery and check benefits. Member can let Accredo know if member prefer to speak a language other than English. Member may also speak to a pharmacist.
    v. Accredo package medication to protect the contents and member's privacy, and ship it at no extra charge.
    vi. When it's time for a refill, Accredo will give member a call (or send member a text if preferred) to schedule next shipment.

For more detailed information about your prescription drug coverage, please review your Evidence of Coverage and other plan materials.

If you have questions about Ventura County Health Care Plan, please contact us. Our contact information, along with the date we last updated the formulary appears on the front cover page.

Table of Contents

Informational Section 2
ANTI - INFECTIVES - DRUGS TO TREAT BACTERIA INFECTION 2
ANTI - INFECTIVES - DRUGS TO TREAT FUNGUS INFECTIONS 12
ANTI - INFECTIVES - DRUGS TO TREAT VIRUS INFECTIONS 14
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS - DRUGS TO TREAT CANCER 20
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH - DRUGS TO TREAT THE NERVOUS SYSTEM, SEIZURES, HEADACHE, OR FOR MENTAL HEALTH 29
CARDIOVASCULAR, HYPERTENSION & LIPIDS - DRUGS TO TREAT HEART CONDITIONS OR HIGH BLOOD PRESSURE 70
DERMATOLOGICALS/TOPICAL THERAPY - DRUGS TO TREAT SKIN CONDITIONS 92
DIAGNOSTICS & MISCELLANEOUS AGENTS - MISCELLANEOUS MEDICINES 118
EAR, NOSE & THROAT MEDICATIONS - DRUGS TO TREAT THE EAR, NOSE AND THROAT 124
ENDOCRINE/DIABETES - DRUGS TO TREAT HORMONE CONDITIONS OR DIABETES 127
GASTROENTEROLOGY - DRUGS TO TREAT STOMACH OR BOWEL CONDITIONS 153
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY - DRUGS TO TREAT THE IMMUNE SYSTEM 165
MUSCULOSKELETAL & RHEUMATOLOGY - DRUGS TO TREAT MUSCLE AND BONE CONDITIONS 177
OBSTETRICS & GYNECOLOGY - GYNECOLOGY MEDICINES 181
OPHTHALMOLOGY - DRUGS TO TREAT EAR CONDITIONS 198
OPHTHALMOLOGY - DRUGS TO TREAT EYE CONDITIONS 200
RESPIRATORY, ALLERGY, COUGH & COLD - DRUGS TO TREAT BREATHING CONDITIONS 211
UROLOGICALS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS 223
VITAMINS, HEMATINICS & ELECTROLYTES - VITAMINS AND MINERALS 228
Index 238

List of Abbreviations

ACA: Affordable Care Act.

LA: Limited Availability. This prescription may be available only at certain pharmacies. For more information, please call Customer Service.

OTC: Over the Counter. An OTC drug is a non-prescription drug.

PA: Prior Authorization. The Plan requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval before you fill your prescriptions. If you don't get approval, we may not cover the drug.

QL: Quantity Limit. For certain drugs, the Plan limits the amount of the drug that we will cover.

ST: Step Therapy. In some cases, the Plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

Below is a list of drug name formatting patterns that may appear in the following pages.

List of Patterns

lowercase bold italics: Generic drugs

UPPERCASE: Brand name drugs

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANTI - INFECTIVES - DRUGS TO TREAT BACTERIA INFECTION		
CEPHALOSPORINS - CEPHALOSPORINS		
cefaclor oral capsule 250 mg, 500 mg	1	
cefaclor oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml, 375 mg/5 ml	1	
cefaclor oral tablet extended release 12 hr 500 mg	1	
cefadroxil oral capsule 500 mg	1	
cefadroxil oral suspension for reconstitution 250 mg/5 ml, 500 mg/5 ml	1	
cefadroxil oral tablet 1 gram	1	
cefdinir oral capsule 300 mg	1	
cefdinir oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefditoren pivoxil oral tablet 200 mg, 400 mg	1	
cefixime oral capsule 400 mg	1	
cefixime oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
cefpodoxime oral suspension for reconstitution 100 mg/5 ml, 50 mg/5 ml	1	
cefpodoxime oral tablet 100 mg, 200 mg	1	
cefprozil oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cefprozil oral tablet 250 mg, 500 mg	1	
cefuroxime axetil oral tablet 250 mg, 500 mg	1	
cephalexin oral capsule 250 mg, 500 mg, 750 mg	1	
cephalexin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
cephalexin oral tablet 250 mg, 500 mg	1	
KEFLEX ORAL CAPSULE 250 MG, 500 MG, 750 MG (***cephalexin***)	3	Preferred Alternatives (cephalexin)
SPECTRACEF ORAL TABLET 400 MG (***cefditoren***)	3	Preferred Alternatives (cefditoren pivoxil)
SUPRAX ORAL CAPSULE 400 MG (***cefixime***)	3	Preferred Alternatives (cefaclor, cefdinir, cefpodoxime proxetil, cefprozil, cefuroxime axetil)

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ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 500 MG/5 ML (***cefixime***)	3	
SUPRAX ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (***cefixime***)	3	Preferred Alternatives (cefixime)
SUPRAX ORAL TABLET,CHEWABLE 100 MG, 200 MG (***cefixime***)	3	Preferred Alternatives (cefaclor, cefdinir, cefpodoxime proxetil, cefprozil, cefuroxime axetil)
ERYTHROMYCINS & OTHER MACROLIDES - ERYTHROMYCINS		
azithromycin oral packet 1 gram	1	
azithromycin oral suspension for reconstitution 100 mg/5 ml, 200 mg/5 ml	1	
azithromycin oral tablet 250 mg, 500 mg, 600 mg	1	
clarithromycin oral suspension for reconstitution 125 mg/5 ml, 250 mg/5 ml	1	
clarithromycin oral tablet 250 mg, 500 mg	1	
clarithromycin oral tablet extended release 24 hr 500 mg	1	
DIFICID ORAL TABLET 200 MG (***fidaxomicin***)	3	Preferred Alternatives (metronidazole, vancomycin hcl)
e.e.s. 400 oral tablet 400 mg	1	
E.E.S. GRANULES ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (***erythromycin base***)	3	Preferred Alternatives (erythromycin ethylsuccinate)
ERYPED 200 ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (***erythromycin base***)	3	Preferred Alternatives (erythromycin ethylsuccinate)
ERYPED 400 ORAL SUSPENSION FOR RECONSTITUTION 400 MG/5 ML (***erythromycin base***)	3	Preferred Alternatives (erythromycin ethylsuccinate)
ery-tab oral tablet,delayed release (dr/ec) 250 mg, 333 mg	1	
ERY-TAB ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (***erythromycin base***)	3	
erythrocin (as stearate) oral tablet 250 mg	1	
erythromycin ethylsuccinate oral suspension for reconstitution 200 mg/5 ml, 400 mg/5 ml	1	
erythromycin ethylsuccinate oral tablet 400 mg	1	
erythromycin oral capsule,delayed release(dr/ec) 250 mg	1	
erythromycin oral tablet 250 mg, 500 mg	1	

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
erythromycin oral tablet,delayed release (dr/ec) 250 mg, 333 mg, 500 mg	1	
ZITHROMAX ORAL PACKET 1 GRAM (***azithromycin***)	3	Preferred Alternatives (azithromycin)
ZITHROMAX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML, 200 MG/5 ML (***azithromycin***)	3	Preferred Alternatives (azithromycin)
ZITHROMAX ORAL TABLET 250 MG, 500 MG (***azithromycin***)	3	Preferred Alternatives (azithromycin)
ZITHROMAX TRI-PAK ORAL TABLET 500 MG (***azithromycin***)	3	Preferred Alternatives (azithromycin)
ZITHROMAX Z-PAK ORAL TABLET 250 MG (***azithromycin***)	3	Preferred Alternatives (azithromycin)
MISCELLANEOUS ANTIINFECTIVES - OTHER DRUGS THAT TREAT INFECTIONS		
AEMCOLO ORAL TABLET,DELAYED RELEASE (DR/EC) 194 MG (***rifamycin***)	3	Preferred Alternatives (azithromycin, ciprofloxacin hcl, levofloxacin hemihydrate, XIFAXAN); QL (12 per 1 day)
albendazole oral tablet 200 mg	1	QL (120 per 30 days)
ALBENZA ORAL TABLET 200 MG (***albendazole***)	3	Preferred Alternatives (albendazole); QL (120 per 30 days)
ALINIA ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (***nitazoxanide***)	2	QL (14 per 30 days)
ALINIA ORAL TABLET 500 MG (***nitazoxanide***)	2	QL (14 per 30 days)
ARAKODA ORAL TABLET 100 MG (***tafenoquine***)	3	Preferred Alternatives (atovaquone-proguanil hcl, chloroquine phosphate, doxycycline hyclate, mefloquine hcl); QL (20 per 365 days)
ARIKAYCE INHALATION SUSPENSION FOR NEBULIZATION 590 MG/8.4 ML (***amikacin***)	4	PA
atovaquone oral suspension 750 mg/5 ml	1	
atovaquone-proguanil oral tablet 250-100 mg	1	QL (60 per 180 days)
atovaquone-proguanil oral tablet 62.5-25 mg	1	QL (180 per 180 days)
bacitracin (Baciim Intramuscular Recon Soln 50,000 Unit)	1	PA
bacitracin intramuscular recon soln 50,000 unit	1	PA

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BENZNIDAZOLE ORAL TABLET 100 MG, 12.5 MG (***benznidazole***)	2	QL (720 per 365 days)
BETHKIS INHALATION SOLUTION FOR NEBULIZATION 300 MG/4 ML (***tobramycin***)	4	PA; Preferred Alternatives (tobramycin sulfate, KITABIS PAK); LA; QL (56 per 30 days)
BILTRICIDE ORAL TABLET 600 MG (***praziquantel***)	3	Preferred Alternatives (praziquantel)
CAYSTON INHALATION SOLUTION FOR NEBULIZATION 75 MG/ML (***aztreonam***)	4	PA; LA; QL (84 per 30 days)
chloroquine phosphate oral tablet 250 mg	1	
chloroquine phosphate oral tablet 500 mg	1	
CLEOCIN HCL ORAL CAPSULE 150 MG, 300 MG, 75 MG (***clindamycin***)	3	Preferred Alternatives (clindamycin hcl)
CLEOCIN PEDIATRIC ORAL RECON SOLN 75 MG/5 ML (***clindamycin***)	3	Preferred Alternatives (clindamycin palmitate hcl)
clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg	1	
clindamycin palmitate hcl oral recon soln 75 mg/5 ml	1	
clindamycin palmitate hcl (Clindamycin Pediatric Oral Recon Soln 75 Mg/5 Ml)	1	
COARTEM ORAL TABLET 20-120 MG (***artemether***)	2	QL (24 per 30 days)
CYCLOSERINE ORAL CAPSULE 250 MG	3	
dapsone oral tablet 100 mg, 25 mg	1	
DARAPRIM ORAL TABLET 25 MG (***pyrimethamine***)	4	PA
EMVERM ORAL TABLET,CHEWABLE 100 MG (***mebendazole***)	2	QL (6 per 30 days)
ethambutol oral tablet 100 mg, 400 mg	1	
FLAGYL ORAL CAPSULE 375 MG (***metronidazole***)	3	Preferred Alternatives (metronidazole)
FLAGYL ORAL TABLET 250 MG, 500 MG (***metronidazole***)	3	Preferred Alternatives (metronidazole)
hydroxychloroquine oral tablet 200 mg	1	
IMPAVIDO ORAL CAPSULE 50 MG (***miltefosine***)	2	QL (84 per 30 days)
isoniazid oral solution 50 mg/5 ml	1	
isoniazid oral tablet 100 mg, 300 mg	1	
ivermectin oral tablet 3 mg	1	QL (20 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KITABIS PAK INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML (***tobramycin***)	4	PA; LA
KRINTAFEL ORAL TABLET 150 MG (***tafenoquine***)	3	Preferred Alternatives (primaquine generic); QL (2 per 23 days)
linezolid oral suspension for reconstitution 100 mg/5 ml	1	
linezolid oral tablet 600 mg	1	
MALARONE ORAL TABLET 250-100 MG (***atovaquone***)	3	Preferred Alternatives (atovaquone-proguanil hcl); QL (60 per 180 days)
MALARONE PEDIATRIC ORAL TABLET 62.5-25 MG (***atovaquone***)	3	Preferred Alternatives (atovaquone-proguanil hcl); QL (180 per 180 days)
mefloquine oral tablet 250 mg	1	QL (10 per 180 days)
MEPRON ORAL SUSPENSION 750 MG/5 ML (***atovaquone***)	3	Preferred Alternatives (atovaquone)
metronidazole oral capsule 375 mg	1	
metronidazole oral tablet 250 mg, 500 mg	1	
MYAMBUTOL ORAL TABLET 400 MG (***ethambutol***)	3	Preferred Alternatives (ethambutol hcl)
MYCOBUTIN ORAL CAPSULE 150 MG (***rifabutin***)	3	Preferred Alternatives (rifabutin)
NEBUPENT INHALATION RECON SOLN 300 MG (***pentamidine isethionate***)	2	QL (1 per 30 days)
neomycin oral tablet 500 mg	1	
paromomycin oral capsule 250 mg	1	
PASER ORAL GRANULES DR FOR SUSP IN PACKET 4 GRAM (***aminosalicylic acid***)	3	
praziquantel oral tablet 600 mg	1	
PRIFTIN ORAL TABLET 150 MG (***rifapentine***)	2	
primaquine oral tablet 26.3 mg	1	QL (120 per 180 days)
pyrazinamide oral tablet 500 mg	1	
QUALAQUIN ORAL CAPSULE 324 MG (***quinine***)	3	Preferred Alternatives (quinine sulfate); QL (42 per 30 days)
quinine sulfate oral capsule 324 mg	1	QL (42 per 30 days)
rifabutin oral capsule 150 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RIFADIN ORAL CAPSULE 150 MG, 300 MG (***rifampin***)	3	Preferred Alternatives (rifampin)
RIFAMATE ORAL CAPSULE 300-150 MG (***rifampin***)	3	Preferred Alternatives (isoniazid, rifampin)
rifampin oral capsule 150 mg, 300 mg	1	
RIFATER ORAL TABLET 50-120-300 MG (***rifampin***)	3	
SIRTURO ORAL TABLET 100 MG (***bedaquiline***)	2	
SIVEXTRO ORAL TABLET 200 MG (***tedizolid***)	3	Preferred Alternatives (linezolid)
SOLOSEC ORAL GRANULES DEL RELEASE IN PACKET 2 GRAM (***secnidazole***)	3	Preferred Alternatives (clindamycin hcl, clindamycin phosphate, metronidazole, metronidazole, tinidazole)
STREPTOMYCIN INTRAMUSCULAR RECON SOLN 1 GRAM (***streptomycin***)	3	PA
STROMECTOL ORAL TABLET 3 MG (***ivermectin***)	3	Preferred Alternatives (ivermectin); QL (20 per 30 days)
tinidazole oral tablet 250 mg	1	QL (40 per 30 days)
tinidazole oral tablet 500 mg	1	QL (20 per 30 days)
TOBI PODHALER INHALATION CAPSULE 28 MG (***tobramycin***)	4	PA; Preferred Alternatives (tobramycin sulfate, KITABIS PAK); LA; QL (1 per 30 days)
TOBI PODHALER INHALATION CAPSULE, W/INHALATION DEVICE 28 MG (***tobramycin***)	4	PA; Preferred Alternatives (tobramycin sulfate, KITABIS PAK); LA; QL (1 per 30 days)
tobramycin in 0.225 % nacl inhalation solution for nebulization 300 mg/5 ml	4	PA; LA; QL (56 per 30 days)
TOBRAMYCIN WITH NEBULIZER INHALATION SOLUTION FOR NEBULIZATION 300 MG/5 ML	3	PA; Preferred Alternatives (tobramycin sulfate, KITABIS PAK); LA
TRECATOR ORAL TABLET 250 MG (***ethionamide***)	3	
XIFAXAN ORAL TABLET 200 MG, 550 MG (***rifaximin***)	2	
ZYVOX ORAL SUSPENSION FOR RECONSTITUTION 100 MG/5 ML (***linezolid***)	3	Preferred Alternatives (linezolid)
ZYVOX ORAL TABLET 600 MG (***linezolid***)	3	Preferred Alternatives (linezolid)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PENICILLINS - PENICILLINS		
amoxicillin oral capsule 250 mg, 500 mg	1	
amoxicillin oral suspension for reconstitution 125 mg/5 ml, 200 mg/5 ml, 250 mg/5 ml, 400 mg/5 ml	1	
amoxicillin oral tablet 500 mg, 875 mg	1	
amoxicillin oral tablet,chewable 125 mg, 250 mg	1	
amoxicillin-pot clavulanate oral suspension for reconstitution 200-28.5 mg/5 ml, 250-62.5 mg/5 ml, 400-57 mg/5 ml, 600-42.9 mg/5 ml	1	
amoxicillin-pot clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg	1	
amoxicillin-pot clavulanate oral tablet extended release 12 hr 1,000-62.5 mg	1	
amoxicillin-pot clavulanate oral tablet,chewable 200-28.5 mg, 400-57 mg	1	
ampicillin oral capsule 250 mg, 500 mg	1	
AUGMENTIN ES-600 ORAL SUSPENSION FOR RECONSTITUTION 600-42.9 MG/5 ML (***amoxicillin***)	3	Preferred Alternatives (amoxicillin-clavulanate potass)
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 125-31.25 MG/5 ML (***amoxicillin***)	2	
AUGMENTIN ORAL SUSPENSION FOR RECONSTITUTION 250-62.5 MG/5 ML (***amoxicillin***)	3	Preferred Alternatives (amoxicillin-clavulanate potass)
AUGMENTIN ORAL TABLET 500-125 MG, 875-125 MG (***amoxicillin***)	3	Preferred Alternatives (amoxicillin-clavulanate potass)
AUGMENTIN XR ORAL TABLET EXTENDED RELEASE 12 HR 1,000-62.5 MG (***amoxicillin***)	3	Preferred Alternatives (amoxicillin-clavulanate pot er)
BICILLIN C-R INTRAMUSCULAR SYRINGE 1,200,000 UNIT/ 2 ML(600K/600K), 1,200,000 UNIT/ 2 ML(900K/300K) (***penicillin g***)	3	PA; Preferred Alternatives (penicillin g potassium)
BICILLIN L-A INTRAMUSCULAR SYRINGE 1,200,000 UNIT/2 ML, 2,400,000 UNIT/4 ML, 600,000 UNIT/ML (***penicillin g***)	3	PA; Preferred Alternatives (penicillin g potassium)
dicloxacillin oral capsule 250 mg, 500 mg	1	
MOXATAG ORAL TABLET, ER MULTIPHASE 24 HR 775 MG (***amoxicillin***)	3	Preferred Alternatives (amoxicillin)
penicillin g procaine intramuscular syringe 1.2 million unit/2 ml, 600,000 unit/ml	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
penicillin v potassium oral recon soln 125 mg/5 ml, 250 mg/5 ml	1	
penicillin v potassium oral tablet 250 mg, 500 mg	1	
QUINOLONES - QUINOLONES		
BAXDELA ORAL TABLET 450 MG (***delafloxacin***)	3	Preferred Alternatives (ciprofloxacin hcl, clindamycin hcl, levofloxacin hemihydrate, linezolid, moxifloxacin hcl, ofloxacin)
CIPRO ORAL SUSPENSION,MICROCAPSULE RECON 250 MG/5 ML, 500 MG/5 ML (***ciprofloxacin***)	3	Preferred Alternatives (ciprofloxacin)
CIPRO ORAL TABLET 250 MG, 500 MG (***ciprofloxacin***)	3	Preferred Alternatives (ciprofloxacin hcl)
CIPRO XR ORAL TABLET, ER MULTIPHASE 24 HR 1,000 MG, 500 MG (***ciprofloxacin***)	3	Preferred Alternatives (ciprofloxacin er)
ciprofloxacin (mixture) oral tablet, er multiphase 24 hr 1,000 mg, 500 mg	1	
ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg	1	
ciprofloxacin oral suspension,microcapsule recon 250 mg/5 ml, 500 mg/5 ml	1	
FACTIVE ORAL TABLET 320 MG (***gemifloxacin***)	3	Preferred Alternatives (ciprofloxacin hcl, levofloxacin hemihydrate, ofloxacin, moxifloxacin hcl)
LEVAQUIN ORAL TABLET 500 MG, 750 MG (***levofloxacin***)	3	Preferred Alternatives (levofloxacin hemihydrate)
levofloxacin oral solution 250 mg/10 ml	1	
levofloxacin oral tablet 250 mg, 500 mg, 750 mg	1	
moxifloxacin oral tablet 400 mg	1	
ofloxacin oral tablet 300 mg, 400 mg	1	
SULFA'S & RELATED AGENTS - SULFAS		
BACTRIM DS ORAL TABLET 800-160 MG (***sulfamethoxazole***)	3	Preferred Alternatives (sulfamethoxazole/trimethoprim)
BACTRIM ORAL TABLET 400-80 MG (***sulfamethoxazole***)	3	Preferred Alternatives (sulfamethoxazole/trimethoprim)
sulfadiazine oral tablet 500 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5 ml	1	
sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg	1	
sulfatrim oral suspension 200-40 mg/5 ml	1	
TETRACYCLINES - TETRACYCLINES		
ACTICLATE ORAL TABLET 150 MG, 75 MG (***doxycycline***)	3	ST; Preferred Alternatives (doxycycline hyclate, doxycycline monohydrate)
AVIDOXY DK KIT 100 MG-2 % -SPF 30 (***doxycycline***)	3	ST; Preferred Alternatives (doxycycline monohydrate)
doxycycline monohydrate (Avidoxy Oral Tablet 100 Mg)	1	
minocycline (Coremino Oral Tablet Extended Release 24 Hr 135 Mg, 45 Mg, 90 Mg)	1	
demeclocycline oral tablet 150 mg, 300 mg	1	
DORYX MPC ORAL TABLET,DELAYED RELEASE (DR/EC) 120 MG (***doxycycline***)	3	ST; Preferred Alternatives (doxycycline hyclate)
DORYX ORAL TABLET,DELAYED RELEASE (DR/EC) 200 MG, 50 MG (***doxycycline***)	3	ST; Preferred Alternatives (doxycycline hyclate)
doxycycline hyclate oral capsule 100 mg, 50 mg	1	
doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 50 mg, 75 mg	1	
doxycycline hyclate oral tablet,delayed release (dr/ec) 100 mg, 150 mg, 200 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg	1	
doxycycline monohydrate oral suspension for reconstitution 25 mg/5 ml	1	
doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg	1	
MINOCIN ORAL CAPSULE 50 MG (***minocycline***)	3	ST; Preferred Alternatives (minocycline hcl)
minocycline oral capsule 100 mg, 50 mg, 75 mg	1	
minocycline oral tablet 100 mg, 50 mg, 75 mg	1	
minocycline oral tablet extended release 24 hr 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg	1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MINOLIRA ER ORAL TABLET, IR - ER, BIPHASIC 24HR 105 MG, 135 MG (***minocycline***)	3	ST; Preferred Alternatives (minocycline hcl er)
doxycycline monohydrate (Mondoxyne Nl Oral Capsule 100 Mg, 75 Mg)	1	
MONODOX ORAL CAPSULE 100 MG, 50 MG, 75 MG (***doxycycline***)	3	ST; Preferred Alternatives (doxycycline monohydrate)
MORGIDOX 1X 50 KIT 50 MG (***doxycycline***)	3	ST; Preferred Alternatives (doxycycline hyclate)
MORGIDOX 2X100 KIT 100 MG (***doxycycline***)	3	ST; Preferred Alternatives (doxycycline hyclate)
doxycycline hyclate (Morgidox Oral Capsule 100 Mg)	1	
NUZYRA (7 DAY WITH LOAD DOSE) ORAL TABLET 150 MG (***omadacycline***)	3	PA; Preferred Alternatives (doxycycline hyclate, tetracycline hcl); QL (16 per 1 day)
doxycycline monohydrate (Okebo Oral Capsule 75 Mg)	1	
ORACEA ORAL CAPSULE,IR - DELAY REL,BIPHASE 40 MG (***doxycycline***)	3	ST; Preferred Alternatives (doxycycline hyclate, doxycycline monohydrate)
SEYSARA ORAL TABLET 100 MG, 150 MG, 60 MG (***sarecycline***)	3	ST; Preferred Alternatives (doxycycline hyclate, minocycline hcl, tetracycline hcl)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG (***minocycline***)	3	ST; Preferred Alternatives (minocycline hcl er)
TARGADOX ORAL TABLET 50 MG (***doxycycline***)	3	ST; Preferred Alternatives (doxycycline hyclate)
tetracycline oral capsule 250 mg, 500 mg	1	
VIBRAMYCIN ORAL CAPSULE 100 MG (***doxycycline***)	3	ST; Preferred Alternatives (doxycycline hyclate)
VIBRAMYCIN ORAL SUSPENSION FOR RECONSTITUTION 25 MG/5 ML (***doxycycline***)	3	Preferred Alternatives (doxycycline monohydrate)
VIBRAMYCIN ORAL SYRUP 50 MG/5 ML (***doxycycline***)	3	Preferred Alternatives (doxycycline hyclate)
XIMINO ORAL CAPSULE,EXTENDED RELEASE 24HR 135 MG, 45 MG, 90 MG (***minocycline***)	3	ST; Preferred Alternatives (minocycline hcl)
URINARY TRACT AGENTS - DRUGS TO TREAT BLADDER INFECTIONS		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FURADANTIN ORAL SUSPENSION 25 MG/5 ML (***nitrofurantoin***)	3	Preferred Alternatives (nitrofurantoin)
HIPREX ORAL TABLET 1 GRAM (***methenamine***)	3	Preferred Alternatives (methenamine hippurate)
MACROBID ORAL CAPSULE 100 MG (***nitrofurantoin***)	3	Preferred Alternatives (nitrofurantoin macrocrystal)
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG (***nitrofurantoin***)	3	Preferred Alternatives (nitrofurantoin)
methenamine hippurate oral tablet 1 gram	1	
methenamine mandelate oral tablet 0.5 g, 1 gram	1	
MONUROL ORAL PACKET 3 GRAM (***fosfomycin***)	3	Preferred Alternatives (ciprofloxacin hcl, nitrofurantoin)
nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg	1	
nitrofurantoin monohyd/m-cryst oral capsule 100 mg	1	
nitrofurantoin oral suspension 25 mg/5 ml	1	
PRIMSOL ORAL SOLUTION 50 MG/5 ML (***trimethoprim***)	3	Preferred Alternatives (trimethoprim)
trimethoprim oral tablet 100 mg	1	
TRIMPEX ORAL SOLUTION 50 MG/5 ML (***trimethoprim***)	3	
VANCOMYCIN - VANCOMYCIN		
FIRVANQ ORAL RECON SOLN 25 MG/ML, 50 MG/ML (***vancomycin***)	3	Preferred Alternatives (vancomycin hcl)
VANCOCIN ORAL CAPSULE 125 MG, 250 MG (***vancomycin***)	3	Preferred Alternatives (vancomycin hcl)
vancomycin oral capsule 125 mg, 250 mg	1	
ANTI - INFECTIVES - DRUGS TO TREAT FUNGUS INFECTIONS		
ANTIFUNGAL AGENTS - DRUGS TO TREAT FUNGUS INFECTIONS		
ANCOBON ORAL CAPSULE 250 MG, 500 MG (***flucytosine***)	3	Preferred Alternatives (flucytosine)
clotrimazole mucous membrane troche 10 mg	1	
CRESEMBA ORAL CAPSULE 186 MG (***isavuconazonium***)	2	
DIFLUCAN ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML, 40 MG/ML (***fluconazole***)	3	Preferred Alternatives (fluconazole)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFLUCAN ORAL TABLET 100 MG, 200 MG, 50 MG (***fluconazole***)	3	Preferred Alternatives (fluconazole)
DIFLUCAN ORAL TABLET 150 MG (***fluconazole***)	3	Preferred Alternatives (fluconazole); QL (2 per 30 days)
fluconazole oral suspension for reconstitution 10 mg/ml, 40 mg/ml	1	
fluconazole oral tablet 100 mg, 200 mg, 50 mg	1	
fluconazole oral tablet 150 mg	1	QL (2 per 30 days)
flucytosine oral capsule 250 mg, 500 mg	1	
griseofulvin microsize oral suspension 125 mg/5 ml	1	
griseofulvin microsize oral tablet 500 mg	1	
griseofulvin ultramicrosize oral tablet 125 mg, 250 mg	1	
itraconazole oral capsule 100 mg	1	QL (30 per 30 days)
itraconazole oral solution 10 mg/ml	1	
ketoconazole oral tablet 200 mg	1	
NOXAFIL ORAL SUSPENSION 200 MG/5 ML (40 MG/ML) (***posaconazole***)	2	
NOXAFIL ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG (***posaconazole***)	2	
nystatin oral suspension 100,000 unit/ml	1	
nystatin oral tablet 500,000 unit	1	
ONMEL ORAL TABLET 200 MG (***itraconazole***)	3	PA; Preferred Alternatives (itraconazole); QL (15 per 30 days)
ORAVIG BUCCAL MUCO-ADHESIVE BUCCAL TABLET 50 MG (***miconazole***)	3	Preferred Alternatives (nystatin, clotrimazole)
POSACONAZOLE ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG	2	
SPORANOX ORAL SOLUTION 10 MG/ML (***itraconazole***)	3	Preferred Alternatives (itraconazole)
SPORANOX PULSEPAK ORAL CAPSULE 100 MG (***itraconazole***)	3	Preferred Alternatives (itraconazole); QL (30 per 30 days)
terbinafine hcl oral tablet 250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TOLSURA ORAL CAPSULE, SOLID DISPERSION 65 MG (***itraconazole***)	3	PA; Preferred Alternatives (itraconazole, itraconazole)
VFEND ORAL SUSPENSION FOR RECONSTITUTION 200 MG/5 ML (40 MG/ML) (***voriconazole***)	3	PA; Preferred Alternatives (voriconazole)
VFEND ORAL TABLET 200 MG, 50 MG (***voriconazole***)	3	PA; Preferred Alternatives (voriconazole)
voriconazole oral suspension for reconstitution 200 mg/5 ml (40 mg/ml)	1	PA
voriconazole oral tablet 200 mg, 50 mg	1	PA
ANTI - INFECTIVES - DRUGS TO TREAT VIRUS INFECTIONS		
ANTIVIRALS - DRUGS TO TREAT VIRUS INFECTIONS		
abacavir oral solution 20 mg/ml	4	PA
abacavir oral tablet 300 mg	4	PA
abacavir-lamivudine oral tablet 600-300 mg	4	PA
abacavir-lamivudine-zidovudine oral tablet 300-150-300 mg	4	PA
acyclovir oral capsule 200 mg	1	
acyclovir oral suspension 200 mg/5 ml	1	
acyclovir oral tablet 400 mg, 800 mg	1	
adefovir oral tablet 10 mg	1	
amantadine hcl oral capsule 100 mg	1	
amantadine hcl oral solution 50 mg/5 ml	1	
amantadine hcl oral tablet 100 mg	1	
APTIVUS ORAL CAPSULE 250 MG (***tipranavir***)	4	PA
APTIVUS ORAL SOLUTION 100 MG/ML (***tipranavir***)	4	PA
atazanavir oral capsule 150 mg, 200 mg, 300 mg	4	PA
ATRIPLA ORAL TABLET 600-200-300 MG (***efavirenz***)	4	PA; Preferred Alternatives (BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ)
BARACLUDE ORAL SOLUTION 0.05 MG/ML (***entecavir***)	2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG (***entecavir***)	3	Preferred Alternatives (entecavir)
BIKTARVY ORAL TABLET 50-200-25 MG (***bictegravir***)	4	PA
CIMDUO ORAL TABLET 300-300 MG (***lamivudine***)	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COMBIVIR ORAL TABLET 150-300 MG (***lamivudine***)	4	PA; Preferred Alternatives (lamivudine-zidovudine)
COMPLERA ORAL TABLET 200-25-300 MG (***emtricitabine***)	4	PA
CRIXIVAN ORAL CAPSULE 200 MG, 400 MG (***indinavir***)	2	PA
DELSTRIGO ORAL TABLET 100-300-300 MG (***doravirine***)	4	PA; Preferred Alternatives (BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ)
DESCOVY ORAL TABLET 200-25 MG (***emtricitabine***)	4	PA
didanosine oral capsule,delayed release(dr/ec) 125 mg, 200 mg, 250 mg, 400 mg	4	PA
DOVATO ORAL TABLET 50-300 MG (***dolutegravir***)	4	PA
EDURANT ORAL TABLET 25 MG (***rilpivirine***)	4	PA
efavirenz oral capsule 200 mg, 50 mg	4	PA
efavirenz oral tablet 600 mg	4	PA
EMTRIVA ORAL CAPSULE 200 MG (***emtricitabine***)	4	PA
EMTRIVA ORAL SOLUTION 10 MG/ML (***emtricitabine***)	4	PA
entecavir oral tablet 0.5 mg, 1 mg	1	
EPCLUSA ORAL TABLET 400-100 MG (***sofosbuvir***)	4	PA; LA
EPIVIR HBV ORAL SOLUTION 25 MG/5 ML (5 MG/ML) (***lamivudine***)	4	PA
EPIVIR HBV ORAL TABLET 100 MG (***lamivudine***)	4	PA; Preferred Alternatives (lamivudine)
EPIVIR ORAL SOLUTION 10 MG/ML (***lamivudine***)	4	PA; Preferred Alternatives (lamivudine)
EPIVIR ORAL TABLET 150 MG, 300 MG (***lamivudine***)	4	PA; Preferred Alternatives (lamivudine)
EPZICOM ORAL TABLET 600-300 MG (***abacavir***)	4	PA; Preferred Alternatives (abacavir-lamivudine)
EVOTAZ ORAL TABLET 300-150 MG (***atazanavir***)	4	PA; Preferred Alternatives (atazanavir sulfate, NORVIR)
famciclovir oral tablet 125 mg, 250 mg, 500 mg	1	QL (21 per 30 days)
FLUMADINE ORAL TABLET 100 MG (***rimantadine***)	3	Preferred Alternatives (rimantadine hcl)
fosamprenavir oral tablet 700 mg	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FUZEON SUBCUTANEOUS RECON SOLN 90 MG (***enfuvirtide***)	4	PA
GENVOYA ORAL TABLET 150-150-200-10 MG (***elvitegravir***)	4	PA
HARVONI ORAL TABLET 90-400 MG (***ledipasvir***)	4	PA; LA
HEPSERA ORAL TABLET 10 MG (***adefovir***)	3	Preferred Alternatives (adefovir dipivoxil)
INTELENCE ORAL TABLET 100 MG, 200 MG, 25 MG (***etravirine***)	4	PA
INVIRASE ORAL TABLET 500 MG (***saquinavir***)	4	PA
ISENTRESS HD ORAL TABLET 600 MG (***raltegravir***)	2	ST
ISENTRESS ORAL POWDER IN PACKET 100 MG (***raltegravir***)	2	ST
ISENTRESS ORAL TABLET 400 MG (***raltegravir***)	2	ST
ISENTRESS ORAL TABLET,CHEWABLE 100 MG, 25 MG (***raltegravir***)	2	ST
JULUCA ORAL TABLET 50-25 MG (***dolutegravir***)	4	PA
KALETRA ORAL SOLUTION 400-100 MG/5 ML (***lopinavir***)	4	PA; Preferred Alternatives (lopinavir-ritonavir)
KALETRA ORAL TABLET 100-25 MG, 200-50 MG (***lopinavir***)	4	PA
lamivudine oral solution 10 mg/ml	1	PA
lamivudine oral tablet 100 mg, 150 mg, 300 mg	1	PA
lamivudine-zidovudine oral tablet 150-300 mg	4	PA
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	4	PA; Preferred Alternatives (HARVONI); LA
LEXIVA ORAL SUSPENSION 50 MG/ML (***fosamprenavir***)	4	PA
LEXIVA ORAL TABLET 700 MG (***fosamprenavir***)	4	PA; Preferred Alternatives (fosamprenavir calcium)
lopinavir-ritonavir oral solution 400-100 mg/5 ml	1	PA
MAVYRET ORAL TABLET 100-40 MG (***glecaprevir***)	4	PA; Preferred Alternatives (EPCLUSA, HARVONI, ZEPATIER); LA
nevirapine oral suspension 50 mg/5 ml	1	PA
nevirapine oral tablet 200 mg	1	PA
nevirapine oral tablet extended release 24 hr 100 mg, 400 mg	4	PA
NORVIR ORAL CAPSULE 100 MG (***ritonavir***)	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORVIR ORAL POWDER IN PACKET 100 MG (***ritonavir***)	4	PA
NORVIR ORAL SOLUTION 80 MG/ML (***ritonavir***)	4	PA
NORVIR ORAL TABLET 100 MG (***ritonavir***)	4	PA; Preferred Alternatives (ritonavir)
ODEFSEY ORAL TABLET 200-25-25 MG (***emtricitabine***)	4	PA
oseltamivir oral capsule 30 mg	1	QL (20 per 30 days)
oseltamivir oral capsule 45 mg, 75 mg	1	QL (10 per 30 days)
oseltamivir oral suspension for reconstitution 6 mg/ml	1	QL (180 per 30 days)
PIFELTRO ORAL TABLET 100 MG (***doravirine***)	4	PA; Preferred Alternatives (efavirenz, EDURANT)
PREVYMIS ORAL TABLET 240 MG, 480 MG (***letermovir***)	2	QL (100 per 365 days)
PREZCOBIX ORAL TABLET 800-150 MG-MG (***darunavir***)	4	PA; Preferred Alternatives (atazanavir sulfate, ritonavir, KALETRA, PREZISTA)
PREZISTA ORAL SUSPENSION 100 MG/ML (***darunavir***)	4	PA
PREZISTA ORAL TABLET 150 MG, 600 MG, 75 MG, 800 MG (***darunavir***)	4	PA
RELENZA DISKHALER INHALATION BLISTER WITH DEVICE 5 MG/ACTUATION (***zanamivir***)	2	QL (20 per 30 days)
RESCRIPTOR ORAL TABLET 200 MG (***delavirdine***)	4	PA
RETROVIR ORAL CAPSULE 100 MG (***zidovudine***)	4	PA; Preferred Alternatives (zidovudine)
RETROVIR ORAL SYRUP 10 MG/ML (***zidovudine***)	4	PA; Preferred Alternatives (zidovudine)
REYATAZ ORAL CAPSULE 150 MG, 200 MG, 300 MG (***atazanavir***)	4	PA; Preferred Alternatives (atazanavir sulfate)
REYATAZ ORAL POWDER IN PACKET 50 MG (***atazanavir***)	4	PA
ribavirin inhalation recon soln 6 gram	1	PA
rimantadine oral tablet 100 mg	1	
ritonavir oral tablet 100 mg	4	PA
SELZENTRY ORAL SOLUTION 20 MG/ML (***maraviroc***)	4	PA
SELZENTRY ORAL TABLET 150 MG, 25 MG, 300 MG, 75 MG (***maraviroc***)	4	PA
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	4	PA; Preferred Alternatives (EPCLUSA); LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
stavudine oral capsule 15 mg, 20 mg, 30 mg, 40 mg	4	PA
STRIBILD ORAL TABLET 150-150-200-300 MG (***elvitegravir***)	4	PA
SUSTIVA ORAL CAPSULE 200 MG, 50 MG (***efavirenz***)	4	PA; Preferred Alternatives (efavirenz)
SUSTIVA ORAL TABLET 600 MG (***efavirenz***)	4	PA; Preferred Alternatives (efavirenz)
SYMFI LO ORAL TABLET 400-300-300 MG (***efavirenz***)	4	PA
SYMFI ORAL TABLET 600-300-300 MG (***efavirenz***)	4	PA
SYMTUZA ORAL TABLET 800-150-200-10 MG (***darunavir***)	4	PA; Preferred Alternatives (BIKTARVY, GENVOYA, ODEFSEY, SYMFI, SYMFI LO, TRIUMEQ)
SYNAGIS INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/0.5 ML (***palivizumab***)	4	PA; LA
TAMIFLU ORAL SUSPENSION FOR RECONSTITUTION 6 MG/ML (***oseltamivir***)	3	Preferred Alternatives (oseltamivir phosphate); QL (180 per 30 days)
tenofovir disoproxil fumarate oral tablet 300 mg	4	PA
TIVICAY ORAL TABLET 10 MG, 25 MG, 50 MG (***dolutegravir***)	4	PA
TRIUMEQ ORAL TABLET 600-50-300 MG (***abacavir***)	4	PA
TRIZIVIR ORAL TABLET 300-150-300 MG (***abacavir***)	4	PA; Preferred Alternatives (abacavir-lamivudine-zidovudine)
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG, 200-300 MG (***emtricitabine***)	4	ST
TYBOST ORAL TABLET 150 MG (***cobicistat***)	4	PA; Preferred Alternatives (NORVIR)
valacyclovir oral tablet 1 gram, 500 mg	1	QL (30 per 30 days)
VALCYTE ORAL RECON SOLN 50 MG/ML (***valganciclovir***)	3	Preferred Alternatives (valganciclovir hcl)
VALCYTE ORAL TABLET 450 MG (***valganciclovir***)	3	Preferred Alternatives (valganciclovir hcl)
valganciclovir oral recon soln 50 mg/ml	1	
valganciclovir oral tablet 450 mg	1	
VEMLIDY ORAL TABLET 25 MG (***tenofovir***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIDEX 2 GRAM PEDIATRIC ORAL RECON SOLN 10 MG/ML (FINAL) (***didanosine***)	4	PA
VIDEX EC ORAL CAPSULE,DELAYED RELEASE(DR/EC) 125 MG, 200 MG, 250 MG, 400 MG (***didanosine***)	4	PA; Preferred Alternatives (didanosine)
VIEKIRA PAK ORAL TABLETS,DOSE PACK 12.5 MG-75 MG -50 MG/250 MG (***ombitasvir***)	4	PA; Preferred Alternatives (EPCLUSA, HARVONI, ZEPATIER); LA
VIRACEPT ORAL TABLET 250 MG, 625 MG (***nelfinavir***)	4	PA
VIRAMUNE ORAL SUSPENSION 50 MG/5 ML (***nevirapine***)	4	PA; Preferred Alternatives (nevirapine)
VIRAMUNE ORAL TABLET 200 MG (***nevirapine***)	4	PA; Preferred Alternatives (nevirapine)
VIRAMUNE XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 400 MG (***nevirapine***)	4	PA; Preferred Alternatives (nevirapine er)
VIREAD ORAL POWDER 40 MG/SCOOP (40 MG/GRAM) (***tenofovir***)	4	PA
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG (***tenofovir***)	4	PA
VIREAD ORAL TABLET 300 MG (***tenofovir***)	4	PA; Preferred Alternatives (tenofovir disoproxil fumarate)
VOSEVI ORAL TABLET 400-100-100 MG (***sofosbuvir***)	4	PA; Preferred Alternatives (EPCLUSA, HARVONI, ZEPATIER); LA
XOFLUZA ORAL TABLET 20 MG, 40 MG (***baloxavir marboxil***)	2	
ZEPATIER ORAL TABLET 50-100 MG (***elbasvir***)	4	PA; LA
ZERIT ORAL CAPSULE 30 MG (***stavudine***)	4	PA; Preferred Alternatives (stavudine)
ZIAGEN ORAL SOLUTION 20 MG/ML (***abacavir***)	4	PA; Preferred Alternatives (abacavir)
ZIAGEN ORAL TABLET 300 MG (***abacavir***)	4	PA; Preferred Alternatives (abacavir)
zidovudine oral capsule 100 mg	4	PA
zidovudine oral syrup 10 mg/ml	4	PA
zidovudine oral tablet 300 mg	4	PA
ZOVIRAX ORAL CAPSULE 200 MG (***acyclovir***)	3	Preferred Alternatives (acyclovir)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZOVIRAX ORAL SUSPENSION 200 MG/5 ML (***acyclovir***)	3	Preferred Alternatives (acyclovir)
ZOVIRAX ORAL TABLET 400 MG, 800 MG (***acyclovir***)	3	Preferred Alternatives (acyclovir)
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS - DRUGS TO TREAT CANCER		
ADJUNCTIVE AGENTS - DRUGS USED WITH CANCER TREATMENT		
leucovorin calcium oral tablet 10 mg, 15 mg	1	
leucovorin calcium oral tablet 25 mg, 5 mg	1	
MESNEX ORAL TABLET 400 MG (***mesna***)	2	
VISTOGARD ORAL GRANULES IN PACKET 10 GRAM (***uridine***)	4	PA
XGEVA SUBCUTANEOUS SOLUTION 120 MG/1.7 ML (70 MG/ML) (***denosumab***)	4	PA
ANTINEOPLASTIC & IMMUNOSUPPRESSANT DRUGS - DRUGS TO TREAT CANCER OR SUPPRESS THE IMMUNE SYSTEM		
abiraterone oral tablet 250 mg	1	PA; LA
AFINITOR DISPERZ ORAL TABLET FOR SUSPENSION 2 MG, 3 MG, 5 MG (***everolimus***)	4	PA
AFINITOR ORAL TABLET 10 MG, 2.5 MG, 5 MG, 7.5 MG (***everolimus***)	4	PA
ALECENSA ORAL CAPSULE 150 MG (***alectinib***)	4	PA; LA
ALKERAN ORAL TABLET 2 MG (***melphalan***)	3	Preferred Alternatives (melphalan hcl)
ALUNBRIG ORAL TABLET 180 MG, 30 MG, 90 MG (***brigatinib***)	4	PA; Preferred Alternatives (ALECENSA, XALKORI, ZYKADIA); LA
ALUNBRIG ORAL TABLETS,DOSE PACK 90 MG (7)- 180 MG (23) (***brigatinib***)	4	PA; Preferred Alternatives (ALECENSA, XALKORI, ZYKADIA); LA
anastrozole oral tablet 1 mg	1	
ARIMIDEX ORAL TABLET 1 MG (***anastrozole***)	3	Preferred Alternatives (anastrozole)
AROMASIN ORAL TABLET 25 MG (***exemestane***)	3	Preferred Alternatives (exemestane)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AZASAN ORAL TABLET 100 MG, 75 MG (***azathioprine***)	4	Preferred Alternatives (azathioprine)
azathioprine oral tablet 50 mg	4	
BALVERSA ORAL TABLET 3 MG, 4 MG, 5 MG (***erdafitinib***)	4	PA
bexarotene oral capsule 75 mg	1	
bicalutamide oral tablet 50 mg	1	
BOSULIF ORAL TABLET 100 MG, 400 MG, 500 MG (***bosutinib***)	4	PA; LA
BRAFTOVI ORAL CAPSULE 50 MG, 75 MG (***encorafenib***)	4	PA; Preferred Alternatives (TAFINLAR, ZELBORAF)
CABOMETYX ORAL TABLET 20 MG, 40 MG, 60 MG (***cabozantinib***)	4	PA; LA
CALQUENCE ORAL CAPSULE 100 MG (***acalabrutinib***)	4	PA; Preferred Alternatives (IMBRUVICA)
capecitabine oral tablet 150 mg, 500 mg	4	PA
CAPRELSA ORAL TABLET 100 MG, 300 MG (***vandetanib***)	2	PA
CASODEX ORAL TABLET 50 MG (***bicalutamide***)	3	Preferred Alternatives (bicalutamide)
CELLCEPT ORAL CAPSULE 250 MG (***mycophenolic acid***)	4	Preferred Alternatives (mycophenolate mofetil)
CELLCEPT ORAL SUSPENSION FOR RECONSTITUTION 200 MG/ML (***mycophenolic acid***)	4	Preferred Alternatives (mycophenolate mofetil)
CELLCEPT ORAL TABLET 500 MG (***mycophenolic acid***)	4	Preferred Alternatives (mycophenolate mofetil)
COMETRIQ ORAL CAPSULE 100 MG/DAY(80 MG X1-20 MG X1), 140 MG/DAY(80 MG X1-20 MG X3), 60 MG/DAY (20 MG X 3/DAY) (***cabozantinib***)	4	PA
COPIKTRA ORAL CAPSULE 15 MG, 25 MG (***duvelisib***)	4	PA; Preferred Alternatives (IMBRUVICA, VENCLEXTA, ZYDELIG)
COTELLIC ORAL TABLET 20 MG (***cobimetinib***)	4	PA; LA
cyclophosphamide oral capsule 25 mg, 50 mg	1	
cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg	4	
cyclosporine modified oral solution 100 mg/ml	4	
cyclosporine oral capsule 100 mg, 25 mg	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DAURISMO ORAL TABLET 100 MG, 25 MG (***glasdegib***)	4	PA; Preferred Alternatives (azacitidine, cytarabine, decitabine, VENCLEXTA); LA
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG (***hydroxyurea***)	2	
ELIGARD (3 MONTH) SUBCUTANEOUS SYRINGE 22.5 MG (***leuprolide***)	4	PA; LA
ELIGARD (4 MONTH) SUBCUTANEOUS SYRINGE 30 MG (***leuprolide***)	4	PA; LA
ELIGARD (6 MONTH) SUBCUTANEOUS SYRINGE 45 MG (***leuprolide***)	4	PA; LA
ELIGARD SUBCUTANEOUS SYRINGE 7.5 MG (1 MONTH) (***leuprolide***)	4	PA; LA
EMCYT ORAL CAPSULE 140 MG (***estramustine***)	2	
ERIVEDGE ORAL CAPSULE 150 MG (***vismodegib***)	4	PA; LA
ERLEADA ORAL TABLET 60 MG (***apalutamide***)	4	PA; LA
erlotinib oral tablet 100 mg, 150 mg, 25 mg	4	PA; LA
etoposide oral capsule 50 mg	1	
exemestane oral tablet 25 mg	1	
FARESTON ORAL TABLET 60 MG (***toremifene***)	3	Preferred Alternatives (toremifene citrate)
FARYDAK ORAL CAPSULE 10 MG, 15 MG, 20 MG (***panobinostat***)	4	PA; Preferred Alternatives (NINLARO, POMALYST, REVLIMID, THALOMID); LA
FASLODEX INTRAMUSCULAR SYRINGE 250 MG/5 ML (***fulvestrant***)	4	PA
FEMARA ORAL TABLET 2.5 MG (***letrozole***)	3	Preferred Alternatives (letrozole)
FIRMAGON KIT W DILUENT SYRINGE SUBCUTANEOUS RECON SOLN 120 MG, 80 MG (***degarelix***)	4	PA; Preferred Alternatives (ELIGARD); LA
flutamide oral capsule 125 mg	1	
fulvestrant intramuscular syringe 250 mg/5 ml	1	PA
cyclosporine modified (Gengraf Oral Capsule 100 Mg, 25 Mg)	4	
cyclosporine modified (Gengraf Oral Solution 100 Mg/Ml)	4	
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG (***afatinib***)	4	LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLEEVEC ORAL TABLET 100 MG, 400 MG (***imatinib***)	4	PA; Preferred Alternatives (imatinib mesylate)
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG, 5 MG (***lomustine***)	2	
GLIADEL WAFER IMPLANT WAFER 7.7 MG (***carmustine***)	3	
HERCEPTIN HYLECTA SUBCUTANEOUS SOLUTION 600 MG-10,000 UNIT/5 ML (***trastuzumab-oysk***)	4	PA; Preferred Alternatives (HERCEPTIN)
HYCAMTIN ORAL CAPSULE 0.25 MG, 1 MG (***topotecan***)	4	PA; LA
HYDREA ORAL CAPSULE 500 MG (***hydroxyurea***)	3	Preferred Alternatives (hydroxyurea)
hydroxyurea oral capsule 500 mg	1	
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG (***palbociclib***)	4	PA; LA
ICLUSIG ORAL TABLET 15 MG, 45 MG (***ponatinib***)	4	PA
IDHIFA ORAL TABLET 100 MG, 50 MG (***enasidenib***)	4	PA; LA
imatinib oral tablet 100 mg, 400 mg	4	PA
IMBRUVICA ORAL CAPSULE 140 MG, 70 MG (***ibrutinib***)	4	PA
IMBRUVICA ORAL TABLET 140 MG, 280 MG (***ibrutinib***)	4	PA
IMBRUVICA ORAL TABLET 420 MG, 560 MG (***ibrutinib***)	4	
IMURAN ORAL TABLET 50 MG (***azathioprine***)	4	Preferred Alternatives (azathioprine)
INLYTA ORAL TABLET 1 MG, 5 MG (***axitinib***)	4	PA; LA
INREBIC ORAL CAPSULE 100 MG (***fedratinib***)	3	PA
IRESSA ORAL TABLET 250 MG (***gefitinib***)	4	PA; LA
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG (***ruxolitinib***)	4	PA; LA
KISQALI FEMARA CO-PACK ORAL TABLET 200 MG/DAY(200 MG X 1)-2.5 MG, 400 MG/DAY(200 MG X 2)-2.5 MG, 600 MG/DAY(200 MG X 3)-2.5 MG (***ribociclib***)	4	PA; Preferred Alternatives (IBRANCE, VERZENIO); LA
KISQALI ORAL TABLET 200 MG/DAY (200 MG X 1), 400 MG/DAY (200 MG X 2), 600 MG/DAY (200 MG X 3) (***ribociclib***)	4	PA; Preferred Alternatives (IBRANCE, VERZENIO); LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LENVIMA ORAL CAPSULE 10 MG/DAY (10 MG X 1), 12 MG/DAY (4 MG X 3), 14 MG/DAY(10 MG X 1-4 MG X 1), 18 MG/DAY (10 MG X 1-4 MG X2), 20 MG/DAY (10 MG X 2), 24 MG/DAY(10 MG X 2-4 MG X 1), 4 MG, 8 MG/DAY (4 MG X 2) (***lenvatinib***)	4	PA; LA
letrozole oral tablet 2.5 mg	1	
LEUKERAN ORAL TABLET 2 MG (***chlorambucil***)	2	
leuprolide subcutaneous kit 1 mg/0.2 ml	4	PA
LONSURF ORAL TABLET 15-6.14 MG, 20-8.19 MG (***trifluridine***)	4	PA; LA
LORBRENA ORAL TABLET 100 MG, 25 MG (***lorlatinib***)	4	PA; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG (***leuprolide***)	4	PA; LA
LUPRON DEPOT (3 MONTH) INTRAMUSCULAR SYRINGE KIT 22.5 MG (***leuprolide***)	4	PA; Preferred Alternatives (ELIGARD); LA
LUPRON DEPOT (4 MONTH) INTRAMUSCULAR SYRINGE KIT 30 MG (***leuprolide***)	4	PA; Preferred Alternatives (ELIGARD); LA
LUPRON DEPOT (6 MONTH) INTRAMUSCULAR SYRINGE KIT 45 MG (***leuprolide***)	4	PA; Preferred Alternatives (ELIGARD); LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 3.75 MG (***leuprolide***)	4	PA; LA
LUPRON DEPOT INTRAMUSCULAR SYRINGE KIT 7.5 MG (***leuprolide***)	4	PA; Preferred Alternatives (ELIGARD); LA
LUPRON DEPOT-PED (3 MONTH) INTRAMUSCULAR SYRINGE KIT 11.25 MG, 30 MG (***leuprolide***)	4	PA; LA
LUPRON DEPOT-PED INTRAMUSCULAR KIT 11.25 MG, 15 MG, 7.5 MG (PED) (***leuprolide***)	4	PA; LA
LYNPARZA ORAL TABLET 100 MG, 150 MG (***olaparib***)	4	PA; LA
LYSODREN ORAL TABLET 500 MG (***mitotane***)	2	
MATULANE ORAL CAPSULE 50 MG (***procarbazine***)	4	PA
MEGACE ES ORAL SUSPENSION 625 MG/5 ML (***megestrol***)	3	Preferred Alternatives (megestrol acetate)
megestrol oral suspension 400 mg/10 ml (40 mg/ml), 625 mg/5 ml	1	
megestrol oral tablet 20 mg, 40 mg	1	
MEKINIST ORAL TABLET 0.5 MG, 2 MG (***trametinib***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MEKTOVI ORAL TABLET 15 MG (***binimetinib***)	4	PA; Preferred Alternatives (COTELLIC, MEKINIST)
melphalan oral tablet 2 mg	1	
mercaptopurine oral tablet 50 mg	1	
methotrexate sodium (pf) injection recon soln 1 gram	4	
methotrexate sodium (pf) injection solution 25 mg/ml	4	
methotrexate sodium injection solution 25 mg/ml	4	
methotrexate sodium oral tablet 2.5 mg	1	
mycophenolate mofetil oral capsule 250 mg	4	
mycophenolate mofetil oral suspension for reconstitution 200 mg/ml	4	
mycophenolate mofetil oral tablet 500 mg	4	
mycophenolate sodium oral tablet,delayed release (dr/ec) 180 mg, 360 mg	4	
MYFORTIC ORAL TABLET,DELAYED RELEASE (DR/EC) 180 MG, 360 MG (***mycophenolic acid***)	4	Preferred Alternatives (mycophenolic acid)
MYLERAN ORAL TABLET 2 MG (***busulfan***)	2	
NEORAL ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	4	Preferred Alternatives (cyclosporine)
NEORAL ORAL SOLUTION 100 MG/ML (***cyclosporine***)	4	Preferred Alternatives (cyclosporine)
NERLYNX ORAL TABLET 40 MG (***neratinib***)	4	PA; LA
NEXAVAR ORAL TABLET 200 MG (***sorafenib***)	4	PA; LA
NILANDRON ORAL TABLET 150 MG (***nilutamide***)	3	Preferred Alternatives (nilutamide)
nilutamide oral tablet 150 mg	1	
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG (***ixazomib***)	4	PA; LA
NUBEQA ORAL TABLET 300 MG (***darolutamide***)	3	PA
octreotide acetate injection solution 1,000 mcg/ml, 100 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml	4	PA; LA
octreotide acetate injection syringe 100 mcg/ml (1 ml), 50 mcg/ml (1 ml), 500 mcg/ml (1 ml)	4	PA; LA
ODOMZO ORAL CAPSULE 200 MG (***sonidegib***)	4	PA; Preferred Alternatives (ERIVEDGE); LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PIQRAY ORAL TABLET 200 MG/DAY (200 MG X 1), 250 MG/DAY (200 MG X1-50 MG X1), 300 MG/DAY (150 MG X 2) (***alpelisib***)	4	PA; Preferred Alternatives (IBRANCE, VERZENIO); LA
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG (***tacrolimus***)	4	Preferred Alternatives (TACROLIMUS)
PROGRAF ORAL GRANULES IN PACKET 0.2 MG, 1 MG (***tacrolimus***)	4	
PURIXAN ORAL SUSPENSION 20 MG/ML (***mercaptopurine***)	4	PA
RAPAMUNE ORAL SOLUTION 1 MG/ML (***sirolimus***)	4	Preferred Alternatives (sirolimus)
RAPAMUNE ORAL TABLET 0.5 MG, 1 MG, 2 MG (***sirolimus***)	4	Preferred Alternatives (sirolimus)
RITUXAN HYCELA SUBCUTANEOUS SOLUTION 1400 MG/11.7 ML (120 MG/ML), 1600 MG/13.4 ML (120 MG/ML) (***rituximab***)	4	PA; LA
RUBRACA ORAL TABLET 200 MG, 250 MG, 300 MG (***rucaparib***)	4	PA
RYDAPT ORAL CAPSULE 25 MG (***midostaurin***)	4	PA; LA
SANDIMMUNE ORAL CAPSULE 100 MG, 25 MG (***cyclosporine***)	4	Preferred Alternatives (cyclosporine)
SANDIMMUNE ORAL SOLUTION 100 MG/ML (***cyclosporine***)	4	
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML (***octreotide***)	4	PA; Preferred Alternatives (octreotide acetate); LA
SANDOSTATIN LAR DEPOT INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 10 MG, 20 MG, 30 MG (***octreotide***)	4	PA; Preferred Alternatives (SOMATULINE DEPOT); LA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML (1 ML), 0.6 MG/ML (1 ML), 0.9 MG/ML (1 ML) (***pasireotide***)	4	PA; LA
SIKLOS ORAL TABLET 1,000 MG, 100 MG (***hydroxyurea***)	3	Preferred Alternatives (DROXIA)
sirolimus oral solution 1 mg/ml	4	
sirolimus oral tablet 0.5 mg, 1 mg, 2 mg	4	
SOLTAMOX ORAL SOLUTION 10 MG/5 ML (***tamoxifen***)	3	Preferred Alternatives (tamoxifen citrate); ACA
SOMATULINE DEPOT SUBCUTANEOUS SYRINGE 120 MG/0.5 ML, 60 MG/0.2 ML, 90 MG/0.3 ML (***lanreotide***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SPRYCEL ORAL TABLET 100 MG, 140 MG, 20 MG, 50 MG, 70 MG, 80 MG (***dasatinib***)	4	PA
STIVARGA ORAL TABLET 40 MG (***regorafenib***)	4	PA; LA
SUTENT ORAL CAPSULE 12.5 MG, 25 MG, 37.5 MG, 50 MG (***sunitinib***)	4	PA; LA
SYNRIBO SUBCUTANEOUS RECON SOLN 3.5 MG (***omacetaxine mepesuccinate***)	4	PA; Preferred Alternatives (imatinib mesylate, ICLUSIG, SPRYCEL, TASIGNA)
TABLOID ORAL TABLET 40 MG (***thioguanine***)	2	
tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg	4	
TAFINLAR ORAL CAPSULE 50 MG, 75 MG (***dabrafenib***)	4	PA; LA
TAGRISSO ORAL TABLET 40 MG, 80 MG (***osimertinib***)	4	PA; LA
TALZENNA ORAL CAPSULE 0.25 MG, 1 MG (***talazoparib***)	4	PA; LA
tamoxifen oral tablet 10 mg, 20 mg	1	ACA
TARCEVA ORAL TABLET 100 MG, 150 MG, 25 MG (***erlotinib***)	4	PA; Preferred Alternatives (erlotinib hcl); LA
TARGRETIN ORAL CAPSULE 75 MG (***bexarotene***)	3	Preferred Alternatives (bexarotene)
TARGRETIN TOPICAL GEL 1 % (***bexarotene***)	2	
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG (***nilotinib***)	4	PA
TEMODAR ORAL CAPSULE 100 MG, 140 MG, 180 MG, 20 MG, 250 MG, 5 MG (***temozolomide***)	4	PA; Preferred Alternatives (temozolomide); LA
temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg	4	PA; LA
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG (***thalidomide***)	2	PA; LA
TIBSOVO ORAL TABLET 250 MG (***ivosidenib***)	4	PA
toremifene oral tablet 60 mg	1	
TRELSTAR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 11.25 MG, 22.5 MG, 3.75 MG (***triptorelin***)	4	PA; Preferred Alternatives (ELIGARD)
tretinoin (chemotherapy) oral capsule 10 mg	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG (***methotrexate***)	3	Preferred Alternatives (methotrexate)
TRIPTODUR INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 22.5 MG (***triptorelin***)	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TURALIO ORAL CAPSULE 200 MG (***pexidartinib***)	3	PA
TYKERB ORAL TABLET 250 MG (***lapatinib***)	4	PA; LA
VENCLEXTA ORAL TABLET 10 MG, 100 MG, 50 MG (***venetoclax***)	4	PA
VENCLEXTA STARTING PACK ORAL TABLETS,DOSE PACK 10 MG-50 MG- 100 MG (***venetoclax***)	4	PA
VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***abemaciclib***)	4	PA; LA
VITRAKVI ORAL CAPSULE 100 MG, 25 MG (***larotrectinib***)	4	PA; LA
VITRAKVI ORAL SOLUTION 20 MG/ML (***larotrectinib***)	4	PA; LA
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG (***dacomitinib***)	4	PA; LA
VOTRIENT ORAL TABLET 200 MG (***pazopanib***)	4	PA; LA
XALKORI ORAL CAPSULE 200 MG, 250 MG (***crizotinib***)	4	PA; LA
XELODA ORAL TABLET 150 MG, 500 MG (***capecitabine***)	4	PA; Preferred Alternatives (capecitabine)
XERMELO ORAL TABLET 250 MG (***telotristat ethyl***)	4	PA
XOSPATA ORAL TABLET 40 MG (***gilteritinib***)	4	PA
XPOVIO ORAL TABLET 100 MG/WEEK (20 MG X 5), 160 MG/WEEK (20 MG X 8), 60 MG/WEEK (20 MG X 3), 80 MG/WEEK (20 MG X 4) (***selinexor***)	3	PA; Preferred Alternatives (DARZALEX, KYPROLIS, NINLARO, POMALYST, REVLIMID, THALOMID, VELCADE)
XTANDI ORAL CAPSULE 40 MG (***enzalutamide***)	4	PA; Preferred Alternatives (abiraterone acetate, ERLEADA); LA
YONSA ORAL TABLET 125 MG (***abiraterone***)	4	PA; LA
ZEJULA ORAL CAPSULE 100 MG (***niraparib***)	4	PA
ZELBORAF ORAL TABLET 240 MG (***vemurafenib***)	4	PA; LA
ZOLADEX SUBCUTANEOUS IMPLANT 10.8 MG, 3.6 MG (***goserelin***)	4	PA; LA
ZOLINZA ORAL CAPSULE 100 MG (***vorinostat***)	4	PA; LA
ZORTRESS ORAL TABLET 0.25 MG, 0.5 MG, 0.75 MG, 1 MG (***everolimus***)	4	
ZYDELIG ORAL TABLET 100 MG, 150 MG (***idelalisib***)	4	PA; LA
ZYKADIA ORAL CAPSULE 150 MG (***ceritinib***)	4	LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZYKADIA ORAL TABLET 150 MG (***ceritinib***)	4	LA
ZYTIGA ORAL TABLET 250 MG (***abiraterone***)	4	PA; Preferred Alternatives (abiraterone acetate); LA
ZYTIGA ORAL TABLET 500 MG (***abiraterone***)	4	PA; LA
AUTONOMIC & CNS DRUGS, NEUROLOGY & PSYCH - DRUGS TO TREAT THE NERVOUS SYSTEM, SEIZURES, HEADACHE, OR FOR MENTAL HEALTH		
ANTICONVULSANTS - DRUGS TO TREAT SEIZURES		
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG (***eslicarbazepine***)	3	Preferred Alternatives (carbamazepine, oxcarbazepine, pregabalin, topiramate, VIMPAT)
BANZEL ORAL SUSPENSION 40 MG/ML (***rufinamide***)	2	
BANZEL ORAL TABLET 200 MG, 400 MG (***rufinamide***)	2	
BRIVIACT ORAL SOLUTION 10 MG/ML (***brivaracetam***)	3	Preferred Alternatives (levetiracetam)
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG (***brivaracetam***)	3	Preferred Alternatives (levetiracetam)
carbamazepine oral capsule, er multiphase 12 hr 100 mg, 200 mg, 300 mg	1	
carbamazepine oral suspension 100 mg/5 ml	1	
carbamazepine oral tablet 200 mg	1	
carbamazepine oral tablet extended release 12 hr 100 mg, 200 mg, 400 mg	1	
carbamazepine oral tablet,chewable 100 mg	1	
CARBATROL ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	3	Preferred Alternatives (carbamazepine er)
CELONTIN ORAL CAPSULE 300 MG (***methsuximide***)	2	
clobazam oral suspension 2.5 mg/ml	1	
clobazam oral tablet 10 mg, 20 mg	1	
clonazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
clonazepam oral tablet,disintegrating 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
DEPAKENE ORAL CAPSULE 250 MG (***valproic acid***)	3	Preferred Alternatives (valproic acid)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HR 250 MG, 500 MG (***divalproex sodium***)	3	Preferred Alternatives (divalproex sodium er)
DEPAKOTE ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG, 250 MG, 500 MG (***divalproex sodium***)	3	Preferred Alternatives (divalproex sodium)
DEPAKOTE SPRINKLES ORAL CAPSULE, DELAYED REL SPRINKLE 125 MG (***divalproex sodium***)	3	Preferred Alternatives (divalproex sodium)
DIACOMIT ORAL CAPSULE 250 MG, 500 MG (***stiripentol***)	4	PA
DIACOMIT ORAL POWDER IN PACKET 250 MG, 500 MG (***stiripentol***)	4	PA
DIASTAT ACUDIAL RECTAL KIT 12.5-15-17.5-20 MG, 5-7.5-10 MG (***diazepam***)	3	Preferred Alternatives (diazepam)
DIASTAT RECTAL KIT 2.5 MG (***diazepam***)	3	Preferred Alternatives (diazepam)
diazepam rectal kit 12.5-15-17.5-20 mg, 2.5 mg, 5-7.5-10 mg	1	
phenytoin sodium extended (Dilantin Extended Oral Capsule 100 Mg)	3	Preferred Alternatives (phenytoin sodium)
DILANTIN INFATABS ORAL TABLET,CHEWABLE 50 MG (***phenytoin***)	3	Preferred Alternatives (phenytoin)
DILANTIN ORAL CAPSULE 30 MG (***phenytoin***)	2	
DILANTIN-125 ORAL SUSPENSION 125 MG/5 ML (***phenytoin***)	3	Preferred Alternatives (phenytoin)
divalproex oral capsule, delayed rel sprinkle 125 mg	1	
divalproex oral tablet extended release 24 hr 250 mg, 500 mg	1	
divalproex oral tablet,delayed release (dr/ec) 125 mg, 250 mg, 500 mg	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML (***cannabidiol***)	4	PA; LA
carbamazepine (Epitol Oral Tablet 200 Mg)	1	
EQUETRO ORAL CAPSULE, ER MULTIPHASE 12 HR 100 MG, 200 MG, 300 MG (***carbamazepine***)	3	Preferred Alternatives (carbamazepine, carbamazepine er)
ethosuximide oral capsule 250 mg	1	
ethosuximide oral solution 250 mg/5 ml	1	
felbamate oral suspension 600 mg/5 ml	1	
felbamate oral tablet 400 mg, 600 mg	1	
FELBATOL ORAL SUSPENSION 600 MG/5 ML (***felbamate***)	3	Preferred Alternatives (felbamate)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FELBATOL ORAL TABLET 400 MG, 600 MG (***felbamate***)	3	Preferred Alternatives (felbamate)
FYCOMPA ORAL SUSPENSION 0.5 MG/ML (***perampanel***)	3	Preferred Alternatives (gabapentin, lamotrigine, oxcarbazepine, topiramate, zonisamide, VIMPAT)
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (***perampanel***)	3	Preferred Alternatives (gabapentin, lamotrigine, oxcarbazepine, topiramate, zonisamide, VIMPAT)
gabapentin oral capsule 100 mg, 300 mg, 400 mg	1	
gabapentin oral solution 250 mg/5 ml	1	
gabapentin oral tablet 600 mg, 800 mg	1	
GABITRIL ORAL TABLET 12 MG, 16 MG (***tiagabine***)	3	
GABITRIL ORAL TABLET 2 MG, 4 MG (***tiagabine***)	3	Preferred Alternatives (tiagabine hcl)
GRALISE 30-DAY STARTER PACK ORAL TABLET EXTENDED RELEASE 24 HR 300 MG (9)- 600 MG (69) (***gabapentin***)	3	Preferred Alternatives (gabapentin, pregabalin)
GRALISE ORAL TABLET EXTENDED RELEASE 24 HR 300 MG, 600 MG (***gabapentin***)	3	Preferred Alternatives (gabapentin, pregabalin)
KEPPRA ORAL SOLUTION 100 MG/ML (***levetiracetam***)	3	Preferred Alternatives (levetiracetam)
KEPPRA ORAL TABLET 1,000 MG, 250 MG, 500 MG, 750 MG (***levetiracetam***)	3	Preferred Alternatives (levetiracetam)
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HR 500 MG, 750 MG (***levetiracetam***)	3	Preferred Alternatives (levetiracetam)
KLONOPIN ORAL TABLET 0.5 MG, 1 MG, 2 MG (***clonazepam***)	3	Preferred Alternatives (clonazepam)
LAMICTAL ODT ORAL TABLET,DISINTEGRATING 100 MG, 200 MG, 25 MG, 50 MG (***lamotrigine***)	3	Preferred Alternatives (lamotrigine odt)
LAMICTAL ODT STARTER (BLUE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG (21) -50 MG (7) (***lamotrigine***)	3	Preferred Alternatives (lamotrigine odt)
LAMICTAL ODT STARTER (GREEN) ORAL TABLET DISINTEGRATING, DOSE PK 50 MG (42) -100 MG (14) (***lamotrigine***)	3	Preferred Alternatives (lamotrigine odt)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LAMICTAL ODT STARTER (ORANGE) ORAL TABLET DISINTEGRATING, DOSE PK 25 MG(14)-50 MG (14)-100 MG (7) (***lamotrigine***)	3	Preferred Alternatives (lamotrigine odt)
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG (***lamotrigine***)	3	Preferred Alternatives (lamotrigine)
LAMICTAL ORAL TABLET, CHEWABLE DISPERSIBLE 25 MG, 5 MG (***lamotrigine***)	3	Preferred Alternatives (lamotrigine)
LAMICTAL STARTER (BLUE) KIT ORAL TABLETS,DOSE PACK 25 MG (35) (***lamotrigine***)	3	Preferred Alternatives (lamotrigine)
LAMICTAL STARTER (GREEN) KIT ORAL TABLETS,DOSE PACK 25 MG (84) -100 MG (14) (***lamotrigine***)	3	Preferred Alternatives (lamotrigine)
LAMICTAL STARTER (ORANGE) KIT ORAL TABLETS,DOSE PACK 25 MG (42) -100 MG (7) (***lamotrigine***)	3	Preferred Alternatives (lamotrigine)
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG (***lamotrigine***)	3	Preferred Alternatives (lamotrigine)
LAMICTAL XR STARTER (BLUE) ORAL TABLET EXTENDED REL,DOSE PACK 25 MG (21) -50 MG (7) (***lamotrigine***)	3	Preferred Alternatives (lamotrigine)
LAMICTAL XR STARTER (GREEN) ORAL TABLET EXTENDED REL,DOSE PACK 50 MG(14)-100MG (14)-200 MG (7) (***lamotrigine***)	3	Preferred Alternatives (lamotrigine)
LAMICTAL XR STARTER (ORANGE) ORAL TABLET EXTENDED REL,DOSE PACK 25MG (14)-50 MG (14)-100MG (7) (***lamotrigine***)	3	Preferred Alternatives (lamotrigine)
lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg	1	
lamotrigine oral tablet disintegrating, dose pk 25 mg (21) -50 mg (7), 25 mg(14)-50 mg (14)-100 mg (7), 50 mg (42) -100 mg (14)	1	
lamotrigine oral tablet extended release 24hr 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg	1	
lamotrigine oral tablet, chewable dispersible 25 mg, 5 mg	1	
lamotrigine oral tablet,disintegrating 100 mg, 200 mg, 25 mg, 50 mg	1	
lamotrigine oral tablets,dose pack 25 mg (35), 25 mg (42) -100 mg (7), 25 mg (84) -100 mg (14)	1	
levetiracetam oral solution 100 mg/ml	1	
levetiracetam oral solution 500 mg/5 ml (5 ml)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levetiracetam oral tablet 1,000 mg, 250 mg, 500 mg, 750 mg	1	
levetiracetam oral tablet extended release 24 hr 500 mg, 750 mg	1	
LYRICA CR ORAL TABLET EXTENDED RELEASE 24 HR 165 MG, 330 MG, 82.5 MG (***pregabalin***)	3	Preferred Alternatives (gabapentin, pregabalin)
MYSOLINE ORAL TABLET 250 MG, 50 MG (***primidone***)	3	Preferred Alternatives (primidone)
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG (***gabapentin***)	3	Preferred Alternatives (gabapentin)
NEURONTIN ORAL SOLUTION 250 MG/5 ML (***gabapentin***)	3	Preferred Alternatives (gabapentin)
NEURONTIN ORAL TABLET 600 MG, 800 MG (***gabapentin***)	3	Preferred Alternatives (gabapentin)
ONFI ORAL SUSPENSION 2.5 MG/ML (***clobazam***)	3	Preferred Alternatives (clobazam)
ONFI ORAL TABLET 10 MG, 20 MG (***clobazam***)	3	Preferred Alternatives (clobazam)
oxcarbazepine oral suspension 300 mg/5 ml (60 mg/ml)	1	
oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg	1	
OXTELLAR XR ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG, 600 MG (***oxcarbazepine***)	3	Preferred Alternatives (oxcarbazepine)
PEGANONE ORAL TABLET 250 MG (***ethotoin***)	2	
phenobarbital oral elixir 20 mg/5 ml (4 mg/ml)	1	
phenobarbital oral tablet 100 mg, 16.2 mg, 32.4 mg, 64.8 mg, 97.2 mg	1	
phenobarbital oral tablet 15 mg, 30 mg, 60 mg	1	
PHENYTEK ORAL CAPSULE 200 MG, 300 MG (***phenytoin***)	3	Preferred Alternatives (phenytoin sodium)
phenytoin oral suspension 125 mg/5 ml	1	
phenytoin oral tablet,chewable 50 mg	1	
phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg	1	
pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg	1	
pregabalin oral solution 20 mg/ml	1	
primidone oral tablet 250 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
QUDEXY XR ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG (***topiramate***)	3	Preferred Alternatives (topiramate)
levetiracetam (Roweepra Oral Tablet 1,000 Mg, 500 Mg, 750 Mg)	1	
levetiracetam (Roweepra Xr Oral Tablet Extended Release 24 Hr 500 Mg, 750 Mg)	1	
SABRIL ORAL POWDER IN PACKET 500 MG (***vigabatrin***)	4	PA; LA
SABRIL ORAL TABLET 500 MG (***vigabatrin***)	4	PA; LA
SPRITAM ORAL TABLET FOR SUSPENSION 1,000 MG, 250 MG, 500 MG, 750 MG (***levetiracetam***)	3	Preferred Alternatives (levetiracetam, levetiracetam)
lamotrigine (Subvenite Oral Tablet 100 Mg, 150 Mg, 200 Mg, 25 Mg)	1	
lamotrigine (Subvenite Starter (Blue) Kit Oral Tablets,Dose Pack 25 Mg (35))	1	
lamotrigine (Subvenite Starter (Green) Kit Oral Tablets,Dose Pack 25 Mg (84) -100 Mg (14))	1	
lamotrigine (Subvenite Starter (Orange) Kit Oral Tablets,Dose Pack 25 Mg (42) -100 Mg (7))	1	
SYMPAZAN ORAL FILM 10 MG, 20 MG, 5 MG (***clobazam***)	3	Preferred Alternatives (clobazam)
TEGRETOL ORAL SUSPENSION 100 MG/5 ML (***carbamazepine***)	3	Preferred Alternatives (carbamazepine)
TEGRETOL ORAL TABLET 200 MG (***carbamazepine***)	3	Preferred Alternatives (carbamazepine)
TEGRETOL XR ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 200 MG, 400 MG (***carbamazepine***)	3	Preferred Alternatives (carbamazepine er)
tiagabine oral tablet 12 mg, 16 mg, 2 mg, 4 mg	1	
TOPAMAX ORAL CAPSULE, SPRINKLE 15 MG, 25 MG (***topiramate***)	3	Preferred Alternatives (topiramate)
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG (***topiramate***)	3	Preferred Alternatives (topiramate)
topiramate oral capsule, sprinkle 15 mg, 25 mg	1	
TOPIRAMATE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 150 MG, 200 MG, 25 MG, 50 MG	3	Preferred Alternatives (topiramate)
topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5 ML (60 MG/ML) (***oxcarbazepine***)	3	Preferred Alternatives (oxcarbazepine)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG (***oxcarbazepine***)	3	Preferred Alternatives (oxcarbazepine)
TROKENDI XR ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 25 MG, 50 MG (***topiramate***)	3	Preferred Alternatives (topiramate)
valproic acid (as sodium salt) oral solution 250 mg/5 ml	1	
valproic acid oral capsule 250 mg	1	
vigabatrin oral powder in packet 500 mg	4	PA; LA
vigabatrin oral tablet 500 mg	4	PA; LA
vigabatrin (Vigadrone Oral Powder In Packet 500 Mg)	4	PA; LA
VIMPAT ORAL SOLUTION 10 MG/ML (***lacosamide***)	2	
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG (***lacosamide***)	2	
ZARONTIN ORAL CAPSULE 250 MG (***ethosuximide***)	3	Preferred Alternatives (ethosuximide)
ZARONTIN ORAL SOLUTION 250 MG/5 ML (***ethosuximide***)	3	Preferred Alternatives (ethosuximide)
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG (***zonisamide***)	3	Preferred Alternatives (zonisamide)
zonisamide oral capsule 100 mg, 25 mg, 50 mg	1	
ANTIPARKINSONISM AGENTS - DRUGS TO TREAT PARKINSON'S DISEASE		
APOKYN SUBCUTANEOUS CARTRIDGE 10 MG/ML (***apomorphine***)	4	PA; LA
AZILECT ORAL TABLET 0.5 MG, 1 MG (***rasagiline***)	3	Preferred Alternatives (rasagiline mesylate)
benztropine oral tablet 0.5 mg, 1 mg, 2 mg	1	
bromocriptine oral capsule 5 mg	1	
bromocriptine oral tablet 2.5 mg	1	
carbidopa oral tablet 25 mg	1	
carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg	1	
carbidopa-levodopa oral tablet extended release 25-100 mg, 50-200 mg	1	
carbidopa-levodopa oral tablet,disintegrating 10-100 mg, 25-100 mg, 25-250 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg	1	
COMTAN ORAL TABLET 200 MG (***entacapone***)	3	Preferred Alternatives (entacapone)
DUOPA J-TUBE INTESTINAL PUMP SUSPENSION 4.63-20 MG/ML (***carbidopa***)	4	PA; Preferred Alternatives (carbidopa/levodopa, carbidopa-levodopa er, carbidopa/levodopa); LA
entacapone oral tablet 200 mg	1	
INBRIJA INHALATION CAPSULE, W/INHALATION DEVICE 42 MG (***levodopa***)	4	PA; LA
LODOSYN ORAL TABLET 25 MG (***carbidopa***)	3	Preferred Alternatives (carbidopa)
MIRAPEX ER ORAL TABLET EXTENDED RELEASE 24 HR 0.375 MG, 0.75 MG, 1.5 MG, 2.25 MG, 3 MG, 3.75 MG, 4.5 MG (***pramipexole***)	3	Preferred Alternatives (pramipexole er)
MIRAPEX ORAL TABLET 0.125 MG, 0.25 MG, 0.5 MG, 0.75 MG, 1 MG, 1.5 MG (***pramipexole***)	3	Preferred Alternatives (pramipexole di-hcl)
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24 HOUR, 2 MG/24 HOUR, 3 MG/24 HOUR, 4 MG/24 HOUR, 6 MG/24 HOUR, 8 MG/24 HOUR (***rotigotine***)	3	Preferred Alternatives (pramipexole di-hcl, pramipexole er, ropinirole hcl)
PARLODEL ORAL CAPSULE 5 MG (***bromocriptine***)	3	Preferred Alternatives (bromocriptine mesylate)
PARLODEL ORAL TABLET 2.5 MG (***bromocriptine***)	3	Preferred Alternatives (bromocriptine mesylate)
pramipexole oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg	1	
pramipexole oral tablet extended release 24 hr 0.375 mg, 0.75 mg, 1.5 mg, 2.25 mg, 3 mg, 3.75 mg, 4.5 mg	1	
rasagiline oral tablet 0.5 mg, 1 mg	1	
REQUIP ORAL TABLET 0.25 MG, 3 MG, 5 MG (***ropinirole***)	3	Preferred Alternatives (ropinirole hcl)
REQUIP XL ORAL TABLET EXTENDED RELEASE 24 HR 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (***ropinirole***)	3	Preferred Alternatives (ropinirole hcl)
ropinirole oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ropinirole oral tablet extended release 24 hr 12 mg, 2 mg, 4 mg, 6 mg, 8 mg	1	
RYTARY ORAL CAPSULE, EXTENDED RELEASE 23.75-95 MG, 36.25-145 MG, 48.75-195 MG, 61.25-245 MG (***carbidopa***)	3	Preferred Alternatives (carbidopa/levodopa, carbidopa-levodopa er)
selegiline hcl oral capsule 5 mg	1	
selegiline hcl oral tablet 5 mg	1	
SINEMET CR ORAL TABLET EXTENDED RELEASE 25-100 MG, 50-200 MG (***carbidopa***)	3	Preferred Alternatives (carbidopa-levodopa er)
SINEMET ORAL TABLET 10-100 MG, 25-100 MG, 25-250 MG (***carbidopa***)	3	Preferred Alternatives (carbidopa/levodopa)
STALEVO 100 ORAL TABLET 25-100-200 MG (***carbidopa***)	3	Preferred Alternatives (carbidopa-levodopa-entacapone)
STALEVO 125 ORAL TABLET 31.25-125-200 MG (***carbidopa***)	3	Preferred Alternatives (carbidopa-levodopa-entacapone)
STALEVO 150 ORAL TABLET 37.5-150-200 MG (***carbidopa***)	3	Preferred Alternatives (carbidopa-levodopa-entacapone)
STALEVO 200 ORAL TABLET 50-200-200 MG (***carbidopa***)	3	Preferred Alternatives (carbidopa-levodopa-entacapone)
STALEVO 50 ORAL TABLET 12.5-50-200 MG (***carbidopa***)	3	Preferred Alternatives (carbidopa-levodopa-entacapone)
STALEVO 75 ORAL TABLET 18.75-75-200 MG (***carbidopa***)	3	Preferred Alternatives (carbidopa-levodopa-entacapone)
TASMAR ORAL TABLET 100 MG (***tolcapone***)	3	Preferred Alternatives (tolcapone)
tolcapone oral tablet 100 mg	1	
trihexyphenidyl oral elixir 0.4 mg/ml	1	
trihexyphenidyl oral tablet 2 mg, 5 mg	1	
XADAGO ORAL TABLET 100 MG, 50 MG (***safinamide***)	3	Preferred Alternatives (rasagiline mesylate, selegiline hcl)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZELAPAR ORAL TABLET,DISINTEGRATING 1.25 MG (***selegiline***)	3	Preferred Alternatives (rasagiline mesylate, selegiline hcl)
MIGRAINE & CLUSTER HEADACHE THERAPY - DRUGS TO TREAT MIGRAINE HEADACHE		
AIMOVIG AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 140 MG/ML, 70 MG/ML (***erenumab-aooe***)	3	PA; Preferred Alternatives (topiramate, propranolol hcl, divalproex sodium, timolol maleate, amitriptyline hcl, diltiazem hcl, metoprolol succinate)
AJOVY SUBCUTANEOUS SYRINGE 225 MG/1.5 ML (***fremanezumab-vfrm***)	3	PA; Preferred Alternatives (topiramate, propranolol hcl, divalproex sodium, timolol maleate, amitriptyline hcl, diltiazem hcl, metoprolol succinate)
almotriptan malate oral tablet 12.5 mg	1	QL (12 per 30 days)
almotriptan malate oral tablet 6.25 mg	1	QL (6 per 30 days)
AMERGE ORAL TABLET 1 MG, 2.5 MG (***naratriptan***)	3	Preferred Alternatives (naratriptan hcl); QL (9 per 30 days)
CAFERGOT ORAL TABLET 1-100 MG (***ergotamine***)	3	Preferred Alternatives (ergotamine-caffeine)
D.H.E.45 INJECTION SOLUTION 1 MG/ML (***dihydroergotamine***)	3	Preferred Alternatives (dihydroergotamine mesylate)
dihydroergotamine injection solution 1 mg/ml	1	
dihydroergotamine nasal spray,non-aerosol 0.5 mg/pump act. (4 mg/ml)	1	QL (8 per 30 days)
eletriptan oral tablet 20 mg, 40 mg	1	QL (6 per 30 days)
EMGALITY PEN SUBCUTANEOUS PEN INJECTOR 120 MG/ML (***galcanezumab-gnlm***)	3	PA; Preferred Alternatives (topiramate, propranolol hcl, divalproex sodium, timolol maleate, amitriptyline hcl, diltiazem hcl, metoprolol succinate)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 120 MG/ML (***galcanezumab-gnlm***)	3	PA; Preferred Alternatives (topiramate, propranolol hcl, divalproex sodium, timolol maleate, amitriptyline hcl, diltiazem hcl, metoprolol succinate)
EMGALITY SYRINGE SUBCUTANEOUS SYRINGE 300 MG/3 ML (100 MG/ML X 3) (***galcanezumab-gnlm***)	3	PA
ERGOMAR SUBLINGUAL TABLET 2 MG (***ergotamine***)	3	
ergotamine-caffeine oral tablet 1-100 mg	1	
FROVA ORAL TABLET 2.5 MG (***frovatriptan***)	3	Preferred Alternatives (frovatriptan succinate); QL (9 per 30 days)
frovatriptan oral tablet 2.5 mg	1	QL (9 per 30 days)
MAXALT ORAL TABLET 10 MG (***rizatriptan***)	3	Preferred Alternatives (rizatriptan); QL (18 per 30 days)
MAXALT-MLT ORAL TABLET,DISINTEGRATING 10 MG, 5 MG (***rizatriptan***)	3	Preferred Alternatives (rizatriptan); QL (18 per 30 days)
migergot rectal suppository 2-100 mg	1	
MIGRANAL NASAL SPRAY,NON-AEROSOL 0.5 MG/PUMP ACT. (4 MG/ML) (***dihydroergotamine***)	3	Preferred Alternatives (dihydroergotamine mesylate); QL (8 per 30 days)
naratriptan oral tablet 1 mg, 2.5 mg	1	QL (9 per 30 days)
ONZETRA XSAIL NASAL AEROSOL POWDR BREATH ACTIVATED 11 MG (***sumatriptan***)	3	PA; Preferred Alternatives (sumatriptan)
RELPAX ORAL TABLET 20 MG, 40 MG (***eletriptan***)	3	Preferred Alternatives (eletriptan hbr); QL (6 per 30 days)
rizatriptan oral tablet 10 mg, 5 mg	1	QL (18 per 30 days)
rizatriptan oral tablet,disintegrating 10 mg, 5 mg	1	QL (18 per 30 days)
sumatriptan nasal spray,non-aerosol 20 mg/actuation, 5 mg/actuation	1	PA
sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg	1	PA; QL (9 per 30 days)
sumatriptan succinate subcutaneous cartridge 4 mg/0.5 ml, 6 mg/0.5 ml	1	QL (1 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sumatriptan succinate subcutaneous pen injector 4 mg/0.5 ml, 6 mg/0.5 ml	1	QL (1 per 30 days)
sumatriptan succinate subcutaneous solution 6 mg/0.5 ml	1	QL (1 per 30 days)
sumatriptan succinate subcutaneous syringe 6 mg/0.5 ml	1	
ZEMBRACE SYMTOUCH SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (***sumatriptan***)	3	Preferred Alternatives (sumatriptan succinate)
zolmitriptan oral tablet 2.5 mg, 5 mg	1	QL (6 per 30 days)
zolmitriptan oral tablet,disintegrating 2.5 mg, 5 mg	1	QL (6 per 30 days)
ZOMIG NASAL SPRAY,NON-AEROSOL 2.5 MG, 5 MG (***zolmitriptan***)	3	Preferred Alternatives (SUMATRIPTAN SUCCINATE); QL (6 per 30 days)
ZOMIG ORAL TABLET 2.5 MG, 5 MG (***zolmitriptan***)	3	Preferred Alternatives (zolmitriptan); QL (6 per 30 days)
ZOMIG ZMT ORAL TABLET,DISINTEGRATING 2.5 MG, 5 MG (***zolmitriptan***)	3	Preferred Alternatives (zolmitriptan odt); QL (6 per 30 days)
MISCELLANEOUS NEUROLOGICAL THERAPY - OTHER		
AMPYRA ORAL TABLET EXTENDED RELEASE 12 HR 10 MG (***dalfampridine***)	4	PA; Preferred Alternatives (dalfampridine er); LA
ARICEPT ORAL TABLET 10 MG, 23 MG, 5 MG (***donepezil***)	3	Preferred Alternatives (donepezil hcl)
AUSTEDO ORAL TABLET 12 MG, 9 MG (***deutetrabenazine***)	4	PA; Preferred Alternatives (tetrabenazine); LA; QL (120 per 30 days)
AUSTEDO ORAL TABLET 6 MG (***deutetrabenazine***)	4	PA; Preferred Alternatives (tetrabenazine); LA; QL (60 per 30 days)
dalfampridine oral tablet extended release 12 hr 10 mg	4	PA; LA
donepezil oral tablet 10 mg, 23 mg, 5 mg	1	
donepezil oral tablet,disintegrating 10 mg, 5 mg	1	
EXELON TRANSDERMAL PATCH 24 HOUR 13.3 MG/24 HOUR, 4.6 MG/24 HR, 9.5 MG/24 HR (***rivastigmine***)	3	Preferred Alternatives (rivastigmine)
FIRDAPSE ORAL TABLET 10 MG (***amifampridine***)	4	PA
galantamine oral capsule,ext rel. pellets 24 hr 16 mg, 24 mg, 8 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
galantamine oral solution 4 mg/ml	1	
galantamine oral tablet 12 mg, 4 mg, 8 mg	1	
HORIZANT ORAL TABLET EXTENDED RELEASE 300 MG, 600 MG (***gabapentin***)	3	Preferred Alternatives (gabapentin, pregabalin)
INGREZZA INITIATION PACK ORAL CAPSULE,DOSE PACK 40 MG (7)- 80 MG (21) (***valbenazine***)	4	PA; Preferred Alternatives (tetrabenazine); QL (28 per 1 day)
INGREZZA ORAL CAPSULE 40 MG, 80 MG (***valbenazine***)	4	PA; Preferred Alternatives (tetrabenazine); QL (30 per 30 days)
KEVEYIS ORAL TABLET 50 MG (***dichlorphenamide***)	4	PA; Preferred Alternatives (acetazolamide)
memantine oral capsule,sprinkle,er 24hr 14 mg, 21 mg, 28 mg, 7 mg	1	
memantine oral solution 2 mg/ml	1	
memantine oral tablet 10 mg, 5 mg	1	
MEMANTINE ORAL TABLETS,DOSE PACK 5-10 MG	3	Preferred Alternatives (memantine hcl)
NAMENDA ORAL TABLET 10 MG, 5 MG (***memantine***)	3	Preferred Alternatives (memantine hcl)
NAMENDA TITRATION PAK ORAL TABLETS,DOSE PACK 5-10 MG (***memantine***)	3	Preferred Alternatives (memantine hcl)
NAMENDA XR ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7-14-21-28 MG (***memantine***)	3	Preferred Alternatives (memantine hcl er)
NAMENDA XR ORAL CAPSULE,SPRINKLE,ER 24HR 14 MG, 21 MG, 28 MG, 7 MG (***memantine***)	3	Preferred Alternatives (memantine hcl er)
NAMZARIC ORAL CAP,SPRINKLE,ER 24HR DOSE PACK 7/14/21/28 MG-10 MG (***memantine***)	3	Preferred Alternatives (donepezil hcl, memantine hcl)
NAMZARIC ORAL CAPSULE,SPRINKLE,ER 24HR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG (***memantine***)	3	Preferred Alternatives (donepezil hcl, memantine hcl)
NUEDEXTA ORAL CAPSULE 20-10 MG (***dextromethorphan***)	2	
RAZADYNE ER ORAL CAPSULE,EXT REL. PELLETS 24 HR 16 MG, 24 MG, 8 MG (***galantamine***)	3	Preferred Alternatives (galantamine er)
RAZADYNE ORAL TABLET 12 MG, 4 MG, 8 MG (***galantamine***)	3	Preferred Alternatives (galantamine)
rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
rivastigmine transdermal patch 24 hour 13.3 mg/24 hour, 4.6 mg/24 hr, 9.5 mg/24 hr	1	
RUZURGI ORAL TABLET 10 MG (***amifampridine***)	2	PA
TEGSEDI SUBCUTANEOUS SYRINGE 284 MG/1.5 ML (***inotersen***)	4	PA; LA
tetrabenazine oral tablet 12.5 mg	4	PA; LA; QL (120 per 30 days)
tetrabenazine oral tablet 25 mg	4	PA; LA; QL (60 per 30 days)
MUSCLE RELAXANTS & ANTISPASMODIC THERAPY - DRUGS TO TREAT MUSCLE SPASMS		
baclofen oral tablet 10 mg, 20 mg	1	
BACLOFEN ORAL TABLET 5 MG (***baclofen***)	3	Preferred Alternatives (baclofen)
carisoprodol oral tablet 250 mg, 350 mg	1	Preferred Alternatives (metaxalone, tizanidine hcl)
carisoprodol-asa-codeine oral tablet 200-325-16 mg	1	ST; Preferred Alternatives (metaxalone, tizanidine hcl)
carisoprodol-aspirin oral tablet 200-325 mg	1	Preferred Alternatives (metaxalone, tizanidine hcl)
chlorzoxazone oral tablet 500 mg	1	
cyclobenzaprine oral tablet 10 mg, 5 mg	1	
DANTRIUM ORAL CAPSULE 25 MG, 50 MG (***dantrolene***)	3	Preferred Alternatives (dantrolene sodium)
dantrolene oral capsule 100 mg, 25 mg, 50 mg	1	
meprobamate oral tablet 200 mg, 400 mg	1	Preferred Alternatives (alprazolam, buspirone hcl, chlordiazepoxide hcl, diazepam, lorazepam)
MESTINON ORAL SYRUP 60 MG/5 ML (***pyridostigmine***)	3	Preferred Alternatives (pyridostigmine bromide)
MESTINON ORAL TABLET 60 MG (***pyridostigmine***)	3	Preferred Alternatives (pyridostigmine bromide)
MESTINON TIMESPAN ORAL TABLET EXTENDED RELEASE 180 MG (***pyridostigmine***)	3	Preferred Alternatives (pyridostigmine bromide)
metaxalone (Metaxall Oral Tablet 800 Mg)	1	
metaxalone oral tablet 400 mg, 800 mg	1	
methocarbamol oral tablet 500 mg, 750 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NORGESIC FORTE ORAL TABLET 50-770-60 MG (***orphenadrine***)	3	
orphenadrine citrate oral tablet extended release 100 mg	1	
orphenadrine-asa-caffeine oral tablet 50-770-60 mg	1	
orphenadrine-asa-caffeine (Orphengesic Forte Oral Tablet 50-770-60 Mg)	1	
pyridostigmine bromide oral syrup 60 mg/5 ml	1	
PYRIDOSTIGMINE BROMIDE ORAL TABLET 30 MG (***pyridostigmine***)	3	
pyridostigmine bromide oral tablet 60 mg	1	
pyridostigmine bromide oral tablet extended release 180 mg	1	
ROBAXIN-750 ORAL TABLET 750 MG (***methocarbamol***)	3	Preferred Alternatives (methocarbamol)
SKELAXIN ORAL TABLET 800 MG (***metaxalone***)	3	Preferred Alternatives (metaxalone)
SOMA ORAL TABLET 250 MG, 350 MG (***carisoprodol***)	3	Preferred Alternatives (metaxalone, tizanidine hcl)
tizanidine oral capsule 2 mg, 4 mg, 6 mg	1	
tizanidine oral tablet 2 mg, 4 mg	1	
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG (***tizanidine***)	3	Preferred Alternatives (tizanidine hcl)
ZANAFLEX ORAL TABLET 4 MG (***tizanidine***)	3	Preferred Alternatives (tizanidine hcl)
NARCOTIC ANALGESICS - DRUGS TO TREAT PAIN		
acetaminophen-caff-dihydrocod oral capsule 320.5-30-16 mg	1	ST
acetaminophen-codeine oral solution 120-12 mg/5 ml	1	ST
acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg	1	ST
ACTIQ BUCCAL LOZENGE ON A HANDLE 1,200 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***fentanyl***)	3	PA; Preferred Alternatives (fentanyl citrate); QL (90 per 30 days)
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG (***benzhydrocodone***)	3	Preferred Alternatives (hydrocodone w/acetaminophen)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ARYMO ER ORAL TABLET,ORAL ONLY,EXTND RELEASE 15 MG, 30 MG, 60 MG (***morphine***)	3	Preferred Alternatives (hydromorphone er, morphine sulfate er, oxymorphone hcl er); QL (120 per 30 days)
codeine-butalbital-asa-caff (Ascomp With Codeine Oral Capsule 30-50-325-40 Mg)	1	ST
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG (***buprenorphine***)	3	PA; Preferred Alternatives (morphine sulfate cr, morphine sulfate er, oxymorphone hcl er)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	ST; Preferred Alternatives (hydrocodone w/acetaminophen)
buprenorphine hcl sublingual tablet 2 mg, 8 mg	1	
buprenorphine transdermal patch weekly 10 mcg/hour, 15 mcg/hour, 20 mcg/hour, 5 mcg/hour	1	LA
butalbital compound w/codeine oral capsule 30-50-325-40 mg	1	ST
butalbital-acetaminop-caf-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg	1	ST
butalbital-acetaminophen oral capsule 50-300 mg	1	
butalbital-acetaminophen oral tablet 50-300 mg, 50-325 mg	1	
butalbital-acetaminophen-caff oral capsule 50-300-40 mg, 50-325-40 mg	1	
butalbital-acetaminophen-caff oral tablet 50-325-40 mg	1	
butalbital-aspirin-caffeine oral capsule 50-325-40 mg	1	
butalbital-aspirin-caffeine oral tablet 50-325-40 mg	1	
codeine sulfate oral tablet 15 mg, 30 mg, 60 mg	1	ST
codeine-butalbital-asa-caff oral capsule 30-50-325-40 mg	1	
DEMEROL ORAL TABLET 100 MG (***meperidine***)	3	ST; Preferred Alternatives (codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl)
DILAUDID ORAL LIQUID 1 MG/ML (***hydromorphone***)	3	ST; Preferred Alternatives (hydromorphone hcl)
DILAUDID ORAL TABLET 2 MG, 4 MG, 8 MG (***hydromorphone***)	3	ST; Preferred Alternatives (hydromorphone hcl)
diskets oral tablet,soluble 40 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DOLOPHINE ORAL TABLET 10 MG, 5 MG (***methadone***)	3	Preferred Alternatives (methadone hcl)
DSUVIA SUBLINGUAL TABLET IN APPLICATOR 30 MCG (***sufentanil***)	3	
DURAGESIC TRANSDERMAL PATCH 72 HOUR 100 MCG/HR, 12 MCG/HR, 25 MCG/HR, 50 MCG/HR, 75 MCG/HR (***fentanyl***)	3	Preferred Alternatives (fentanyl)
acetaminophen-caff-dihydrocod (Dvorah Oral Tablet 325-30-16 Mg)	1	
EMBEDA ORAL CAPSULE,ORAL ONLY,EXT.REL PELL 100-4 MG, 20-0.8 MG, 30-1.2 MG, 50-2 MG, 60-2.4 MG, 80-3.2 MG (***morphine***)	3	Preferred Alternatives (hydromorphone er, morphine sulfate er, oxymorphone hcl er); QL (90 per 30 days)
oxycodone-acetaminophen (Endocet Oral Tablet 10-325 Mg, 2.5-325 Mg, 5-325 Mg, 7.5-325 Mg)	1	ST
EXALGO ER ORAL TABLET EXTENDED RELEASE 24 HR 16 MG (***hydromorphone***)	3	Preferred Alternatives (hydromorphone er); QL (60 per 30 days)
fentanyl citrate buccal lozenge on a handle 1,200 mcg, 1,600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg	1	PA; QL (90 per 30 days)
fentanyl transdermal patch 72 hour 100 mcg/hr, 12 mcg/hr, 25 mcg/hr, 50 mcg/hr, 75 mcg/hr	1	
fentanyl transdermal patch 72 hour 37.5 mcg/hour, 62.5 mcg/hour, 87.5 mcg/hour	1	
hydrocodone-acetaminophen oral solution 10-325 mg/15 ml(15 ml)	1	ST
hydrocodone-acetaminophen oral solution 7.5-325 mg/15 ml	1	ST
hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 2.5-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg	1	ST
hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg	1	ST
hydromorphone oral liquid 1 mg/ml	1	ST
hydromorphone oral tablet 2 mg, 4 mg, 8 mg	1	ST
hydromorphone oral tablet extended release 24 hr 12 mg, 16 mg, 32 mg, 8 mg	1	QL (60 per 30 days)
hydromorphone rectal suppository 3 mg	1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HYSINGLA ER ORAL TABLET,ORAL ONLY,EXT.REL.24 HR 100 MG, 120 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (***hydrocodone***)	3	Preferred Alternatives (hydromorphone er, morphine sulfate er, oxymorphone hcl er)
IBUDONE ORAL TABLET 10-200 MG (***hydrocodone***)	3	ST; Preferred Alternatives (hydrocodone bit-ibuprofen, reprexain)
hydrocodone-ibuprofen (Ibudone Oral Tablet 5-200 Mg)	3	ST; Preferred Alternatives (hydrocodone bit-ibuprofen, reprexain)
ibuprofen-oxycodone oral tablet 400-5 mg	1	ST
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 10 MG, 100 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 80 MG (***morphine***)	3	Preferred Alternatives (morphine sulfate er); QL (90 per 30 days)
KADIAN ORAL CAPSULE,EXTEND.RELEASE PELLETS 200 MG (***morphine***)	3	Preferred Alternatives (hydromorphone er, morphine sulfate er, oxymorphone hcl er); QL (90 per 30 days)
levorphanol tartrate oral tablet 2 mg	1	ST
LEVORPHANOL TARTRATE ORAL TABLET 3 MG (***levorphanol***)	3	ST
hydrocodone-acetaminophen (Lorcet (Hydrocodone) Oral Tablet 5-325 Mg)	1	ST
hydrocodone-acetaminophen (Lorcet Hd Oral Tablet 10-325 Mg)	1	ST
hydrocodone-acetaminophen (Lorcet Plus Oral Tablet 7.5-325 Mg)	1	ST
LORTAB ELIXIR ORAL SOLUTION 10-300 MG/15 ML (***hydrocodone***)	3	ST; Preferred Alternatives (hydrocodone w/acetaminophen)
meperidine oral solution 50 mg/5 ml	1	ST; Preferred Alternatives (hydromorphone hcl, morphine sulfate, oxycodone hcl)
meperidine oral tablet 100 mg, 50 mg	1	ST; Preferred Alternatives (codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl)
methadone oral concentrate 10 mg/ml	1	
methadone oral solution 10 mg/5 ml, 5 mg/5 ml	1	
methadone oral tablet 10 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methadone oral tablet,soluble 40 mg	1	
methadose oral concentrate 10 mg/ml	1	
methadone (Methadose Oral Tablet,Soluble 40 Mg)	1	
MORPHABOND ER ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 100 MG, 15 MG, 30 MG, 60 MG (***morphine***)	3	Preferred Alternatives (hydromorphone er, morphine sulfate er, oxymorphone hcl er); QL (120 per 30 days)
morphine concentrate oral solution 100 mg/5 ml (20 mg/ml)	1	ST
MORPHINE INTRAMUSCULAR PEN INJECTOR 10 MG/0.7 ML (***morphine***)	3	ST
morphine oral capsule, er multiphase 24 hr 120 mg, 30 mg, 45 mg, 60 mg, 75 mg, 90 mg	1	QL (60 per 30 days)
morphine oral capsule,extend.release pellets 10 mg, 100 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg, 80 mg	1	QL (90 per 30 days)
morphine oral solution 10 mg/5 ml, 20 mg/5 ml (4 mg/ml)	1	ST
morphine oral tablet 15 mg, 30 mg	1	ST
morphine oral tablet extended release 100 mg, 15 mg, 200 mg, 30 mg, 60 mg	1	QL (120 per 30 days)
morphine rectal suppository 10 mg, 20 mg, 30 mg, 5 mg	1	ST
MS CONTIN ORAL TABLET EXTENDED RELEASE 100 MG, 15 MG, 200 MG, 30 MG, 60 MG (***morphine***)	3	Preferred Alternatives (morphine sulfate er); QL (120 per 30 days)
NALOCET ORAL TABLET 2.5-300 MG (***oxycodone***)	3	ST
NORCO ORAL TABLET 10-325 MG, 5-325 MG, 7.5-325 MG (***hydrocodone***)	3	ST; Preferred Alternatives (hydrocodone w/acetaminophen)
OPANA ORAL TABLET 10 MG, 5 MG (***oxymorphone***)	3	ST; Preferred Alternatives (oxymorphone hcl)
OXAYDO ORAL TABLET, ORAL ONLY 5 MG, 7.5 MG (***oxycodone***)	3	ST; Preferred Alternatives (oxycodone hcl)
oxycodone oral capsule 5 mg	1	ST
oxycodone oral concentrate 20 mg/ml	1	ST
oxycodone oral solution 5 mg/5 ml	1	ST
oxycodone oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg	1	ST
oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg	1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxycodone-aspirin oral tablet 4.8355-325 mg	1	ST
OXYCONTIN ORAL TABLET,ORAL ONLY,EXT.REL.12 HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 60 MG, 80 MG (***oxycodone***)	3	Preferred Alternatives (hydromorphone er, morphine sulfate er, oxymorphone hcl er); QL (90 per 30 days)
oxymorphone oral tablet 10 mg, 5 mg	1	ST
oxymorphone oral tablet extended release 12 hr 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 5 mg, 7.5 mg	1	QL (90 per 30 days)
PERCOCET ORAL TABLET 10-325 MG, 2.5-325 MG, 5-325 MG, 7.5-325 MG (***oxycodone***)	3	ST; Preferred Alternatives (oxycodone w/acetaminophen)
butalbital-acetaminophen-caff (Phrenilin Forte(With Caffeine) Oral Capsule 50-300-40 Mg)	1	
PRIMLEV ORAL TABLET 10-300 MG, 5-300 MG, 7.5-300 MG (***oxycodone***)	3	ST; Preferred Alternatives (oxycodone w/acetaminophen)
PROBUPHINE SUBDERMAL IMPLANT 74.2 MG (***buprenorphine***)	4	PA; Preferred Alternatives (buprenorphine hydrochloride, buprenorphine-naloxone, SUBOXONE, ZUBSOLV)
ROXICODONE ORAL TABLET 15 MG, 30 MG, 5 MG (***oxycodone***)	3	ST; Preferred Alternatives (oxycodone hcl)
ROXYBOND ORAL TABLET, ORAL ONLY 15 MG, 30 MG, 5 MG (***oxycodone***)	3	ST; Preferred Alternatives (oxycodone hcl, oxycodone hcl)
SUBLOCADE SUBCUTANEOUS SOLUTION, EXTENDED REL SYRINGE 100 MG/0.5 ML, 300 MG/1.5 ML (***buprenorphine***)	4	PA; LA
SUBSYS SUBLINGUAL SPRAY,NON-AEROSOL 1,200 MCG (600 MCG/SPRAY X 2), 1,600 MCG (800 MCG/SPRAY X 2), 100 MCG/SPRAY, 200 MCG/SPRAY, 400 MCG/SPRAY, 600 MCG/SPRAY, 800 MCG/SPRAY (***fentanyl***)	3	Preferred Alternatives (fentanyl citrate); QL (90 per 30 days)
butalbital-acetaminophen (Tencon Oral Tablet 50-325 Mg)	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG (***acetaminophen***)	3	ST; Preferred Alternatives (apap-caffeine-dihydrocodeine)
TYLENOL-CODEINE #3 ORAL TABLET 300-30 MG (***acetaminophen***)	3	ST; Preferred Alternatives (acetaminophen w/codeine)
TYLENOL-CODEINE #4 ORAL TABLET 300-60 MG (***acetaminophen***)	3	ST; Preferred Alternatives (acetaminophen w/codeine)
VANATOL S ORAL SOLUTION 50-325-40 MG/15 ML (***butalbital***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocodone-acetaminophen (Vicodin Es Oral Tablet 7.5-300 Mg)	1	ST
hydrocodone-acetaminophen (Vicodin Hp Oral Tablet 10-300 Mg)	1	ST
hydrocodone-acetaminophen (Vicodin Oral Tablet 5-300 Mg)	1	ST
XTAMPZA ER ORAL CAP,SPRINKL,ER12HR(DONT CRUSH) 13.5 MG, 18 MG, 27 MG, 36 MG, 9 MG (***oxycodone***)	3	Preferred Alternatives (hydromorphone er, morphine sulfate er, oxymorphone hcl er); QL (90 per 30 days)
zebutal oral capsule 50-325-40 mg	1	
ZOHYDRO ER ORAL CAPSULE, ORAL ONLY, ER 12HR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG (***hydrocodone***)	3	Preferred Alternatives (hydromorphone er, morphine sulfate er, oxymorphone hcl er); QL (90 per 30 days)
NON-NARCOTIC ANALGESICS - DRUGS TO TREAT SEVERE PAIN		
adult aspirin regimen oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
ANAPROX DS ORAL TABLET 550 MG (***naproxen***)	3	ST; Preferred Alternatives (naproxen sodium)
ARTHROTEC 50 ORAL TABLET,IR,DELAYED REL,BIPHASIC 50-200 MG-MCG (***diclofenac***)	3	ST; Preferred Alternatives (diclofenac sodium-misoprostol)
ARTHROTEC 75 ORAL TABLET,IR,DELAYED REL,BIPHASIC 75-200 MG-MCG (***diclofenac***)	3	ST; Preferred Alternatives (diclofenac sodium-misoprostol)
aspir-81 oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
aspirin low dose oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
aspirin oral tablet 325 mg	1	ACA; OTC
aspirin oral tablet,chewable 81 mg	1	ACA; OTC
aspirin oral tablet,delayed release (dr/ec) 325 mg, 81 mg	1	ACA; OTC
aspir-low oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
aspir-trin oral tablet,delayed release (dr/ec) 325 mg	1	ACA; OTC
BUNAVAIL BUCCAL FILM 2.1-0.3 MG, 4.2-0.7 MG, 6.3-1 MG (***buprenorphine***)	3	Preferred Alternatives (buprenorphine-naloxone, SUBOXONE, ZUBSOLV)
buprenorphine-naloxone sublingual film 12-3 mg	1	
buprenorphine-naloxone sublingual film 2-0.5 mg, 4-1 mg	1	QL (90 per 1 day)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
buprenorphine-naloxone sublingual film 8-2 mg	1	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 2-0.5 mg	1	QL (90 per 30 days)
buprenorphine-naloxone sublingual tablet 8-2 mg	1	
butorphanol tartrate injection solution 1 mg/ml, 2 mg/ml	1	PA; ST
butorphanol tartrate nasal spray,non-aerosol 10 mg/ml	1	ST; QL (5 per 1 day)
CAMBIA ORAL POWDER IN PACKET 50 MG (***diclofenac***)	3	ST; Preferred Alternatives (diclofenac potassium, diclofenac sodium, diclofenac sodium); QL (9 per 30 days)
CELEBREX ORAL CAPSULE 100 MG, 200 MG, 400 MG, 50 MG (***celecoxib***)	3	ST; Preferred Alternatives (celecoxib)
celecoxib oral capsule 100 mg, 200 mg, 400 mg, 50 mg	1	ST
children's aspirin oral tablet,chewable 81 mg	1	ACA; OTC
choline,magnesium salicylate oral liquid 500 mg/5 ml	1	
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG (***tramadol***)	3	Preferred Alternatives (tramadol hcl er); QL (30 per 30 days)
CONZIP ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG (***tramadol***)	3	Preferred Alternatives (tramadol hcl er); QL (30 per 30 days)
DAYPRO ORAL TABLET 600 MG (***oxaprozin***)	3	ST; Preferred Alternatives (oxaprozin)
DICLOFENAC EPOLAMINE TRANSDERMAL PATCH 12 HOUR 1.3 %	3	ST; Preferred Alternatives (diclofenac sodium, diclofenac sodium); QL (60 per 1 day)
diclofenac potassium oral tablet 50 mg	1	
diclofenac sodium oral tablet extended release 24 hr 100 mg	1	
diclofenac sodium oral tablet,delayed release (dr/ec) 25 mg, 50 mg, 75 mg	1	
diclofenac sodium topical drops 1.5 %	1	QL (150 per 30 days)
diclofenac sodium topical gel 1 %	1	ST; QL (500 per 30 days)
diclofenac-misoprostol oral tablet,ir,delayed rel,biphasic 50-200 mg-mcg, 75-200 mg-mcg	1	
diflunisal oral tablet 500 mg	1	
DISALCID ORAL TABLET 500 MG, 750 MG (***salsalate***)	3	Preferred Alternatives (salsalate)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DUEXIS ORAL TABLET 800-26.6 MG (***ibuprofen***)	3	ST; Preferred Alternatives (ibuprofen, famotidine)
e.c. prin oral tablet,delayed release (dr/ec) 325 mg	1	ACA; OTC
EC-NAPROSYN ORAL TABLET,DELAYED RELEASE (DR/EC) 375 MG, 500 MG (***naproxen***)	3	ST; Preferred Alternatives (naproxen)
ecotrin low strength oral tablet,delayed release (dr/ec) 81 mg	1	ACA; OTC
ecotrin oral tablet,delayed release (dr/ec) 325 mg	1	ACA; OTC
etodolac oral capsule 200 mg, 300 mg	1	
etodolac oral tablet 400 mg, 500 mg	1	
etodolac oral tablet extended release 24 hr 400 mg, 500 mg, 600 mg	1	
FELDENE ORAL CAPSULE 10 MG, 20 MG (***piroxicam***)	3	ST; Preferred Alternatives (piroxicam)
FENOPROFEN ORAL CAPSULE 200 MG, 400 MG	3	ST
fenoprofen oral tablet 600 mg	1	
FENORTHO ORAL CAPSULE 200 MG (***fenoprofen***)	3	ST; Preferred Alternatives (fenoprofen calcium, diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone)
FLECTOR TRANSDERMAL PATCH 12 HOUR 1.3 % (***diclofenac***)	3	ST; Preferred Alternatives (diclofenac sodium, diclofenac sodium); QL (60 per 30 days)
flurbiprofen oral tablet 100 mg, 50 mg	1	
ibuprofen (Ibu Oral Tablet 400 Mg, 600 Mg, 800 Mg)	1	
ibuprofen oral suspension 100 mg/5 ml	1	
ibuprofen oral tablet 400 mg, 600 mg, 800 mg	1	
INDOCIN RECTAL SUPPOSITORY 50 MG (***indomethacin***)	3	Preferred Alternatives (ibuprofen, meloxicam, naproxen sodium)
indomethacin oral capsule 25 mg, 50 mg	1	
indomethacin oral capsule, extended release 75 mg	1	
ketoprofen oral capsule 25 mg, 50 mg, 75 mg	1	
ketoprofen oral capsule,ext rel. pellets 24 hr 200 mg	1	
ketorolac intramuscular cartridge 60 mg/2 ml	1	PA
ketorolac intramuscular solution 60 mg/2 ml	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ketorolac intramuscular syringe 60 mg/2 ml	1	PA
ketorolac oral tablet 10 mg	1	QL (20 per 30 days)
lite coat aspirin oral tablet 325 mg	1	ACA; OTC
LODINE ORAL TABLET 400 MG (***etodolac***)	3	ST
LUCEMYRA ORAL TABLET 0.18 MG (***lofexidine***)	3	Preferred Alternatives (clonidine hcl)
meclofenamate oral capsule 100 mg, 50 mg	1	
mefenamic acid oral capsule 250 mg	1	
meloxicam oral tablet 15 mg	1	
meloxicam oral tablet 7.5 mg	1	QL (30 per 30 days)
MOBIC ORAL TABLET 15 MG (***meloxicam***)	3	ST; Preferred Alternatives (meloxicam)
MOBIC ORAL TABLET 7.5 MG (***meloxicam***)	3	ST; Preferred Alternatives (meloxicam); QL (30 per 30 days)
nabumetone oral tablet 500 mg, 750 mg	1	
NALFON ORAL CAPSULE 400 MG (***fenoprofen***)	3	ST; Preferred Alternatives (fenoprofen calcium, diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone)
NALFON ORAL TABLET 600 MG (***fenoprofen***)	3	ST; Preferred Alternatives (fenoprofen calcium, diclofenac sodium, indomethacin, ibuprofen, meloxicam, naproxen sodium, nabumetone)
naloxone injection solution 0.4 mg/ml	1	
naloxone injection syringe 0.4 mg/ml, 1 mg/ml	1	
naltrexone oral tablet 50 mg	1	
NAPRELAN CR ORAL TABLET, ER MULTIPHASE 24 HR 375 MG, 500 MG, 750 MG (***naproxen***)	3	ST; Preferred Alternatives (naproxen sodium er)
NAPROSYN ORAL SUSPENSION 125 MG/5 ML (***naproxen***)	3	PA; ST; Preferred Alternatives (naproxen)
NAPROSYN ORAL TABLET 500 MG (***naproxen***)	3	ST; Preferred Alternatives (naproxen)
naproxen oral suspension 125 mg/5 ml	1	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
naproxen oral tablet 250 mg, 375 mg, 500 mg	1	
naproxen oral tablet,delayed release (dr/ec) 375 mg, 500 mg	1	
naproxen sodium oral tablet 275 mg, 550 mg	1	
naproxen sodium oral tablet, er multiphase 24 hr 375 mg, 500 mg	1	ST
NARCAN NASAL SPRAY,NON-AEROSOL 4 MG/ACTUATION (***naloxone***)	2	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HR 100 MG, 150 MG, 200 MG, 250 MG, 50 MG (***tapentadol***)	3	Preferred Alternatives (hydromorphone er, morphine sulfate er, oxymorphone hcl er); QL (181 per 30 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG (***tapentadol***)	3	ST; Preferred Alternatives (oxycodone hcl, morphine sulfate, hydrocodone w/acetaminophen, tramadol hcl-acetaminophen, tramadol hcl); QL (181 per 1 day)
oxaprozin oral tablet 600 mg	1	
PENNSAID TOPICAL SOLUTION IN METERED-DOSE PUMP 20 MG/GRAM /ACTUATION(2 %) (***diclofenac***)	3	ST; Preferred Alternatives (diclofenac sodium, diclofenac sodium); QL (112 per 30 days)
pentazocine-naloxone oral tablet 50-0.5 mg	1	ST; Preferred Alternatives (codeine sulfate, hydromorphone hcl, morphine sulfate, oxycodone hcl)
piroxicam oral capsule 10 mg, 20 mg	1	
QMIIZ ODT ORAL TABLET,DISINTEGRATING 15 MG, 7.5 MG (***meloxicam***)	3	ST; Preferred Alternatives (diclofenac sodium, etodolac, ibuprofen, meloxicam, nabumetone, naproxen, piroxicam)
salsalate oral tablet 500 mg, 750 mg	1	
SPRIX NASAL SPRAY,NON-AEROSOL 15.75 MG/SPRAY (***ketorolac***)	4	ST; Preferred Alternatives (diclofenac sodium, etodolac, ibuprofen, indomethacin, meloxicam, nabumetone, naproxen); QL (5 per 30 days)
st joseph aspirin oral tablet,chewable 81 mg	1	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
st. joseph aspirin oral tablet,delayed release (dr/ec) 81 mg	1	OTC
SUBOXONE SUBLINGUAL FILM 12-3 MG (***buprenorphine***)	2	
SUBOXONE SUBLINGUAL FILM 2-0.5 MG, 4-1 MG, 8-2 MG (***buprenorphine***)	2	QL (90 per 30 days)
sulindac oral tablet 150 mg, 200 mg	1	
tolmetin oral capsule 400 mg	1	
tolmetin oral tablet 200 mg, 600 mg	1	
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 17-83 300 MG	3	Preferred Alternatives (tramadol hcl er); QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 100 MG, 200 MG	3	Preferred Alternatives (tramadol hcl er); QL (30 per 30 days)
TRAMADOL ORAL CAPSULE,ER BIPHASE 24 HR 25-75 150 MG (***tramadol***)	3	Preferred Alternatives (tramadol hcl er); QL (240 per 30 days)
tramadol oral tablet 50 mg	1	ST; QL (240 per 1 day)
tramadol oral tablet extended release 24 hr 100 mg, 200 mg, 300 mg	1	QL (30 per 30 days)
tramadol oral tablet, er multiphase 24 hr 100 mg, 200 mg, 300 mg	1	QL (30 per 30 days)
tramadol-acetaminophen oral tablet 37.5-325 mg	1	ST; QL (240 per 1 day)
ULTRACET ORAL TABLET 37.5-325 MG (***tramadol***)	3	ST; Preferred Alternatives (tramadol hcl-acetaminophen); QL (240 per 1 day)
ULTRAM ORAL TABLET 50 MG (***tramadol***)	3	ST; Preferred Alternatives (tramadol hcl); QL (240 per 1 day)
VIMOVO ORAL TABLET,IR,DELAYED REL,BIPHASIC 375-20 MG, 500-20 MG (***naproxen***)	3	ST; Preferred Alternatives (naproxen sodium, esomeprazole magnesium)
VIVITROL INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 380 MG (***naltrexone***)	4	PA; LA
VOLTAREN TOPICAL GEL 1 % (***diclofenac***)	3	ST; Preferred Alternatives (diclofenac sodium); QL (500 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VOLTAREN-XR ORAL TABLET EXTENDED RELEASE 24 HR 100 MG (***diclofenac***)	3	ST; Preferred Alternatives (diclofenac sodium)
ZIPSOR ORAL CAPSULE 25 MG (***diclofenac***)	3	ST; Preferred Alternatives (diclofenac potassium, diclofenac sodium, diclofenac sodium)
ZUBSOLV SUBLINGUAL TABLET 0.7-0.18 MG, 11.4-2.9 MG, 2.9-0.71 MG, 8.6-2.1 MG (***buprenorphine***)	2	
ZUBSOLV SUBLINGUAL TABLET 1.4-0.36 MG, 5.7-1.4 MG (***buprenorphine***)	2	QL (30 per 30 days)
PSYCHOTHERAPEUTIC DRUGS - DRUGS TO TREAT DEPRESSION, ANXIETY, BIPOLAR ILLNESS, OR PSYCHOSIS		
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL RECON 300 MG, 400 MG (***aripiprazole***)	2	PA
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 300 MG, 400 MG (***aripiprazole***)	2	PA
ABILIFY MYCITE ORAL TABLET WITH SENSOR AND PATCH 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (***aripiprazole***)	3	Preferred Alternatives (aripiprazole); QL (30 per 1 day)
ABILIFY ORAL TABLET 10 MG, 15 MG, 2 MG, 20 MG, 30 MG, 5 MG (***aripiprazole***)	3	Preferred Alternatives (aripiprazole); LA; QL (30 per 30 days)
ADASUVE INHALATION AEROSOL POWDR BREATH ACTIVATED 10 MG (***loxapine***)	3	
dextroamphetamine-amphetamine (Adderall Oral Tablet 10 Mg, 15 Mg, 20 Mg, 30 Mg, 5 Mg)	3	Preferred Alternatives (dextroamphetamine-amphetamine); LA
ADDERALL ORAL TABLET 12.5 MG, 7.5 MG (***dextroamphetamine***)	3	Preferred Alternatives (dextroamphetamine-amphetamine); LA
ADHANSIA XR ORAL CAPSULE, ER BIPHASIC 20-80 25 MG, 35 MG, 45 MG, 55 MG, 70 MG, 85 MG (***methylphenidate***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADZENYS ER ORAL SUSPEN, IR - ER, BIPHASIC 24HR 1.25 MG/ML (***amphetamine***)	3	Preferred Alternatives (dextroamphetamine sulfate er, dextroamphetamine-amphet er, dexmethylphenidate hcl er, methylphenidate er, VYVANSE)
ADZENYS XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG (***amphetamine***)	3	Preferred Alternatives (dextroamphetamine sulfate er, dextroamphetamine-amphet er, dexmethylphenidate hcl er, methylphenidate er, VYVANSE)
alprazolam intensol oral concentrate 1 mg/ml	1	
alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
alprazolam oral tablet extended release 24 hr 0.5 mg, 1 mg, 2 mg, 3 mg	1	
alprazolam oral tablet,disintegrating 0.25 mg, 0.5 mg, 1 mg, 2 mg	1	
AMBIEN CR ORAL TABLET,EXT RELEASE MULTIPHASE 12.5 MG, 6.25 MG (***zolpidem***)	3	ST; Preferred Alternatives (zolpidem tartrate er); QL (30 per 30 days)
AMBIEN ORAL TABLET 10 MG, 5 MG (***zolpidem***)	3	ST; Preferred Alternatives (zolpidem tartrate); QL (30 per 30 days)
amitriptyline oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
amitriptyline-chlordiazepoxide oral tablet 12.5-5 mg, 25-10 mg	1	
amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg	1	
amphetamine sulfate oral tablet 10 mg, 5 mg	1	
ANAFRANIL ORAL CAPSULE 25 MG, 50 MG, 75 MG (***clomipramine***)	3	Preferred Alternatives (clomipramine hcl)
APLENZIN ORAL TABLET EXTENDED RELEASE 24 HR 174 MG, 348 MG, 522 MG (***bupropion***)	3	ST; Preferred Alternatives (bupropion hcl xl); QL (30 per 30 days)
APTENSIO XR ORAL CAP,ER SPRINKLE,BIPHASIC 40-60 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (***methylphenidate***)	3	Preferred Alternatives (methylphenidate er, methylphenidate hcl cd, dexmethylphenidate hcl er, VYVANSE)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
aripiprazole oral solution 1 mg/ml	1	
aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg	1	QL (30 per 30 days)
aripiprazole oral tablet,disintegrating 10 mg, 15 mg	1	QL (30 per 30 days)
ARISTADA INITIO INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 675 MG/2.4 ML (***aripiprazole***)	2	PA
ARISTADA INTRAMUSCULAR SUSPENSION,EXTENDED REL SYRING 1,064 MG/3.9 ML, 441 MG/1.6 ML, 662 MG/2.4 ML, 882 MG/3.2 ML (***aripiprazole***)	2	PA
armodafinil oral tablet 150 mg, 200 mg, 250 mg, 50 mg	1	
ATIVAN ORAL TABLET 0.5 MG, 1 MG, 2 MG (***lorazepam***)	3	Preferred Alternatives (lorazepam)
atomoxetine oral capsule 10 mg, 100 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg	1	
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (***suvorexant***)	3	ST; Preferred Alternatives (zolpidem tartrate, zolpidem tartrate er, eszopiclone, zaleplon, ramelteon)
BRISDELLE ORAL CAPSULE 7.5 MG (***paroxetine***)	3	ST; Preferred Alternatives (paroxetine mesylate); QL (30 per 30 days)
bupropion hcl oral tablet 100 mg, 75 mg	1	
bupropion hcl oral tablet extended release 24 hr 150 mg, 300 mg	1	QL (30 per 30 days)
BUPROPION HCL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG	3	PA; Preferred Alternatives (bupropion hcl xl); QL (30 per 30 days)
bupropion hcl oral tablet sustained-release 12 hr 100 mg, 150 mg, 200 mg	1	QL (60 per 30 days)
buspirone oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg	1	
CELEXA ORAL TABLET 10 MG, 20 MG, 40 MG (***citalopram***)	3	ST; Preferred Alternatives (citalopram hbr); QL (30 per 30 days)
chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg	1	
chlorpromazine oral tablet 10 mg, 100 mg, 200 mg, 25 mg, 50 mg	1	
citalopram oral solution 10 mg/5 ml	1	
citalopram oral tablet 10 mg, 20 mg, 40 mg	1	QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
clomipramine oral capsule 25 mg, 50 mg, 75 mg	1	
clonidine hcl oral tablet extended release 12 hr 0.1 mg	1	
clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg	1	
clozapine oral tablet 100 mg, 25 mg	1	
clozapine oral tablet 200 mg, 50 mg	1	
clozapine oral tablet,disintegrating 100 mg, 12.5 mg, 25 mg	1	
CLOZAPINE ORAL TABLET,DISINTEGRATING 150 MG, 200 MG	3	Preferred Alternatives (clozapine, clozapine odt)
CLOZARIL ORAL TABLET 100 MG, 25 MG (***clozapine***)	3	Preferred Alternatives (clozapine)
CONCERTA ORAL TABLET EXTENDED RELEASE 24HR 18 MG, 27 MG, 36 MG, 54 MG (***methylphenidate***)	3	Preferred Alternatives (methylphenidate er)
COTEMPLA XR-ODT ORAL TABLET,DISINTEG ER BIPHASE 24H 17.3 MG, 25.9 MG, 8.6 MG (***methylphenidate***)	3	Preferred Alternatives (methylphenidate er, methylphenidate hcl cd, dexmethylphenidate hcl er, VYVANSE)
DAYTRANA TRANSDERMAL PATCH 24 HOUR 10 MG/9 HR, 15 MG/9 HR, 20 MG/9 HR, 30 MG/9 HR (***methylphenidate***)	3	Preferred Alternatives (methylphenidate hcl cd, methylphenidate er, dexmethylphenidate hcl er)
desipramine oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
DESOXYN ORAL TABLET 5 MG (***methamphetamine***)	3	Preferred Alternatives (methamphetamine hcl)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 50 MG (***desvenlafaxine***)	3	ST; Preferred Alternatives (desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er); QL (30 per 30 days)
DESVENLAFAXINE ORAL TABLET EXTENDED RELEASE 24HR 100 MG, 50 MG	3	ST; Preferred Alternatives (desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er); QL (30 per 30 days)
desvenlafaxine succinate oral tablet extended release 24 hr 100 mg, 25 mg, 50 mg	1	QL (30 per 30 days)
DEXEDRINE SPANSULE ORAL CAPSULE, EXTENDED RELEASE 10 MG, 15 MG, 5 MG (***dextroamphetamine***)	3	Preferred Alternatives (dextroamphetamine sulfate er)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
dexmethylphenidate oral capsule,er biphasic 50-50 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 35 mg, 40 mg, 5 mg	1	
dexmethylphenidate oral tablet 10 mg, 2.5 mg, 5 mg	1	
dextroamphetamine oral capsule, extended release 10 mg, 15 mg, 5 mg	1	
dextroamphetamine oral solution 5 mg/5 ml	1	
dextroamphetamine oral tablet 10 mg, 5 mg	1	
dextroamphetamine-amphetamine oral capsule,extended release 24hr 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg	1	
dextroamphetamine-amphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg	1	
diazepam intensol oral concentrate 5 mg/ml	1	
diazepam oral solution 5 mg/5 ml (1 mg/ml)	1	
diazepam oral tablet 10 mg, 2 mg, 5 mg	1	
DORAL ORAL TABLET 15 MG (***quazepam***)	3	Preferred Alternatives (lorazepam)
doxepin oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg	1	
doxepin oral concentrate 10 mg/ml	1	
duloxetine oral capsule,delayed release(dr/ec) 20 mg, 60 mg	1	QL (60 per 30 days)
duloxetine oral capsule,delayed release(dr/ec) 30 mg, 40 mg	1	QL (30 per 30 days)
DYANAVEL XR ORAL SUSPEN, IR - ER, BIPHASIC 24HR 2.5 MG/ML (***amphetamine***)	3	Preferred Alternatives (dextroamphetamine sulfate er, dextroamphetamine-amphet er, dexmethylphenidate hcl er, methylphenidate er, VYVANSE)
EDLUAR SUBLINGUAL TABLET 10 MG, 5 MG (***zolpidem***)	3	ST; Preferred Alternatives (eszopiclone, zolpidem tartrate, zolpidem tartrate er); QL (30 per 30 days)
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24 HR, 6 MG/24 HR, 9 MG/24 HR (***selegiline***)	3	Preferred Alternatives (phenelzine sulfate, tranylcypromine sulfate)
ergoloid oral tablet 1 mg	1	
escitalopram oxalate oral solution 5 mg/5 ml	1	
escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg	1	QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estazolam oral tablet 1 mg, 2 mg	1	
eszopiclone oral tablet 1 mg, 2 mg, 3 mg	1	QL (30 per 30 days)
EVEKEO ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG (***amphetamine***)	3	Preferred Alternatives (amphetamine sulfate, dextroamphetamine-amphetamine, methylphenidate er, methylphenidate hcl)
EVEKEO ORAL TABLET 10 MG, 5 MG (***amphetamine***)	3	Preferred Alternatives (amphetamine sulfate)
FANAPT ORAL TABLET 1 MG, 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG (***iloperidone***)	3	Preferred Alternatives (aripiprazole, olanzapine, quetiapine fumarate, quetiapine fumarate er, risperidone, ziprasidone hcl); QL (60 per 30 days)
FANAPT ORAL TABLETS,DOSE PACK 1MG(2)-2MG(2)-4MG(2)-6MG(2) (***iloperidone***)	3	Preferred Alternatives (aripiprazole, olanzapine, quetiapine fumarate, quetiapine fumarate er, risperidone, ziprasidone hcl); QL (1 per 30 days)
FAZACLO ORAL TABLET,DISINTEGRATING 100 MG, 12.5 MG, 150 MG, 200 MG, 25 MG (***clozapine***)	3	Preferred Alternatives (clozapine odt)
FETZIMA ORAL CAPSULE,EXT REL 24HR DOSE PACK 20 MG (2)- 40 MG (26) (***levomilnacipran***)	3	Preferred Alternatives (desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er); QL (28 per 30 days)
FETZIMA ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 20 MG, 40 MG, 80 MG (***levomilnacipran***)	3	Preferred Alternatives (desvenlafaxine succinate er, duloxetine hcl, venlafaxine hcl er); QL (30 per 30 days)
fluoxetine oral capsule 10 mg	1	QL (30 per 30 days)
fluoxetine oral capsule 20 mg	1	
fluoxetine oral capsule 40 mg	1	QL (60 per 30 days)
fluoxetine oral capsule,delayed release(dr/ec) 90 mg	1	QL (4 per 30 days)
fluoxetine oral solution 20 mg/5 ml (4 mg/ml)	1	
fluoxetine oral tablet 10 mg	1	QL (30 per 30 days)
fluoxetine oral tablet 20 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluoxetine oral tablet 60 mg	1	
fluphenazine hcl oral concentrate 5 mg/ml	1	
fluphenazine hcl oral elixir 2.5 mg/5 ml	1	
fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg	1	
flurazepam oral capsule 15 mg, 30 mg	1	
fluvoxamine oral capsule,extended release 24hr 100 mg, 150 mg	1	QL (60 per 30 days)
fluvoxamine oral tablet 100 mg	1	QL (90 per 30 days)
fluvoxamine oral tablet 25 mg	1	QL (30 per 30 days)
fluvoxamine oral tablet 50 mg	1	QL (60 per 30 days)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG (***dexmethylphenidate***)	3	Preferred Alternatives (dexmethylphenidate hcl)
FOCALIN XR ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 15 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG, 5 MG (***dexmethylphenidate***)	3	Preferred Alternatives (dexmethylphenidate hcl er)
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HR 450 MG (***bupropion***)	3	ST; Preferred Alternatives (bupropion hcl xl); QL (30 per 30 days)
GEODON INTRAMUSCULAR RECON SOLN 20 MG/ML (FINAL CONC.) (***ziprasidone***)	3	PA; Preferred Alternatives (olanzapine)
GEODON ORAL CAPSULE 20 MG, 40 MG, 60 MG, 80 MG (***ziprasidone***)	3	Preferred Alternatives (ziprasidone hcl); QL (60 per 30 days)
guanfacine oral tablet extended release 24 hr 1 mg, 2 mg, 3 mg, 4 mg	1	
guanidine oral tablet 125 mg	1	
HALCION ORAL TABLET 0.25 MG (***triazolam***)	3	Preferred Alternatives (triazolam)
HALDOL DECANOATE INTRAMUSCULAR SOLUTION 100 MG/ML, 50 MG/ML (***haloperidol***)	3	PA; Preferred Alternatives (haloperidol decanoate)
haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml	1	PA
haloperidol lactate intramuscular syringe 5 mg/ml	1	PA
haloperidol lactate oral concentrate 2 mg/ml	1	
haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg	1	
HETLIOZ ORAL CAPSULE 20 MG (***tasimelteon***)	4	PA; LA; QL (30 per 30 days)
imipramine hcl oral tablet 10 mg, 25 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg	1	
INTERMEZZO SUBLINGUAL TABLET 1.75 MG, 3.5 MG (***zolpidem***)	3	ST; Preferred Alternatives (zolpidem tartrate); QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 1.5 MG, 3 MG, 9 MG (***paliperidone***)	3	Preferred Alternatives (paliperidone er); QL (30 per 30 days)
INVEGA ORAL TABLET EXTENDED RELEASE 24HR 6 MG (***paliperidone***)	3	Preferred Alternatives (paliperidone er); QL (60 per 30 days)
INVEGA SUSTENNA INTRAMUSCULAR SYRINGE 117 MG/0.75 ML, 156 MG/ML, 234 MG/1.5 ML, 39 MG/0.25 ML, 78 MG/0.5 ML (***paliperidone***)	3	PA; Preferred Alternatives (ABILIFY MAINTENA, ARISTADA, RISPERDAL CONSTA)
INVEGA TRINZA INTRAMUSCULAR SYRINGE 273 MG/0.875 ML, 410 MG/1.315 ML, 546 MG/1.75 ML, 819 MG/2.625 ML (***paliperidone***)	3	PA; Preferred Alternatives (ABILIFY MAINTENA, ARISTADA, RISPERDAL CONSTA)
JORNAY PM ORAL CAPSULE,DEL REL,EXT REL SPRINK 100 MG, 20 MG, 40 MG, 60 MG, 80 MG (***methylphenidate***)	3	Preferred Alternatives (methylphenidate er, methylphenidate hcl cd, dexmethylphenidate hcl er, VYVANSE)
KAPVAY ORAL TABLET EXTENDED RELEASE 12 HR 0.1 MG (***clonidine***)	3	Preferred Alternatives (clonidine hcl er)
KETAMINE SUBLINGUAL TROCHE 100 MG (***ketamine***)	3	
LATUDA ORAL TABLET 120 MG, 20 MG, 40 MG, 60 MG (***lurasidone***)	3	Preferred Alternatives (aripiprazole, olanzapine, quetiapine fumarate, quetiapine fumarate er, risperidone, ziprasidone hcl); QL (30 per 30 days)
LATUDA ORAL TABLET 80 MG (***lurasidone***)	3	Preferred Alternatives (aripiprazole, olanzapine, quetiapine fumarate, quetiapine fumarate er, risperidone, ziprasidone hcl); QL (60 per 30 days)
lithium carbonate oral capsule 150 mg, 600 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
lithium carbonate oral capsule 300 mg	1	
lithium carbonate oral tablet 300 mg	1	
lithium carbonate oral tablet extended release 300 mg, 450 mg	1	
lithium citrate oral solution 8 meq/5 ml	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG (***lithium***)	3	Preferred Alternatives (lithium carbonate)
lorazepam intensol oral concentrate 2 mg/ml	1	
lorazepam oral concentrate 2 mg/ml	1	
lorazepam oral tablet 0.5 mg, 1 mg, 2 mg	1	
loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg	1	
maprotiline oral tablet 25 mg, 50 mg, 75 mg	1	
MARPLAN ORAL TABLET 10 MG (***isocarboxazid***)	3	Preferred Alternatives (phenelzine sulfate, tranylcypromine sulfate)
methylphenidate hcl (Metadate Er Oral Tablet Extended Release 20 Mg)	1	
methamphetamine oral tablet 5 mg	1	
METHYLIN ORAL SOLUTION 10 MG/5 ML, 5 MG/5 ML (***methylphenidate***)	3	Preferred Alternatives (methylphenidate hcl)
methylphenidate hcl oral capsule, er biphasic 30-70 10 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg	1	
methylphenidate hcl oral capsule,er biphasic 50-50 10 mg, 20 mg, 30 mg, 40 mg, 60 mg	1	
methylphenidate hcl oral solution 10 mg/5 ml, 5 mg/5 ml	1	
methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg	1	
methylphenidate hcl oral tablet extended release 10 mg, 20 mg	1	
methylphenidate hcl oral tablet extended release 24hr 18 mg, 27 mg, 36 mg, 54 mg	1	
METHYLPHENIDATE HCL ORAL TABLET EXTENDED RELEASE 24HR 72 MG	3	Preferred Alternatives (methylphenidate er, methylphenidate hcl cd, dexmethylphenidate hcl er, VYVANSE)
methylphenidate hcl oral tablet,chewable 10 mg, 2.5 mg, 5 mg	1	
mirtazapine oral tablet 15 mg, 30 mg, 45 mg	1	
mirtazapine oral tablet 7.5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
mirtazapine oral tablet,disintegrating 15 mg, 30 mg, 45 mg	1	
MKO (MIDAZOLAM-KETAMINE-ONDAN) SUBLINGUAL TROCHE 3-25-2 MG (***midazolam***)	3	
modafinil oral tablet 100 mg, 200 mg	1	PA
molindone oral tablet 10 mg, 25 mg, 5 mg	1	
MYDAYIS ORAL CAPSULE, ER TRIPHASIC 24 HR 12.5 MG, 25 MG, 37.5 MG, 50 MG (***dextroamphetamine***)	3	Preferred Alternatives (dextroamphetamine sulfate er, dextroamphetamine-amphet er, dexmethylphenidate hcl er, methylphenidate er, VYVANSE)
NARDIL ORAL TABLET 15 MG (***phenelzine***)	3	Preferred Alternatives (phenelzine sulfate)
nefazodone oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg	1	Preferred Alternatives (bupropion hcl, mirtazapine, trazodone hcl)
NORPRAMIN ORAL TABLET 10 MG, 25 MG (***desipramine***)	3	Preferred Alternatives (desipramine hcl)
nortriptyline oral capsule 10 mg, 25 mg, 50 mg, 75 mg	1	
nortriptyline oral solution 10 mg/5 ml	1	
NUPLAZID ORAL CAPSULE 34 MG (***pimavanserin***)	4	PA; Preferred Alternatives (clozapine, quetiapine fumarate); LA; QL (30 per 1 day)
NUPLAZID ORAL TABLET 10 MG (***pimavanserin***)	4	PA; Preferred Alternatives (clozapine, quetiapine fumarate); LA; QL (60 per 1 day)
NUVIGIL ORAL TABLET 150 MG, 200 MG, 250 MG, 50 MG (***armodafinil***)	3	Preferred Alternatives (armodafinil)
olanzapine intramuscular recon soln 10 mg	1	PA
olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg	1	QL (30 per 30 days)
olanzapine oral tablet,disintegrating 10 mg, 15 mg, 20 mg, 5 mg	1	QL (30 per 30 days)
olanzapine-fluoxetine oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg	1	
ORAP ORAL TABLET 1 MG, 2 MG (***pimozide***)	3	Preferred Alternatives (pimozide)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oxazepam oral capsule 10 mg, 15 mg, 30 mg	1	Preferred Alternatives (lorazepam)
paliperidone oral tablet extended release 24hr 1.5 mg, 3 mg, 9 mg	1	QL (30 per 30 days)
paliperidone oral tablet extended release 24hr 6 mg	1	QL (60 per 30 days)
PAMELOR ORAL CAPSULE 10 MG, 25 MG, 50 MG, 75 MG (***nortriptyline***)	3	Preferred Alternatives (nortriptyline hcl)
PARNATE ORAL TABLET 10 MG (***tranylcypromine***)	3	Preferred Alternatives (tranylcypromine sulfate)
paroxetine hcl oral tablet 10 mg, 40 mg	1	QL (30 per 30 days)
paroxetine hcl oral tablet 20 mg, 30 mg	1	QL (60 per 30 days)
paroxetine hcl oral tablet extended release 24 hr 12.5 mg, 25 mg, 37.5 mg	1	QL (60 per 30 days)
paroxetine mesylate(menop.sym) oral capsule 7.5 mg	1	QL (30 per 30 days)
PAXIL CR ORAL TABLET EXTENDED RELEASE 24 HR 12.5 MG, 25 MG, 37.5 MG (***paroxetine***)	3	ST; Preferred Alternatives (paroxetine er); QL (60 per 30 days)
PAXIL ORAL SUSPENSION 10 MG/5 ML (***paroxetine***)	3	ST; Preferred Alternatives (paroxetine hcl)
PAXIL ORAL TABLET 10 MG, 40 MG (***paroxetine***)	3	ST; Preferred Alternatives (paroxetine hcl); QL (30 per 30 days)
PAXIL ORAL TABLET 20 MG, 30 MG (***paroxetine***)	3	ST; Preferred Alternatives (paroxetine hcl); QL (60 per 30 days)
perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg	1	
perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg	1	
PERSERIS ABDOMINAL SUBCUTANEOUS SUSPENSION,EXTEND REL SYR KIT 120 MG, 90 MG (***risperidone***)	3	PA; Preferred Alternatives (ABILIFY MAINTENA, ARISTADA, RISPERDAL CONSTA)
PEXEVA ORAL TABLET 10 MG, 40 MG (***paroxetine***)	3	ST; Preferred Alternatives (paroxetine hcl, citalopram hbr, escitalopram oxalate, fluoxetine hcl, sertraline hcl); QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEXEVA ORAL TABLET 20 MG, 30 MG (***paroxetine***)	3	ST; Preferred Alternatives (paroxetine hcl, citalopram hbr, escitalopram oxalate, fluoxetine hcl, sertraline hcl); QL (60 per 30 days)
phenelzine oral tablet 15 mg	1	
pimozide oral tablet 1 mg, 2 mg	1	
dextroamphetamine (Procentra Oral Solution 5 Mg/5 Ml)	1	
protriptyline oral tablet 10 mg, 5 mg	1	
QUAZEPAM ORAL TABLET 15 MG	3	
quetiapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg	1	QL (90 per 30 days)
quetiapine oral tablet 300 mg, 400 mg	1	QL (60 per 30 days)
quetiapine oral tablet extended release 24 hr 150 mg, 200 mg	1	QL (30 per 30 days)
quetiapine oral tablet extended release 24 hr 300 mg, 400 mg, 50 mg	1	QL (60 per 30 days)
QUILLICHEW ER ORAL TABLET,CHEW,IR-ER.BIPHASIC24HR 20 MG, 30 MG, 40 MG (***methylphenidate***)	3	Preferred Alternatives (methylphenidate hcl cd, methylphenidate er, dexmethylphenidate hcl er, VYVANSE)
QUILLIVANT XR ORAL SUSPENSION,EXT REL 24HR,RECON 5 MG/ML (25 MG/5 ML) (***methylphenidate***)	3	Preferred Alternatives (methylphenidate hcl cd, methylphenidate er, dexmethylphenidate hcl er, VYVANSE)
ramelteon oral tablet 8 mg	1	PA; QL (30 per 30 days)
methylphenidate hcl (Relexxii Oral Tablet Extended Release 24Hr 72 Mg)	3	Preferred Alternatives (methylphenidate er, methylphenidate hcl cd, dexmethylphenidate hcl er, VYVANSE)
REMERON ORAL TABLET 15 MG, 30 MG (***mirtazapine***)	3	Preferred Alternatives (mirtazapine)
REMERON SOLTAB ORAL TABLET,DISINTEGRATING 15 MG, 30 MG, 45 MG (***mirtazapine***)	3	Preferred Alternatives (mirtazapine)
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG (***temazepam***)	3	Preferred Alternatives (lorazepam)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***brexpiprazole***)	3	Preferred Alternatives (aripiprazole, olanzapine, quetiapine fumarate, quetiapine fumarate er, risperidone, ziprasidone hcl); QL (30 per 30 days)
RISPERDAL CONSTA INTRAMUSCULAR SYRINGE 12.5 MG/2 ML, 25 MG/2 ML, 37.5 MG/2 ML, 50 MG/2 ML (***risperidone***)	2	
RISPERDAL ORAL SOLUTION 1 MG/ML (***risperidone***)	3	Preferred Alternatives (risperidone)
RISPERDAL ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG (***risperidone***)	3	Preferred Alternatives (risperidone); QL (60 per 30 days)
risperidone oral solution 1 mg/ml	1	
risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL (60 per 30 days)
risperidone oral tablet,disintegrating 0.25 mg	1	QL (60 per 30 days)
risperidone oral tablet,disintegrating 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg	1	QL (60 per 30 days)
RITALIN LA ORAL CAPSULE,ER BIPHASIC 50-50 10 MG, 20 MG, 30 MG, 40 MG (***methylphenidate***)	3	Preferred Alternatives (methylphenidate er)
RITALIN ORAL TABLET 10 MG, 20 MG, 5 MG (***methylphenidate***)	3	Preferred Alternatives (methylphenidate hcl)
ROZEREM ORAL TABLET 8 MG (***ramelteon***)	3	ST; Preferred Alternatives (ramelteon); QL (30 per 30 days)
SAPHRIS SUBLINGUAL TABLET 10 MG, 2.5 MG, 5 MG (***asenapine***)	3	Preferred Alternatives (aripiprazole, olanzapine, quetiapine fumarate, quetiapine fumarate er, risperidone, ziprasidone hcl); QL (60 per 30 days)
SARAFEM ORAL TABLET 10 MG (***fluoxetine***)	3	ST; Preferred Alternatives (fluoxetine hcl); QL (30 per 30 days)
SARAFEM ORAL TABLET 20 MG (***fluoxetine***)	3	ST; Preferred Alternatives (fluoxetine hcl)
seconal sodium oral capsule 100 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
sertraline oral concentrate 20 mg/ml	1	
sertraline oral tablet 100 mg, 50 mg	1	QL (60 per 30 days)
sertraline oral tablet 25 mg	1	QL (45 per 30 days)
SILENOR ORAL TABLET 3 MG, 6 MG (***doxepin***)	3	ST; Preferred Alternatives (eszopiclone, zaleplon, zolpidem tartrate, zolpidem tartrate er, ramelteon); QL (30 per 30 days)
SPRAVATO NASAL SPRAY,NON-AEROSOL 56 MG (28 MG X 2), 84 MG (28 MG X 3) (***esketamine***)	4	PA; Preferred Alternatives (olanzapine-fluoxetine hcl, bupropion hcl, desvenlafaxine succinate er, duloxetine hcl, escitalopram oxalate, mirtazapine, sertraline hcl)
SUNOSI ORAL TABLET 150 MG, 75 MG (***solriamfetol***)	2	
SYMBYAX ORAL CAPSULE 12-50 MG, 3-25 MG, 6-25 MG, 6-50 MG (***olanzapine***)	3	Preferred Alternatives (olanzapine-fluoxetine hcl)
temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg	1	Preferred Alternatives (lorazepam)
thioridazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	
TOFRANIL ORAL TABLET 10 MG, 25 MG, 50 MG (***imipramine***)	3	Preferred Alternatives (imipramine hcl)
TRANXENE T-TAB ORAL TABLET 7.5 MG (***clorazepic acid***)	3	Preferred Alternatives (clorazepate dipotassium)
tranylcypromine oral tablet 10 mg	1	
trazodone oral tablet 100 mg, 150 mg, 300 mg, 50 mg	1	
triazolam oral tablet 0.125 mg, 0.25 mg	1	
trifluoperazine oral tablet 1 mg, 10 mg, 2 mg, 5 mg	1	
trimipramine oral capsule 100 mg, 25 mg, 50 mg	1	
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG (***vortioxetine***)	3	Preferred Alternatives (citalopram hbr, escitalopram oxalate, fluoxetine hcl, paroxetine hcl, sertraline hcl); QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 150 mg, 37.5 mg	1	QL (30 per 30 days)
venlafaxine oral capsule,extended release 24hr 75 mg	1	QL (90 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
venlafaxine oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg	1	QL (90 per 30 days)
venlafaxine oral tablet extended release 24hr 150 mg, 225 mg, 37.5 mg, 75 mg	1	QL (30 per 30 days)
VERSACLOZ ORAL SUSPENSION 50 MG/ML (***clozapine***)	3	Preferred Alternatives (clozapine odt, clozapine)
VIIBRYD ORAL TABLET 10 MG, 20 MG, 40 MG (***vilazodone***)	3	ST; Preferred Alternatives (paroxetine hcl, citalopram hbr, escitalopram oxalate, fluoxetine hcl, sertraline hcl); QL (30 per 30 days)
VIIBRYD ORAL TABLETS,DOSE PACK 10 MG (7)- 20 MG (23) (***vilazodone***)	3	ST; Preferred Alternatives (paroxetine hcl, citalopram hbr, escitalopram oxalate, fluoxetine hcl, sertraline hcl); QL (30 per 30 days)
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG (***cariprazine***)	3	Preferred Alternatives (aripiprazole, olanzapine, quetiapine fumarate, quetiapine fumarate er, risperidone, ziprasidone hcl); QL (30 per 30 days)
VRAYLAR ORAL CAPSULE,DOSE PACK 1.5 MG (1)- 3 MG (6) (***cariprazine***)	3	Preferred Alternatives (aripiprazole, olanzapine, quetiapine fumarate, quetiapine fumarate er, risperidone, ziprasidone hcl); QL (7 per 30 days)
VYLEESI SUBCUTANEOUS AUTO-INJECTOR 1.75 MG/0.3 ML (***bremelanotide***)	3	PA
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG, 70 MG (***lisdexamfetamine***)	2	
VYVANSE ORAL TABLET,CHEWABLE 10 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG (***lisdexamfetamine***)	2	
WELLBUTRIN XL ORAL TABLET EXTENDED RELEASE 24 HR 150 MG, 300 MG (***bupropion***)	3	ST; Preferred Alternatives (bupropion hcl xl); QL (30 per 30 days)
XYREM ORAL SOLUTION 500 MG/ML (***gamma-hydroxybutyric acid***)	4	PA; LA
zaleplon oral capsule 10 mg	1	QL (60 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
zaleplon oral capsule 5 mg	1	QL (30 per 30 days)
dextroamphetamine (Zenzedi Oral Tablet 10 Mg, 5 Mg)	1	
ZENZEDI ORAL TABLET 15 MG, 2.5 MG, 20 MG, 30 MG, 7.5 MG (***dextroamphetamine***)	3	Preferred Alternatives (dextroamphetamine sulfate)
ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg	1	QL (60 per 30 days)
ZOLOFT ORAL CONCENTRATE 20 MG/ML (***sertraline***)	3	PA; Preferred Alternatives (sertraline hcl)
zolpidem oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
zolpidem oral tablet,ext release multiphase 12.5 mg, 6.25 mg	1	QL (30 per 30 days)
zolpidem sublingual tablet 1.75 mg, 3.5 mg	1	QL (30 per 30 days)
ZOLPIMIST ORAL SPRAY,NON-AEROSOL 5 MG/SPRAY (0.1 ML) (***zolpidem***)	3	ST; Preferred Alternatives (eszopiclone, zolpidem tartrate, zolpidem tartrate er)
ZYPREXA INTRAMUSCULAR RECON SOLN 10 MG (***olanzapine***)	3	PA; Preferred Alternatives (olanzapine)
ZYPREXA ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG, 5 MG, 7.5 MG (***olanzapine***)	3	Preferred Alternatives (olanzapine); QL (30 per 30 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 210 MG, 300 MG, 405 MG (***olanzapine***)	3	Preferred Alternatives (ABILIFY MAINTENA, ARISTADA, RISPERDAL CONSTA)
ZYPREXA ZYDIS ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 20 MG, 5 MG (***olanzapine***)	3	Preferred Alternatives (olanzapine odt); QL (30 per 30 days)
CARDIOVASCULAR, HYPERTENSION & LIPIDS - DRUGS TO TREAT HEART CONDITIONS OR HIGH BLOOD PRESSURE		
ANTIARRHYTHMIC AGENTS - DRUGS TO TREAT HEART RHYTHM		
amiodarone oral tablet 100 mg, 200 mg, 400 mg	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG (***sotalol***)	3	Preferred Alternatives (sotalol af)
BETAPACE ORAL TABLET 120 MG, 160 MG, 240 MG, 80 MG (***sotalol***)	3	Preferred Alternatives (sotalol)
disopyramide phosphate oral capsule 100 mg, 150 mg	1	Preferred Alternatives (amiodarone hcl, quinidine sulfate, sotalol)
dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flecainide oral tablet 100 mg, 150 mg, 50 mg	1	
mexiletine oral capsule 150 mg, 200 mg, 250 mg	1	
MULTAQ ORAL TABLET 400 MG (***dronedarone***)	3	Preferred Alternatives (amiodarone hcl, dofetilide, flecainide acetate, propafenone hcl, quinidine sulfate, sotalol)
NORPACE CR ORAL CAPSULE, EXTENDED RELEASE 100 MG, 150 MG (***disopyramide***)	3	Preferred Alternatives (amiodarone hcl, quinidine sulfate, sotalol)
NORPACE ORAL CAPSULE 100 MG, 150 MG (***disopyramide***)	3	Preferred Alternatives (amiodarone hcl, quinidine sulfate, sotalol)
pacerone oral tablet 100 mg, 400 mg	1	
amiodarone (Pacerone Oral Tablet 200 Mg)	1	
propafenone oral capsule,extended release 12 hr 225 mg, 325 mg, 425 mg	1	
propafenone oral tablet 150 mg, 225 mg, 300 mg	1	
quinidine gluconate oral tablet extended release 324 mg	1	
quinidine sulfate oral tablet 200 mg, 300 mg	1	
RYTHMOL SR ORAL CAPSULE,EXTENDED RELEASE 12 HR 225 MG, 325 MG, 425 MG (***propafenone***)	3	Preferred Alternatives (propafenone hcl er)
sotalol (Sotalol Af Oral Tablet 120 Mg, 160 Mg, 80 Mg)	1	
sotalol oral tablet 120 mg, 160 mg, 240 mg, 80 mg	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML (***sotalol***)	2	
ANTIHYPERTENSIVE THERAPY - DRUGS TO TREAT HIGH BLOOD PRESSURE		
ACCUPRIL ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (***quinapril***)	3	Preferred Alternatives (quinapril)
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***quinapril***)	3	Preferred Alternatives (quinapril-hydrochlorothiazide)
acebutolol oral capsule 200 mg, 400 mg	1	
ADALAT CC ORAL TABLET EXTENDED RELEASE 30 MG, 60 MG, 90 MG (***nifedipine***)	3	Preferred Alternatives (nifedipine er)
nifedipine (Afeditab Cr Oral Tablet Extended Release 30 Mg, 60 Mg)	1	
ALDACTAZIDE ORAL TABLET 25-25 MG, 50-50 MG (***spironolactone***)	3	Preferred Alternatives (spironolactone w/hctz)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALDACTONE ORAL TABLET 100 MG, 25 MG, 50 MG (***spironolactone***)	3	Preferred Alternatives (spironolactone)
aliskiren oral tablet 150 mg, 300 mg	1	
ALTACE ORAL CAPSULE 1.25 MG, 10 MG, 2.5 MG, 5 MG (***ramipril***)	3	Preferred Alternatives (ramipril)
amiloride oral tablet 5 mg	1	
amiloride-hydrochlorothiazide oral tablet 5-50 mg	1	
amlodipine oral tablet 10 mg, 2.5 mg, 5 mg	1	
amlodipine-benazepril oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg	1	
amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg	1	
amlodipine-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg	1	
amlodipine-valsartan-hcthiazid oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg	1	
atenolol oral tablet 100 mg, 25 mg, 50 mg	1	
atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg	1	
AVALIDE ORAL TABLET 150-12.5 MG, 300-12.5 MG (***irbesartan***)	3	ST; Preferred Alternatives (irbesartan-hydrochlorothiazide)
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG (***irbesartan***)	3	ST; Preferred Alternatives (irbesartan)
benazepril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg	1	
betaxolol oral tablet 10 mg, 20 mg	1	
BIDIL ORAL TABLET 20-37.5 MG (***isosorbide***)	3	Preferred Alternatives (isosorbide dinitrate, hydralazine hcl)
bisoprolol fumarate oral tablet 10 mg, 5 mg	1	
bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg	1	
bumetanide oral tablet 0.5 mg, 1 mg, 2 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
BYSTOLIC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (***nebivolol***)	3	Preferred Alternatives (atenolol, carvedilol, metoprolol succinate)
CALAN ORAL TABLET 120 MG, 80 MG (***verapamil***)	3	Preferred Alternatives (verapamil hcl)
CALAN SR ORAL TABLET EXTENDED RELEASE 120 MG, 180 MG, 240 MG (***verapamil***)	3	Preferred Alternatives (verapamil er)
candesartan oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
candesartan-hydrochlorothiazid oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg	1	
captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg	1	
captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg	1	
CARDIZEM CD ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG (***diltiazem***)	3	Preferred Alternatives (cartia xt, diltiazem 24hr er (cd), DILTIAZEM ER)
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 120 MG (***diltiazem***)	3	Preferred Alternatives (diltiazem 24hr er (cd))
CARDIZEM LA ORAL TABLET EXTENDED RELEASE 24 HR 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem***)	3	Preferred Alternatives (DILTIAZEM ER, matzim la)
CARDIZEM ORAL TABLET 120 MG, 30 MG, 60 MG (***diltiazem***)	3	Preferred Alternatives (diltiazem hcl)
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG (***doxazosin***)	3	Preferred Alternatives (doxazosin mesylate); QL (30 per 30 days)
CARDURA ORAL TABLET 8 MG (***doxazosin***)	3	Preferred Alternatives (doxazosin mesylate); QL (60 per 30 days)
CARDURA XL ORAL TABLET EXTENDED RELEASE 24HR 4 MG, 8 MG (***doxazosin***)	3	Preferred Alternatives (alfuzosin hcl er, doxazosin mesylate, silodosin, tamsulosin hcl, terazosin hcl); QL (30 per 30 days)
diltiazem hcl (Cartia Xt Oral Capsule,Extended Release 24Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg)	1	
carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg	1	
carvedilol phosphate oral capsule, er multiphase 24 hr 10 mg, 20 mg, 40 mg, 80 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CATAPRES ORAL TABLET 0.1 MG, 0.2 MG, 0.3 MG (***clonidine***)	3	Preferred Alternatives (clonidine hcl)
CATAPRES-TTS-1 TRANSDERMAL PATCH WEEKLY 0.1 MG/24 HR (***clonidine***)	3	Preferred Alternatives (clonidine hcl); QL (4 per 30 days)
CATAPRES-TTS-2 TRANSDERMAL PATCH WEEKLY 0.2 MG/24 HR (***clonidine***)	3	Preferred Alternatives (clonidine hcl); QL (4 per 30 days)
CATAPRES-TTS-3 TRANSDERMAL PATCH WEEKLY 0.3 MG/24 HR (***clonidine***)	3	Preferred Alternatives (clonidine hcl); QL (4 per 30 days)
chlorothiazide oral tablet 250 mg, 500 mg	1	
chlorthalidone oral tablet 25 mg, 50 mg	1	
clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg	1	
clonidine transdermal patch weekly 0.1 mg/24 hr, 0.2 mg/24 hr, 0.3 mg/24 hr	1	QL (4 per 30 days)
COREG CR ORAL CAPSULE, ER MULTIPHASE 24 HR 10 MG, 20 MG, 40 MG, 80 MG (***carvedilol***)	3	Preferred Alternatives (carvedilol er)
COREG ORAL TABLET 12.5 MG, 25 MG, 3.125 MG, 6.25 MG (***carvedilol***)	3	Preferred Alternatives (carvedilol)
CORGARD ORAL TABLET 20 MG, 40 MG, 80 MG (***nadolol***)	3	Preferred Alternatives (nadolol)
COZAAR ORAL TABLET 100 MG, 25 MG, 50 MG (***losartan***)	3	ST; Preferred Alternatives (losartan potassium)
DEMSER ORAL CAPSULE 250 MG (***metyrosine***)	2	
DIBENZYLINE ORAL CAPSULE 10 MG (***phenoxybenzamine***)	3	Preferred Alternatives (phenoxybenzamine hcl)
diltiazem hcl oral capsule,ext.rel 24h degradable 120 mg, 180 mg, 240 mg	1	
diltiazem hcl oral capsule,extended release 12 hr 120 mg, 60 mg, 90 mg	1	
diltiazem hcl oral capsule,extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	
diltiazem hcl oral capsule,extended release 24hr 120 mg, 180 mg, 240 mg, 300 mg, 360 mg	1	
diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg	1	
diltiazem hcl oral tablet extended release 24 hr 180 mg, 240 mg, 300 mg, 360 mg, 420 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl (Dilt-Xr Oral Capsule,Ext.Rel 24H Degradable 120 Mg, 180 Mg, 240 Mg)	1	
DIOVAN HCT ORAL TABLET 160-12.5 MG, 160-25 MG, 320-12.5 MG, 320-25 MG, 80-12.5 MG (***valsartan***)	3	ST; Preferred Alternatives (valsartan-hydrochlorothiazide)
DIOVAN ORAL TABLET 160 MG, 320 MG, 40 MG, 80 MG (***valsartan***)	3	ST; Preferred Alternatives (valsartan)
DIURIL ORAL SUSPENSION 250 MG/5 ML (***chlorothiazide***)	3	Preferred Alternatives (chlorothiazide)
doxazosin oral tablet 1 mg, 2 mg, 4 mg	1	QL (30 per 30 days)
doxazosin oral tablet 8 mg	1	QL (60 per 30 days)
DUTOPROL ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG, 50-12.5 MG (***metoprolol***)	3	Preferred Alternatives (metoprolol-hydrochlorothiazide, hydrochlorothiazide, metoprolol succinate)
DYAZIDE ORAL CAPSULE 37.5-25 MG (***triamterene***)	3	Preferred Alternatives (triamterene w/hctz)
DYRENIUM ORAL CAPSULE 100 MG, 50 MG (***triamterene***)	3	Preferred Alternatives (spironolactone)
EDARBI ORAL TABLET 40 MG, 80 MG (***azilsartan***)	3	ST; Preferred Alternatives (candesartan cilexetil, irbesartan, losartan potassium, telmisartan, valsartan)
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG (***azilsartan***)	3	ST; Preferred Alternatives (chlorthalidone, valsartan, candesartan-hydrochlorothiazid, irbesartan-hydrochlorothiazide, losartan-hydrochlorothiazide, valsartan-hydrochlorothiazide)
EDECRIN ORAL TABLET 25 MG (***ethacrynic acid***)	3	Preferred Alternatives (ethacrynic acid)
enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	
enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg	1	
EPANED ORAL SOLUTION 1 MG/ML (***enalaprilat***)	3	Preferred Alternatives (enalapril maleate)
eplerenone oral tablet 25 mg, 50 mg	1	
eprosartan oral tablet 600 mg	1	
ethacrynic acid oral tablet 25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
EXFORGE HCT ORAL TABLET 10-160-12.5 MG, 10-160-25 MG, 10-320-25 MG, 5-160-12.5 MG, 5-160-25 MG (***amlodipine***)	3	ST; Preferred Alternatives (amlodipine-valsartan-hctz)
EXFORGE ORAL TABLET 10-160 MG, 10-320 MG, 5-160 MG, 5-320 MG (***amlodipine***)	3	ST; Preferred Alternatives (amlodipine-valsartan)
felodipine oral tablet extended release 24 hr 10 mg, 2.5 mg, 5 mg	1	
fosinopril oral tablet 10 mg, 20 mg, 40 mg	1	
fosinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg	1	
furosemide oral solution 10 mg/ml	1	
furosemide oral solution 40 mg/5 ml (8 mg/ml)	1	
furosemide oral tablet 20 mg, 40 mg, 80 mg	1	
guanfacine oral tablet 1 mg, 2 mg	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML (***propranolol***)	4	PA; Preferred Alternatives (propranolol hcl)
hydralazine oral tablet 10 mg, 100 mg, 25 mg, 50 mg	1	
hydrochlorothiazide oral capsule 12.5 mg	1	
hydrochlorothiazide oral tablet 12.5 mg	1	
hydrochlorothiazide oral tablet 25 mg, 50 mg	1	
HYZAAR ORAL TABLET 100-12.5 MG, 100-25 MG, 50-12.5 MG (***losartan***)	3	ST; Preferred Alternatives (losartan-hydrochlorothiazide)
indapamide oral tablet 1.25 mg, 2.5 mg	1	
INDERAL XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (***propranolol***)	3	Preferred Alternatives (propranolol hcl)
INNOPRAN XL ORAL CAPSULE,EXTENDED RELEASE 24HR 120 MG, 80 MG (***propranolol***)	3	Preferred Alternatives (propranolol hcl)
INSPRA ORAL TABLET 25 MG, 50 MG (***eplerenone***)	3	Preferred Alternatives (eplerenone)
irbesartan oral tablet 150 mg, 300 mg, 75 mg	1	
irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg	1	
isradipine oral capsule 2.5 mg, 5 mg	1	
KAPSPARGO SPRINKLE ORAL CAPSULE,SPRINKLE,ER 24HR 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol***)	3	Preferred Alternatives (metoprolol succinate)
KATERZIA ORAL SUSPENSION 1 MG/ML (***amlodipine***)	3	
labetalol oral tablet 100 mg, 200 mg, 300 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG (***furosemide***)	3	Preferred Alternatives (furosemide)
lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg	1	
lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG (***metoprolol***)	3	Preferred Alternatives (metoprolol tartrate)
losartan oral tablet 100 mg, 25 mg, 50 mg	1	
losartan-hydrochlorothiazide oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***benazepril***)	3	Preferred Alternatives (benazepril hcl-hctz)
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG (***benazepril***)	3	Preferred Alternatives (benazepril hcl)
LOTREL ORAL CAPSULE 10-20 MG, 10-40 MG, 5-10 MG, 5-20 MG (***amlodipine***)	3	Preferred Alternatives (amlodipine besylate-benazepril)
diltiazem hcl (Matzim La Oral Tablet Extended Release 24 Hr 180 Mg, 240 Mg, 300 Mg, 360 Mg, 420 Mg)	1	
MAXZIDE ORAL TABLET 75-50 MG (***triamterene***)	3	Preferred Alternatives (triamterene w/hctz)
MAXZIDE-25MG ORAL TABLET 37.5-25 MG (***triamterene***)	3	Preferred Alternatives (triamterene w/hctz)
methyclothiazide oral tablet 5 mg	1	
methyldopa oral tablet 250 mg, 500 mg	1	
methyldopa-hydrochlorothiazide oral tablet 250-15 mg, 250-25 mg	1	
metolazone oral tablet 10 mg, 2.5 mg, 5 mg	1	
metoprolol succinate oral tablet extended release 24 hr 100 mg, 200 mg, 25 mg, 50 mg	1	
METOPROLOL SU-HYDROCHLOROTHIAZ ORAL TABLET EXTENDED RELEASE 24 HR 100-12.5 MG, 25-12.5 MG	3	Preferred Alternatives (metoprolol-hydrochlorothiazide, hydrochlorothiazide, metoprolol succinate)
metoprolol ta-hydrochlorothiaz oral tablet 100-25 mg, 100-50 mg, 50-25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metoprolol tartrate oral tablet 100 mg, 50 mg	1	
metoprolol tartrate oral tablet 25 mg, 37.5 mg, 75 mg	1	
MICARDIS HCT ORAL TABLET 40-12.5 MG, 80-12.5 MG, 80-25 MG (***telmisartan***)	3	ST; Preferred Alternatives (telmisartan-hydrochlorothiazid)
MICARDIS ORAL TABLET 20 MG, 40 MG, 80 MG (***telmisartan***)	3	ST; Preferred Alternatives (telmisartan)
MICROZIDE ORAL CAPSULE 12.5 MG (***hydrochlorothiazide***)	3	Preferred Alternatives (hydrochlorothiazide)
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG (***prazosin***)	3	Preferred Alternatives (prazosin hcl)
minoxidil oral tablet 10 mg, 2.5 mg	1	
moexipril oral tablet 15 mg, 7.5 mg	1	
nadolol oral tablet 20 mg, 40 mg, 80 mg	1	
nadolol-bendroflumethiazide oral tablet 80-5 mg	1	
nicardipine oral capsule 20 mg, 30 mg	1	
nifedipine oral capsule 10 mg, 20 mg	1	Preferred Alternatives (nicardipine hcl, isradipine)
nifedipine oral tablet extended release 24hr 30 mg, 60 mg, 90 mg	1	
nifedipine oral tablet extended release 30 mg, 60 mg, 90 mg	1	
nimodipine oral capsule 30 mg	1	
nisoldipine oral tablet extended release 24 hr 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg	1	
NORVASC ORAL TABLET 10 MG, 2.5 MG, 5 MG (***amlodipine***)	3	Preferred Alternatives (amlodipine besylate)
NYMALIZE ORAL SOLUTION 60 MG/20 ML (***nimodipine***)	3	Preferred Alternatives (nimodipine)
olmesartan oral tablet 20 mg, 40 mg, 5 mg	1	
olmesartan-amlodipin-hcthiazid oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg	1	
olmesartan-hydrochlorothiazide oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 0.25 MG, 1 MG, 2.5 MG, 5 MG (***treprostinil***)	4	PA; Preferred Alternatives (sildenafil citrate, tadalafil, ADEMPAS, OPSUMIT, TRACLEER); LA
perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg	1	
phenoxybenzamine oral capsule 10 mg	1	
pindolol oral tablet 10 mg, 5 mg	1	
prazosin oral capsule 1 mg, 2 mg, 5 mg	1	
PRESTALIA ORAL TABLET 14-10 MG, 3.5-2.5 MG, 7-5 MG (***perindopril***)	3	Preferred Alternatives (amlodipine besylate, perindopril erbumine, amlodipine besylate-benazepril)
PRINIVIL ORAL TABLET 10 MG, 20 MG, 5 MG (***lisinopril***)	3	Preferred Alternatives (lisinopril)
PROCARDIA ORAL CAPSULE 10 MG (***nifedipine***)	3	Preferred Alternatives (amlodipine besylate, diltiazem hcl, verapamil hcl)
PROCARDIA XL ORAL TABLET EXTENDED RELEASE 24HR 30 MG, 60 MG, 90 MG (***nifedipine***)	3	Preferred Alternatives (nifedical xl, nifedipine er)
propranolol oral capsule,extended release 24 hr 120 mg, 160 mg, 60 mg, 80 mg	1	
propranolol oral solution 20 mg/5 ml (4 mg/ml), 40 mg/5 ml (8 mg/ml)	1	
propranolol oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg	1	
propranolol-hydrochlorothiazid oral tablet 40-25 mg, 80-25 mg	1	
QBRELIS ORAL SOLUTION 1 MG/ML (***lisinopril***)	3	Preferred Alternatives (lisinopril)
quinapril oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	
quinapril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg	1	
ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg	1	
spironolactone oral tablet 100 mg, 25 mg, 50 mg	1	
spironolacton-hydrochlorothiaz oral tablet 25-25 mg	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HR 17 MG, 34 MG, 8.5 MG (***nisoldipine***)	3	Preferred Alternatives (nisoldipine)
TARKA ORAL TABLET, IR - ER, BIPHASIC 24HR 2-180 MG, 2-240 MG, 4-240 MG (***trandolapril***)	3	Preferred Alternatives (trandolapril-verapamil)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
diltiazem hcl (Taztia Xt Oral Capsule,Extended Release 24 Hr 120 Mg, 180 Mg, 240 Mg, 300 Mg, 360 Mg)	1	
TEKTURNA HCT ORAL TABLET 150-12.5 MG, 150-25 MG, 300-12.5 MG, 300-25 MG (***aliskiren***)	3	Preferred Alternatives (enalapril maleate/hctz, lisinopril-hctz, losartan-hydrochlorothiazide, valsartan-hydrochlorothiazide)
TEKTURNA ORAL TABLET 150 MG, 300 MG (***aliskiren***)	3	Preferred Alternatives (benazepril hcl, enalapril maleate, lisinopril, losartan potassium, ramipril, valsartan)
telmisartan oral tablet 20 mg, 40 mg, 80 mg	1	
telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg	1	
telmisartan-hydrochlorothiazid oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg	1	
TENORETIC 100 ORAL TABLET 100-25 MG (***atenolol***)	3	Preferred Alternatives (atenolol w/chlorthalidone)
TENORETIC 50 ORAL TABLET 50-25 MG (***atenolol***)	3	Preferred Alternatives (atenolol w/chlorthalidone)
TENORMIN ORAL TABLET 100 MG, 25 MG, 50 MG (***atenolol***)	3	Preferred Alternatives (atenolol)
terazosin oral capsule 1 mg, 10 mg, 2 mg, 5 mg	1	QL (30 per 30 days)
TIAZAC ORAL CAPSULE,EXTENDED RELEASE 24 HR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (***diltiazem***)	3	Preferred Alternatives (diltiazem er, taztia xt)
timolol maleate oral tablet 10 mg, 20 mg, 5 mg	1	
TOPROL XL ORAL TABLET EXTENDED RELEASE 24 HR 100 MG, 200 MG, 25 MG, 50 MG (***metoprolol***)	3	Preferred Alternatives (metoprolol succinate)
torsemide oral tablet 10 mg, 100 mg, 20 mg, 5 mg	1	
trandolapril oral tablet 1 mg, 2 mg, 4 mg	1	
trandolapril-verapamil oral tablet, ir - er, biphasic 24hr 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg	1	
triamterene oral capsule 100 mg, 50 mg	1	
triamterene-hydrochlorothiazid oral capsule 37.5-25 mg	1	
triamterene-hydrochlorothiazid oral tablet 37.5-25 mg, 75-50 mg	1	
TWYNSTA ORAL TABLET 40-10 MG, 40-5 MG, 80-10 MG, 80-5 MG (***telmisartan***)	3	ST; Preferred Alternatives (telmisartan-amlodipine)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
UPTRAVI ORAL TABLET 1,000 MCG, 1,200 MCG, 1,400 MCG, 1,600 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG (***selexipag***)	4	PA; LA
UPTRAVI ORAL TABLETS,DOSE PACK 200 MCG (140)- 800 MCG (60) (***selexipag***)	4	PA; LA
valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg	1	
valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg	1	
VASERETIC ORAL TABLET 10-25 MG (***enalaprilat***)	3	Preferred Alternatives (enalapril maleate/hctz)
VASOTEC ORAL TABLET 10 MG, 2.5 MG, 20 MG, 5 MG (***enalaprilat***)	3	Preferred Alternatives (enalapril maleate)
verapamil oral capsule, 24 hr er pellet ct 100 mg, 200 mg, 300 mg	1	
verapamil oral capsule,ext rel. pellets 24 hr 120 mg, 180 mg, 240 mg, 360 mg	1	
verapamil oral tablet 120 mg, 40 mg, 80 mg	1	
verapamil oral tablet extended release 120 mg, 180 mg, 240 mg	1	
VERELAN ORAL CAPSULE,EXT REL. PELLETS 24 HR 120 MG, 180 MG, 240 MG, 360 MG (***verapamil***)	3	Preferred Alternatives (verapamil er)
VERELAN PM ORAL CAPSULE, 24 HR ER PELLET CT 100 MG, 200 MG, 300 MG (***verapamil***)	3	Preferred Alternatives (verapamil er pm)
ZESTORETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG (***lisinopril***)	3	Preferred Alternatives (lisinopril-hctz)
ZESTRIL ORAL TABLET 10 MG, 2.5 MG, 20 MG, 30 MG, 40 MG, 5 MG (***lisinopril***)	3	Preferred Alternatives (lisinopril)
ZIAC ORAL TABLET 10-6.25 MG, 2.5-6.25 MG, 5-6.25 MG (***bisoprolol***)	3	Preferred Alternatives (bisoprolol fumarate/hctz)
CARDIAC GLYCOSIDES - OTHER DRUGS THAT TREAT HEART CONDITIONS		
digoxin (Digitek Oral Tablet 125 Mcg, 250 Mcg)	1	
digoxin (Digox Oral Tablet 125 Mcg, 250 Mcg)	1	
digoxin oral solution 50 mcg/ml	1	
digoxin oral tablet 125 mcg, 250 mcg	1	
LANOXIN ORAL TABLET 125 MCG, 187.5 MCG, 250 MCG, 62.5 MCG (***digoxin***)	3	Preferred Alternatives (digoxin)
COAGULATION THERAPY - BLOOD THINNING MEDICINES		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ADVATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 4,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii***)	4	PA; LA
ADYNOVATE INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT, 750 (+/-) UNIT (***antihemophilic factor viii***)	4	PA; LA
AFSTYLA INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT RANGE, 1,500 (+/-) UNIT RANGE, 2,000 (+/-) UNIT RANGE, 2,500 (+/-) UNIT RANGE, 250 (+/-) UNIT RANGE, 3,000 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (***antihemophilic factor viii***)	4	PA; LA
AGGRENOX ORAL CAPSULE, ER MULTIPHASE 12 HR 25-200 MG (***aspirin***)	3	Preferred Alternatives (aspirin-dipyridamole er)
ALPROLIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 500 UNIT (***factor ix***)	4	PA; LA
AMICAR ORAL SOLUTION 250 MG/ML (25 %) (***aminocaproic acid***)	2	
AMICAR ORAL TABLET 1,000 MG, 500 MG (***aminocaproic acid***)	3	Preferred Alternatives (aminocaproic acid)
aminocaproic acid oral tablet 1,000 mg, 500 mg	1	
ARIXTRA SUBCUTANEOUS SYRINGE 10 MG/0.8 ML, 2.5 MG/0.5 ML, 5 MG/0.4 ML, 7.5 MG/0.6 ML (***fondaparinux***)	4	PA; Preferred Alternatives (fondaparinux sodium)
aspirin-dipyridamole oral capsule, er multiphase 12 hr 25-200 mg	1	
BENEFIX INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix***)	4	PA; LA
BEVYXXA ORAL CAPSULE 40 MG, 80 MG (***betrixaban***)	3	Preferred Alternatives (enoxaparin sodium, fondaparinux sodium, ELIQUIS, XARELTO)
BRILINTA ORAL TABLET 60 MG, 90 MG (***ticagrelor***)	2	
CABLIVI INJECTION KIT 11 MG (***caplacizumab-yhdp***)	4	PA
CEPROTIN (BLUE BAR) INTRAVENOUS RECON SOLN 500 UNIT (***protein c***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CEPROTIN (GREEN BAR) INTRAVENOUS RECON SOLN 1,000 UNIT (***protein c***)	4	PA; LA
cilostazol oral tablet 100 mg, 50 mg	1	
clopidogrel oral tablet 300 mg, 75 mg	1	
COAGADEX INTRAVENOUS RECON SOLN 250 (+/-) UNIT RANGE, 500 (+/-) UNIT RANGE (***coagulation factor x***)	4	PA
COUMADIN ORAL TABLET 1 MG, 10 MG, 2 MG, 2.5 MG, 3 MG, 4 MG, 5 MG, 6 MG, 7.5 MG (***warfarin***)	3	Preferred Alternatives (warfarin sodium)
dipyridamole oral tablet 25 mg, 50 mg, 75 mg	1	
DOPTELET (15 TAB PACK) ORAL TABLET 20 MG (***avatrombopag***)	4	PA; LA
EFFIENT ORAL TABLET 10 MG, 5 MG (***prasugrel***)	3	Preferred Alternatives (prasugrel hcl)
ELIQUIS ORAL TABLET 2.5 MG, 5 MG (***apixaban***)	2	
ELIQUIS ORAL TABLETS,DOSE PACK 5 MG (74 TABS) (***apixaban***)	2	
ELOCTATE INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 4,000 UNIT, 5,000 UNIT, 500 UNIT, 6,000 UNIT, 750 UNIT (***antihemophilic factor viii***)	4	PA; LA
enoxaparin subcutaneous solution 300 mg/3 ml	4	
enoxaparin subcutaneous syringe 100 mg/ml, 120 mg/0.8 ml, 150 mg/ml, 30 mg/0.3 ml, 40 mg/0.4 ml, 60 mg/0.6 ml, 80 mg/0.8 ml	4	
fondaparinux subcutaneous syringe 10 mg/0.8 ml, 2.5 mg/0.5 ml, 5 mg/0.4 ml, 7.5 mg/0.6 ml	4	PA
FRAGMIN SUBCUTANEOUS SOLUTION 25,000 ANTI-XA UNIT/ML (***dalteparin,porcine***)	4	PA; Preferred Alternatives (enoxaparin sodium, fondaparinux sodium)
FRAGMIN SUBCUTANEOUS SYRINGE 10,000 ANTI-XA UNIT/ML, 12,500 ANTI-XA UNIT/0.5 ML, 15,000 ANTI-XA UNIT/0.6 ML, 18,000 ANTI-XA UNIT/0.72 ML, 2,500 ANTI-XA UNIT/0.2 ML, 5,000 ANTI-XA UNIT/0.2 ML, 7,500 ANTI-XA UNIT/0.3 ML (***dalteparin,porcine***)	4	PA; Preferred Alternatives (enoxaparin sodium, fondaparinux sodium)
HELIXATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7 ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4 ML (***emicizumab-kxwh***)	4	PA; LA
hep flush-10 (pf) intravenous solution 10 unit/ml	1	
HEPARIN (PORCINE) IN 0.9% NACL INTRAVENOUS PARENTERAL SOLUTION 2,500 UNIT/500 ML (5 UNIT/ML), 30,000 UNIT/1,000 ML, 4000 UNIT/1000 ML (4 UNIT/ML), 5,000 UNIT/1,000 ML, 5,000 UNIT/500 ML (10 UNIT/ML) (***heparin (porcine)***)	3	
heparin (porcine) in 5 % dex intravenous parenteral solution 20,000 unit/500 ml (40 unit/ml), 25,000 unit/250 ml(100 unit/ml), 25,000 unit/500 ml (50 unit/ml)	1	PA
heparin (porcine) in nacl (pf) intravenous parenteral solution 1,000 unit/500 ml, 2,000 unit/1,000 ml	1	PA
heparin (porcine) injection cartridge 5,000 unit/ml (1 ml)	1	PA
heparin (porcine) injection solution 1,000 unit/ml, 10,000 unit/ml, 20,000 unit/ml, 5,000 unit/ml	1	PA
heparin (porcine) injection syringe 5,000 unit/ml	1	PA
heparin flush(porcine)-0.9nacl intravenous kit 100 unit/ml	1	
heparin lock flush (porcine) intravenous solution 100 unit/ml	1	
heparin lock flush intravenous solution 10 unit/ml	1	
heparin lock flush intravenous syringe 10 unit/ml	1	
heparin lockflush(porcine)(pf) intravenous syringe 10 unit/ml, 100 unit/ml	1	
HEPARIN(PORCINE) IN 0.45% NACL INTRAVENOUS PARENTERAL SOLUTION 12,500 UNIT/250 ML (***heparin (porcine)***)	3	
heparin(porcine) in 0.45% nacl intravenous parenteral solution 25,000 unit/250 ml, 25,000 unit/500 ml	1	PA
heparin, porcine (pf) injection solution 1,000 unit/ml, 5,000 unit/0.5 ml	1	PA
heparin, porcine (pf) injection syringe 5,000 unit/0.5 ml	1	PA
heparin, porcine (pf) intravenous solution 100 unit/ml (1 ml)	1	
heparin, porcine (pf) intravenous syringe 1 unit/ml	1	
heparin, porcine (pf) intravenous syringe 100 unit/ml	1	
HEPARIN, PORCINE (PF) SUBCUTANEOUS SYRINGE 5,000 UNIT/0.5 ML (***heparin (porcine)***)	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
IDELVION INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,500 (+/-) UNIT, 500 (+/-) UNIT (***factor ix***)	4	PA; Preferred Alternatives (ALPROLIX); LA
IXINITY INTRAVENOUS RECON SOLN 1,000 UNIT, 1,500 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix***)	4	PA; LA
warfarin (Jantoven Oral Tablet 1 Mg, 10 Mg, 2 Mg, 2.5 Mg, 3 Mg, 4 Mg, 5 Mg, 6 Mg, 7.5 Mg)	1	
JIVI INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii***)	4	PA; LA
KOGENATE FS INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii***)	4	PA; LA
KOVALTRY INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii***)	4	PA; LA
MEPHYTON ORAL TABLET 5 MG (***phytonadione (vitamin k1)***)	3	Preferred Alternatives (phytonadione)
MULPLETA ORAL TABLET 3 MG (***lusutrombopag***)	4	PA; LA
NOVOEIGHT INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii***)	4	PA; LA
NOVOSEVEN RT INTRAVENOUS RECON SOLN 1 MG (1,000 MCG), 2 MG (2,000 MCG), 5 MG (5,000 MCG), 8 MG (8,000 MCG) (***coagulation factor viia (recombinant)***)	4	PA; LA
NPLATE SUBCUTANEOUS RECON SOLN 250 MCG, 500 MCG (***romiplostim***)	4	PA; LA
NUWIQ INTRAVENOUS RECON SOLN 1000 (+/-) UNIT, 2,000 (+/-) UNIT, 2,500 UNIT, 250 (+/-) UNIT, 3,000 UNIT, 4,000 UNIT, 500 (+/-) UNIT (***antihemophilic factor viii***)	4	PA; Preferred Alternatives (ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT); LA
pentoxifylline oral tablet extended release 400 mg	1	
phytonadione (vitamin k1) injection solution 10 mg/ml	1	PA
PHYTONADIONE (VITAMIN K1) INJECTION SYRINGE 1 MG/0.5 ML (***phytonadione (vitamin k1)***)	3	PA
phytonadione (vitamin k1) oral tablet 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRADAXA ORAL CAPSULE 110 MG, 150 MG, 75 MG (***dabigatran etexilate***)	3	PA; Preferred Alternatives (ELIQUIS, XARELTO)
prasugrel oral tablet 10 mg, 5 mg	1	
PROMACTA ORAL POWDER IN PACKET 12.5 MG (***eltrombopag***)	4	PA; LA
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG (***eltrombopag***)	4	PA; LA
REBINYN INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 500 (+/-) UNIT (***factor ix***)	4	PA; Preferred Alternatives (ALPROLIX); LA
RECOMBINATE INTRAVENOUS RECON SOLN 1,000 (+/-) UNIT, 1,500 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii***)	4	PA; Preferred Alternatives (ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT); LA
RIXUBIS INTRAVENOUS RECON SOLN 1,000 UNIT, 2,000 UNIT, 250 UNIT, 3,000 UNIT, 500 UNIT (***factor ix***)	4	PA; Preferred Alternatives (BENEFIX); LA
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG (***edoxaban***)	3	Preferred Alternatives (ELIQUIS, XARELTO)
TAVALISSE ORAL TABLET 100 MG, 150 MG (***fostamatinib***)	4	PA; Preferred Alternatives (PROMACTA, NPLATE)
TRETTEN INTRAVENOUS RECON SOLN 2,500 UNIT (***factor xiii a-subunit, recombinant***)	4	PA; LA
vitamin k injection solution 1 mg/0.5 ml	1	PA
phytonadione (vitamin k1) (Vitamin K1 Injection Solution 10 Mg/Ml)	1	PA
VONVENDI INTRAVENOUS RECON SOLN 1,300 (+/-) UNIT RANGE, 650 (+/-) UNIT RANGE (***von willebrand factor, human***)	4	PA; LA
warfarin oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg	1	
WILATE INTRAVENOUS RECON SOLN 1,000-1,000 UNIT, 500-500 UNIT (***antihemophilic factor viii***)	4	PA; Preferred Alternatives (ALPHANATE, HUMATE-P); LA
XARELTO ORAL TABLET 10 MG, 15 MG, 2.5 MG, 20 MG (***rivaroxaban***)	2	
XARELTO ORAL TABLETS,DOSE PACK 15 MG (42)- 20 MG (9) (***rivaroxaban***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYNTHA INTRAVENOUS SOLUTION 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii***)	4	PA; Preferred Alternatives (ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT); LA
XYNTHA SOLOFUSE INTRAVENOUS SYRINGE 1,000 (+/-) UNIT, 2,000 (+/-) UNIT, 250 (+/-) UNIT, 3,000 (+/-) UNIT, 500 (+/-) UNIT (***antihemophilic factor viii***)	4	PA; Preferred Alternatives (ADVATE, AFSTYLA, KOGENATE FS, KOVALTRY, NOVOEIGHT); LA
ZONTIVITY ORAL TABLET 2.08 MG (***vorapaxar***)	3	Preferred Alternatives (clopidogrel, aspirin)
LIPID/CHOLESTEROL LOWERING AGENTS - DRUGS TO TREAT HIGH CHOLESTEROL		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HR 20 MG, 40 MG, 60 MG (***lovastatin***)	3	ST; Preferred Alternatives (atorvastatin calcium, lovastatin, rosuvastatin calcium, simvastatin); QL (30 per 30 days)
amlodipine-atorvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg, 2.5-10 mg, 2.5-20 mg, 2.5-40 mg, 5-10 mg, 5-20 mg, 5-40 mg, 5-80 mg	1	QL (30 per 30 days)
ANTARA ORAL CAPSULE 30 MG, 90 MG (***fenofibrate***)	3	Preferred Alternatives (fenofibrate, fenofibric acid)
atorvastatin oral tablet 10 mg, 20 mg	1	ACA; QL (30 per 30 days)
atorvastatin oral tablet 40 mg, 80 mg	1	QL (30 per 30 days)
CADUET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG, 5-10 MG, 5-20 MG, 5-40 MG, 5-80 MG (***amlodipine***)	3	ST; Preferred Alternatives (amlodipine-atorvastatin); QL (30 per 30 days)
cholestyramine (with sugar) oral powder 4 gram	1	
cholestyramine (with sugar) oral powder in packet 4 gram	1	
cholestyramine light oral powder 4 gram	1	
cholestyramine light oral powder in packet 4 gram	1	
colesevelam oral powder in packet 3.75 gram	1	
colesevelam oral tablet 625 mg	1	
COLESTID FLAVORED ORAL PACKET 7.5 GRAM (***colestipol***)	3	Preferred Alternatives (colestipol hcl)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COLESTID ORAL GRANULES 5 GRAM (***colestipol***)	3	Preferred Alternatives (colestipol hcl)
COLESTID ORAL PACKET 5 GRAM (***colestipol***)	3	Preferred Alternatives (colestipol hcl)
COLESTID ORAL TABLET 1 GRAM (***colestipol***)	3	Preferred Alternatives (colestipol hcl)
colestipol oral granules 5 gram	1	
colestipol oral packet 5 gram	1	
colestipol oral tablet 1 gram	1	
CRESTOR ORAL TABLET 10 MG, 20 MG, 40 MG, 5 MG (***rosuvastatin***)	3	ST; Preferred Alternatives (rosuvastatin calcium); QL (30 per 30 days)
EZALLOR SPRINKLE ORAL CAPSULE, SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG (***rosuvastatin***)	3	PA; Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin)
ezetimibe oral tablet 10 mg	1	
ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg	1	QL (30 per 30 days)
fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg	1	
fenofibrate nanocrystallized oral tablet 145 mg, 48 mg	1	
FENOFIBRATE ORAL CAPSULE 150 MG, 50 MG	3	Preferred Alternatives (fenofibrate, fenofibric acid)
fenofibrate oral tablet 120 mg, 160 mg, 40 mg, 54 mg	1	
fenofibric acid (choline) oral capsule,delayed release(dr/ec) 135 mg, 45 mg	1	
fenofibric acid oral tablet 105 mg, 35 mg	1	
FENOGLIDE ORAL TABLET 120 MG, 40 MG (***fenofibrate***)	3	Preferred Alternatives (fenofibrate)
FIBRICOR ORAL TABLET 105 MG, 35 MG (***fenofibric acid***)	3	Preferred Alternatives (fenofibric acid)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLOLIPID ORAL SUSPENSION 20 MG/5 ML (4 MG/ML), 40 MG/5 ML (8 MG/ML) (***simvastatin***)	3	ST; Preferred Alternatives (atorvastatin calcium, fluvastatin er, lovastatin, pravastatin sodium, rosuvastatin calcium, simvastatin)
fluvastatin oral capsule 20 mg	1	ACA; QL (30 per 30 days)
fluvastatin oral capsule 40 mg	1	ACA; QL (60 per 30 days)
fluvastatin oral tablet extended release 24 hr 80 mg	1	ACA; QL (30 per 30 days)
gemfibrozil oral tablet 600 mg	1	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 40 MG, 5 MG, 60 MG (***lomitapide***)	4	PA; LA
LESCOL XL ORAL TABLET EXTENDED RELEASE 24 HR 80 MG (***fluvastatin***)	3	ST; Preferred Alternatives (fluvastatin er); QL (30 per 30 days)
LIPITOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (***atorvastatin***)	3	ST; Preferred Alternatives (atorvastatin calcium); QL (30 per 30 days)
LIPOFEN ORAL CAPSULE 150 MG, 50 MG (***fenofibrate***)	3	Preferred Alternatives (fenofibrate, fenofibric acid)
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG (***pitavastatin***)	3	ST; Preferred Alternatives (atorvastatin calcium, rosuvastatin calcium, simvastatin); QL (30 per 30 days)
LOPID ORAL TABLET 600 MG (***gemfibrozil***)	3	Preferred Alternatives (gemfibrozil)
lovastatin oral tablet 10 mg, 20 mg, 40 mg	1	ACA; QL (30 per 30 days)
LOVAZA ORAL CAPSULE 1 GRAM (***omega-3 fatty acids***)	3	Preferred Alternatives (omega-3 acid ethyl esters)
niacin oral tablet 500 mg	1	
niacin oral tablet extended release 24 hr 1,000 mg, 500 mg, 750 mg	1	
NIASPAN EXTENDED-RELEASE ORAL TABLET EXTENDED RELEASE 24 HR 1,000 MG, 500 MG, 750 MG (***niacin***)	3	Preferred Alternatives (niacin er)
omega-3 acid ethyl esters oral capsule 1 gram	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRAVACHOL ORAL TABLET 20 MG, 40 MG, 80 MG (***pravastatin***)	3	ST; Preferred Alternatives (pravastatin sodium); QL (30 per 30 days)
pravastatin oral tablet 10 mg, 20 mg, 40 mg, 80 mg	1	ACA; QL (30 per 30 days)
prevalite oral powder 4 gram	1	
prevalite oral powder in packet 4 gram	1	
QUESTRAN LIGHT ORAL POWDER 4 GRAM (***cholestyramine***)	3	Preferred Alternatives (cholestyramine light)
cholestyramine (with sugar) (Questran Oral Powder 4 Gram)	3	Preferred Alternatives (cholestyramine)
cholestyramine (with sugar) (Questran Oral Powder In Packet 4 Gram)	3	Preferred Alternatives (cholestyramine)
rosuvastatin oral tablet 10 mg, 5 mg	1	ACA; QL (30 per 30 days)
rosuvastatin oral tablet 20 mg, 40 mg	1	QL (30 per 30 days)
simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg	1	ACA; QL (30 per 30 days)
simvastatin oral tablet 80 mg	1	QL (30 per 30 days)
TRICOR ORAL TABLET 145 MG, 48 MG (***fenofibrate***)	3	Preferred Alternatives (fenofibrate)
TRIGLIDE ORAL TABLET 160 MG (***fenofibrate***)	3	Preferred Alternatives (fenofibrate, fenofibric acid)
omega-3 acid ethyl esters (Triklo Oral Capsule 1 Gram)	1	
TRILIPIX ORAL CAPSULE,DELAYED RELEASE(DR/EC) 135 MG, 45 MG (***fenofibric acid***)	3	Preferred Alternatives (fenofibric acid)
VASCEPA ORAL CAPSULE 0.5 GRAM, 1 GRAM (***icosapent ethyl***)	2	
WELCHOL ORAL POWDER IN PACKET 3.75 GRAM (***colesevelam***)	3	Preferred Alternatives (colesevelam hcl)
WELCHOL ORAL TABLET 625 MG (***colesevelam***)	3	Preferred Alternatives (colesevelam hcl)
ZOCOR ORAL TABLET 10 MG, 20 MG, 40 MG, 80 MG (***simvastatin***)	3	ST; Preferred Alternatives (simvastatin); QL (30 per 30 days)
ZYPITAMAG ORAL TABLET 1 MG, 2 MG, 4 MG (***pitavastatin***)	3	PA; Preferred Alternatives (atorvastatin calcium, lovastatin, rosuvastatin calcium, simvastatin)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS CARDIOVASCULAR AGENTS - OTHER DRUGS THAT TREAT HEART CONDITIONS		
CORLANOR ORAL SOLUTION 5 MG/5 ML (***ivabradine***)	3	
CORLANOR ORAL TABLET 5 MG, 7.5 MG (***ivabradine***)	2	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG (***sacubitril***)	2	QL (60 per 30 days)
RANEXA ORAL TABLET EXTENDED RELEASE 12 HR 1,000 MG, 500 MG (***ranolazine***)	3	Preferred Alternatives (ranolazine er)
ranolazine oral tablet extended release 12 hr 1,000 mg, 500 mg	1	
VECAMYL ORAL TABLET 2.5 MG (***mecamylamine***)	3	Preferred Alternatives (clonidine hcl, RESERPINE)
VYNDAQEL ORAL CAPSULE 20 MG (***tafamidis***)	4	PA; LA
NITRATES - OTHER DRUGS THAT TREAT HEART CONDITIONS		
DILATRATE-SR ORAL CAPSULE, EXTENDED RELEASE 40 MG (***isosorbide***)	3	Preferred Alternatives (isosorbide dinitrate)
GONITRO SUBLINGUAL POWDER IN PACKET 400 MCG (***nitroglycerin***)	3	Preferred Alternatives (nitroglycerin, nitroglycerin)
isosorbide dinitrate (Isochron Oral Tablet Extended Release 40 Mg)	3	Preferred Alternatives (isosorbide dinitrate)
ISORDIL ORAL TABLET 40 MG (***isosorbide***)	3	Preferred Alternatives (isosorbide dinitrate)
ISORDIL TITRADOSE ORAL TABLET 5 MG (***isosorbide***)	3	Preferred Alternatives (isosorbide dinitrate)
isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg	1	
isosorbide dinitrate oral tablet extended release 40 mg	1	
isosorbide mononitrate oral tablet 10 mg, 20 mg	1	
isosorbide mononitrate oral tablet extended release 24 hr 120 mg, 30 mg, 60 mg	1	
nitroglycerin (Minitran Transdermal Patch 24 Hour 0.1 Mg/Hr, 0.2 Mg/Hr, 0.4 Mg/Hr, 0.6 Mg/Hr)	3	Preferred Alternatives (nitroglycerin)
nitro-bid transdermal ointment 2 %	1	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.1 MG/HR, 0.2 MG/HR, 0.3 MG/HR, 0.4 MG/HR, 0.6 MG/HR, 0.8 MG/HR (***nitroglycerin***)	3	Preferred Alternatives (nitroglycerin)
nitroglycerin oral capsule, extended release 2.5 mg, 6.5 mg, 9 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nitroglycerin sublingual tablet 0.3 mg, 0.4 mg, 0.6 mg	1	
nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr	1	
nitroglycerin translingual spray,non-aerosol 400 mcg/spray	1	
NITROLINGUAL TRANSLINGUAL SPRAY,NON-AEROSOL 400 MCG/SPRAY (***nitroglycerin***)	3	Preferred Alternatives (nitroglycerin)
NITROMIST TRANSLINGUAL AEROSOL,SPRAY 400 MCG/SPRAY (***nitroglycerin***)	3	Preferred Alternatives (nitroglycerin)
NITROSTAT SUBLINGUAL TABLET 0.3 MG, 0.4 MG, 0.6 MG (***nitroglycerin***)	3	Preferred Alternatives (nitroglycerin)
nitroglycerin (Nitro-Time Oral Capsule, Extended Release 2.5 Mg, 6.5 Mg, 9 Mg)	1	
DERMATOLOGICALS/TOPICAL THERAPY - DRUGS TO TREAT SKIN CONDITIONS		
ANTIPSORIATIC / ANTISEBORRHEIC - DRUGS TO TREAT PSORIASIS		
acitretin oral capsule 10 mg, 17.5 mg, 25 mg	1	
ANALPRAM-HC TOPICAL LOTION 2.5-1 % (***hydrocortisone***)	3	
calcipotriene scalp solution 0.005 %	1	QL (120 per 30 days)
calcipotriene topical cream 0.005 %	1	QL (120 per 30 days)
calcipotriene topical ointment 0.005 %	1	QL (120 per 30 days)
calcipotriene-betamethasone topical ointment 0.005-0.064 %	1	QL (60 per 30 days)
calcipotriene (Calcitrene Topical Ointment 0.005 %)	1	QL (120 per 30 days)
calcitriol topical ointment 3 mcg/gram	1	
COAL TAR TOPICAL SOLUTION 20 % (***coal tar***)	2	
COSENTYX (2 SYRINGES) SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***)	4	PA; LA
COSENTYX PEN (2 PENS) SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	4	PA; LA
COSENTYX PEN SUBCUTANEOUS PEN INJECTOR 150 MG/ML (***secukinumab***)	4	PA; LA
COSENTYX SUBCUTANEOUS SYRINGE 150 MG/ML (***secukinumab***)	4	PA; LA
DOVONEX TOPICAL CREAM 0.005 % (***calcipotriene***)	3	Preferred Alternatives (calcipotriene); QL (120 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
drithocreme hp topical cream 1 %	1	
ENSTILAR TOPICAL FOAM 0.005-0.064 % (***calcipotriene***)	3	Preferred Alternatives (calcipotriene-betamethasone dp); QL (60 per 30 days)
EPIFOAM TOPICAL FOAM 1-1 % (***hydrocortisone***)	3	Preferred Alternatives (hc pramoxine)
hydrocortisone-pramoxine topical cream 2.5-1 %	1	
ILUMYA SUBCUTANEOUS SYRINGE 100 MG/ML (***tildrakizumab-asmn***)	4	PA; Preferred Alternatives (COSENTYX 300MG, HUMIRA, OTEZLA, SKYRIZI (2 SYRINGES) KIT, STELARA, TREMFYA); LA
OVACE PLUS SHAMPOO TOPICAL SHAMPOO 10 % (***sulfacetamide***)	3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL CLEANSER 10 % (***sulfacetamide***)	3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL CREAM 10 % (***sulfacetamide***)	3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL FOAM 9.8 % (***sulfacetamide***)	3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS TOPICAL LOTION 9.8 % (***sulfacetamide***)	3	Preferred Alternatives (sodium sulfacetamide)
OVACE PLUS WASH TOPICAL CLEANSER, GEL 10 % (***sulfacetamide***)	3	Preferred Alternatives (sodium sulfacetamide)
OVACE TOPICAL CLEANSER 10 % (***sulfacetamide***)	3	Preferred Alternatives (sodium sulfacetamide)
PRAMOSONE TOPICAL CREAM 1-1 %, 2.5-1 % (***hydrocortisone***)	3	Preferred Alternatives (hc pramoxine)
PRAMOSONE TOPICAL LOTION 1-1 %, 2.5-1 % (***hydrocortisone***)	3	Preferred Alternatives (hc pramoxine)
PRAMOSONE TOPICAL OINTMENT 1-1 %, 2.5-1 % (***hydrocortisone***)	3	Preferred Alternatives (hc pramoxine)
selenium sulfide topical lotion 2.5 %	1	
selenium sulfide topical shampoo 2.25 %, 2.3 %	1	
SELRX TOPICAL SHAMPOO 2.3 % (***selenium sulfide***)	3	Preferred Alternatives (selenium sulfide)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SILIQ SUBCUTANEOUS SYRINGE 210 MG/1.5 ML (***brodalumab***)	4	PA; Preferred Alternatives (COSENTYX 300MG, ENBREL, HUMIRA, OTEZLA, STELARA); LA
SKYRIZI SUBCUTANEOUS SYRINGE KIT 150MG/1.66ML(75 MG/0.83 ML X2) (***risankizumab-rzaa***)	4	PA; LA
SORIATANE ORAL CAPSULE 10 MG, 17.5 MG, 25 MG (***acitretin***)	3	Preferred Alternatives (acitretin)
SORILUX TOPICAL FOAM 0.005 % (***calcipotriene***)	3	Preferred Alternatives (calcipotriene, calcitriol); QL (120 per 30 days)
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5 ML (***ustekinumab***)	4	PA; LA
STELARA SUBCUTANEOUS SYRINGE 45 MG/0.5 ML, 90 MG/ML (***ustekinumab***)	4	PA; LA
sulfacetamide sodium topical cleanser 10 %	1	
sulfacetamide sodium topical cleanser, gel 10 %	1	
sulfacetamide sodium topical shampoo 10 %	1	
TACLONEX TOPICAL OINTMENT 0.005-0.064 % (***calcipotriene***)	3	Preferred Alternatives (calcipotriene-betamethasone dp); QL (60 per 30 days)
TACLONEX TOPICAL SUSPENSION 0.005-0.064 % (***calcipotriene***)	3	Preferred Alternatives (calcipotriene-betamethasone dp); QL (60 per 30 days)
TALTZ AUTOINJECTOR (2 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	4	PA; Preferred Alternatives (COSENTYX 150MG, COSENTYX 300MG, ENBREL, HUMIRA, OTEZLA, STELARA); LA
TALTZ AUTOINJECTOR (3 PACK) SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	4	PA; Preferred Alternatives (COSENTYX 150MG, COSENTYX 300MG, ENBREL, HUMIRA, OTEZLA, STELARA); LA
TALTZ AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 80 MG/ML (***ixekizumab***)	4	PA; Preferred Alternatives (COSENTYX 150MG, COSENTYX 300MG, ENBREL, HUMIRA, OTEZLA, STELARA); LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TALTZ SYRINGE SUBCUTANEOUS SYRINGE 80 MG/ML (***ixekizumab***)	4	PA; Preferred Alternatives (COSENTYX 150MG, COSENTYX 300MG, ENBREL, HUMIRA, OTEZLA, STELARA); LA
TERSI FOAM TOPICAL FOAM 2.25 % (***selenium sulfide***)	3	Preferred Alternatives (selenium sulfide)
TREMFYA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***guselkumab***)	4	PA; LA
TREMFYA SUBCUTANEOUS SYRINGE 100 MG/ML (***guselkumab***)	4	PA; LA
VECTICAL TOPICAL OINTMENT 3 MCG/GRAM (***calcitriol***)	3	Preferred Alternatives (calcitriol)
ZITHRANOL TOPICAL SHAMPOO 1 % (***anthralin***)	3	
BURN THERAPY - DRUGS TO TREAT BURNS		
SILVADENE TOPICAL CREAM 1 % (***silver sulfadiazine***)	3	Preferred Alternatives (silver sulfadiazine)
silver sulfadiazine topical cream 1 %	1	
ssd topical cream 1 %	1	
KERATOLYTICS - OTHER DRUGS THAT TREAT SKIN CONDITIONS		
BENSAL HP TOPICAL OINTMENT 3 % (***salicylic acid***)	3	
INOVA 4-1 TOPICAL COMBO PACK 1-4-5 % (***salicylic acid***)	3	Preferred Alternatives (benzoyl peroxide)
INOVA 8-2 TOPICAL COMBO PACK 2-8-5 % (***salicylic acid***)	3	Preferred Alternatives (benzoyl peroxide)
KERALYT RX TOPICAL GEL 6 % (***salicylic acid***)	3	Preferred Alternatives (salicylic acid)
KERALYT SCALP COMPLETE TOPICAL KIT,SHAMPOO AND GEL 6-6 % (***salicylic acid***)	3	Preferred Alternatives (salicylic acid)
PODOCON TOPICAL LIQUID 25 % (***podophyllum***)	3	Preferred Alternatives (podofilox)
SALEX TOPICAL COMBO PACK 6 % (***salicylic acid***)	3	Preferred Alternatives (salicylic acid, salicylic acid)
SALEX TOPICAL KIT,CLEANSER AND CREAM ER 6 % (***salicylic acid***)	3	Preferred Alternatives (salicylic acid, salicylic acid)
SALEX TOPICAL SHAMPOO 6 % (***salicylic acid***)	3	Preferred Alternatives (salicylic acid)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
salicylic acid er-ceramides topical kit,cleanser and cream er 6 %	1	
salicylic acid topical cream 6 %	1	
salicylic acid topical cream,extended release 6 %	1	
salicylic acid topical film forming liquid w/appl 27.5 %	1	
salicylic acid topical film-forming soln er w/ appl 28.5 %	1	
salicylic acid topical foam 6 %	1	
salicylic acid topical gel 6 %	1	
salicylic acid topical liquid 26 %	1	
salicylic acid topical lotion 6 %	1	
salicylic acid topical lotion,extended release 6 %	1	
salicylic acid topical shampoo 6 %	1	
SALKERA TOPICAL FOAM 6 % (***salicylic acid***)	3	Preferred Alternatives (salicylic acid)
SALVAX DUO PLUS TOPICAL FOAM 6-35 % (***salicylic acid***)	3	Preferred Alternatives (salicylic acid)
salvax topical foam 6 %	1	
ULTRASAL-ER TOPICAL FILM-FORMING SOLN ER W/ APPL 28.5 % (***salicylic acid***)	3	
VIRASAL TOPICAL FILM FORMING LIQUID W/APPL 27.5 % (***salicylic acid***)	3	Preferred Alternatives (salicylic acid)
XALIX TOPICAL FILM-FORMING SOLN ER W/ APPL 28 % (***salicylic acid***)	3	
MISCELLANEOUS DERMATOLOGICALS - OTHER DRUGS THAT TREAT SKIN CONDITIONS		
AMELUZ TOPICAL GEL 10 % (***aminolevulinic acid hcl***)	3	
ammonium lactate topical cream 12 %	1	
ammonium lactate topical lotion 12 %	1	
CARAC TOPICAL CREAM 0.5 % (***fluorouracil***)	3	Preferred Alternatives (diclofenac sodium, fluorouracil, fluorouracil, imiquimod)
cem-urea topical gel 45 %	1	
CONDYLOX TOPICAL GEL 0.5 % (***podofilox***)	3	Preferred Alternatives (podofilox)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORTANE-B TOPICAL LOTION 1-1-0.1 % (***hydrocortisone***)	3	Preferred Alternatives (hc pramoxine)
diclofenac sodium topical gel 3 %	1	QL (100 per 30 days)
doxepin topical cream 5 %	1	QL (45 per 30 days)
DUPIXENT SUBCUTANEOUS SYRINGE 200 MG/1.14 ML, 300 MG/2 ML (***dupilumab***)	4	PA; LA
EFUDEX TOPICAL CREAM 5 % (***fluorouracil***)	3	Preferred Alternatives (fluorouracil)
ELIDEL TOPICAL CREAM 1 % (***pimecrolimus***)	3	Preferred Alternatives (pimecrolimus); QL (100 per 30 days)
ESKATA TOPICAL SOLUTION WITH APPLICATOR 40 % (***hydrogen peroxide***)	3	
EUCRISA TOPICAL OINTMENT 2 % (***crisaborole***)	3	Preferred Alternatives (pimecrolimus, tacrolimus); QL (120 per 30 days)
FLUOROPLEX TOPICAL CREAM 1 % (***fluorouracil***)	3	Preferred Alternatives (diclofenac sodium, fluorouracil, fluorouracil, imiquimod)
fluorouracil topical cream 5 %	1	
fluorouracil topical solution 2 %, 5 %	1	
HYDRO 35 TOPICAL FOAM 35 % (***urea***)	3	Preferred Alternatives (urea)
HYDRO 40 TOPICAL FOAM 40 % (***urea***)	3	Preferred Alternatives (urea)
iodine-sodium iodide topical tincture 2 %	1	PA
IODOFLEX TOPICAL PADS, MEDICATED 0.9 % (***cadexomer iodine***)	3	
IODOSORB TOPICAL GEL 0.9 % (***cadexomer iodine***)	3	
KERAFOAM TOPICAL FOAM 30 %, 42 % (***urea***)	3	Preferred Alternatives (umecta)
KERALAC TOPICAL CREAM 47 % (***urea***)	3	Preferred Alternatives (urea)
LEVULAN TOPICAL SOLUTION 20 % (***aminolevulinic acid hcl***)	3	
LOUTREX TOPICAL CREAM (***emollient combination no.85***)	3	Preferred Alternatives (ciclopirox, ketoconazole)
methoxsalen oral capsule,liqd-filled,rapid rel 10 mg	1	
methyl salicylate oil	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
methyl salicylate topical liquid	1	
OXSORALEN ULTRA ORAL CAPSULE,LIQD-FILLED,RAPID REL 10 MG (***methoxsalen***)	3	Preferred Alternatives (methoxsalen)
PANRETIN TOPICAL GEL 0.1 % (***alitretinoin***)	4	PA
PICATO TOPICAL GEL 0.015 %, 0.05 % (***ingenol mebutate***)	3	Preferred Alternatives (diclofenac sodium, fluorouracil, fluorouracil, imiquimod)
pimecrolimus topical cream 1 %	1	QL (100 per 23 days)
podofilox topical solution 0.5 %	1	
PROMISEB TOPICAL CREAM (***emollient combination no.43***)	3	Preferred Alternatives (selenium sulfide, sodium sulfacetamide)
PROTOPIC TOPICAL OINTMENT 0.03 %, 0.1 % (***tacrolimus***)	3	Preferred Alternatives (tacrolimus); QL (100 per 30 days)
prudoxin topical cream 5 %	1	QL (45 per 30 days)
QBREXZA TOPICAL TOWELETTE 2.4 % (***glycopyrronium***)	3	Preferred Alternatives (aluminum chloride)
QUTENZA TOPICAL KIT 8 % (***capsaicin***)	4	PA; Preferred Alternatives (lidocaine)
REGRANEX TOPICAL GEL 0.01 % (***becaplermin***)	2	QL (1 per 30 days)
silver nitrate applicators topical stick 75-25 %	1	
silver nitrate topical solution 0.5 %	1	
silver nitrate topical solution 10 %, 25 %, 50 %	1	
SOLARAZE TOPICAL GEL 3 % (***diclofenac***)	3	Preferred Alternatives (diclofenac sodium); QL (100 per 30 days)
tacrolimus topical ointment 0.03 %, 0.1 %	1	QL (100 per 30 days)
TOLAK TOPICAL CREAM 4 % (***fluorouracil***)	3	Preferred Alternatives (diclofenac sodium, fluorouracil, fluorouracil, imiquimod)
umecta topical foam 40 %	1	
URAMAXIN TOPICAL FOAM 20 % (***urea***)	3	Preferred Alternatives (urea)
URAMAXIN TOPICAL GEL 45 % (***urea***)	3	Preferred Alternatives (urea)

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urea nail stick topical solution 50 %	1	
urea topical cream 39 %, 40 %, 45 %, 47 %, 50 %	1	
urea topical foam 35 %	1	
urea topical gel 45 %	1	
UTOPIC TOPICAL CREAM 41 % (***urea***)	3	Preferred Alternatives (urea)
VALCHLOR TOPICAL GEL 0.016 % (***mechlorethamine***)	4	PA; LA
VEREGEN TOPICAL OINTMENT 15 % (***sinecatechins***)	3	Preferred Alternatives (imiquimod, podofilox)
wintergreen oil oil	1	
ZONALON TOPICAL CREAM 5 % (***doxepin***)	3	Preferred Alternatives (prudoxin); QL (45 per 30 days)
THERAPY FOR ACNE - DRUGS TO TREAT ACNE		
ABSORICA ORAL CAPSULE 10 MG, 20 MG, 25 MG, 30 MG, 35 MG, 40 MG (***isotretinoin***)	3	Preferred Alternatives (amnesteem, claravis, myorisan, zenatane)
ACANYA TOPICAL GEL WITH PUMP 1.2-2.5 % (***clindamycin***)	3	Preferred Alternatives (clindamycin-benzoyl peroxide)
ACZONE TOPICAL GEL 5 % (***dapsone***)	3	Preferred Alternatives (dapsone)
ACZONE TOPICAL GEL WITH PUMP 7.5 % (***dapsone***)	3	Preferred Alternatives (dapsone, benzoyl peroxide, clindamycin phosphate, erythromycin)
adapalene topical cream 0.1 %	1	
adapalene topical gel 0.1 %, 0.3 %	1	
adapalene topical gel with pump 0.3 %	1	
ADAPALENE TOPICAL LOTION 0.1 %	3	Preferred Alternatives (adapalene, adapalene)
adapalene topical solution 0.1 %	1	
adapalene topical swab 0.1 %	1	
adapalene-benzoyl peroxide topical gel with pump 0.1-2.5 %	1	
ALTRENO TOPICAL LOTION 0.05 % (***tretinoin***)	3	PA; Preferred Alternatives (tretinoin)
isotretinoin (Amnesteem Oral Capsule 10 Mg, 20 Mg, 40 Mg)	1	
ATRALIN TOPICAL GEL 0.05 % (***tretinoin***)	3	PA; Preferred Alternatives (tretinoin)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AVAR LS TOPICAL CLEANSER 10-2 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
AVAR LS TOPICAL FOAM 10-2 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
AVAR LS TOPICAL PADS, MEDICATED 10-2 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
avar topical cleanser 10-5 % (w/w)	1	
AVAR TOPICAL PADS, MEDICATED 9.5-5 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
AVAR-E GREEN TOPICAL CREAM 10-5 % (W/W) (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
AVAR-E LS TOPICAL CREAM 10-2 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
avita topical cream 0.025 %	1	PA
AVITA TOPICAL GEL 0.025 % (***tretinoin***)	3	PA; Preferred Alternatives (tretinoin)
azelaic acid topical gel 15 %	1	
AZELEX TOPICAL CREAM 20 % (***azelaic acid***)	3	Preferred Alternatives (adapalene, metronidazole, tretinoin, TAZORAC)
BENZACLIN PUMP TOPICAL GEL WITH PUMP 1-5 % (***clindamycin***)	3	Preferred Alternatives (clindamycin-benzoyl peroxide)
BENZACLIN TOPICAL GEL 1-5 % (***clindamycin***)	3	Preferred Alternatives (clindamycin-benzoyl peroxide)
BENZAMYCIN TOPICAL GEL 3-5 % (***erythromycin base***)	3	Preferred Alternatives (erythromycin-benzoyl peroxide)
BENZEPRO (MICROSPHERES) TOPICAL CLEANSER 7 % (***benzoyl peroxide***)	3	
benzepro topical towelette 6 %	1	
benzoyl peroxide topical cleanser 7 %	1	
benzoyl peroxide topical foam 9.8 %	1	
bp 10-1 topical cleanser 10-1 %	1	
bpo topical gel 4 %, 8 %	1	
isotretinoin (Claravis Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
cleansing wash topical cleanser 10-4-10 %	1	
CLEOCIN T TOPICAL GEL 1 % (***clindamycin***)	3	Preferred Alternatives (clindamycin phosphate); QL (120 per 30 days)
CLEOCIN T TOPICAL LOTION 1 % (***clindamycin***)	3	Preferred Alternatives (clindamycin phosphate); QL (120 per 30 days)
CLEOCIN T TOPICAL SOLUTION 1 % (***clindamycin***)	3	Preferred Alternatives (clindamycin phosphate); QL (120 per 30 days)
CLINDACIN ETZ TOPICAL KIT 1 % (***clindamycin***)	3	Preferred Alternatives (clindamycin phosphate, clindacin etz)
clindamycin phosphate (Clindacin P Topical Swab 1 %)	1	
CLINDACIN PAC TOPICAL KIT 1 % (***clindamycin***)	3	Preferred Alternatives (clindamycin phosphate, clindacin etz)
CLINDAGEL TOPICAL GEL, ONCE DAILY 1 % (***clindamycin***)	3	Preferred Alternatives (clindamycin phosphate)
clindamycin phosphate topical foam 1 %	1	
clindamycin phosphate topical gel 1 %	1	QL (120 per 30 days)
CLINDAMYCIN PHOSPHATE TOPICAL GEL, ONCE DAILY 1 %	3	Preferred Alternatives (clindamycin phosphate)
clindamycin phosphate topical lotion 1 %	1	QL (120 per 30 days)
clindamycin phosphate topical solution 1 %	1	QL (120 per 30 days)
clindamycin phosphate topical swab 1 %	1	
clindamycin-benzoyl peroxide topical gel 1-5 %, 1.2 %(1 % base) -5 %	1	
clindamycin-benzoyl peroxide topical gel with pump 1-5 %, 1.2-2.5 %	1	
clindamycin-tretinoin topical gel 1.2-0.025 %	1	PA
dapsone topical gel 5 %	1	
DIFFERIN TOPICAL CREAM 0.1 % (***adapalene***)	3	Preferred Alternatives (adapalene)
DIFFERIN TOPICAL GEL 0.1 %, 0.3 % (***adapalene***)	3	Preferred Alternatives (adapalene)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIFFERIN TOPICAL GEL WITH PUMP 0.3 % (***adapalene***)	3	Preferred Alternatives (adapalene)
DIFFERIN TOPICAL LOTION 0.1 % (***adapalene***)	3	Preferred Alternatives (adapalene)
DUAC TOPICAL GEL 1.2 %(1 % BASE) -5 % (***clindamycin***)	3	Preferred Alternatives (clindamycin-benzoyl peroxide)
EPIDUO FORTE TOPICAL GEL WITH PUMP 0.3-2.5 % (***adapalene***)	3	Preferred Alternatives (adapalene, benzoyl peroxide)
EPIDUO TOPICAL GEL WITH PUMP 0.1-2.5 % (***adapalene***)	3	Preferred Alternatives (adapalene-benzoyl peroxide)
erythromycin with ethanol (Ery Pads Topical Swab 2 %)	1	
erygel topical gel 2 %	1	
erythromycin with ethanol topical gel 2 %	1	
erythromycin with ethanol topical solution 2 %	1	
erythromycin with ethanol topical swab 2 %	1	
erythromycin-benzoyl peroxide topical gel 3-5 %	1	
EVOCLIN TOPICAL FOAM 1 % (***clindamycin***)	3	Preferred Alternatives (clindamycin phosphate)
FABIOR TOPICAL FOAM 0.1 % (***tazarotene***)	3	Preferred Alternatives (TAZORAC)
FINACEA TOPICAL FOAM 15 % (***azelaic acid***)	3	Preferred Alternatives (metronidazole, sodium sulfacetamide/sulfur)
FINACEA TOPICAL GEL 15 % (***azelaic acid***)	3	Preferred Alternatives (metronidazole, sodium sulfacetamide/sulfur)
INOVA TOPICAL COMBO PACK 4-5 %, 8-5 % (***benzoyl peroxide***)	3	Preferred Alternatives (benzoyl peroxide)
isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg	1	
METROCREAM TOPICAL CREAM 0.75 % (***metronidazole***)	3	Preferred Alternatives (metronidazole)
METROGEL TOPICAL GEL 1 % (***metronidazole***)	3	Preferred Alternatives (metronidazole)
METROGEL TOPICAL GEL WITH PUMP 1 % (***metronidazole***)	3	Preferred Alternatives (metronidazole)
METROLOTION TOPICAL LOTION 0.75 % (***metronidazole***)	3	Preferred Alternatives (metronidazole)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
metronidazole topical cream 0.75 %	1	
metronidazole topical gel 0.75 %, 1 %	1	
metronidazole topical gel with pump 1 %	1	
metronidazole topical lotion 0.75 %	1	
MIRVASO TOPICAL GEL 0.33 % (***brimonidine***)	3	
MIRVASO TOPICAL GEL WITH PUMP 0.33 % (***brimonidine***)	3	
isotretinoin (Myorisan Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	1	
NEUAC KIT TOPICAL COMBO PACK,CREAM AND GEL 1.2-5 % (***clindamycin***)	3	
clindamycin-benzoyl peroxide (Neuac Topical Gel 1.2 %(1 % Base) -5 %)	1	
NORITATE TOPICAL CREAM 1 % (***metronidazole***)	3	Preferred Alternatives (metronidazole)
ONEXTON TOPICAL GEL WITH PUMP 1.2 %(1 % BASE) - 3.75 % (***clindamycin***)	3	Preferred Alternatives (clindamycin-benzoyl peroxide)
PACNEX TOPICAL CLEANSER 7 % (***benzoyl peroxide***)	3	Preferred Alternatives (benzoyl peroxide)
PLEXION CLEANSING CLOTHS TOPICAL PADS, MEDICATED 9.8-4.8 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
PLEXION TOPICAL CLEANSER 9.8-4.8 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
PLEXION TOPICAL CREAM 9.8-4.8 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
PLEXION TOPICAL LOTION 9.8-4.8 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
PR BENZOYL PEROXIDE TOPICAL CLEANSER 7 % (***benzoyl peroxide***)	3	
refissa topical cream 0.05 %	1	
RENOVA TOPICAL CREAM 0.02 % (***tretinoin***)	3	Preferred Alternatives (tretinoin)
RETIN-A MICRO PUMP TOPICAL GEL WITH PUMP 0.04 %, 0.06 %, 0.08 %, 0.1 % (***tretinoin***)	3	PA; Preferred Alternatives (tretinoin microsphere)
RETIN-A MICRO TOPICAL GEL 0.04 %, 0.1 % (***tretinoin***)	3	PA; Preferred Alternatives (tretinoin microsphere)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
RETIN-A TOPICAL CREAM 0.025 %, 0.05 %, 0.1 % (***tretinoin***)	3	PA; Preferred Alternatives (tretinoin)
RETIN-A TOPICAL GEL 0.01 %, 0.025 % (***tretinoin***)	3	PA; Preferred Alternatives (tretinoin)
RHOFADE TOPICAL CREAM 1 % (***oxymetazoline***)	3	
metronidazole (Rosadan Topical Cream 0.75 %)	1	
metronidazole (Rosadan Topical Gel 0.75 %)	1	
ROSADAN TOPICAL KIT, CLEANSER AND GEL 0.75 % (***metronidazole***)	3	Preferred Alternatives (metronidazole)
ROSADAN TOPICAL KIT,CLEANSER AND CREAM 0.75 % (***metronidazole***)	3	Preferred Alternatives (metronidazole)
ROSANIL TOPICAL CLEANSER 10-5 % (W/W) (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
rosula cleansing cloths topical pads, medicated 10-5 %	1	
ROSULA TOPICAL CLEANSER 10-4.5 % (***sulfacetamide***)	3	
SOOLANTRA TOPICAL CREAM 1 % (***ivermectin***)	3	Preferred Alternatives (metronidazole, sulfacetamide sodium-sulfur)
sss 10-5 topical cream 10-5 % (w/w)	1	
sss 10-5 topical foam 10-5 %	1	
sulfacetamide sodium-sulfur topical cleanser 10-2 %, 10-5 % (w/w), 9-4 %, 9-4.5 %, 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical cream 10-2 %, 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical lotion 10-5 % (w/v), 10-5 % (w/w), 9.8-4.8 %	1	
sulfacetamide sodium-sulfur topical pads, medicated 10-4 %	1	
sulfacetamide sodium-sulfur topical suspension 10-5 %, 8-4 %	1	
sulfacetamide sod-sulfur-urea topical cleanser 10-5-10 %	1	
sulfacetamide-sulfur-cleansr23 topical kit 9-4.5 %	1	
sulfacleanse 8-4 topical suspension 8-4 %	1	
sulfact na-sul-avobnz-otn-ocsa topical combo pack,cleanser and cream 9 %-4.5 % -spf 25	1	
SUMADAN TOPICAL CLEANSER 9-4.5 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUMADAN TOPICAL KIT 9-4.5 % (***sulfacetamide***)	3	Preferred Alternatives (sodium sulfacetamide/sulfur)
SUMADAN XLT TOPICAL COMBO PACK,CLEANSER AND CREAM 9 %-4.5 % -SPF 25 (***sulfacetamide***)	3	
SUMAXIN CP TOPICAL KIT 10-4 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
SUMAXIN TOPICAL CLEANSER 9-4 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
SUMAXIN TOPICAL PADS, MEDICATED 10-4 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
SUMAXIN TS TOPICAL SUSPENSION 8-4 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium-sulfur)
tazarotene topical cream 0.1 %	1	
TAZORAC TOPICAL CREAM 0.05 % (***tazarotene***)	2	
TAZORAC TOPICAL CREAM 0.1 % (***tazarotene***)	3	Preferred Alternatives (tazarotene)
TAZORAC TOPICAL GEL 0.05 %, 0.1 % (***tazarotene***)	2	
tretinoin (emollient) topical cream 0.05 %	1	
tretinoin microspheres topical gel 0.04 %, 0.1 %	1	PA
tretinoin microspheres topical gel with pump 0.04 %, 0.1 %	1	PA
tretinoin topical cream 0.025 %, 0.05 %, 0.1 %	1	PA
tretinoin topical gel 0.01 %, 0.025 %, 0.05 %	1	PA
TRETIN-X CREAM KIT TOPICAL COMBO PACK 0.025 %, 0.05 %, 0.1 % (***tretinoin***)	3	PA; Preferred Alternatives (tretinoin)
TRETIN-X TOPICAL CREAM 0.075 % (***tretinoin***)	3	PA; Preferred Alternatives (tretinoin)
VANOXIDE-HC TOPICAL SUSPENSION 5-0.5 % (***benzoyl peroxide***)	3	
isotretinoin (Zenatane Oral Capsule 10 Mg, 20 Mg, 30 Mg, 40 Mg)	1	
ZIANA TOPICAL GEL 1.2-0.025 % (***clindamycin***)	3	PA; Preferred Alternatives (clindamycin phos-tretinoin)
TOPICAL ANESTHETICS - DRUGS FOR NUMBING		
COCAINE NASAL SOLUTION 4 %	3	
ethyl chloride topical aerosol,spray 100 %	1	
lidocaine hcl (Glydo Mucous Membrane Jelly In Applicator 2 %)	1	QL (60 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GOPRELTO NASAL SOLUTION 4 % (***cocaine***)	3	
lidocaine hcl laryngotracheal solution 4 %	1	
lidocaine hcl mucous membrane jelly 2 %	1	QL (60 per 30 days)
lidocaine hcl mucous membrane jelly in applicator 2 %	1	QL (60 per 30 days)
lidocaine hcl mucous membrane solution 4 % (40 mg/ml)	1	
lidocaine hcl-hydrocortison ac topical cream 3-0.5 %	1	
lidocaine topical adhesive patch,medicated 5 %	1	
lidocaine topical ointment 5 %	1	QL (1 per 30 days)
lidocaine hcl (Lidocaine Viscous Mucous Membrane Solution 2 %)	1	
lidocaine-prilocaine topical cream 2.5-2.5 %	1	QL (70 per 30 days)
lidocaine-prilocaine topical kit 2.5-2.5 %	1	
lta pre-attached laryngotracheal solution 4 %	1	
PLIAGLIS TOPICAL CREAM 7-7 % (***lidocaine***)	3	QL (30 per 30 days)
SYNERA TOPICAL PATCH, MEDICATED SELF-HEATING 70-70 MG (***lidocaine***)	3	Preferred Alternatives (lidocaine, lidocaine-prilocaine)
ZTLIDO TOPICAL ADHESIVE PATCH,MEDICATED 1.8 % (***lidocaine***)	2	
TOPICAL ANTIBACTERIALS - DRUGS TO TREAT SKIN INFECTIONS		
ALTABAX TOPICAL OINTMENT 1 % (***retapamulin***)	3	Preferred Alternatives (mupirocin, mupirocin); QL (30 per 1 day)
CENTANY AT TOPICAL OINTMENT KIT 2 % (***mupirocin***)	3	Preferred Alternatives (mupirocin, mupirocin); QL (1 per 1 day)
CENTANY TOPICAL OINTMENT 2 % (***mupirocin***)	3	Preferred Alternatives (mupirocin, mupirocin); QL (30 per 1 day)
CORTISPORIN TOPICAL CREAM 3.5-10,000-0.5 MG/G-UNIT/G-% (***neomycin***)	3	Preferred Alternatives (gentamicin sulfate)
CORTISPORIN TOPICAL OINTMENT 1 % (***neomycin***)	3	Preferred Alternatives (gentamicin sulfate)
dermazene topical cream 1-1 %	1	
gentamicin topical cream 0.1 %	1	
gentamicin topical ointment 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone-iodoquinol topical cream 1-1 %	1	
hydrocortisone-iodoquinol-aloe topical cream in packet 1.9-1 %	1	
KLARON TOPICAL SUSPENSION 10 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium)
lugols topical solution 5-10 %	1	
mafenide acetate topical packet 50 gram	1	
mupirocin calcium topical cream 2 %	1	QL (30 per 1 day)
mupirocin topical ointment 2 %	1	QL (44 per 1 day)
NEO-SYNALAR KIT TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (***neomycin***)	3	
NEO-SYNALAR TOPICAL CREAM 0.5 % (0.35 % BASE)-0.025 % (***neomycin***)	3	
SILVRSTAT TOPICAL GEL 32 PPM (***silver***)	3	Preferred Alternatives (avo, prutect, sonafine)
strong iodine topical solution 5-10 %	1	
sulfacetamide sodium (acne) topical suspension 10 %	1	
SULFAMYLON TOPICAL CREAM 85 MG/G (***mafenide***)	2	
SULFAMYLON TOPICAL PACKET 50 GRAM (***mafenide***)	3	Preferred Alternatives (mafenide acetate)
VYTONE TOPICAL CREAM IN PACKET 1.9-1 % (***hydrocortisone***)	3	Preferred Alternatives (hydrocortisone)
XEPI TOPICAL CREAM 1 % (***ozenoxacin***)	3	Preferred Alternatives (mupirocin, mupirocin); QL (30 per 1 day)
TOPICAL ANTIFUNGALS - DRUGS TO TREAT FUNGAL INFECTIONS		
ALA-QUIN TOPICAL CREAM 3-0.5 % (***clioquinol***)	3	Preferred Alternatives (hydrocortisone w/iodoquinol)
CICLODAN KIT TOPICAL COMBO PACK 0.77 % (***ciclopirox***)	3	
CICLODAN KIT TOPICAL SOLUTION 8 % (***ciclopirox***)	3	Preferred Alternatives (ciclopirox)
ciclopirox (Ciclodan Topical Cream 0.77 %)	1	QL (90 per 30 days)
ciclopirox (Ciclodan Topical Solution 8 %)	1	
ciclopirox topical cream 0.77 %	1	QL (90 per 30 days)
ciclopirox topical gel 0.77 %	1	QL (45 per 30 days)
ciclopirox topical shampoo 1 %	1	QL (120 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ciclopirox topical solution 8 %	1	
ciclopirox topical suspension 0.77 %	1	QL (60 per 30 days)
ciclopirox-ure-camph-menth-euc topical solution 8 %	1	
clotrimazole topical cream 1 %	1	QL (45 per 30 days)
clotrimazole topical solution 1 %	1	QL (30 per 30 days)
clotrimazole-betamethasone topical cream 1-0.05 %	1	QL (45 per 30 days)
clotrimazole-betamethasone topical lotion 1-0.05 %	1	QL (60 per 30 days)
econazole topical cream 1 %	1	QL (120 per 30 days)
ECOZA TOPICAL FOAM 1 % (***econazole***)	3	Preferred Alternatives (econazole nitrate, ciclopirox, ketoconazole, naftifine hcl, oxiconazole nitrate); QL (70 per 30 days)
ERTACZO TOPICAL CREAM 2 % (***sertaconazole***)	3	Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate); QL (60 per 30 days)
EXELDERM TOPICAL CREAM 1 % (***sulconazole***)	3	Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate); QL (60 per 30 days)
EXELDERM TOPICAL SOLUTION 1 % (***sulconazole***)	3	Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate); QL (60 per 30 days)
EXODERM TOPICAL LOTION 25-1 % (***sodium thiosulfate***)	3	Preferred Alternatives (clotrimazole, ketoconazole, miconazole nitrate)
EXTINA TOPICAL FOAM 2 % (***ketoconazole***)	3	Preferred Alternatives (ketoconazole); QL (100 per 30 days)
ketoconazole topical cream 2 %	1	QL (60 per 30 days)
ketoconazole topical foam 2 %	1	QL (100 per 30 days)
ketoconazole topical shampoo 2 %	1	QL (120 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOPROX (AS OLAMINE) TOPICAL CREAM 0.77 % (***ciclopirox***)	3	Preferred Alternatives (ciclopirox); QL (90 per 30 days)
LOPROX (AS OLAMINE) TOPICAL SUSPENSION 0.77 % (***ciclopirox***)	3	Preferred Alternatives (ciclopirox); QL (60 per 30 days)
LOPROX KIT TOPICAL COMBO PACK 0.77 % (***ciclopirox***)	3	Preferred Alternatives (ciclopirox)
LOPROX KIT TOPICAL KIT, SUSPENSION AND CLEANSER 0.77 % (***ciclopirox***)	3	Preferred Alternatives (ciclopirox)
LOPROX TOPICAL SHAMPOO 1 % (***ciclopirox***)	3	Preferred Alternatives (ciclopirox); QL (120 per 30 days)
LOTRISONE TOPICAL CREAM 1-0.05 % (***clotrimazole***)	3	Preferred Alternatives (clotrimazole/betamethasone); QL (45 per 30 days)
MENTAX TOPICAL CREAM 1 % (***butenafine***)	3	Preferred Alternatives (ciclopirox, econazole nitrate, ketoconazole, naftifine hcl, oxiconazole nitrate); QL (30 per 30 days)
MICONAZOLE NITRATE-ZINC OX-PET TOPICAL OINTMENT 0.25-15-81.35 %	3	Preferred Alternatives (miconazole nitrate); QL (50 per 21 days)
naftifine topical cream 1 %, 2 %	1	QL (60 per 30 days)
naftifine topical gel 1 %	1	QL (60 per 21 days)
NAFTIN TOPICAL CREAM 2 % (***naftifine***)	3	Preferred Alternatives (naftifine hcl); QL (60 per 30 days)
NAFTIN TOPICAL GEL 1 %, 2 % (***naftifine***)	3	Preferred Alternatives (naftifine hcl, ciclopirox, clotrimazole, econazole nitrate, ketoconazole, oxiconazole nitrate); QL (60 per 30 days)
NIZORAL TOPICAL SHAMPOO 2 % (***ketoconazole***)	3	Preferred Alternatives (ketoconazole); QL (120 per 30 days)
nystatin (Nyamyc Topical Powder 100,000 Unit/Gram)	1	
nystatin topical cream 100,000 unit/gram	1	QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nystatin topical ointment 100,000 unit/gram	1	QL (30 per 30 days)
nystatin topical powder 100,000 unit/gram	1	
nystatin-triamcinolone topical cream 100,000-0.1 unit/g-%	1	QL (60 per 30 days)
nystatin-triamcinolone topical ointment 100,000-0.1 unit/gram-%	1	QL (60 per 30 days)
nystatin (Nystop Topical Powder 100,000 Unit/Gram)	1	
oxiconazole topical cream 1 %	1	QL (60 per 30 days)
OXISTAT TOPICAL CREAM 1 % (***oxiconazole***)	3	Preferred Alternatives (oxiconazole nitrate); QL (60 per 30 days)
OXISTAT TOPICAL LOTION 1 % (***oxiconazole***)	3	Preferred Alternatives (oxiconazole nitrate, ciclopirox, clotrimazole, econazole nitrate, ketoconazole, naftifine hcl); QL (60 per 30 days)
PENLAC TOPICAL SOLUTION 8 % (***ciclopirox***)	3	Preferred Alternatives (ciclopirox)
TRIACETIN LIQUID 100 % (***triacetin***)	2	
TRIPLE DYE TOPICAL SWAB 2.29-2.29-1.14 MG/ML (***gentian violet***)	3	
VUSION TOPICAL OINTMENT 0.25-15-81.35 % (***miconazole***)	3	Preferred Alternatives (miconazole nitrate); QL (50 per 30 days)
XOLEGEL TOPICAL GEL 2 % (***ketoconazole***)	3	Preferred Alternatives (ciclopirox, ciclopirox, econazole nitrate, ketoconazole, oxiconazole nitrate); QL (100 per 30 days)
TOPICAL ANTIVIRALS - DRUGS TO TREAT VIRUS INFECTIONS		
acyclovir topical cream 5 %	1	
acyclovir topical ointment 5 %	1	
DENAVIR TOPICAL CREAM 1 % (***penciclovir***)	3	Preferred Alternatives (acyclovir, acyclovir, famciclovir, valacyclovir)
XERESE TOPICAL CREAM 5-1 % (***acyclovir***)	3	Preferred Alternatives (acyclovir, acyclovir, famciclovir, valacyclovir)

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ZOVIRAX TOPICAL CREAM 5 % (***acyclovir***)	3	Preferred Alternatives (acyclovir, acyclovir, famciclovir, valacyclovir)
ZOVIRAX TOPICAL OINTMENT 5 % (***acyclovir***)	3	Preferred Alternatives (acyclovir)
TOPICAL CORTICOSTEROIDS - STEROIDS		
ala-cort topical cream 1 %	1	
ALA-SCALP TOPICAL LOTION 2 % (***hydrocortisone***)	3	Preferred Alternatives (hydrocortisone)
alclometasone topical cream 0.05 %	1	
alclometasone topical ointment 0.05 %	1	
amcinonide topical cream 0.1 %	1	
amcinonide topical lotion 0.1 %	1	
amcinonide topical ointment 0.1 %	1	
apexicon e topical cream 0.05 %	1	
AQUA GLYCOLIC HC TOPICAL COMBO PACK 2 % (***hydrocortisone***)	3	
fluticasone propionate (Beser Topical Lotion 0.05 %)	1	
betamethasone dipropionate topical cream 0.05 %	1	
betamethasone dipropionate topical lotion 0.05 %	1	
betamethasone dipropionate topical ointment 0.05 %	1	
betamethasone valerate topical cream 0.1 %	1	
betamethasone valerate topical foam 0.12 %	1	
betamethasone valerate topical lotion 0.1 %	1	
betamethasone valerate topical ointment 0.1 %	1	
betamethasone, augmented topical cream 0.05 %	1	
betamethasone, augmented topical gel 0.05 %	1	
betamethasone, augmented topical lotion 0.05 %	1	
betamethasone, augmented topical ointment 0.05 %	1	
BRYHALI TOPICAL LOTION 0.01 % (***halobetasol***)	3	Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, halobetasol propionate, triamcinolone acetonide)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CAPEX TOPICAL SHAMPOO 0.01 % (***fluocinolone acetonide***)	3	Preferred Alternatives (fluocinolone acetonide)
clobetasol scalp solution 0.05 %	1	QL (100 per 30 days)
clobetasol topical cream 0.05 %	1	QL (120 per 30 days)
clobetasol topical foam 0.05 %	1	QL (100 per 30 days)
clobetasol topical gel 0.05 %	1	QL (120 per 30 days)
clobetasol topical lotion 0.05 %	1	QL (118 per 30 days)
clobetasol topical ointment 0.05 %	1	QL (120 per 30 days)
clobetasol topical shampoo 0.05 %	1	QL (236 per 30 days)
clobetasol topical spray,non-aerosol 0.05 %	1	QL (125 per 30 days)
clobetasol-emollient topical cream 0.05 %	1	QL (120 per 30 days)
clobetasol-emollient topical foam 0.05 %	1	QL (100 per 30 days)
CLOBEX TOPICAL LOTION 0.05 % (***clobetasol***)	3	Preferred Alternatives (clobetasol propionate); QL (118 per 30 days)
CLOBEX TOPICAL SHAMPOO 0.05 % (***clobetasol***)	3	Preferred Alternatives (clobetasol propionate); QL (236 per 30 days)
CLOBEX TOPICAL SPRAY,NON-AEROSOL 0.05 % (***clobetasol***)	3	Preferred Alternatives (clobetasol propionate); QL (125 per 30 days)
CLOCORTOLONE PIVALATE TOPICAL CREAM 0.1 %	3	Preferred Alternatives (betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide)
CLODAN KIT TOPICAL KIT,SHAMPOO AND CLEANSER 0.05 % (***clobetasol***)	3	
clobetasol (Clodan Topical Shampoo 0.05 %)	1	QL (236 per 30 days)
CLODERM TOPICAL CREAM 0.1 % (***clocortolone***)	3	Preferred Alternatives (betamethasone valerate, fluocinolone acetonide, triamcinolone acetonide)
CORDRAN TAPE LARGE ROLL TOPICAL TAPE 4 MCG/CM2 (***flurandrenolide***)	3	Preferred Alternatives (flurandrenolide)
CORDRAN TOPICAL CREAM 0.025 %, 0.05 % (***flurandrenolide***)	3	Preferred Alternatives (flurandrenolide); QL (120 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CORDRAN TOPICAL LOTION 0.05 % (***flurandrenolide***)	3	Preferred Alternatives (flurandrenolide); QL (120 per 30 days)
CORDRAN TOPICAL OINTMENT 0.05 % (***flurandrenolide***)	3	Preferred Alternatives (flurandrenolide); QL (120 per 30 days)
clobetasol (Cormax Scalp Solution 0.05 %)	1	QL (100 per 30 days)
CUTIVATE TOPICAL CREAM 0.05 % (***fluticasone***)	3	Preferred Alternatives (fluticasone propionate)
CUTIVATE TOPICAL LOTION 0.05 % (***fluticasone***)	3	Preferred Alternatives (fluticasone propionate)
DERMA-SMOOTHE/FS BODY OIL TOPICAL OIL 0.01 % (***fluocinolone acetonide***)	3	Preferred Alternatives (fluocinolone acetonide)
DERMA-SMOOTHE/FS SCALP OIL SCALP OIL 0.01 % (***fluocinolone acetonide***)	3	Preferred Alternatives (fluocinolone acetonide)
DERMASORB HC COMPLETE KIT TOPICAL COMBO PACK,CLEANSER AND LOTION 2 % (***hydrocortisone***)	3	Preferred Alternatives (hydrocortisone)
DERMASORB TA COMPLETE KIT TOPICAL CREAM 0.1 % (***triamcinolone***)	3	Preferred Alternatives (triamcinolone acetonide)
DERMATOP TOPICAL OINTMENT 0.1 % (***prednicarbate***)	3	Preferred Alternatives (prednicarbate)
DESONATE TOPICAL GEL 0.05 % (***desonide***)	3	Preferred Alternatives (desonide)
desonide topical cream 0.05 %	1	
desonide topical lotion 0.05 %	1	
desonide topical ointment 0.05 %	1	
DESOWEN TOPICAL CREAM 0.05 % (***desonide***)	3	Preferred Alternatives (desonide)
DESOWEN TOPICAL LOTION 0.05 % (***desonide***)	3	Preferred Alternatives (desonide)
desoximetasone topical cream 0.05 %, 0.25 %	1	
desoximetasone topical gel 0.05 %	1	
desoximetasone topical ointment 0.05 %, 0.25 %	1	
desoximetasone topical spray,non-aerosol 0.25 %	1	
diflorasone topical cream 0.05 %	1	QL (120 per 30 days)
diflorasone topical ointment 0.05 %	1	QL (120 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIPROLENE TOPICAL OINTMENT 0.05 % (***betamethasone***)	3	Preferred Alternatives (betamethasone dipropionate)
DUOBRII TOPICAL LOTION 0.01-0.045 % (***halobetasol***)	3	Preferred Alternatives (tazarotene, betamethasone dipropionate, clobetasol propionate, halobetasol propionate, triamcinolone acetonide)
ELOCON TOPICAL CREAM 0.1 % (***mometasone furoate***)	3	Preferred Alternatives (mometasone furoate)
fluocinolone and shower cap scalp oil 0.01 %	1	
fluocinolone topical cream 0.01 %, 0.025 %	1	
fluocinolone topical oil 0.01 %	1	
fluocinolone topical ointment 0.025 %	1	
fluocinolone topical solution 0.01 %	1	
fluocinonide topical cream 0.05 %, 0.1 %	1	QL (120 per 30 days)
fluocinonide topical gel 0.05 %	1	QL (120 per 30 days)
fluocinonide topical ointment 0.05 %	1	QL (120 per 30 days)
fluocinonide topical solution 0.05 %	1	QL (120 per 30 days)
fluocinonide-emollient (Fluocinonide-E Topical Cream 0.05 %)	1	QL (120 per 30 days)
flurandrenolide topical cream 0.05 %	1	QL (120 per 30 days)
flurandrenolide topical lotion 0.05 %	1	QL (120 per 30 days)
flurandrenolide topical ointment 0.05 %	1	QL (120 per 30 days)
fluticasone propionate topical cream 0.05 %	1	
fluticasone propionate topical lotion 0.05 %	1	
fluticasone propionate topical ointment 0.005 %	1	
halcinonide topical cream 0.1 %	1	
halobetasol propionate topical cream 0.05 %	1	
HALOBETASOL PROPIONATE TOPICAL FOAM 0.05 %	3	Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, desonide, desoximetasone, halobetasol propionate, triamcinolone acetonide)
halobetasol propionate topical ointment 0.05 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HALOG TOPICAL CREAM 0.1 % (***halcinonide***)	3	Preferred Alternatives (betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide)
HALOG TOPICAL OINTMENT 0.1 % (***halcinonide***)	3	Preferred Alternatives (betamethasone dipropionate, betamethasone dipropionate, betamethasone valerate, fluocinonide, triamcinolone acetonide)
hydrocortisone butyrate topical cream 0.1 %	1	
hydrocortisone butyrate topical lotion 0.1 %	1	
hydrocortisone butyrate topical ointment 0.1 %	1	
hydrocortisone butyrate topical solution 0.1 %	1	
hydrocortisone butyr-emollient topical cream 0.1 %	1	
hydrocortisone topical cream 1 %, 2.5 %	1	
hydrocortisone topical lotion 2.5 %	1	
hydrocortisone topical ointment 1 %, 2.5 %	1	
hydrocortisone valerate topical cream 0.2 %	1	
hydrocortisone valerate topical ointment 0.2 %	1	
IMPOYZ TOPICAL CREAM 0.025 % (***clobetasol***)	3	Preferred Alternatives (clobetasol propionate); QL (120 per 30 days)
KENALOG TOPICAL AEROSOL 0.147 MG/GRAM (***triamcinolone***)	3	Preferred Alternatives (triamcinolone acetonide); QL (100 per 23 days)
LEXETTE TOPICAL FOAM 0.05 % (***halobetasol***)	3	Preferred Alternatives (betamethasone dipropionate, clobetasol propionate, desonide, desoximetasone, halobetasol propionate, triamcinolone acetonide)
LOCOID LIPOCREAM TOPICAL CREAM 0.1 % (***hydrocortisone***)	3	Preferred Alternatives (hydrocortisone butyrate)
LOCOID TOPICAL CREAM 0.1 % (***hydrocortisone***)	3	Preferred Alternatives (hydrocortisone butyrate)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOCOID TOPICAL LOTION 0.1 % (***hydrocortisone***)	3	Preferred Alternatives (hydrocortisone butyrate)
LOCOID TOPICAL SOLUTION 0.1 % (***hydrocortisone***)	3	Preferred Alternatives (hydrocortisone butyrate)
LUXIQ TOPICAL FOAM 0.12 % (***betamethasone***)	3	Preferred Alternatives (betamethasone valerate)
mometasone topical cream 0.1 %	1	
mometasone topical ointment 0.1 %	1	
mometasone topical solution 0.1 %	1	
flurandrenolide (Nolix Topical Cream 0.05 %)	1	QL (120 per 30 days)
flurandrenolide (Nolix Topical Lotion 0.05 %)	1	QL (120 per 30 days)
NUCORT TOPICAL LOTION 2 % (***hydrocortisone***)	3	
OLUX TOPICAL FOAM 0.05 % (***clobetasol***)	3	Preferred Alternatives (clobetasol propionate); QL (100 per 30 days)
OLUX-E TOPICAL FOAM 0.05 % (***clobetasol***)	3	Preferred Alternatives (clobetasol propionate); QL (100 per 30 days)
PANDEL TOPICAL CREAM 0.1 % (***hydrocortisone***)	3	Preferred Alternatives (betamethasone valerate, hydrocortisone valerate, triamcinolone acetonide)
prednicarbate topical cream 0.1 %	1	
prednicarbate topical ointment 0.1 %	1	
PROCTOCORT TOPICAL CREAM 1 % (***hydrocortisone***)	3	
PSORCON TOPICAL CREAM 0.05 % (***diflorasone***)	3	Preferred Alternatives (diflorasone diacetate); QL (120 per 30 days)
SCALACORT DK TOPICAL COMBO PACK 2-2-2 % (***hydrocortisone***)	3	
scalacort topical lotion 2 %	1	
SERNIVO TOPICAL SPRAY WITH PUMP 0.05 % (***betamethasone***)	3	Preferred Alternatives (betamethasone dipropionate, betamethasone valerate, desoximetasone, fluocinolone acetonide, fluocinonide, triamcinolone acetonide)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SYNALAR CREAM KIT TOPICAL CREAM 0.025 % (***fluocinolone acetonide***)	3	Preferred Alternatives (fluocinolone acetonide)
SYNALAR OINTMENT KIT TOPICAL COMBO PACK,OINTMENT AND CREAM 0.025 % (***fluocinolone acetonide***)	3	Preferred Alternatives (fluocinolone acetonide)
SYNALAR TOPICAL CREAM 0.025 % (***fluocinolone acetonide***)	3	Preferred Alternatives (fluocinolone acetonide)
SYNALAR TOPICAL OINTMENT 0.025 % (***fluocinolone acetonide***)	3	Preferred Alternatives (fluocinolone acetonide)
SYNALAR TOPICAL SOLUTION 0.01 % (***fluocinolone acetonide***)	3	Preferred Alternatives (fluocinolone acetonide)
SYNALAR TS TOPICAL KIT 0.01 % (***fluocinolone acetonide***)	3	Preferred Alternatives (fluocinolone acetonide)
TEMOVATE TOPICAL CREAM 0.05 % (***clobetasol***)	3	Preferred Alternatives (clobetasol propionate); QL (120 per 30 days)
TEMOVATE TOPICAL OINTMENT 0.05 % (***clobetasol***)	3	Preferred Alternatives (clobetasol propionate); QL (120 per 30 days)
TEXACORT TOPICAL SOLUTION 2.5 % (***hydrocortisone***)	3	Preferred Alternatives (hydrocortisone butyrate)
TOPICORT TOPICAL CREAM 0.05 %, 0.25 % (***desoximetasone***)	3	Preferred Alternatives (desoximetasone)
TOPICORT TOPICAL GEL 0.05 % (***desoximetasone***)	3	Preferred Alternatives (desoximetasone)
TOPICORT TOPICAL OINTMENT 0.05 %, 0.25 % (***desoximetasone***)	3	Preferred Alternatives (desoximetasone)
TOPICORT TOPICAL SPRAY,NON-AEROSOL 0.25 % (***desoximetasone***)	3	Preferred Alternatives (desoximetasone)
triamcinolone acetonide topical aerosol 0.147 mg/gram	1	QL (126 per 23 days)
triamcinolone acetonide topical cream 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide topical lotion 0.025 %, 0.1 %	1	
triamcinolone acetonide topical ointment 0.025 %, 0.1 %, 0.5 %	1	
triamcinolone acetonide (Trianex Topical Ointment 0.05 %)	1	
triamcinolone acetonide (Triderm Topical Cream 0.1 %, 0.5 %)	1	
TRIDESILON TOPICAL CREAM 0.05 % (***desonide***)	3	Preferred Alternatives (desonide)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ULTRAVATE TOPICAL LOTION 0.05 % (***halobetasol***)	3	Preferred Alternatives (halobetasol propionate, betamethasone dipropionate, clobetasol propionate, diflorasone diacetate, fluocinonide)
VANOS TOPICAL CREAM 0.1 % (***fluocinonide***)	3	Preferred Alternatives (fluocinonide); QL (120 per 30 days)
VERDESO TOPICAL FOAM 0.05 % (***desonide***)	3	Preferred Alternatives (desonide)
TOPICAL ENZYMES - OTHER DRUGS THAT TREAT SKIN CONDITIONS		
SANTYL TOPICAL OINTMENT 250 UNIT/GRAM (***collagenase clostridium histolyticum***)	2	
TOPICAL SCABICIDES / PEDICULICIDES - DRUGS TO TREAT HEAD LICE OR SCABIES		
crotan topical lotion 10 %	1	
ELIMITE TOPICAL CREAM 5 % (***permethrin***)	3	Preferred Alternatives (permethrin)
EURAX TOPICAL CREAM 10 % (***crotamiton***)	3	Preferred Alternatives (crotan)
EURAX TOPICAL LOTION 10 % (***crotamiton***)	3	Preferred Alternatives (crotan)
lindane topical shampoo 1 %	1	
malathion topical lotion 0.5 %	1	
NATROBA TOPICAL SUSPENSION 0.9 % (***spinosad***)	3	Preferred Alternatives (spinosad)
malathion (Ovide Topical Lotion 0.5 %)	3	Preferred Alternatives (malathion)
permethrin topical cream 5 %	1	
SKLICE TOPICAL LOTION 0.5 % (***ivermectin***)	3	Preferred Alternatives (lindane, malathion, permethrin, spinosad)
spinosad topical suspension 0.9 %	1	
ULESFIA TOPICAL LOTION 5 % (***benzyl alcohol***)	3	Preferred Alternatives (permethrin, malathion, spinosad, lindane)
DIAGNOSTICS & MISCELLANEOUS AGENTS - MISCELLANEOUS MEDICINES		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ANOREXIANTS - DRUG TO HELP SUPPRESS APPETITE		
phentermine (Adipex-P Oral Capsule 37.5 Mg)	3	Preferred Alternatives (phentermine hcl)
ADIPEX-P ORAL TABLET 37.5 MG (***phentermine***)	3	Preferred Alternatives (phentermine hcl)
BELVIQ ORAL TABLET 10 MG (***lorcaserin***)	3	PA; Preferred Alternatives (benzphetamine hcl, diethylpropion hcl, phentermine hcl)
BELVIQ XR ORAL TABLET EXTENDED RELEASE 24 HR 20 MG (***lorcaserin***)	3	PA; Preferred Alternatives (benzphetamine hcl, diethylpropion hcl, phentermine hcl)
benzphetamine oral tablet 50 mg	1	
CONTRAVE ORAL TABLET EXTENDED RELEASE 8-90 MG (***naltrexone***)	3	PA; Preferred Alternatives (benzphetamine hcl, diethylpropion hcl, phentermine hcl)
diethylpropion oral tablet 25 mg	1	
diethylpropion oral tablet extended release 75 mg	1	
LOMAIRA ORAL TABLET 8 MG (***phentermine***)	3	
phendimetrazine tartrate oral capsule, extended release 105 mg	1	
phendimetrazine tartrate oral tablet 35 mg	1	
phentermine oral capsule 15 mg, 30 mg, 37.5 mg	1	
phentermine oral tablet 37.5 mg	1	
SAXENDA SUBCUTANEOUS PEN INJECTOR 3 MG/0.5 ML (18 MG/3 ML) (***liraglutide***)	3	PA; Preferred Alternatives (benzphetamine hcl, diethylpropion hcl, phentermine hcl)
ANTIDOTES - ANTIDOTES		
ATROPEN INTRAMUSCULAR PEN INJECTOR 0.5 MG/0.7 ML, 1 MG/0.7 ML, 2 MG/0.7 ML (***atropine***)	3	PA
DUODOTE INTRAMUSCULAR PEN INJECTOR 600-2.1 MG/2ML-MG/0.7ML (***pralidoxime***)	3	
IRRIGATING SOLUTIONS - IRRIGATING FLUIDS		
lactated ringers irrigation solution	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin-polymyxin b gu irrigation solution 40 mg-200,000 unit/ml	1	PA
PHYSIOLYTE IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution combination no.1***)	3	
PHYSIOSOL IRRIGATION IRRIGATION SOLUTION 140-5-3-98 MEQ/L (***physiological irrigating solution combination no.1***)	3	
ringer's irrigation solution	1	
SORBITOL IRRIGATION SOLUTION 3 %, 3.3 % (***sorbitol solution***)	3	
SORBITOL-MANNITOL TRANSURETHRAL SOLUTION 2.7-0.54 GRAM/100 ML (***mannitol***)	3	
tis-u-sol pentalyte irrigation irrigation solution 800-40-20-8.75-6.25 mg/100 ml	1	
VASHE WOUND THERAPY IRRIGATION IRRIGATION SOLUTION 0.033 % (***sodium chloride irrigating solution***)	3	
MISCELLANEOUS AGENTS - OTHER		
acamprosate oral tablet,delayed release (dr/ec) 333 mg	1	
acetic acid irrigation solution 0.25 %	1	
AGRYLIN ORAL CAPSULE 0.5 MG (***anagrelide***)	3	Preferred Alternatives (anagrelide hydrochloride)
alendronate oral tablet 40 mg	1	QL (30 per 30 days)
anagrelide oral capsule 0.5 mg, 1 mg	1	
ANTABUSE ORAL TABLET 250 MG, 500 MG (***disulfiram***)	3	Preferred Alternatives (disulfiram)
aqua care sodium chloride irrigation solution 0.9 %	1	
aqua care sterile water irrigation solution	1	
BUPHENYL ORAL POWDER 0.94 GRAM/GRAM (***phenylbutyrate***)	3	Preferred Alternatives (sodium phenylbutyrate)
BUPHENYL ORAL TABLET 500 MG (***phenylbutyrate***)	3	Preferred Alternatives (sodium phenylbutyrate)
caffeine citrate oral solution 60 mg/3 ml (20 mg/ml)	1	
CARBAGLU ORAL TABLET, DISPERSIBLE 200 MG (***carglumic acid***)	4	PA; LA
CARNITOR (SUGAR-FREE) ORAL SOLUTION 100 MG/ML (***levocarnitine***)	3	Preferred Alternatives (levocarnitine)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CARNITOR ORAL SOLUTION 100 MG/ML (***levocarnitine***)	3	Preferred Alternatives (levocarnitine)
CARNITOR ORAL TABLET 330 MG (***levocarnitine***)	3	Preferred Alternatives (levocarnitine)
cevimeline oral capsule 30 mg	1	
CHEMET ORAL CAPSULE 100 MG (***succimer***)	2	
deferasirox oral tablet, dispersible 125 mg, 250 mg, 500 mg	4	PA
disulfiram oral tablet 250 mg, 500 mg	1	
etidronate disodium oral tablet 200 mg, 400 mg	1	
EVOXAC ORAL CAPSULE 30 MG (***cevimeline***)	3	Preferred Alternatives (cevimeline hcl)
EXJADE ORAL TABLET, DISPERSIBLE 125 MG, 250 MG, 500 MG (***deferasirox***)	4	PA; Preferred Alternatives (deferasirox); LA
FERRIPROX ORAL SOLUTION 100 MG/ML (***deferiprone***)	4	
FERRIPROX ORAL TABLET 1,000 MG, 500 MG (***deferiprone***)	4	PA
finasteride oral tablet 1 mg	1	
GLASSIA INTRAVENOUS SOLUTION 1 GRAM/50 ML (2 %) (***alpha-1-proteinase inhibitor***)	4	PA; LA
GLEOLAN ORAL RECON SOLN 30 MG/ML (***aminolevulinic acid hcl***)	3	
INCRELEX SUBCUTANEOUS SOLUTION 10 MG/ML (***mecasermin***)	4	PA; LA
INFASURF INTRATRACHEAL SUSPENSION 35 MG/ML (***calfactant***)	3	
JADENU ORAL TABLET 180 MG, 360 MG, 90 MG (***deferasirox***)	4	PA
JADENU SPRINKLE ORAL GRANULES IN PACKET 180 MG, 360 MG, 90 MG (***deferasirox***)	4	
levocarnitine (with sugar) oral solution 100 mg/ml	1	
levocarnitine oral tablet 330 mg	1	
LIPOCHOL PLUS ORAL TABLET 0.5 MG (***methionine***)	3	Preferred Alternatives (LIPOCHOL)
LITHOSTAT ORAL TABLET 250 MG (***acetohydroxamic acid***)	3	
METOPIRONE ORAL CAPSULE 250 MG (***metyrapone***)	3	
midodrine oral tablet 10 mg, 2.5 mg, 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NITYR ORAL TABLET 10 MG, 2 MG, 5 MG (***nitisinone***)	4	PA
NORTHERA ORAL CAPSULE 100 MG, 200 MG, 300 MG (***droxidopa***)	4	PA; Preferred Alternatives (desmopressin acetate, desmopressin acetate, fludrocortisone acetate, indomethacin, midodrine hcl, pyridostigmine bromide); LA
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG (***nitisinone***)	4	PA
ORFADIN ORAL SUSPENSION 4 MG/ML (***nitisinone***)	4	PA
pilocarpine hcl oral tablet 5 mg	1	
RADIOGARDASE ORAL CAPSULE 0.5 GRAM (***prussian blue (insoluble)***)	3	
RAVICTI ORAL LIQUID 1.1 GRAM/ML (***glycerol phenylbutyrate***)	4	PA; LA
REVCOVI INTRAMUSCULAR SOLUTION 2.4 MG/1.5 ML (1.6 MG/ML) (***elapegademase-lvlr***)	4	PA
RILUTEK ORAL TABLET 50 MG (***riluzole***)	3	PA; Preferred Alternatives (riluzole)
riluzole oral tablet 50 mg	1	PA
risedronate oral tablet 30 mg	1	QL (30 per 30 days)
SALAGEN (PILOCARPINE) ORAL TABLET 5 MG (***pilocarpine***)	3	Preferred Alternatives (pilocarpine hcl)
sodium chloride 0.9 % (flush) injection syringe	1	
sodium chloride 0.9 % injection solution	1	
sodium chloride 0.9 % intravenous parenteral solution	1	
sodium chloride 0.9 % intravenous piggyback	1	
sodium chloride injection syringe 0.9 %	1	
sodium chloride irrigation solution 0.9 %	1	
sodium phenylbutyrate oral powder 0.94 gram/gram	1	
sodium phenylbutyrate oral tablet 500 mg	1	
SURVANTA INTRATRACHEAL SUSPENSION 25 MG/ML (***beractant***)	3	
SYPRINE ORAL CAPSULE 250 MG (***trientine***)	3	Preferred Alternatives (trientine hcl)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THIOLA EC ORAL TABLET,DELAYED RELEASE (DR/EC) 100 MG, 300 MG (***tiopronin***)	4	PA
THIOLA ORAL TABLET 100 MG (***tiopronin***)	4	PA
TIGLUTIK ORAL SUSPENSION 50 MG/10 ML (***riluzole***)	3	PA; Preferred Alternatives (riluzole)
trientine oral capsule 250 mg	1	
water for irrigation, sterile irrigation solution	1	
XURIDEN ORAL GRANULES IN PACKET 2 GRAM (***uridine***)	4	PA
SMOKING DETERRENTS - DRUGS TO HELP STOP SMOKING		
bupropion hcl (smoking deter) oral tablet extended release 12 hr 150 mg	1	ACA; QL (180 per 365 days)
CHANTIX CONTINUING MONTH BOX ORAL TABLET 1 MG (***varenicline***)	2	ACA; QL (180 per 365 days)
CHANTIX ORAL TABLET 0.5 MG, 1 MG (***varenicline***)	2	ACA; QL (180 per 365 days)
CHANTIX STARTING MONTH BOX ORAL TABLETS,DOSE PACK 0.5 MG (11)- 1 MG (42) (***varenicline***)	2	ACA; QL (180 per 365 days)
NICODERM CQ TRANSDERMAL PATCH 24 HOUR 14 MG/24 HR, 21 MG/24 HR, 7 MG/24 HR (***nicotine***)	2	ACA; OTC; QL (180 per 365 days)
nicorelief buccal gum 2 mg, 4 mg	1	ACA; OTC; QL (180 per 365 days)
NICORETTE BUCCAL GUM 2 MG (***nicotine***)	2	ACA; OTC; QL (180 per 365 days)
nicorette buccal gum 4 mg	1	ACA; OTC; QL (180 per 365 days)
NICORETTE BUCCAL LOZENGE 2 MG, 4 MG (***nicotine***)	2	ACA; OTC; QL (180 per 365 days)
NICORETTE BUCCAL MINI LOZENGE 2 MG, 4 MG (***nicotine***)	2	ACA; OTC; QL (180 per 365 days)
nicotine (polacrilex) buccal gum 2 mg, 4 mg	1	ACA; OTC; QL (180 per 365 days)
nicotine (polacrilex) buccal lozenge 2 mg, 4 mg	1	ACA; OTC; QL (180 per 365 days)
nicotine (polacrilex) buccal mini lozenge 2 mg, 4 mg	1	ACA; OTC; QL (180 per 365 days)
nicotine transdermal patch 24 hour 14 mg/24 hr, 21 mg/24 hr, 7 mg/24 hr	1	ACA; OTC; QL (180 per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nicotine transdermal patch, td daily, sequential 21-14-7 mg/24 hr	1	ACA; OTC; QL (180 per 365 days)
NICOTROL INHALATION CARTRIDGE 10 MG (***nicotine***)	3	Preferred Alternatives (nicotine, nicotine gum); ACA; QL (180 per 365 days)
NICOTROL NS NASAL SPRAY,NON-AEROSOL 10 MG/ML (***nicotine***)	3	Preferred Alternatives (nicotine, nicotine gum); ACA; QL (180 per 365 days)
quit 2 buccal gum 2 mg	1	ACA; OTC; QL (180 per 365 days)
quit 2 buccal lozenge 2 mg	1	ACA; OTC; QL (180 per 365 days)
quit 4 buccal gum 4 mg	1	ACA; OTC; QL (180 per 365 days)
quit 4 buccal lozenge 4 mg	1	ACA; OTC; QL (180 per 365 days)
stop smoking aid buccal lozenge 2 mg, 4 mg	1	ACA; OTC; QL (180 per 365 days)
EAR, NOSE & THROAT MEDICATIONS - DRUGS TO TREAT THE EAR, NOSE AND THROAT		
MISCELLANEOUS AGENTS - OTHER DRUGS FOR EAR, NOSE OR THROAT CONDITIONS		
ALZAIR NASAL SPRAY,NON-AEROSOL (***hypromellose***)	3	
azelastine nasal aerosol,spray 137 mcg (0.1 %)	1	QL (60 per 30 days)
azelastine nasal spray,non-aerosol 0.15 % (205.5 mcg)	1	
chlorhexidine gluconate mucous membrane mouthwash 0.12 %	1	
CLINPRO 5000 DENTAL PASTE 1.1 % (***fluoride***)	3	Preferred Alternatives (dentagel)
DEBACTEROL MUCOUS MEMBRANE SOLUTION 30-50 % (***sulfuric acid***)	3	
DEBACTEROL MUCOUS MEMBRANE SWAB 30-50 % (***sulfuric acid***)	3	
denta 5000 plus dental cream 1.1 %	1	
dentagel dental gel 1.1 %	1	
EPISIL MUCOUS MEMBRANE GEL FORMING SOLUTION (***mucositis and stomatitis anti-inflamm.agent comb 2***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
fluoride (sodium) dental gel 1.1 %	1	
FLUORIDEX DAILY DEFENSE DENTAL PASTE 1.1 % (***fluoride***)	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % (***fluoride***)	3	Preferred Alternatives (denta 5000 plus, sf 5000 plus)
GELCLAIR MUCOUS MEMBRANE GEL IN PACKET (***potassium sorbate***)	3	
GELX MUCOUS MEMBRANE GEL (***povidone***)	3	
ipratropium bromide nasal spray,non-aerosol 0.03 %, 42 mcg (0.06 %)	1	QL (1 per 30 days)
MUGARD MUCOUS MEMBRANE SOLUTION (***glycerin***)	3	PA
olopatadine nasal spray,non-aerosol 0.6 %	1	QL (1 per 30 days)
triamcinolone acetonide (Oralone Dental Paste 0.1 %)	1	
ORAMAGICRX MUCOUS MEMBRANE MOUTHWASH (***potassium sorbate***)	3	
chlorhexidine gluconate (Paroex Oral Rinse Mucous Membrane Mouthwash 0.12 %)	1	
PATANASE NASAL SPRAY,NON-AEROSOL 0.6 % (***olopatadine***)	3	Preferred Alternatives (olopatadine hcl); QL (1 per 30 days)
PERIDEX MUCOUS MEMBRANE MOUTHWASH 0.12 % (***chlorhexidine***)	3	Preferred Alternatives (chlorhexidine gluconate)
chlorhexidine gluconate (Periogard Mucous Membrane Mouthwash 0.12 %)	1	
pilocarpine hcl oral tablet 7.5 mg	1	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % (***fluoride***)	3	Preferred Alternatives (dentagel)
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % (***fluoride***)	3	Preferred Alternatives (dentagel)
PREVIDENT 5000 ENAMEL PROTECT DENTAL PASTE 1.1-5 % (***fluoride***)	3	Preferred Alternatives (denta 5000 plus, sf 5000 plus)
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % (***fluoride***)	3	Preferred Alternatives (dentagel)
PREVIDENT 5000 SENSITIVE DENTAL PASTE 1.1-5 % (***fluoride***)	3	Preferred Alternatives (denta 5000 plus, sf 5000 plus)
PREVIDENT DENTAL GEL 1.1 % (***fluoride***)	3	Preferred Alternatives (dentagel)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREVIDENT DENTAL SOLUTION 0.2 % (***fluoride***)	3	Preferred Alternatives (dentagel)
PROTHELIAL MUCOUS MEMBRANE PASTE 1 GRAM/10 ML (***sucralfate***)	4	PA; LA
Q-CARE RX Q4 KIT 0.12 % (***dental suction device***)	3	
SALAGEN (PILOCARPINE) ORAL TABLET 7.5 MG (***pilocarpine***)	3	Preferred Alternatives (pilocarpine hcl)
sf 5000 plus dental cream 1.1 %	1	
sf dental gel 1.1 %	1	
sodium fluoride 5000 plus dental cream 1.1 %	1	
triamcinolone acetonide dental paste 0.1 %	1	
TYZINE NASAL SPRAY,NON-AEROSOL 0.1 % (***tetrahydrozoline***)	3	
MISCELLANEOUS OTIC PREPARATIONS - DRUGS TO TREAT EAR CONDITIONS		
acetic acid otic (ear) solution 2 %	1	
ciprofloxacin hcl otic (ear) dropperette 0.2 %	1	
DERMOTIC OIL OTIC (EAR) DROPS 0.01 % (***fluocinolone acetonide***)	3	Preferred Alternatives (fluocinolone acetonide oil)
fluocinolone acetonide oil (Flac Otic Oil Otic (Ear) Drops 0.01 %)	1	
fluocinolone acetonide oil otic (ear) drops 0.01 %	1	
hydrocortisone-acetic acid otic (ear) drops 1-2 %	1	
ofloxacin otic (ear) drops 0.3 %	1	
OTIPRIO INTRATYMPANIC SUSPENSION 6 % (6 MG/0.1 ML) (***ciprofloxacin***)	3	QL (1 per 30 days)
OTIC STEROID / ANTIBIOTIC - DRUGS TO TREAT EAR CONDITIONS		
CIPRO HC OTIC (EAR) DROPS,SUSPENSION 0.2-1 % (***ciprofloxacin***)	3	Preferred Alternatives (CIPRODEX)
CIPRODEX OTIC (EAR) DROPS,SUSPENSION 0.3-0.1 % (***ciprofloxacin***)	2	
COLY-MYCIN S OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin***)	3	Preferred Alternatives (neomycin/polymyxin/hc)
CORTISPORIN-TC OTIC (EAR) DROPS,SUSPENSION 3.3-3-10-0.5 MG/ML (***neomycin***)	3	Preferred Alternatives (neomycin/polymyxin/hc)
neomycin-polymyxin-hc otic (ear) drops,suspension 3.5-10,000-1 mg/ml-unit/ml-%	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
neomycin-polymyxin-hc otic (ear) solution 3.5-10,000-1 mg/ml-unit/ml-%	1	
OTOVEL OTIC (EAR) SOLUTION 0.3-0.025 % (0.25 ML) (***ciprofloxacin***)	3	Preferred Alternatives (CIPRODEX)
ENDOCRINE/DIABETES - DRUGS TO TREAT HORMONE CONDITIONS OR DIABETES		
ADRENAL HORMONES - HORMONES		
ACTHAR INJECTION GEL 80 UNIT/ML (***corticotropin***)	4	PA; LA
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG (***hydrocortisone***)	3	Preferred Alternatives (hydrocortisone)
cortisone oral tablet 25 mg	1	
dexamethasone (Decadron Oral Elixir 0.5 Mg/5 Ml)	1	
dexamethasone (Decadron Oral Tablet 0.5 Mg, 0.75 Mg, 4 Mg, 6 Mg)	1	
dexamethasone intensol oral drops 1 mg/ml	1	
dexamethasone oral elixir 0.5 mg/5 ml	1	
dexamethasone oral solution 0.5 mg/5 ml	1	
dexamethasone oral tablet 0.5 mg, 0.75 mg, 1.5 mg, 4 mg, 6 mg	1	
dexamethasone oral tablet 1 mg, 2 mg	1	
dexamethasone oral tablets,dose pack 1.5 mg (21 tabs), 1.5 mg (35 tabs), 1.5 mg (51 tabs)	1	
DXEVO ORAL TABLETS,DOSE PACK 1.5 MG (39 TABS) (***dexamethasone***)	3	
fludrocortisone oral tablet 0.1 mg	1	
dexamethasone (Hidex Oral Tablets,Dose Pack 1.5 Mg (21 Tabs))	1	
hydrocortisone oral tablet 10 mg, 20 mg, 5 mg	1	
MEDROL (PAK) ORAL TABLETS,DOSE PACK 4 MG (***methylprednisolone***)	3	Preferred Alternatives (methylprednisolone)
MEDROL ORAL TABLET 16 MG, 2 MG, 32 MG, 4 MG, 8 MG (***methylprednisolone***)	3	Preferred Alternatives (methylprednisolone)
methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg	1	
methylprednisolone oral tablets,dose pack 4 mg	1	
millipred dp oral tablets,dose pack 5 mg (21 tabs), 5 mg (48 tabs)	1	
millipred oral tablet 5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ORAPRED ODT ORAL TABLET,DISINTEGRATING 10 MG, 15 MG, 30 MG (***prednisolone***)	3	Preferred Alternatives (prednisolone sodium phosphate)
prednisolone oral solution 15 mg/5 ml	1	
prednisolone sodium phosphate oral solution 10 mg/5 ml, 15 mg/5 ml (3 mg/ml), 20 mg/5 ml (4 mg/ml), 5 mg base/5 ml (6.7 mg/5 ml)	1	
prednisolone sodium phosphate oral solution 25 mg/5 ml (5 mg/ml)	1	
prednisolone sodium phosphate oral tablet,disintegrating 10 mg, 15 mg, 30 mg	1	
prednisone intensol oral concentrate 5 mg/ml	1	
prednisone oral solution 5 mg/5 ml	1	
prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg	1	
prednisone oral tablets,dose pack 10 mg, 5 mg	1	
dexamethasone (Taperdex Oral Tablets,Dose Pack 1.5 Mg (21 Tabs))	3	
TAPERDEX ORAL TABLETS,DOSE PACK 1.5 MG (27 TABS), 1.5 MG (49 TABS) (***dexamethasone***)	3	
TRIESENCE (PF) INTRAOCULAR SUSPENSION 40 MG/ML (***triamcinolone***)	3	PA
veripred 20 oral solution 20 mg/5 ml (4 mg/ml)	1	
ANTITHYROID AGENTS - DRUGS TO TREAT THYROID CONDITIONS		
methimazole oral tablet 10 mg, 5 mg	1	
propylthiouracil oral tablet 50 mg	1	
SSKI ORAL SOLUTION 1 GRAM/ML (***potassium iodide***)	3	Preferred Alternatives (strong iodine)
TAPAZOLE ORAL TABLET 10 MG, 5 MG (***methimazole***)	3	Preferred Alternatives (methimazole)
BLOOD GLUCOSE MONITORING DEVICES & SUPPLIES - BLOOD SUGAR TESTING SUPPLIES		
FORA GTEL GLUCOSE TEST STRIP STRIP (***blood sugar diagnostic***)	3	ST; Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE STRIPS, FREESTYLE INSULINX); OTC
FREESTYLE INSULINX STRIP (***blood sugar diagnostic***)	2	LA; OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FREESTYLE INSULINX TEST STRIPS STRIP (***blood sugar diagnostic***)	2	LA; OTC
FREESTYLE LITE STRIPS STRIP (***blood sugar diagnostic***)	2	LA; OTC
FREESTYLE PRECISION NEO STRIPS STRIP (***blood sugar diagnostic***)	3	Preferred Alternatives (FREESTYLE TEST STRIPS, FREESTYLE LITE STRIPS, FREESTYLE INSULINX); LA; OTC
FREESTYLE TEST STRIP (***blood sugar diagnostic***)	2	LA; OTC
VIVAGUARD INO TEST STRIP STRIP (***blood sugar diagnostic***)	3	ST; OTC
DIABETES, SUPPLIES, & DURABLE MEDICAL EQUIPMENT - DIABETIC SUPPLIES		
ACE AEROSOL CLOUD ENHANCER SPACER (***inhaler, assist devices***)	2	
AEROCHAMBER MINI SPACER (***inhaler, assist devices***)	2	
AEROCHAMBER PLUS FLOW-VU SPACER (***inhaler, assist devices***)	2	
AEROCHAMBER PLUS Z STAT SPACER (***inhaler, assist devices***)	2	
AEROTRACH PLUS SPACER (***inhaler, assist devices***)	2	
AEROVENT PLUS SPACER (***inhaler, assist devices***)	2	
BREATHERITE MDI SPACER SPACER (***inhaler, assist devices***)	2	
COMPACT SPACE CHAMBER SPACER (***inhaler, assist devices***)	2	
EASIVENT HOLDING CHAMBER SPACER (***inhaler, assist devices***)	2	
FLEXICHAMBER SPACER (***inhaler, assist devices***)	2	
GLUCAGEN DIAGNOSTIC KIT INJECTION RECON SOLN 1 MG/ML (***glucagon***)	2	
GLUCAGON HCL INJECTION RECON SOLN 1 MG (***glucagon***)	3	
INSPIRACHAMBER SPACER (***inhaler, assist devices***)	2	
INSULIN SYRINGE-NEEDLE U-100 SYRINGE 0.5 ML 29 GAUGE X 1/2"	3	Preferred Alternatives (B-D INSULIN SYRINGE)
LITEAIRE MDI CHAMBER SPACER (***inhaler, assist devices***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICROCHAMBER SPACER (***inhaler, assist devices***)	2	
MICROSPACER SPACER (***inhaler, assist devices***)	2	
OPTICHAMBER DIAMOND VHC SPACER (***inhaler, assist devices***)	2	
POCKET CHAMBER SPACER (***inhaler, assist devices***)	2	
PRIMEAIRE SPACER (***inhaler, assist devices***)	2	
PROCHAMBER SPACER (***inhaler, assist devices***)	2	
RITEFLO AEROCHAMBER SPACER (***inhaler, assist devices***)	2	
VORTEX HOLDING CHAMBER SPACER (***inhaler, assist devices***)	2	
GLUCOSE ELEVATING AGENTS - DRUGS TO TREAT LOW BLOOD SUGAR		
BAQSIMI NASAL SPRAY,NON-AEROSOL 3 MG/ACTUATION (***glucagon***)	4	
GLUCAGEN HYPOKIT INJECTION RECON SOLN 1 MG (***glucagon***)	2	
GLUCAGON EMERGENCY KIT (HUMAN) INJECTION RECON SOLN 1 MG (***glucagon***)	2	
PROGLYCEM ORAL SUSPENSION 50 MG/ML (***diazoxide***)	2	
INSULIN SYRINGES/MISCELLANEOUS DURABLE MEDICAL EQU - INSULIN SUPPLIES		
ACCU-CHEK COMBO SYSTEM KIT (***subcutaneous insulin pump***)	2	
ACCU-CHEK COMPACT PLUS CONTROL SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
ACCU-CHEK GUIDE L1-L2 CTRL SOL SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
ACCU-CHEK GUIDE ME GLUCOSE MTR (***blood-glucose meter***)	3	ST; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER); OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACCU-CHEK SMARTVIEW CONTRL SOL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
ACCUTREND GLUCOSE CONTROL SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
ADVOCATE LOW CONTROL SOLUTION (***blood-glucose calibration control, low***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
ADVOCATE REDI-CODE+ CTRL LOW SOLUTION (***blood-glucose calibration control, low***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
AGAMATRIX CONTROL HIGH SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
ANIMAS VIBE (***subcu insulin pump, continuous glucose mon. system***)	3	
ASSURE 4 CONTROL SOLUTION COMBO PACK (***blood-glucose calibration control***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
ASSURE DOSE NORMAL CONTROL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
ASSURE PRISM CONTROL 1-2 SOLN SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
AT HOME A1C DEVICE (***home hemoglobin a1c monitor***)	3	OTC
AUTOJECT 2 INJECTION DEVICE SUBCUTANEOUS INSULIN PEN (***insulin administration supplies***)	2	OTC
AUTOPEN 1 TO 21 UNITS SUBCUTANEOUS INSULIN PEN (***insulin administration supplies***)	2	OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AUTOSOFT 30 INFUSION SET (***infusion set for insulin pump***)	2	
AUTOSOFT 90 INFUSION SET (***infusion set for insulin pump***)	2	
AUTOSOFT XC INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	2	
BD INTEGRA NEEDLE NEEDLE 23 GAUGE X 1" (***needles, disposable***)	2	
BD MICROTAINER LANCET 30 GAUGE (***lancets***)	2	OTC
BD SPECIALTY USE NEEDLES NEEDLE 30 GAUGE X 1/2" (***needles, disposable***)	2	
BD ULTRA FINE LANCETS 33 GAUGE (***lancets***)	2	OTC
BD ULTRA-FINE NANO PEN NEEDLE NEEDLE 32 GAUGE X 5/32" (***pen needle, diabetic***)	2	OTC
BLOOD GLUCOSE CONTROL, NORMAL SOLUTION	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
BREEZE 2 CONTROL SOLUTION,HIGH SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
CARESENS CONTROL A NORMAL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
CARTRIDGE STAMPED IR 1200 SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	2	OTC
CLEO 90 INFUSION SET 24" INFUSION SET (***infusion set for insulin pump***)	2	
CLEVER CHOICE LEVEL 2 CONTROL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
COMFORT INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	2	
COMFORT SHORT INSULIN PUMP 23" INFUSION SET (***infusion set for insulin pump***)	2	
CONTACT DETACH INFUS SET 23" INFUSION SET (***infusion set for insulin pump***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CONTOUR CONTROL SOLUTION, NML SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
CONTOUR NEXT LEV 2 CONTROL SOL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
COOL CONTROL A SOLUTION SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
DIATRUE CONTROL SOLN NORMAL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
EASY STEP HIGH CONTROL SOLN SOLUTION (***blood-glucose calibration control, high***)	3	OTC
EASY TALK HIGH CONTROL SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
EASY TRAK LOW CONTROL SOLUTION (***blood-glucose calibration control, low***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
EASYGLUCO PLUS NORMAL CONTROL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
EASYMAX LOW CONTROL SOLUTION (***blood-glucose calibration control, low***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
EASYMAX NORMAL CONTROL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
ECLIPSE NEEDLE NEEDLE 27 GAUGE X 1/2" (***needles, safety***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELEMENT COMPACT NORMAL CONTROL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
ELEMENT NORMAL CONTROL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
EMBRACE EVO LEVEL 1 SOLUTION (***blood-glucose calibration control, low***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
EMBRACE GLUCOSE CONTROL LOW SOLUTION (***blood-glucose calibration control, low***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
EMBRACE TALK CONTROL-LOW (L1) SOLUTION (***blood-glucose calibration control, low***)	3	OTC
ENLITE SYSTEM (***blood-glucose transmitter***)	3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER)
EVERSENSE SENSOR-HOLDER SUBCUTANEOUS DEVICE (***glucose sensor, implantable, continuous***)	3	
EVOLUTION NORMAL CONTROL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
FORA GTEL MULTI-FUNCTN MONITOR DEVICE (***blood ketone and glucose monitor***)	3	OTC
FORA NORMAL CONTROL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
FORACARE GDH LOW CONTROL SOLUTION (***blood-glucose calibration control, low***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FORTISCARE NORMAL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
FREESTYLE CONTROL SOLUTION (***blood-glucose calibration control, high***)	2	OTC
FREESTYLE FLASH SYSTEM KIT (***blood-glucose meter***)	2	LA; OTC
FREESTYLE FREEDOM KIT (***blood-glucose meter***)	2	LA; OTC
FREESTYLE FREEDOM LITE KIT (***blood-glucose meter***)	2	LA; OTC
FREESTYLE INSULINX (***blood-glucose meter***)	2	LA; OTC
FREESTYLE LIBRE 10 DAY READER (***flash glucose scanning reader***)	2	
FREESTYLE LIBRE 10 DAY SENSOR KIT (***flash glucose sensor***)	2	
FREESTYLE LITE METER KIT (***blood-glucose meter***)	2	LA; OTC
FREESTYLE PRECISION NEO METER (***blood-glucose meter***)	3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER); LA; OTC
FREESTYLE SIDEKICK II KIT (***blood-glucose meter***)	2	LA; OTC
FREESTYLE SYSTEM KIT KIT (***blood-glucose meter***)	2	LA; OTC
GE100 CONTROL SOLUTION NORMAL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
GENTEEL VACUUM LANCING DEVICE COMBO PACK (***lancing device, vacuum***)	3	OTC
GLUCOCARD 01 NORMAL CONTROL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLUCOCARD SHINE CONNEX METER (***blood-glucose meter***)	3	ST; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER); OTC
GLUCOCARD SHINE EXPRESS METER (***blood-glucose meter***)	3	ST; Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER); OTC
GLUCOCOM CONTROL NORMAL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
GLUCOSE CONTROL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
HEALTHPRO HIGH-LOW CONTROL SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
INFINITY CONTROL SOLUTION NORM SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
INFINITY VOICE CTRL SOLN-LVL 2 SOLUTION (***blood-glucose calibration control, normal***)	3	OTC
INFUSION SET 43" 6MM INFUSION SET (***infusion set for insulin pump***)	2	OTC
INPEN (FOR HUMALOG) SUBCUTANEOUS INSULIN PEN (***insulin administration supplies***)	3	
INPEN (FOR NOVOLOG) SUBCUTANEOUS INSULIN PEN (***insulin administration supplies***)	3	
INSET 30 INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	2	
INSET INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LANCETS 33 GAUGE	2	OTC
LANCING DEVICE	2	OTC
MEDISENSE COMBO PACK (***blood-glucose calibration control***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
MEDISENSE GLUCOSE KETONE COMBO PACK (***blood-glucose calibration control***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
MINIMED INFUSION SET-MMT 390 INFUSION SET (***infusion set for insulin pump***)	2	
MIO INFUSION SET INFUSION SET (***infusion set for insulin pump***)	2	
MYGLUCOHEALTH CONTROL SOLUTION SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
NOVA MAX GLUCOSE CONTROL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
NOVAMAX PLUS GLU-KET SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER); OTC
NOVOPEN ECHO SUBCUTANEOUS INSULIN PEN (***insulin administration supplies***)	3	
OMNIPOD DASH INSULIN POD SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	2	
OMNIPOD INSULIN MANAGEMENT (***subcutaneous insulin pump***)	2	
ON CALL EXPRESS CONTROL SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ON CALL PLUS CONTROL SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
ON CALL VIVID CONTROL SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
ONETOUCH PING INSULIN PUMP (***subcutaneous insulin pump***)	2	
ONETOUCH ULTRA CONTROL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
PARADIGM REAL-TIME TRANSMIT-SN (***blood-glucose transmitter***)	3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER)
PEN NEEDLE, DIABETIC NEEDLE 29 GAUGE X 1/2"	3	Preferred Alternatives (BD INSULIN PEN NEEDLE UF MINI, BD NANO PEN NEEDLE, BD ULTRA-FINE PEN NEEDLE, NOVOFINE, NOVOFINE PLUS, NOVOTWIST); OTC
PREMIER COMPACT GLUCOSE METER KIT (***blood-glucose meter***)	3	ST; OTC
PRODIGY CONTROL SOLUTION, LOW SOLUTION (***blood-glucose calibration control, low***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
PRODIGY CONTROL SOLUTION,HIGH SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
QUICK-SET PARADIGM INFUSION SET (***infusion set for insulin pump***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REFUAH PLUS GLUCOSE CONTROL SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
REVEL PROGRAMMABLE PUMP (***subcutaneous insulin pump***)	2	
RIGHTEST CONTROL SOLUTION HIGH SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
SAFE-CLIP BY MAIL DEVICE (***needle clipping and storage device***)	2	OTC
SIDEKICK BLOOD GLUCOSE SYSTEM KIT (***blood sugar diagnostic***)	3	Preferred Alternatives (FREESTYLE FREEDOM, FREESTYLE FREEDOM LITE, FREESTYLE INSULINX, FREESTYLE LITE METER); OTC
SILHOUETTE INFUSION SET (***infusion set for insulin pump***)	2	
SMARTEST CONTROL SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
SOF-SET CANNULA 24" TUBING INFUSION SET (***infusion set for insulin pump***)	2	
SOF-SET INFUSION SET (***infusion set for insulin pump***)	2	
SOF-SET MICRO 24" POLYFIN TUB INFUSION SET (***infusion set for insulin pump***)	2	
SOLUS V2 CONTROL SOLUTION,HIGH SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
SURE-T PARADIGM INFUSION SET (***infusion set for insulin pump***)	2	
T:30 INFUSION SET INFUSION SET (***infusion set for insulin pump***)	2	
T:90 INFUSION SET 23" INFUSION SET (***infusion set for insulin pump***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
T:FLEX INSULIN DELIVERY PUMP (***subcutaneous insulin pump***)	3	
T:SLIM G4 SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	2	
T:SLIM SUBCUTANEOUS CARTRIDGE (***insulin pump cartridge***)	2	
T:SLIM X2 BASAL-IQ INSULIN PMP (***subcutaneous insulin pump***)	3	
T:SLIM X2 INSULIN PUMP (***subcutaneous insulin pump***)	3	
TELCARE CONTROL SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
TRUE METRIX LEVEL 1 SOLUTION (***blood-glucose calibration control, low***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
TRUECONTROL LEVEL 0 SOLUTION (***blood-glucose calibration control, high***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
TRUSTEEL INFUSION SET 32" INFUSION SET (***infusion set for insulin pump***)	2	
UNISTRIP LOW CONTROL SOLUTION (***blood-glucose calibration control, low***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
VARISOFT INFUSION SET 43" INFUSION SET (***infusion set for insulin pump***)	2	
VERASENS CONTROL SOLN-LEVEL 1 SOLUTION (***blood-glucose calibration control, normal***)	3	OTC
V-GO 20 DEVICE (***subcutaneous insulin deliv. device, 20 unit, disp.***)	2	
V-GO 30 DEVICE (***subcutaneous insulin deliv. device, 30 unit. disp.***)	2	
V-GO 40 DEVICE (***subcutaneous insulin deliv. device, 40 unit, disp.***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VIVAGUARD INO CONTROL SOLUTION SOLUTION (***blood-glucose calibration control, high***)	3	OTC
VIVAGUARD INO GLUCOSE METER (***blood-glucose meter***)	3	ST; OTC
WAVESENSE CONTROL SOLUTION SOLUTION (***blood-glucose calibration control, normal***)	3	Preferred Alternatives (FREESTYLE CONTROL SOLUTION, FREESTYLE CONTROL SOLUTION); OTC
INSULIN THERAPY - INSULIN		
ADMELOG SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin lispro***)	3	Preferred Alternatives (HUMALOG)
ADMELOG U-100 INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro***)	3	Preferred Alternatives (HUMALOG)
AFREZZA INHALATION CARTRIDGE WITH INHALER 12 UNIT, 4 UNIT, 4 UNIT (90)/ 8 UNIT (90), 4 UNIT/8 UNIT/ 12 UNIT (60), 8 UNIT, 8 UNIT (90)/ 12 UNIT (90) (***insulin regular***)	3	Preferred Alternatives (HUMALOG)
APIDRA SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (***insulin glulisine***)	3	Preferred Alternatives (HUMALOG); LA
APIDRA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glulisine***)	3	Preferred Alternatives (HUMALOG); LA
BASAGLAR KWIKPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine***)	3	Preferred Alternatives (LANTUS, LANTUS SOLOSTAR, TOUJEO SOLOSTAR)
FIASP FLEXTOUCH U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart***)	3	Preferred Alternatives (HUMALOG); LA
FIASP U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart***)	3	Preferred Alternatives (HUMALOG); LA
HUMALOG JUNIOR KWIKPEN U-100 SUBCUTANEOUS INSULIN PEN, HALF-UNIT 100 UNIT/ML (***insulin lispro***)	2	
HUMALOG KWIKPEN INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML, 200 UNIT/ML (3 ML) (***insulin lispro***)	2	
HUMALOG MIX 50-50 INSULN U-100 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (50-50) (***insulin lispro protamine***)	2	
HUMALOG MIX 50-50 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (50-50) (***insulin lispro protamine***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMALOG MIX 75-25 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (75-25) (***insulin lispro protamine***)	2	
HUMALOG MIX 75-25(U-100)INSULN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (75-25) (***insulin lispro protamine***)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin lispro***)	2	
HUMALOG U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin lispro***)	2	
HUMULIN 70/30 U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin isophane (nph)***)	2	
HUMULIN 70/30 U-100 KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin isophane (nph)***)	2	
HUMULIN N NPH INSULIN KWIKPEN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin isophane (nph)***)	2	
HUMULIN N NPH U-100 INSULIN SUBCUTANEOUS SUSPENSION 100 UNIT/ML (***insulin isophane (nph)***)	2	
HUMULIN R REGULAR U-100 INSULN INJECTION SOLUTION 100 UNIT/ML (***insulin regular***)	2	
HUMULIN R U-500 (CONC) INSULIN SUBCUTANEOUS SOLUTION 500 UNIT/ML (***insulin regular***)	2	
HUMULIN R U-500 (CONC) KWIKPEN SUBCUTANEOUS INSULIN PEN 500 UNIT/ML (3 ML) (***insulin regular***)	2	
INSULIN LISPRO SUBCUTANEOUS INSULIN PEN 100 UNIT/ML	3	Preferred Alternatives (HUMALOG)
INSULIN LISPRO SUBCUTANEOUS SOLUTION 100 UNIT/ML	3	Preferred Alternatives (HUMALOG)
LANTUS SOLOSTAR U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin glargine***)	2	
LANTUS U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin glargine***)	2	
LEVEMIR FLEXTOUCH U-100 INSULN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin detemir***)	3	Preferred Alternatives (LANTUS, LANTUS SOLOSTAR, TOUJEO SOLOSTAR)
LEVEMIR U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin detemir***)	3	Preferred Alternatives (LANTUS, LANTUS SOLOSTAR, TOUJEO SOLOSTAR)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NOVOLIN 70-30 FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin isophane (nph)***)	3	Preferred Alternatives (HUMULIN 70/30 KWIKPEN)
NOVOLOG FLEXPEN U-100 INSULIN SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin aspart***)	3	Preferred Alternatives (HUMALOG); LA
NOVOLOG MIX 70-30 U-100 INSULN SUBCUTANEOUS SOLUTION 100 UNIT/ML (70-30) (***insulin aspart protamine human***)	3	Preferred Alternatives (HUMALOG MIX 75-25); LA
NOVOLOG MIX 70-30FLEXPEN U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (70-30) (***insulin aspart protamine human***)	3	Preferred Alternatives (HUMALOG MIX 75-25); LA
NOVOLOG PENFILL U-100 INSULIN SUBCUTANEOUS CARTRIDGE 100 UNIT/ML (***insulin aspart***)	3	Preferred Alternatives (HUMALOG); LA
NOVOLOG U-100 INSULIN ASPART SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin aspart***)	3	Preferred Alternatives (HUMALOG); LA
RELION NOVOLIN 70/30 SUBCUTANEOUS SUSPENSION 100 UNIT/ML (70-30) (***insulin isophane (nph)***)	3	Preferred Alternatives (HUMULIN 70-30)
RELION NOVOLIN R INJECTION SOLUTION 100 UNIT/ML (***insulin regular***)	3	Preferred Alternatives (HUMULIN R)
SOLIQUA 100/33 SUBCUTANEOUS INSULIN PEN 100 UNIT-33 MCG/ML (***insulin glargine***)	3	Preferred Alternatives (LANTUS SOLOSTAR, TOUJEO SOLOSTAR, BYDUREON, BYETTA, TRULICITY)
TOUJEO MAX U-300 SOLOSTAR SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (3 ML) (***insulin glargine***)	2	
TOUJEO SOLOSTAR U-300 INSULIN SUBCUTANEOUS INSULIN PEN 300 UNIT/ML (1.5 ML) (***insulin glargine***)	2	
TRESIBA FLEXTOUCH U-100 SUBCUTANEOUS INSULIN PEN 100 UNIT/ML (3 ML) (***insulin degludec***)	3	Preferred Alternatives (LANTUS, LANTUS SOLOSTAR, TOUJEO SOLOSTAR)
TRESIBA FLEXTOUCH U-200 SUBCUTANEOUS INSULIN PEN 200 UNIT/ML (3 ML) (***insulin degludec***)	3	Preferred Alternatives (LANTUS, LANTUS SOLOSTAR, TOUJEO SOLOSTAR)
TRESIBA U-100 INSULIN SUBCUTANEOUS SOLUTION 100 UNIT/ML (***insulin degludec***)	3	Preferred Alternatives (LANTUS, LANTUS SOLOSTAR, TOUJEO SOLOSTAR)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XULTOPHY 100/3.6 SUBCUTANEOUS INSULIN PEN 100 UNIT-3.6 MG /ML (3 ML) (***insulin degludec***)	3	Preferred Alternatives (LANTUS SOLOSTAR, TOUJEO SOLOSTAR, BYDUREON, BYETTA, TRULICITY)
MISCELLANEOUS HORMONES - OTHER HORMONES		
ANADROL-50 ORAL TABLET 50 MG (***oxymetholone***)	3	Preferred Alternatives (oxandrolone)
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24 HOUR, 4 MG/24 HR (***testosterone***)	3	Preferred Alternatives (testosterone)
ANDROGEL TRANSDERMAL GEL IN METERED-DOSE PUMP 20.25 MG/1.25 GRAM (1.62 %) (***testosterone***)	3	Preferred Alternatives (testosterone)
ANDROGEL TRANSDERMAL GEL IN PACKET 1.62 % (20.25 MG/1.25 GRAM), 1.62 % (40.5 MG/2.5 GRAM) (***testosterone***)	3	Preferred Alternatives (testosterone)
AVEED INTRAMUSCULAR SOLUTION 750 MG/3 ML (250 MG/ML) (***testosterone***)	4	PA; Preferred Alternatives (testosterone cypionate, testosterone enanthate)
cabergoline oral tablet 0.5 mg	1	QL (8 per 30 days)
calcitonin (salmon) nasal spray,non-aerosol 200 unit/actuation	1	
calcitriol intravenous solution 1 mcg/ml	1	PA
calcitriol oral capsule 0.25 mcg, 0.5 mcg	1	
calcitriol oral solution 1 mcg/ml	1	
CERDELGA ORAL CAPSULE 84 MG (***eliglustat***)	4	PA; LA
CETROTIDE SUBCUTANEOUS KIT 0.25 MG (***cetrorelix***)	4	PA
CHORIONIC GONADOTROPIN, HUMAN INJECTION RECON SOLN 12,000 UNIT, 6,000 UNIT (***chorionic gonadotropin, human (hcg)***)	4	PA; Preferred Alternatives (OVIDREL)
CHORIONIC GONADOTROPIN, HUMAN INTRAMUSCULAR RECON SOLN 10,000 UNIT	4	PA; Preferred Alternatives (OVIDREL); QL (3 per 30 days)
cinacalcet oral tablet 30 mg, 60 mg, 90 mg	1	
clomiphene citrate oral tablet 50 mg	1	
CRYSVITA SUBCUTANEOUS SOLUTION 10 MG/ML, 20 MG/ML, 30 MG/ML (***burosumab-twza***)	4	PA; LA
danazol oral capsule 100 mg, 200 mg, 50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DDAVP NASAL SOLUTION 0.1 MG/ML (REFRIGERATE) (***desmopressin***)	2	
DDAVP NASAL SPRAY WITH PUMP 10 MCG/SPRAY (0.1 ML) (***desmopressin***)	3	Preferred Alternatives (desmopressin acetate)
DDAVP ORAL TABLET 0.1 MG, 0.2 MG (***desmopressin***)	3	Preferred Alternatives (desmopressin acetate)
DEPO-TESTOSTERONE INTRAMUSCULAR OIL 100 MG/ML, 200 MG/ML (***testosterone***)	3	PA; Preferred Alternatives (testosterone cypionate)
desmopressin nasal spray,non-aerosol 10 mcg/spray (0.1 ml)	1	PA
desmopressin oral tablet 0.1 mg, 0.2 mg	1	
doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg	1	
GALAFOLD ORAL CAPSULE 123 MG (***migalastat***)	4	PA; Preferred Alternatives (FABRAZYME); LA
GONAL-F RFF REDI-JECT SUBCUTANEOUS PEN INJECTOR 300/0.5 UNIT/ML, 450/0.75 UNIT/ML, 900/1.5 UNIT/ML (***follitropin (fsh)***)	4	PA
GONAL-F RFF SUBCUTANEOUS RECON SOLN 75 UNIT (***follitropin (fsh)***)	4	PA
GONAL-F SUBCUTANEOUS RECON SOLN 1,050 UNIT, 450 UNIT (***follitropin (fsh)***)	4	PA
JYNARQUE ORAL TABLET 15 MG (***tolvaptan***)	4	PA
JYNARQUE ORAL TABLET 30 MG (***tolvaptan***)	4	PA; QL (60 per 1 day)
JYNARQUE ORAL TABLETS, SEQUENTIAL 45 MG (AM)/ 15 MG (PM), 60 MG (AM)/ 30 MG (PM), 90 MG (AM)/ 30 MG (PM) (***tolvaptan***)	4	PA; LA
KORLYM ORAL TABLET 300 MG (***mifepristone***)	4	PA; Preferred Alternatives (ketoconazole, LYSODREN, SIGNIFOR)
KUVAN ORAL POWDER IN PACKET 100 MG, 500 MG (***sapropterin***)	4	PA; LA
KUVAN ORAL TABLET,SOLUBLE 100 MG (***sapropterin***)	4	PA; LA
MENOPUR SUBCUTANEOUS RECON SOLN 75 UNIT (***menotropins***)	4	PA
METHITEST ORAL TABLET 10 MG (***methyltestosterone***)	2	
methyltestosterone oral capsule 10 mg	1	
MIACALCIN INJECTION SOLUTION 200 UNIT/ML (***calcitonin***)	3	PA; Preferred Alternatives (alendronate sodium)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
miglustat oral capsule 100 mg	4	PA; LA
MYALEPT SUBCUTANEOUS RECON SOLN 5 MG/ML (FINAL CONC.) (***metreleptin***)	4	PA; LA
nandrolone decanoate intramuscular oil 200 mg/ml	1	PA
NATPARA SUBCUTANEOUS CARTRIDGE 100 MCG/DOSE, 25 MCG/DOSE, 50 MCG/DOSE, 75 MCG/DOSE (***parathyroid hormone***)	4	PA; LA
NOCDURNA (MEN) SUBLINGUAL TABLET,DISINTEGRATING 55.3 MCG (***desmopressin***)	3	
NOCDURNA (WOMEN) SUBLINGUAL TABLET,DISINTEGRATING 27.7 MCG (***desmopressin***)	3	
NOCTIVA NASAL SPRAY,NON-AEROSOL 0.83 MCG/SPRAY (0.1 ML), 1.66 MCG/SPRAY (0.1 ML) (***desmopressin***)	3	Preferred Alternatives (desmopressin acetate)
NOVAREL INTRAMUSCULAR RECON SOLN 10,000 UNIT (***chorionic gonadotropin, human (hcg)***)	4	PA; Preferred Alternatives (OVIDREL); QL (3 per 30 days)
NOVAREL INTRAMUSCULAR RECON SOLN 5,000 UNIT (***chorionic gonadotropin, human (hcg)***)	4	PA; Preferred Alternatives (OVIDREL)
ORILISSA ORAL TABLET 150 MG (***elagolix***)	2	PA; QL (30 per 23 days)
ORILISSA ORAL TABLET 200 MG (***elagolix***)	2	PA; QL (60 per 23 days)
OVIDREL SUBCUTANEOUS SYRINGE 250 MCG/0.5 ML (***chorionic gonadotropin, human (hcg)***)	4	PA
OXANDRIN ORAL TABLET 10 MG, 2.5 MG (***oxandrolone***)	3	Preferred Alternatives (oxandrolone)
oxandrolone oral tablet 10 mg, 2.5 mg	1	
PALYNZIQ SUBCUTANEOUS SYRINGE 10 MG/0.5 ML, 2.5 MG/0.5 ML, 20 MG/ML (***pegvaliase-pqpz***)	4	PA; LA
paricalcitol intravenous solution 2 mcg/ml, 5 mcg/ml	1	PA
paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg	1	
PREGNYL INTRAMUSCULAR RECON SOLN 10,000 UNIT (***chorionic gonadotropin, human (hcg)***)	4	PA; Preferred Alternatives (OVIDREL); QL (3 per 30 days)
RAYALDEE ORAL CAPSULE,EXTENDED RELEASE 24 HR 30 MCG (***calcifediol***)	3	Preferred Alternatives (calcitriol, doxercalciferol, paricalcitol)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG (***calcitriol***)	3	Preferred Alternatives (calcitriol)
ROCALTROL ORAL SOLUTION 1 MCG/ML (***calcitriol***)	3	Preferred Alternatives (calcitriol)
SAMSCA ORAL TABLET 15 MG (***tolvaptan***)	4	PA; LA; QL (30 per 30 days)
SAMSCA ORAL TABLET 30 MG (***tolvaptan***)	4	PA; LA; QL (60 per 30 days)
SENSIPAR ORAL TABLET 30 MG, 60 MG, 90 MG (***cinacalcet***)	3	Preferred Alternatives (cinacalcet hcl)
serophene oral tablet 50 mg	1	
SOMAVERT SUBCUTANEOUS RECON SOLN 10 MG, 15 MG, 20 MG, 25 MG, 30 MG (***pegvisomant***)	4	PA; LA
STIMATE NASAL SPRAY,NON-AEROSOL 150 MCG/SPRAY (0.1 ML) (***desmopressin***)	4	PA; LA
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45 ML, 28 MG/0.7 ML, 40 MG/ML, 80 MG/0.8 ML (***asfotase alfa***)	4	PA
STRIANT BUCCAL MUCOADHESIVE SYSTEM ER 12 HR 30 MG (***testosterone***)	3	Preferred Alternatives (testosterone)
SYNAREL NASAL SPRAY,NON-AEROSOL 2 MG/ML (***nafarelin***)	3	Preferred Alternatives (LUPRON DEPOT, ORILISSA, LUPRON DEPOT-PED, TRIPTODUR)
TESTOPEL IMPLANT PELLET 75 MG (***testosterone***)	4	PA; Preferred Alternatives (testosterone cypionate, testosterone enanthate)
testosterone cypionate intramuscular oil 100 mg/ml, 200 mg/ml	1	PA
testosterone enanthate intramuscular oil 200 mg/ml	1	PA
testosterone transdermal gel 50 mg/5 gram (1 %)	1	
testosterone transdermal gel in metered-dose pump 10 mg/0.5 gram /actuation	1	LA
testosterone transdermal gel in metered-dose pump 12.5 mg/ 1.25 gram (1 %), 20.25 mg/1.25 gram (1.62 %)	1	
testosterone transdermal gel in packet 1 % (25 mg/2.5gram), 1 % (50 mg/5 gram), 1.62 % (20.25 mg/1.25 gram), 1.62 % (40.5 mg/2.5 gram)	1	
testosterone transdermal solution in metered pump w/app 30 mg/actuation (1.5 ml)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
XYOSTED SUBCUTANEOUS AUTO-INJECTOR 100 MG/0.5 ML, 50 MG/0.5 ML, 75 MG/0.5 ML (***testosterone***)	3	PA; Preferred Alternatives (testosterone enanthate, testosterone cypionate)
ZEMPLAR INTRAVENOUS SOLUTION 2 MCG/ML, 5 MCG/ML (***paricalcitol***)	3	PA; Preferred Alternatives (paricalcitol)
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG (***paricalcitol***)	3	Preferred Alternatives (paricalcitol)
NON-INSULIN HYPOGLYCEMIC AGENTS - DRUGS TO TREAT HIGH BLOOD SUGAR		
acarbose oral tablet 100 mg, 25 mg, 50 mg	1	
ACTOPLUS MET ORAL TABLET 15-500 MG, 15-850 MG (***pioglitazone***)	3	Preferred Alternatives (pioglitazone-metformin); QL (90 per 30 days)
ACTOPLUS MET XR ORAL TABLET, ER MULTIPHASE 24 HR 15-1,000 MG (***pioglitazone***)	3	Preferred Alternatives (pioglitazone-metformin, metformin hcl, pioglitazone hcl); QL (60 per 30 days)
ACTOS ORAL TABLET 15 MG, 30 MG, 45 MG (***pioglitazone***)	3	Preferred Alternatives (pioglitazone hcl); QL (30 per 30 days)
ALOGLIPTIN-PIOGLITAZONE ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG	3	ST; Preferred Alternatives (pioglitazone hcl, JANUVIA, TRADJENTA); QL (30 per 30 days)
AMARYL ORAL TABLET 1 MG, 2 MG, 4 MG (***glimepiride***)	3	Preferred Alternatives (glimepiride)
AVANDIA ORAL TABLET 2 MG, 4 MG (***rosiglitazone***)	3	PA; Preferred Alternatives (pioglitazone hcl); QL (60 per 30 days)
BYDUREON BCISE SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85 ML (***exenatide***)	2	PA
BYDUREON SUBCUTANEOUS PEN INJECTOR 2 MG/0.65 ML (***exenatide***)	2	PA
BYETTA SUBCUTANEOUS PEN INJECTOR 10 MCG/DOSE(250 MCG/ML) 2.4 ML, 5 MCG/DOSE (250 MCG/ML) 1.2 ML (***exenatide***)	2	PA; QL (1 per 30 days)
chlorpropamide oral tablet 100 mg, 250 mg	1	Preferred Alternatives (glimepiride, glipizide, glyburide)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYCLOSET ORAL TABLET 0.8 MG (***bromocriptine***)	3	Preferred Alternatives (metformin hcl, glimepiride, glipizide, glyburide)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG (***pioglitazone***)	3	Preferred Alternatives (pioglitazone-glimepiride); QL (30 per 30 days)
FARXIGA ORAL TABLET 10 MG, 5 MG (***dapagliflozin***)	2	ST
glimepiride oral tablet 1 mg, 2 mg, 4 mg	1	
glipizide oral tablet 10 mg, 5 mg	1	
glipizide oral tablet extended release 24hr 10 mg, 2.5 mg, 5 mg	1	
glipizide-metformin oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg	1	
GLUCOPHAGE ORAL TABLET 1,000 MG, 500 MG, 850 MG (***metformin***)	3	Preferred Alternatives (metformin hcl)
GLUCOTROL ORAL TABLET 10 MG, 5 MG (***glipizide***)	3	Preferred Alternatives (glipizide)
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 2.5 MG, 5 MG (***glipizide***)	3	Preferred Alternatives (glipizide er)
glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg	1	
glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg	1	
glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg	1	
GLYNASE ORAL TABLET 1.5 MG, 3 MG, 6 MG (***glyburide***)	3	Preferred Alternatives (glyburide micronized)
GLYSET ORAL TABLET 100 MG, 25 MG, 50 MG (***miglitol***)	3	Preferred Alternatives (miglitol)
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG (***empagliflozin***)	2	ST
INVOKAMET ORAL TABLET 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (***canagliflozin***)	3	ST; Preferred Alternatives (SYNJARDY, SYNJARDY XR, XIGDUO XR)
INVOKAMET XR ORAL TABLET, IR - ER, BIPHASIC 24HR 150-1,000 MG, 150-500 MG, 50-1,000 MG, 50-500 MG (***canagliflozin***)	3	ST; Preferred Alternatives (SYNJARDY, SYNJARDY XR, XIGDUO XR)
INVOKANA ORAL TABLET 100 MG, 300 MG (***canagliflozin***)	3	ST; Preferred Alternatives (FARXIGA, JARDIANCE); QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
JANUMET ORAL TABLET 50-1,000 MG, 50-500 MG (***sitagliptin***)	2	ST; QL (60 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 100-1,000 MG, 50-500 MG (***sitagliptin***)	2	ST; QL (30 per 30 days)
JANUMET XR ORAL TABLET, ER MULTIPHASE 24 HR 50-1,000 MG (***sitagliptin***)	2	ST; QL (60 per 30 days)
JANUVIA ORAL TABLET 100 MG, 25 MG, 50 MG (***sitagliptin***)	2	ST; QL (30 per 30 days)
JARDIANCE ORAL TABLET 10 MG, 25 MG (***empagliflozin***)	2	ST
JENTADUETO ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 2.5-850 MG (***linagliptin***)	2	ST; QL (60 per 30 days)
JENTADUETO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 2.5-1,000 MG, 5-1,000 MG (***linagliptin***)	2	ST
METFORMIN ORAL SOLUTION 500 MG/5 ML	3	Preferred Alternatives (metformin hcl, metformin hcl er)
metformin oral tablet 1,000 mg, 500 mg, 850 mg	1	
metformin oral tablet extended release 24 hr 500 mg, 750 mg	1	
miglitol oral tablet 100 mg, 25 mg, 50 mg	1	
nateglinide oral tablet 120 mg, 60 mg	1	
OSENI ORAL TABLET 12.5-15 MG, 12.5-30 MG, 12.5-45 MG, 25-15 MG, 25-30 MG, 25-45 MG (***alogliptin***)	3	ST; Preferred Alternatives (pioglitazone hcl, JANUVIA, TRADJENTA); QL (30 per 30 days)
OZEMPIC SUBCUTANEOUS PEN INJECTOR 0.25 MG OR 0.5 MG(2 MG/1.5 ML), 1 MG/DOSE (2 MG/1.5 ML) (***semaglutide***)	3	PA; Preferred Alternatives (BYDUREON, BYETTA, TRULICITY)
pioglitazone oral tablet 15 mg, 30 mg, 45 mg	1	QL (30 per 30 days)
pioglitazone-glimepiride oral tablet 30-2 mg, 30-4 mg	1	QL (30 per 30 days)
pioglitazone-metformin oral tablet 15-500 mg, 15-850 mg	1	QL (90 per 30 days)
PRANDIN ORAL TABLET 1 MG, 2 MG (***repaglinide***)	3	Preferred Alternatives (repaglinide)
PRECOSE ORAL TABLET 100 MG, 25 MG, 50 MG (***acarbose***)	3	Preferred Alternatives (acarbose)
QTERN ORAL TABLET 10-5 MG, 5-5 MG (***dapagliflozin***)	3	ST; Preferred Alternatives (GLYXAMBI)
repaglinide oral tablet 0.5 mg, 1 mg, 2 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
repaglinide-metformin oral tablet 1-500 mg, 2-500 mg	1	QL (150 per 30 days)
RIOMET ORAL SOLUTION 500 MG/5 ML (***metformin***)	3	Preferred Alternatives (metformin hcl, metformin hcl er)
SEGLUROMET ORAL TABLET 2.5-1,000 MG, 2.5-500 MG, 7.5-1,000 MG, 7.5-500 MG (***ertugliflozin***)	3	ST; Preferred Alternatives (SYNJARDY, SYNJARDY XR, XIGDUO XR)
STARLIX ORAL TABLET 120 MG, 60 MG (***nateglinide***)	3	Preferred Alternatives (nateglinide)
STEGLATRO ORAL TABLET 15 MG, 5 MG (***ertugliflozin***)	3	ST; Preferred Alternatives (FARXIGA, JARDIANCE)
STEGLUJAN ORAL TABLET 15-100 MG, 5-100 MG (***ertugliflozin***)	3	ST; Preferred Alternatives (GLYXAMBI)
SYMLINPEN 120 SUBCUTANEOUS PEN INJECTOR 2,700 MCG/2.7 ML (***pramlintide***)	2	PA; QL (7 per 30 days)
SYMLINPEN 60 SUBCUTANEOUS PEN INJECTOR 1,500 MCG/1.5 ML (***pramlintide***)	2	PA; QL (7 per 30 days)
SYNJARDY ORAL TABLET 12.5-1,000 MG, 12.5-500 MG, 5-1,000 MG, 5-500 MG (***empagliflozin***)	2	ST
SYNJARDY XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 12.5-1,000 MG, 25-1,000 MG, 5-1,000 MG (***empagliflozin***)	2	ST
tolazamide oral tablet 250 mg, 500 mg	1	
tolbutamide oral tablet 500 mg	1	
TRADJENTA ORAL TABLET 5 MG (***linagliptin***)	2	ST; QL (30 per 30 days)
TRULICITY SUBCUTANEOUS PEN INJECTOR 0.75 MG/0.5 ML, 1.5 MG/0.5 ML (***dulaglutide***)	2	PA
VICTOZA 2-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (***liraglutide***)	3	PA; Preferred Alternatives (BYDUREON, BYETTA, TRULICITY); LA; QL (1 per 30 days)
VICTOZA 3-PAK SUBCUTANEOUS PEN INJECTOR 0.6 MG/0.1 ML (18 MG/3 ML) (***liraglutide***)	3	PA; Preferred Alternatives (BYDUREON, BYETTA, TRULICITY); LA; QL (1 per 30 days)
XIGDUO XR ORAL TABLET, IR - ER, BIPHASIC 24HR 10-1,000 MG, 10-500 MG, 2.5-1,000 MG, 5-1,000 MG, 5-500 MG (***dapagliflozin***)	2	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
THYROID HORMONES - DRUGS TO TREAT THYROID CONDITIONS		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG (***thyroid***)	2	
EUTHYROX ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine***)	3	
LEVO-T ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine***)	3	Preferred Alternatives (levothyroxine sodium, levoxyl, unithroid)
levothyroxine oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
levoxyl oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 50 mcg, 75 mcg, 88 mcg	1	
liothyronine oral tablet 25 mcg, 5 mcg, 50 mcg	1	
nature-throid oral tablet 113.75 mg, 130 mg, 146.25 mg, 16.25 mg, 162.5 mg, 195 mg, 260 mg, 32.5 mg, 325 mg, 48.75 mg, 65 mg, 81.25 mg, 97.5 mg	1	
np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
SYNTHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine***)	3	Preferred Alternatives (levothyroxine sodium, levoxyl, unithroid)
thyroid (pork) oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg	1	
THYROLAR-1 ORAL TABLET 12.5-50 MCG (***liotrix***)	3	Preferred Alternatives (levothyroxine sodium, levoxyl, liothyronine sodium, unithroid)
THYROLAR-1/2 ORAL TABLET 6.25-25 MCG (***liotrix***)	3	Preferred Alternatives (levothyroxine sodium, levoxyl, liothyronine sodium, unithroid)
THYROLAR-1/4 ORAL TABLET 3.1-12.5 MCG (***liotrix***)	3	Preferred Alternatives (levothyroxine sodium, levoxyl, liothyronine sodium, unithroid)
THYROLAR-2 ORAL TABLET 25-100 MCG (***liotrix***)	3	Preferred Alternatives (levothyroxine sodium, levoxyl, liothyronine sodium, unithroid)
THYROLAR-3 ORAL TABLET 37.5-150 MCG (***liotrix***)	3	Preferred Alternatives (levothyroxine sodium, levoxyl, liothyronine sodium, unithroid)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 50 MCG, 75 MCG, 88 MCG (***levothyroxine***)	3	Preferred Alternatives (levothyroxine sodium, levoxyl, unithroid)
TIROSINT-SOL ORAL SOLUTION 100 MCG/ML, 112 MCG/ML, 125 MCG/ML, 13 MCG/ML, 137 MCG/ML, 150 MCG/ML, 175 MCG/ML, 200 MCG/ML, 25 MCG/ML, 50 MCG/ML, 75 MCG/ML, 88 MCG/ML (***levothyroxine***)	3	Preferred Alternatives (levothyroxine sodium, levoxyl, unithroid)
unithroid oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg	1	
westhroid oral tablet 130 mg, 195 mg, 32.5 mg, 65 mg, 97.5 mg	1	
WP THYROID ORAL TABLET 113.75 MG, 130 MG, 16.25 MG, 32.5 MG, 48.75 MG, 65 MG, 81.25 MG, 97.5 MG (***thyroid***)	3	Preferred Alternatives (westhroid)
GASTROENTEROLOGY - DRUGS TO TREAT STOMACH OR BOWEL CONDITIONS		
ANTIDIARRHEALS & ANTISPASMODICS - DRUGS TO TREAT DIARRHEA AND OTHER BOWEL CONDITIONS		
anaspaz oral tablet,disintegrating 0.125 mg	1	
belladonna alkaloids-opium rectal suppository 16.2-30 mg, 16.2-60 mg	1	ST
BENTYL INTRAMUSCULAR SOLUTION 10 MG/ML (***dicyclomine***)	3	PA; Preferred Alternatives (dicyclomine hcl)
chlordiazepoxide-clidinium oral capsule 5-2.5 mg	1	
CUVPOSA ORAL SOLUTION 1 MG/5 ML (0.2 MG/ML) (***glycopyrrolate***)	3	PA; Preferred Alternatives (glycopyrrolate)
dicyclomine intramuscular solution 10 mg/ml	1	PA
dicyclomine oral capsule 10 mg	1	
dicyclomine oral solution 10 mg/5 ml	1	
dicyclomine oral tablet 20 mg	1	
diphenoxylate-atropine oral liquid 2.5-0.025 mg/5 ml	1	
diphenoxylate-atropine oral tablet 2.5-0.025 mg	1	
DONNATAL ORAL ELIXIR 16.2-0.1037 -0.0194 MG/5 ML (***phenobarbital***)	3	Preferred Alternatives (belladonna-phenobarbital)
DONNATAL ORAL TABLET 16.2-0.1037 -0.0194 MG (***phenobarbital***)	3	Preferred Alternatives (belladonna-phenobarbital)
ed-spaz oral tablet,disintegrating 0.125 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GLYCATE ORAL TABLET 1.5 MG (***glycopyrrolate***)	3	
glycopyrrolate oral tablet 1 mg, 2 mg	1	
hyoscyamine sulfate oral drops 0.125 mg/ml	1	
hyoscyamine sulfate oral elixir 0.125 mg/5 ml	1	
hyoscyamine sulfate oral tablet 0.125 mg	1	
hyoscyamine sulfate oral tablet extended release 12 hr 0.375 mg	1	
hyoscyamine sulfate oral tablet,disintegrating 0.125 mg	1	
hyoscyamine sulfate sublingual tablet 0.125 mg	1	
hyosyne oral drops 0.125 mg/ml	1	
hyosyne oral elixir 0.125 mg/5 ml	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HR 0.375 MG (***hyoscyamine***)	3	Preferred Alternatives (hyoscyamine sulfate)
LEVSIN ORAL TABLET 0.125 MG (***hyoscyamine***)	3	Preferred Alternatives (hyoscyamine sulfate)
LEVSIN/SL SUBLINGUAL TABLET 0.125 MG (***hyoscyamine***)	3	Preferred Alternatives (hyoscyamine sulfate)
LOMOTIL ORAL TABLET 2.5-0.025 MG (***diphenoxylate***)	3	Preferred Alternatives (diphenoxylate w/atropine)
loperamide oral capsule 2 mg	1	
methscopolamine oral tablet 2.5 mg, 5 mg	1	Preferred Alternatives (glycopyrrolate)
MOTOFEN ORAL TABLET 1-0.025 MG (***difenoxin***)	3	Preferred Alternatives (diphenoxylate w/atropine)
MYTESI ORAL TABLET,DELAYED RELEASE (DR/EC) 125 MG (***crofelemer***)	3	Preferred Alternatives (diphenoxylate w/atropine, loperamide hcl)
NULEV ORAL TABLET,DISINTEGRATING 0.125 MG (***hyoscyamine***)	3	Preferred Alternatives (hyoscyamine sulfate)
opium tincture oral tincture 10 mg/ml (morphine)	1	
oscimin oral tablet 0.125 mg	1	
oscimin oral tablet,disintegrating 0.125 mg	1	
oscimin sl sublingual tablet 0.125 mg	1	
oscimin sr oral tablet extended release 12 hr 0.375 mg	1	
paregoric oral liquid 2 mg/5 ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
phenobarb-hyoscy-atropine-scop oral elixir 16.2-0.1037 -0.0194 mg/5 ml	1	
phenobarb-hyoscy-atropine-scop oral tablet 16.2-0.1037 -0.0194 mg	1	
phenohytro oral elixir 16.2-0.1037 -0.0194 mg/5 ml	1	
phenohytro oral tablet 16.2-0.1037 -0.0194 mg	1	
propantheline oral tablet 15 mg	1	Preferred Alternatives (dicyclomine hcl, glycopyrrolate)
SYMAX DUOTAB ORAL TABLET,EXT RELEASE MULTIPHASE 0.125 MG-0.25 MG (0.375 MG) (***hyoscyamine***)	3	Preferred Alternatives (hyoscyamine sulfate)
symax fastabs oral tablet,disintegrating 0.125 mg	1	
symax-sl sublingual tablet 0.125 mg	1	
symax-sr oral tablet extended release 12 hr 0.375 mg	1	
MISCELLANEOUS GASTROINTESTINAL AGENTS - OTHER DRUGS TO TREAT STOMACH OR BOWEL CONDITIONS		
ACTIGALL ORAL CAPSULE 300 MG (***ursodiol***)	3	Preferred Alternatives (ursodiol)
AKYNZEO (NETUPITANT) ORAL CAPSULE 300-0.5 MG (***netupitant***)	2	
alosetron oral tablet 0.5 mg, 1 mg	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG (***lubiprostone***)	3	Preferred Alternatives (TRULANCE)
ANA-LEX KIT RECTAL KIT 2-2 % (***hydrocortisone***)	3	
ANALPRAM-HC RECTAL CREAM 1-1 %, 2.5-1 % (***hydrocortisone***)	3	Preferred Alternatives (hc pramoxine, pramcort)
ANALPRAM-HC SINGLES RECTAL CREAM 2.5-1 % (4G) (***hydrocortisone***)	3	Preferred Alternatives (hc pramoxine, pramcort)
anucort-hc rectal suppository 25 mg	1	
aprepitant oral capsule 125 mg, 40 mg, 80 mg	1	PA; QL (1 per 30 days)
aprepitant oral capsule,dose pack 125 mg (1)- 80 mg (2)	1	PA; QL (1 per 30 days)
APRISO ORAL CAPSULE,EXTENDED RELEASE 24HR 0.375 GRAM (***mesalamine***)	3	Preferred Alternatives (mesalamine, mesalamine dr, PENTASA)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AURYXIA ORAL TABLET 210 MG IRON (***ferric salts***)	3	Preferred Alternatives (lanthanum carbonate, sevelamer carbonate, sevelamer hcl)
AZULFIDINE EN-TABS ORAL TABLET,DELAYED RELEASE (DR/EC) 500 MG (***sulfasalazine***)	3	Preferred Alternatives (sulfasalazine)
AZULFIDINE ORAL TABLET 500 MG (***sulfasalazine***)	3	Preferred Alternatives (sulfasalazine)
balsalazide oral capsule 750 mg	1	
BONJESTA ORAL TABLET,IR,DELAYED REL,BIPHASIC 20-20 MG (***doxylamine***)	3	Preferred Alternatives (doxylamine succ-pyridoxine hcl); QL (360 per 365 days)
budesonide oral capsule,delayed,extend.release 3 mg	1	
budesonide oral tablet,delayed and ext.release 9 mg	1	
calcium acetate oral capsule 667 mg	1	
calcium acetate oral tablet 667 mg	1	
CANASA RECTAL SUPPOSITORY 1,000 MG (***mesalamine***)	3	Preferred Alternatives (mesalamine)
CESAMET ORAL CAPSULE 1 MG (***nabilone***)	3	Preferred Alternatives (ondansetron hcl); QL (30 per 30 days)
CHENODAL ORAL TABLET 250 MG (***chenodiol***)	4	PA
CHOLBAM ORAL CAPSULE 250 MG, 50 MG (***cholic acid***)	4	PA
CIMZIA POWDER FOR RECONST SUBCUTANEOUS KIT 400 MG (200 MG X 2 VIALS) (***certolizumab pegol***)	4	PA; Preferred Alternatives (ACTEMRA, COSENTYX 150MG, ENBREL, HUMIRA, OTEZLA, STELARA, XELJANZ); LA
CIMZIA SUBCUTANEOUS SYRINGE KIT 400 MG/2 ML (200 MG/ML X 2) (***certolizumab pegol***)	4	PA; Preferred Alternatives (ACTEMRA, COSENTYX 150MG, ENBREL, HUMIRA, OTEZLA, STELARA, XELJANZ); LA
CLENPIQ ORAL SOLUTION 10 MG-3.5 GRAM -12 GRAM/160 ML (***picosulfuric acid***)	3	Preferred Alternatives (gavilyte-g, peg 3350-electrolyte, trilyte with flavor packets); ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COLAZAL ORAL CAPSULE 750 MG (***balsalazide***)	3	Preferred Alternatives (balsalazide disodium)
COLYTE WITH FLAVOR PACKS ORAL RECON SOLN 240-22.72-6.72 -5.84 GRAM (***polyethylene glycol 3350***)	3	Preferred Alternatives (gavilyte-c, peg 3350-electrolyte)
COMPAZINE ORAL TABLET 10 MG, 5 MG (***prochlorperazine***)	3	Preferred Alternatives (prochlorperazine maleate)
COMPAZINE RECTAL SUPPOSITORY 25 MG (***prochlorperazine***)	3	Preferred Alternatives (prochlorperazine maleate)
prochlorperazine (Compro Rectal Suppository 25 Mg)	1	
lactulose (Constulose Oral Solution 10 Gram/15 Ml)	1	
CORTENEMA RECTAL ENEMA 100 MG/60 ML (***hydrocortisone***)	3	Preferred Alternatives (hydrocortisone)
CORTIFOAM RECTAL FOAM 10 % (80 MG) (***hydrocortisone***)	3	Preferred Alternatives (hydrocortisone, UCERIS)
CREON ORAL CAPSULE,DELAYED RELEASE(DR/EC) 12,000-38,000 -60,000 UNIT, 24,000-76,000 -120,000 UNIT, 3,000-9,500- 15,000 UNIT, 36,000-114,000- 180,000 UNIT, 6,000-19,000 -30,000 UNIT (***lipase***)	2	
cromolyn oral concentrate 100 mg/5 ml	1	
CYSTADANE ORAL POWDER 1 GRAM/1.7 ML (***betaine***)	4	PA
DICLEGIS ORAL TABLET,DELAYED RELEASE (DR/EC) 10-10 MG (***doxylamine***)	3	Preferred Alternatives (doxylamine succ-pyridoxine hcl); QL (120 per 365 days)
doxylamine-pyridoxine (vit b6) oral tablet,delayed release (dr/ec) 10-10 mg	1	QL (270 per 365 days)
dronabinol oral capsule 10 mg, 2.5 mg, 5 mg	1	
EMEND ORAL CAPSULE 125 MG, 40 MG, 80 MG (***aprepitant***)	3	PA; Preferred Alternatives (aprepitant); QL (1 per 30 days)
EMEND ORAL CAPSULE,DOSE PACK 125 MG (1)- 80 MG (2) (***aprepitant***)	3	PA; Preferred Alternatives (aprepitant); QL (1 per 30 days)
EMEND ORAL SUSPENSION FOR RECONSTITUTION 125 MG (25 MG/ ML FINAL CONC.) (***aprepitant***)	3	PA; Preferred Alternatives (aprepitant, AKYNZEO)
ENTOCORT EC ORAL CAPSULE,DELAYED,EXTEND.RELEASE 3 MG (***budesonide***)	3	Preferred Alternatives (budesonide ec)
lactulose (Enulose Oral Solution 10 Gram/15 Ml)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GASTROCROM ORAL CONCENTRATE 100 MG/5 ML (***cromolyn***)	3	Preferred Alternatives (cromolyn sodium)
GATTEX 30-VIAL SUBCUTANEOUS KIT 5 MG (***teduglutide***)	4	PA; Preferred Alternatives (diphenoxylate w/atropine, loperamide hcl, opium, paregoric); LA
peg 3350-electrolytes (Gavilyte-C Oral Recon Soln 240-22.72-6.72 -5.84 Gram)	1	ACA
peg 3350-electrolytes (Gavilyte-G Oral Recon Soln 236-22.74-6.74 -5.86 Gram)	1	ACA
peg-electrolyte soln (Gavilyte-N Oral Recon Soln 420 Gram)	1	ACA
lactulose (Generlac Oral Solution 10 Gram/15 Ml)	1	
GIALAX ORAL KIT 17 GRAM/ SCOOP (***polyethylene glycol 3350***)	3	Preferred Alternatives (glycolax, polyethylene glycol); ACA
GOLYTELY ORAL POWDER IN PACKET 227.1-21.5-6.36 GRAM (***polyethylene glycol 3350***)	3	Preferred Alternatives (gavilyte-g, peg 3350-electrolyte, trilyte with flavor packets); ACA
GOLYTELY ORAL RECON SOLN 236-22.74-6.74 -5.86 GRAM (***polyethylene glycol 3350***)	3	Preferred Alternatives (gavilyte-g, peg 3350-electrolyte)
granisetron hcl oral tablet 1 mg	1	QL (6 per 30 days)
hemmorex-hc rectal suppository 25 mg, 30 mg	1	
hydrocortisone acetate rectal suppository 25 mg, 30 mg	1	
hydrocortisone rectal enema 100 mg/60 ml	1	
hydrocortisone topical cream with perineal applicator 1 %, 2.5 %	1	
hydrocortisone-pramoxine rectal cream 1-1 %, 2.5-1 %, 2.5-1 % (4g)	1	
KRISTALOSE ORAL PACKET 10 GRAM, 20 GRAM (***lactulose***)	3	Preferred Alternatives (lactulose)
lactulose oral solution 10 gram/15 ml	1	
lanthanum oral tablet,chewable 1,000 mg, 500 mg, 750 mg	1	
LIALDA ORAL TABLET,DELAYED RELEASE (DR/EC) 1.2 GRAM (***mesalamine***)	3	Preferred Alternatives (mesalamine)
lidocaine hcl-hydrocortison ac rectal cream 3-0.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LIDOCAINE HCL-HYDROCORTISON AC RECTAL GEL 3 %-2.5 % (7 GRAM) (***lidocaine***)	3	
lidocaine hcl-hydrocortison ac rectal kit 2 %-2 % (7 gram)	1	
lidocaine hcl-hydrocortison ac rectal kit 3-0.5 %, 3-1 % (7 gram)	1	
lidocaine-hydrocortisone-aloe rectal gel 2.8-0.55 %	1	
lidocaine-hydrocortisone-aloe rectal kit 3-2.5 % (7 gram)	1	
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG (***linaclotide***)	3	Preferred Alternatives (TRULANCE)
LOKELMA ORAL POWDER IN PACKET 10 GRAM, 5 GRAM (***cyclosilicate***)	2	
LOTRONEX ORAL TABLET 0.5 MG, 1 MG (***alosetron***)	3	Preferred Alternatives (alosetron hcl)
MARINOL ORAL CAPSULE 10 MG, 2.5 MG, 5 MG (***dronabinol***)	3	Preferred Alternatives (dronabinol)
meclizine oral tablet 12.5 mg, 25 mg	1	
mesalamine oral capsule (with del rel tablets) 400 mg	1	
mesalamine oral tablet,delayed release (dr/ec) 1.2 gram	1	
mesalamine oral tablet,delayed release (dr/ec) 800 mg	1	LA
mesalamine rectal enema 4 gram/60 ml	1	
mesalamine rectal suppository 1,000 mg	1	
mesalamine with cleansing wipe rectal enema kit 4 gram/60 ml	1	
metoclopramide hcl oral solution 5 mg/5 ml	1	
metoclopramide hcl oral tablet 10 mg, 5 mg	1	
metoclopramide hcl oral tablet,disintegrating 10 mg, 5 mg	1	
MICORT-HC TOPICAL CREAM WITH PERINEAL APPLICATOR 2.5 %, 2.5 % (4 GRAM) (***hydrocortisone***)	3	Preferred Alternatives (hydrocortisone)
MOTEGRITY ORAL TABLET 1 MG, 2 MG (***prucalopride***)	3	Preferred Alternatives (TRULANCE)
MOVANTIK ORAL TABLET 12.5 MG, 25 MG (***naloxegol***)	2	
MOVIPREP ORAL POWDER IN PACKET 100-7.5-2.691 GRAM (***polyethylene glycol 3350***)	3	Preferred Alternatives (peg 3350-electrolyte); ACA
NULYTELY WITH FLAVOR PACKS ORAL RECON SOLN 420 GRAM (***sodium***)	3	Preferred Alternatives (gavilyte-n, peg 3350-electrolyte, trilyte with flavor packets)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OCALIVA ORAL TABLET 10 MG, 5 MG (***obeticholic acid***)	4	PA; LA
ondansetron hcl oral solution 4 mg/5 ml	1	QL (100 per 30 days)
ondansetron hcl oral tablet 24 mg	1	QL (1 per 30 days)
ondansetron hcl oral tablet 4 mg, 8 mg	1	QL (9 per 30 days)
ondansetron oral tablet,disintegrating 4 mg, 8 mg	1	QL (1 per 30 days)
OSMOPREP ORAL TABLET 1.5 GRAM (***sodium phosphate***)	3	Preferred Alternatives (gavilyte-g, peg 3350-electrolyte, trilyte with flavor packets); ACA
peg 3350-electrolytes oral recon soln 236-22.74-6.74 -5.86 gram, 240-22.72-6.72 -5.84 gram	1	ACA
peg-electrolyte soln oral recon soln 420 gram	1	ACA
peg-prep oral kit 5-210 mg-gram	1	ACA
PENTASA ORAL CAPSULE, EXTENDED RELEASE 250 MG, 500 MG (***mesalamine***)	2	
PHOSLYRA ORAL SOLUTION 667 MG (169 MG CALCIUM)/5 ML (***calcium***)	3	
PLENVU ORAL POWDER IN PACKET, SEQUENTIAL 140-9-5.2 GRAM (***polyethylene glycol 3350***)	3	Preferred Alternatives (gavilyte-c, gavilyte-g, peg 3350-electrolyte, trilyte with flavor packets, gavilyte-n); ACA
PREPOPIK ORAL POWDER IN PACKET 10 MG-3.5 GRAM-12 GRAM (***picosulfuric acid***)	3	Preferred Alternatives (gavilyte-g, peg 3350-electrolyte, trilyte with flavor packets); ACA
prochlorperazine maleate oral tablet 10 mg, 5 mg	1	
prochlorperazine rectal suppository 25 mg	1	
PROCORT RECTAL CREAM 1.85-1.15 % (***hydrocortisone***)	3	Preferred Alternatives (hc pramoxine, pramcort)
PROCTOCORT RECTAL SUPPOSITORY 30 MG (***hydrocortisone***)	3	Preferred Alternatives (hydrocortisone acetate)
PROCTOFOAM HC RECTAL FOAM 1-1 % (***hydrocortisone***)	3	Preferred Alternatives (hc pramoxine, pramcort)
hydrocortisone (Procto-Med Hc Topical Cream With Perineal Applicator 2.5 %)	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
hydrocortisone (Procto-Pak Topical Cream With Perineal Applicator 1 %)	1	
hydrocortisone (Proctosol Hc Topical Cream With Perineal Applicator 2.5 %)	1	
hydrocortisone (Proctozone-Hc Topical Cream With Perineal Applicator 2.5 %)	1	
RECTIV RECTAL OINTMENT 0.4 % (W/W) (***nitroglycerin***)	2	
REGLAN ORAL TABLET 10 MG, 5 MG (***metoclopramide***)	3	Preferred Alternatives (metoclopramide hcl)
RELISTOR ORAL TABLET 150 MG (***methylnaltrexone***)	2	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6 ML (***methylnaltrexone***)	2	PA
RELISTOR SUBCUTANEOUS SYRINGE 12 MG/0.6 ML, 8 MG/0.4 ML (***methylnaltrexone***)	2	PA
RENVELA ORAL POWDER IN PACKET 0.8 GRAM, 2.4 GRAM (***sevelamer***)	3	Preferred Alternatives (sevelamer carbonate)
RENVELA ORAL TABLET 800 MG (***sevelamer***)	3	Preferred Alternatives (sevelamer carbonate)
ROWASA RECTAL ENEMA KIT 4 GRAM/60 ML (***mesalamine***)	3	Preferred Alternatives (mesalamine)
SANCUSO TRANSDERMAL PATCH WEEKLY 3.1 MG/24 HOUR (***granisetron***)	3	Preferred Alternatives (granisetron hcl, ondansetron hcl); QL (1 per 30 days)
scopolamine base transdermal patch 3 day 1 mg over 3 days	1	
sevelamer carbonate oral powder in packet 0.8 gram, 2.4 gram	1	
sevelamer carbonate oral tablet 800 mg	1	
sevelamer hcl oral tablet 400 mg, 800 mg	1	
SFROWASA RECTAL ENEMA 4 GRAM/60 ML (***mesalamine***)	3	Preferred Alternatives (mesalamine)
sodium polystyrene sulfonate oral powder	1	
sodium polystyrene sulfonate oral suspension 15 gram/60 ml	1	
sodium polystyrene sulfonate rectal enema 30 gram/120 ml	1	
SODIUM POLYSTYRENE SULFONATE RECTAL ENEMA 50 GRAM/200 ML (***polystyrene sulfonate***)	3	
sps (with sorbitol) oral suspension 15-20 gram/60 ml	1	
sps (with sorbitol) rectal enema 30-40 gram/120 ml	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
SUCRAID ORAL SOLUTION 8,500 UNIT/ML (***sacrosidase***)	4	PA; LA
sulfasalazine oral tablet 500 mg	1	
sulfasalazine oral tablet,delayed release (dr/ec) 500 mg	1	
SUSTOL SUBCUTANEOUS LIQUID,EXTENDED RELEASE SYRING 10 MG/0.4 ML (***granisetron***)	3	PA; Preferred Alternatives (granisetron hcl, ondansetron hcl, palonosetron hcl)
SYMPROIC ORAL TABLET 0.2 MG (***naldemedine***)	3	Preferred Alternatives (MOVANTIK, RELISTOR, bisacodyl, lactulose, milk of magnesia, senna)
SYNDROS ORAL SOLUTION 5 MG/ML (***dronabinol***)	3	Preferred Alternatives (dronabinol)
TIGAN INTRAMUSCULAR SOLUTION 100 MG/ML (***trimethobenzamide***)	3	PA; Preferred Alternatives (trimethobenzamide hcl)
TIGAN ORAL CAPSULE 300 MG (***trimethobenzamide***)	3	Preferred Alternatives (trimethobenzamide hcl)
TRANSDERM-SCOP TRANSDERMAL PATCH 3 DAY 1 MG OVER 3 DAYS (***scopolamine***)	3	Preferred Alternatives (meclizine hcl)
peg-electrolyte soln (Trilyte With Flavor Packets Oral Recon Soln 420 Gram)	1	ACA
trimethobenzamide oral capsule 300 mg	1	
TRULANCE ORAL TABLET 3 MG (***plecanatide***)	2	LA
UCERIS ORAL TABLET,DELAYED AND EXT.RELEASE 9 MG (***budesonide***)	3	Preferred Alternatives (budesonide er)
UCERIS RECTAL FOAM 2 MG/ACTUATION (***budesonide***)	2	
URSO 250 ORAL TABLET 250 MG (***ursodiol***)	3	Preferred Alternatives (ursodiol)
URSO FORTE ORAL TABLET 500 MG (***ursodiol***)	3	Preferred Alternatives (ursodiol)
ursodiol oral capsule 300 mg	1	
ursodiol oral tablet 250 mg, 500 mg	1	
VARUBI ORAL TABLET 90 MG (***rolapitant***)	3	Preferred Alternatives (aprepitant, AKYNZEO)
VELPHORO ORAL TABLET,CHEWABLE 500 MG (***sucroferric oxyhydroxide***)	3	Preferred Alternatives (lanthanum carbonate, sevelamer carbonate, sevelamer hcl)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VELTASSA ORAL POWDER IN PACKET 16.8 GRAM, 25.2 GRAM, 8.4 GRAM (***patiromer***)	2	PA
VIBERZI ORAL TABLET 100 MG, 75 MG (***eluxadoline***)	2	
VIOKACE ORAL TABLET 10,440-39,150- 39,150 UNIT, 20,880-78,300- 78,300 UNIT (***lipase***)	2	
ZELNORM ORAL TABLET 6 MG (***tegaserod***)	3	
ZENPEP ORAL CAPSULE,DELAYED RELEASE(DR/EC) 10,000-32,000 -42,000 UNIT, 15,000-47,000 -63,000 UNIT, 20,000-63,000- 84,000 UNIT, 25,000-79,000- 105,000 UNIT, 3,000-10,000 -14,000-UNIT, 40,000-126,000- 168,000 UNIT, 5,000-17,000- 24,000 UNIT (***lipase***)	3	Preferred Alternatives (CREON)
ZOFRAN ORAL TABLET 4 MG, 8 MG (***ondansetron***)	3	Preferred Alternatives (ondansetron hcl); QL (9 per 30 days)
ZUPLENZ ORAL FILM 4 MG, 8 MG (***ondansetron***)	3	Preferred Alternatives (ondansetron odt, ondansetron hcl, granisetron hcl); QL (10 per 30 days)
ULCER THERAPY - DRUGS TO TREAT ULCERS		
amoxicil-clarithromy-lansopraz oral combo pack 500-500-30 mg	1	
CARAFATE ORAL SUSPENSION 100 MG/ML (***sucralfate***)	2	
CARAFATE ORAL TABLET 1 GRAM (***sucralfate***)	3	Preferred Alternatives (sucralfate)
cimetidine hcl oral solution 300 mg/5 ml	1	
cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg	1	
CYTOTEC ORAL TABLET 100 MCG, 200 MCG (***misoprostol***)	3	Preferred Alternatives (misoprostol)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	QL (30 per 30 days)
esomeprazole magnesium oral capsule,delayed release(dr/ec) 40 mg	1	
ESOMEPRAZOLE STRONTIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 49.3 MG (***esomeprazole***)	3	Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
famotidine oral suspension 40 mg/5 ml (8 mg/ml)	1	

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famotidine oral tablet 20 mg, 40 mg	1	
lansoprazole oral capsule,delayed release(dr/ec) 15 mg	1	QL (30 per 30 days)
lansoprazole oral capsule,delayed release(dr/ec) 30 mg	1	
lansoprazole oral tablet,disintegrat, delay rel 15 mg	1	QL (30 per 30 days)
lansoprazole oral tablet,disintegrat, delay rel 30 mg	1	
misoprostol oral tablet 100 mcg, 200 mcg	1	
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 20 MG (***esomeprazole***)	3	PA; Preferred Alternatives (esomeprazole magnesium); QL (30 per 30 days)
NEXIUM ORAL CAPSULE,DELAYED RELEASE(DR/EC) 40 MG (***esomeprazole***)	3	PA; Preferred Alternatives (esomeprazole magnesium)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 10 MG, 20 MG (***esomeprazole***)	3	PA; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium); QL (30 per 30 days)
NEXIUM PACKET ORAL GRANULES DR FOR SUSP IN PACKET 2.5 MG, 40 MG, 5 MG (***esomeprazole***)	3	PA; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium)
nizatidine oral capsule 150 mg, 300 mg	1	
nizatidine oral solution 150 mg/10 ml	1	
OMECLAMOX-PAK ORAL COMBO PACK 20 MG-500 MG-500 MG (40) (***omeprazole***)	3	Preferred Alternatives (lansoprazol-amoxicil-clarithro); QL (80 per 30 days)
omeprazole-sodium bicarbonate (Omeppi Oral Capsule 20-1.1 Mg-Gram)	1	QL (30 per 30 days)
omeprazole-sodium bicarbonate (Omeppi Oral Capsule 40-1.1 Mg-Gram)	1	
omeprazole magnesium oral capsule,delayed release(dr/ec) 20 mg	1	OTC
omeprazole oral capsule,delayed release(dr/ec) 10 mg	1	QL (30 per 30 days)
omeprazole oral capsule,delayed release(dr/ec) 20 mg, 40 mg	1	
omeprazole oral tablet,delayed release (dr/ec) 20 mg	1	OTC
omeprazole oral tablet,disintegrat, delay rel 20 mg	1	OTC

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omeprazole-sodium bicarbonate oral capsule 20-1.1 mg-gram	1	QL (30 per 30 days)
omeprazole-sodium bicarbonate oral capsule 40-1.1 mg-gram	1	
omeprazole-sodium bicarbonate oral packet 20-1,680 mg	1	QL (30 per 30 days)
omeprazole-sodium bicarbonate oral packet 40-1,680 mg	1	
pantoprazole oral tablet,delayed release (dr/ec) 20 mg	1	QL (30 per 30 days)
pantoprazole oral tablet,delayed release (dr/ec) 40 mg	1	
famotidine (Pepcid Oral Tablet 20 Mg, 40 Mg)	3	Preferred Alternatives (famotidine)
PRILOSEC OTC ORAL TABLET,DELAYED RELEASE (DR/EC) 20 MG (***omeprazole***)	2	OTC
PYLERA ORAL CAPSULE 140-125-125 MG (***colloidal bismuth subcitrate***)	3	Preferred Alternatives (lansoprazol-amoxicil-clarithro)
RABEPRAZOLE ORAL CAPSULE, DELAYED REL SPRINKLE 10 MG	3	PA; Preferred Alternatives (esomeprazole magnesium, lansoprazole, omeprazole, pantoprazole sodium, rabeprazole sodium); QL (30 per 1 day)
rabeprazole oral tablet,delayed release (dr/ec) 20 mg	1	
ranitidine hcl oral capsule 150 mg, 300 mg	1	
ranitidine hcl oral syrup 15 mg/ml	1	
ranitidine hcl oral tablet 150 mg, 300 mg	1	
sucralfate oral tablet 1 gram	1	
IMMUNOLOGY, VACCINES & BIOTECHNOLOGY - DRUGS TO TREAT THE IMMUNE SYSTEM		
BIOTECHNOLOGY DRUGS - OTHER DRUGS TO TREAT IMMUNE CONDITIONS		
FULPHILA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-jmdb***)	4	PA; LA
GRANIX SUBCUTANEOUS SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***tbo-filgrastim***)	4	PA; LA
GRANIX SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***tbo-filgrastim***)	4	PA; LA
LEUKINE INJECTION RECON SOLN 250 MCG (***sargramostim***)	4	PA; LA
MACRILEN ORAL RECON SOLN 0.5 MG/ML (***macimorelin***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2 ML (20 MG/ML) (***plerixafor***)	4	PA; LA
NEULASTA SUBCUTANEOUS SYRINGE 6 MG/0.6ML (***pegfilgrastim***)	4	PA; LA; QL (2 per 30 days)
NEULASTA SUBCUTANEOUS SYRINGE, W/ WEARABLE INJECTOR 6 MG/0.6 ML (***pegfilgrastim***)	4	PA; LA; QL (2 per 30 days)
NIVESTYM INJECTION SOLUTION 300 MCG/ML, 480 MCG/1.6 ML (***filgrastim-aafi***)	4	PA; Preferred Alternatives (GRANIX, ZARXIO)
NIVESTYM SUBCUTANEOUS SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-aafi***)	4	PA; Preferred Alternatives (GRANIX, ZARXIO)
PROCRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 20,000 UNIT/2 ML, 20,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (***epoetin alfa***)	4	PA; LA
RETACRIT INJECTION SOLUTION 10,000 UNIT/ML, 2,000 UNIT/ML, 3,000 UNIT/ML, 4,000 UNIT/ML, 40,000 UNIT/ML (***epoetin alfa-epbx***)	4	PA; LA
UDENYCA SUBCUTANEOUS SYRINGE 6 MG/0.6 ML (***pegfilgrastim-cbqv***)	4	PA; LA
ZARXIO INJECTION SYRINGE 300 MCG/0.5 ML, 480 MCG/0.8 ML (***filgrastim-sndz***)	4	PA; LA
GROWTH HORMONES - GROWTH HORMONES		
EGRIFTA SUBCUTANEOUS RECON SOLN 1 MG (***tesamorelin***)	4	PA; LA
GENOTROPIN MINIQUICK SUBCUTANEOUS SYRINGE 0.2 MG/0.25 ML, 0.4 MG/0.25 ML, 0.6 MG/0.25 ML, 0.8 MG/0.25 ML, 1 MG/0.25 ML, 1.2 MG/0.25 ML, 1.4 MG/0.25 ML, 1.6 MG/0.25 ML, 1.8 MG/0.25 ML, 2 MG/0.25 ML (***somatropin***)	4	PA; Preferred Alternatives (OMNITROPE)
GENOTROPIN SUBCUTANEOUS CARTRIDGE 12 MG/ML (36 UNIT/ML), 5 MG/ML (15 UNIT/ML) (***somatropin***)	4	PA; Preferred Alternatives (OMNITROPE)
HUMATROPE INJECTION CARTRIDGE 12 MG (36 UNIT), 24 MG (72 UNIT), 6 MG (18 UNIT) (***somatropin***)	4	PA; Preferred Alternatives (OMNITROPE)
HUMATROPE INJECTION RECON SOLN 5 (15 UNIT) MG (***somatropin***)	4	PA; Preferred Alternatives (OMNITROPE)
NORDITROPIN FLEXPRO SUBCUTANEOUS PEN INJECTOR 10 MG/1.5 ML (6.7 MG/ML), 15 MG/1.5 ML (10 MG/ML), 30 MG/3 ML (10 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	4	PA; Preferred Alternatives (OMNITROPE)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OMNITROPE SUBCUTANEOUS CARTRIDGE 10 MG/1.5 ML (6.7 MG/ML), 5 MG/1.5 ML (3.3 MG/ML) (***somatropin***)	4	PA; LA
OMNITROPE SUBCUTANEOUS RECON SOLN 5.8 MG (***somatropin***)	4	PA; LA
SEROSTIM SUBCUTANEOUS RECON SOLN 4 MG, 5 MG, 6 MG (***somatropin***)	4	PA; Preferred Alternatives (OMNITROPE)
ZORBTIVE SUBCUTANEOUS RECON SOLN 8.8 MG (***somatropin***)	4	PA; Preferred Alternatives (OMNITROPE); LA
INTERFERONS - OTHER DRUGS TO TREAT IMMUNE CONDITIONS		
AUBAGIO ORAL TABLET 14 MG, 7 MG (***teriflunomide***)	4	PA; LA
AVONEX (WITH ALBUMIN) INTRAMUSCULAR KIT 30 MCG (***interferon beta-1a***)	4	PA; QL (4 per 30 days)
AVONEX INTRAMUSCULAR PEN INJECTOR KIT 30 MCG/0.5 ML (***interferon beta-1a***)	4	PA; QL (4 per 30 days)
AVONEX INTRAMUSCULAR SYRINGE KIT 30 MCG/0.5 ML (***interferon beta-1a***)	4	PA; QL (1 per 30 days)
BETASERON SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	4	PA; QL (14 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 20 MG/ML (***glatiramer (copolymer 1)***)	4	PA; QL (1 per 30 days)
COPAXONE SUBCUTANEOUS SYRINGE 40 MG/ML (***glatiramer (copolymer 1)***)	4	PA; QL (12 per 30 days)
EXTAVIA SUBCUTANEOUS KIT 0.3 MG (***interferon beta-1b***)	4	PA; Preferred Alternatives (AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE); QL (15 per 30 days)
EXTAVIA SUBCUTANEOUS RECON SOLN 0.3 MG (***interferon beta-1b***)	4	PA; Preferred Alternatives (AVONEX ADMINISTRATION PACK, AVONEX PEN, BETASERON, PLEGRIDY, REBIF, REBIF REBIDOSE); QL (15 per 30 days)
GILENYA ORAL CAPSULE 0.5 MG (***fingolimod***)	4	PA; LA
glatiramer subcutaneous syringe 20 mg/ml	4	PA; QL (1 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
glatiramer subcutaneous syringe 40 mg/ml	4	PA; QL (12 per 30 days)
glatiramer (Glatopa Subcutaneous Syringe 20 Mg/Ml)	4	PA; QL (1 per 30 days)
glatiramer (Glatopa Subcutaneous Syringe 40 Mg/Ml)	4	PA; QL (12 per 30 days)
MAVENCLAD (10 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	4	PA
MAVENCLAD (4 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	4	PA
MAVENCLAD (5 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	4	PA
MAVENCLAD (6 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	4	PA
MAVENCLAD (7 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	4	PA
MAVENCLAD (8 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	4	PA
MAVENCLAD (9 TABLET PACK) ORAL TABLET 10 MG (***cladribine***)	4	PA
MAYZENT ORAL TABLET 0.25 MG, 2 MG (***siponimod***)	4	PA
ribavirin (Moderiba Oral Tablet 200 Mg)	4	PA; LA
PEGASYS PROCLICK SUBCUTANEOUS PEN INJECTOR 180 MCG/0.5 ML (***peginterferon alfa-2a***)	4	PA; LA; QL (2 per 30 days)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML (***peginterferon alfa-2a***)	4	PA; LA; QL (4 per 30 days)
PEGASYS SUBCUTANEOUS SYRINGE 180 MCG/0.5 ML (***peginterferon alfa-2a***)	4	PA; LA; QL (2 per 30 days)
PEGINTRON SUBCUTANEOUS KIT 50 MCG/0.5 ML (***peginterferon alfa-2b***)	4	PA; Preferred Alternatives (PEGASYS, PEGASYS PROCLICK); LA; QL (4 per 30 days)
PLEGRIDY SUBCUTANEOUS PEN INJECTOR 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	4	PA
PLEGRIDY SUBCUTANEOUS SYRINGE 125 MCG/0.5 ML, 63 MCG/0.5 ML- 94 MCG/0.5 ML (***peginterferon beta-1a***)	4	PA
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG (***pomalidomide***)	4	PA; LA
REBIF (WITH ALBUMIN) SUBCUTANEOUS SYRINGE 22 MCG/0.5 ML, 44 MCG/0.5 ML (***interferon beta-1a***)	4	PA; QL (1 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
REBIF REBIDOSE SUBCUTANEOUS PEN INJECTOR 22 MCG/0.5 ML, 44 MCG/0.5 ML, 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a***)	4	PA; QL (1 per 30 days)
REBIF TITRATION PACK SUBCUTANEOUS SYRINGE 8.8MCG/0.2ML-22 MCG/0.5ML (6) (***interferon beta-1a***)	4	PA; QL (1 per 30 days)
REVLIMID ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 20 MG, 25 MG, 5 MG (***lenalidomide***)	4	PA; LA
ribavirin (Ribasphere Oral Capsule 200 Mg)	4	PA; LA
ribasphere oral tablet 600 mg	4	PA; LA
ribasphere ribapak oral tablets,dose pack 600 mg (7)- 400 mg (7), 600 mg (7)- 600 mg (7), 600-400 mg (28)-mg (28), 600-600 mg (28)-mg (28)	4	PA; LA
ribavirin oral capsule 200 mg	4	PA; LA
ribavirin oral tablet 200 mg	4	PA; LA
SYLATRON SUBCUTANEOUS KIT 200 MCG, 300 MCG, 600 MCG (***peginterferon alfa-2b***)	4	PA; LA
TECFIDERA ORAL CAPSULE,DELAYED RELEASE(DR/EC) 120 MG, 120 MG (14)- 240 MG (46), 240 MG (***dimethyl fumarate***)	4	PA; LA
INTERLEUKINS - OTHER DRUGS TO TREAT IMMUNE CONDITIONS		
ACTIMMUNE SUBCUTANEOUS SOLUTION 100 MCG/0.5 ML (***interferon gamma-1b,recomb.***)	4	PA; LA
ALDARA TOPICAL CREAM IN PACKET 5 % (***imiquimod***)	3	
ALFERON N INJECTION SOLUTION 5 MILLION UNIT/ML (***interferon alfa-n3***)	4	PA
ARCALYST SUBCUTANEOUS RECON SOLN 220 MG (***rilonacept***)	4	PA; Preferred Alternatives (ILARIS); LA
ILARIS (PF) SUBCUTANEOUS SOLUTION 150 MG/ML (***canakinumab***)	4	PA; LA
IMIQUIMOD TOPICAL CREAM IN METERED-DOSE PUMP 3.75 %	3	
imiquimod topical cream in packet 5 %	1	
INTRON A INJECTION RECON SOLN 10 MILLION UNIT (1 ML), 18 MILLION UNIT (1 ML), 50 MILLION UNIT (1 ML) (***interferon alfa-2b,recomb.***)	4	PA; LA
INTRON A INJECTION SOLUTION 10 MILLION UNIT/ML, 6 MILLION UNIT/ML (***interferon alfa-2b,recomb.***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
KINERET SUBCUTANEOUS SYRINGE 100 MG/0.67 ML (***anakinra***)	4	PA; LA
PROLEUKIN INTRAVENOUS RECON SOLN 22 MILLION UNIT (***aldesleukin***)	4	PA; LA
VACCINES & MISCELLANEOUS IMMUNOLOGICALS - VACCINES		
ACTHIB (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b polysaccharide conj w/tetanus toxoid***)	3	Preferred Alternatives (HIBERIX, PEDVAXHIB); ACA
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SUSPENSION 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis (acellular),tetanus vaccine***)	2	ACA; QL (1 per 365 days)
ADACEL(TDAP ADOLESN/ADULT)(PF) INTRAMUSCULAR SYRINGE 2 LF-(2.5-5-3-5 MCG)-5LF/0.5 ML (***diphtheria,pertussis (acellular),tetanus vaccine***)	2	ACA; QL (1 per 365 days)
AFLURIA QD 2019-20(3YR UP)(PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine qv 2019-20 (36 months up)***)	2	QL (99 per 99 days)
AFLURIA QD 2019-20(6-35MO)(PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML (***influenza virus vaccine qv 2019-2020(6 mos-35 mos)***)	2	QL (99 per 99 days)
AFLURIA QUAD 2019-20(6MO UP) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quad 2019-20 (6 months up)***)	2	QL (99 per 99 days)
BCG VACCINE, LIVE (PF) PERCUTANEOUS SUSPENSION FOR RECONSTITUTION 50 MG (***bcg (bacillus calmette-guerin) vaccine, live***)	4	Preferred Alternatives (THERACYS)
BEXSERO INTRAMUSCULAR SYRINGE 50-50-50-25 MCG/0.5 ML (***neisseria meningitidis group b, nhba recombinant***)	2	ACA
BIOTHRAX INTRAMUSCULAR SUSPENSION 0.5 ML/DOSE (***anthrax vaccine***)	2	ACA
BOOSTRIX TDAP INTRAMUSCULAR SUSPENSION 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis (acellular),tetanus vaccine***)	2	ACA; QL (1 per 365 days)
BOOSTRIX TDAP INTRAMUSCULAR SYRINGE 2.5-8-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis (acellular),tetanus vaccine***)	2	ACA; QL (1 per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CUTAQUIG SUBCUTANEOUS SOLUTION 16.5 % (***immune globulin,gamma (igg)-hipp human***)	4	PA; Preferred Alternatives (GAMMAGARD LIQUID, GAMUNEX-C, HIZENTRA)
CUVITRU SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %), 8 GRAM/40 ML (20 %) (***immune globulin,gamma (igg) human***)	4	PA; Preferred Alternatives (HIZENTRA); LA
DAPTACEL (DTAP PEDIATRIC) (PF) INTRAMUSCULAR SUSPENSION 15-10-5 LF-MCG-LF/0.5ML (***diphtheria,pertussis (acellular),tetanus vaccine***)	2	ACA; QL (1 per 365 days)
DYSPORT INTRAMUSCULAR RECON SOLN 300 UNIT, 500 UNIT (***abobotulinumtoxina***)	4	PA; Preferred Alternatives (BOTOX); LA
ENGERIX-B (PF) INTRAMUSCULAR SUSPENSION 20 MCG/ML (***hepatitis b virus vaccine***)	2	ACA
ENGERIX-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/ML (***hepatitis b virus vaccine***)	2	ACA
ENGERIX-B PEDIATRIC (PF) INTRAMUSCULAR SYRINGE 10 MCG/0.5 ML (***hepatitis b virus vaccine***)	2	ACA
FLUAD 2019-2020 (65 YR UP)(PF) INTRAMUSCULAR SYRINGE 45 MCG (15 MCG X 3)/0.5 ML (***influenza virus vaccine trival 2019-2020(65 yr up)***)	2	QL (1 per 365 days)
FLUARIX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quad 2019-20 (6 months up)***)	2	QL (1 per 365 days)
FLUBLOK QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 180 MCG (45 MCG X 4)/0.5 ML (***influenza virus vaccine qv 2019-20 (18 yr up),rcmb***)	2	PA
FLUCELVAX QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vac qv 19-20 (4 yrs up)cell deriv.***)	2	QL (1 per 365 days)
FLUCELVAX QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vac qv 19-20 (4 yrs up)cell deriv.***)	2	QL (1 per 365 days)
FLULAVAL QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quad 2019-20 (6 months up)***)	2	QL (1 per 365 days)
FLULAVAL QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quad 2019-20 (6 months up)***)	2	QL (1 per 365 days)

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FLUMIST QUAD 2019-2020 NASAL NASAL SPRAY SYRINGE 10EXP6.5-7.5 FF UNIT/0.2 ML (***influenza virus vaccine qval 2019-2020 (2-49 yrs)***)	3	QL (1 per 365 days)
FLUZONE HIGH-DOSE 2019-20 (PF) INTRAMUSCULAR SYRINGE 180 MCG/0.5 ML (***influenza virus vaccine trival 2019-2020(65 yr up)***)	2	PA
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quad 2019-20 (6 months up)***)	2	PA
FLUZONE QUAD 2019-2020 (PF) INTRAMUSCULAR SYRINGE 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quad 2019-20 (6 months up)***)	2	PA
FLUZONE QUAD 2019-2020 INTRAMUSCULAR SUSPENSION 60 MCG (15 MCG X 4)/0.5 ML (***influenza virus vaccine quad 2019-20 (6 months up)***)	2	PA
FLUZONE QUAD PEDI 2019-20 (PF) INTRAMUSCULAR SYRINGE 30 MCG (7.5 MCG X 4)/0.25 ML (***influenza virus vaccine qv 2019-2020(6 mos-35 mos)***)	2	PA
GAMASTAN INTRAMUSCULAR SOLUTION 15-18 % RANGE (***immune globulin,gamma (igg) human***)	4	PA; LA
GAMASTAN S/D INTRAMUSCULAR SOLUTION 15-18 % RANGE (***immune globulin,gamma (igg) human***)	4	PA; LA
GAMMAGARD LIQUID INJECTION SOLUTION 10 % (***immune globulin,gamma (igg) human***)	4	PA; LA
GAMMAKED INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 5 GRAM/50 ML (10 %) (***immune globulin,gamma (igg) human***)	4	PA; Preferred Alternatives (GAMMAGARD LIQUID, GAMMAGARD S-D, GAMUNEX-C, HIZENTRA, PRIVIGEN); LA
GAMUNEX-C INJECTION SOLUTION 1 GRAM/10 ML (10 %), 10 GRAM/100 ML (10 %), 2.5 GRAM/25 ML (10 %), 20 GRAM/200 ML (10 %), 40 GRAM/400 ML (10 %), 5 GRAM/50 ML (10 %) (***immune globulin,gamma (igg) human***)	4	PA; LA
GARDASIL 9 (PF) INTRAMUSCULAR SUSPENSION 0.5 ML (***human papillomavirus vaccine, 9-valent***)	2	ACA
GARDASIL 9 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***human papillomavirus vaccine, 9-valent***)	2	ACA
GRASTEK SUBLINGUAL TABLET 2,800 BAU (***grass pollen-timothy, standard***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HAVRIX (PF) INTRAMUSCULAR SUSPENSION 1,440 ELISA UNIT/ML (***hepatitis a virus vaccine***)	2	ACA
HAVRIX (PF) INTRAMUSCULAR SYRINGE 1,440 ELISA UNIT/ML, 720 ELISA UNIT/0.5 ML (***hepatitis a virus vaccine***)	2	ACA
HEPLISAV-B (PF) INTRAMUSCULAR SOLUTION 20 MCG/0.5 ML (***hepatitis b virus vaccine***)	3	Preferred Alternatives (ENGERIX-B, RECOMBIVAX HB)
HEPLISAV-B (PF) INTRAMUSCULAR SYRINGE 20 MCG/0.5 ML (***hepatitis b virus vaccine***)	3	Preferred Alternatives (ENGERIX-B, RECOMBIVAX HB)
HIBERIX (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b polysaccharide conj w/tetanus toxoid***)	2	ACA
HIZENTRA SUBCUTANEOUS SOLUTION 1 GRAM/5 ML (20 %), 10 GRAM/50 ML (20 %), 2 GRAM/10 ML (20 %), 4 GRAM/20 ML (20 %) (***immune globulin,gamma (igg) human***)	4	PA; LA
HYPERHEP B S/D INTRAMUSCULAR SOLUTION 220 UNIT/ML, 220 UNIT/ML (5 ML) (***hepatitis b immune globulin***)	4	PA
HYPERHEP B S/D INTRAMUSCULAR SYRINGE 220 UNIT/ML (***hepatitis b immune globulin***)	4	PA
HYPERHEP B S-D NEONATAL INTRAMUSCULAR SYRINGE 110 UNIT/0.5 ML (***hepatitis b immune globulin***)	4	PA
HYPERRAB (PF) INTRAMUSCULAR SOLUTION 300 UNIT/ML (***rabies immune globulin***)	4	PA
HYPERRAB S/D (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (***rabies immune globulin***)	2	PA
HYPERTET S/D (PF) INTRAMUSCULAR SYRINGE 250 UNIT (***tetanus immune globulin***)	3	PA
HYQVIA SUBCUTANEOUS SOLUTION 10 GRAM /100 ML (10 %), 2.5 GRAM /25 ML (10 %), 20 GRAM /200 ML (10 %), 30 GRAM /300 ML (10 %), 5 GRAM /50 ML (10 %) (***immune globulin,gamma (igg) human***)	4	PA; Preferred Alternatives (GAMMAGARD LIQUID, GAMUNEX-C, HIZENTRA); LA
IMOGAM RABIES-HT (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (***rabies immune globulin***)	4	PA
IMOVAX RABIES VACCINE (PF) INTRAMUSCULAR RECON SOLN 2.5 UNIT (***rabies vaccine, human diploid cell***)	2	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
INFANRIX (DTAP) (PF) INTRAMUSCULAR SUSPENSION 25-58-10 LF-MCG-LF/0.5ML (***diphtheria,pertussis (acellular),tetanus vaccine***)	2	ACA; QL (1 per 365 days)
INFANRIX (DTAP) (PF) INTRAMUSCULAR SYRINGE 25-58-10 LF-MCG-LF/0.5ML (***diphtheria,pertussis (acellular),tetanus vaccine***)	2	ACA; QL (1 per 365 days)
IPOL INJECTION SUSPENSION 40-8-32 UNIT/0.5 ML (***poliomyelitis vaccine,killed***)	2	ACA
IXIARO (PF) INTRAMUSCULAR SYRINGE 6 MCG/0.5 ML (***japanese encephalitis vaccine***)	2	ACA
KEDRAB (PF) INTRAMUSCULAR SOLUTION 150 UNIT/ML (***rabies immune globulin***)	4	PA; Preferred Alternatives (HYPERRAB, HYPERRAB S-D, IMOGAM RABIES-HT)
KINRIX (PF) INTRAMUSCULAR SUSPENSION 25 LF-58 MCG-10 LF/0.5 ML (***diphtheria,pertussis (acell),tetanus,polio vaccine***)	3	Preferred Alternatives (INFANRIX); ACA; QL (1 per 365 days)
KINRIX (PF) INTRAMUSCULAR SYRINGE 25 LF-58 MCG-10 LF/0.5 ML (***diphtheria,pertussis (acell),tetanus,polio vaccine***)	3	Preferred Alternatives (INFANRIX); ACA; QL (1 per 365 days)
MENACTRA (PF) INTRAMUSCULAR SOLUTION 4 MCG/0.5 ML (***meningococcal vaccine a,c,y and w-135, dip tox con***)	2	ACA
MENVEO A-C-Y-W-135-DIP (PF) INTRAMUSCULAR KIT 10-5 MCG/0.5 ML (***meningococcal vaccine a,c,y and w-135, dip tox con***)	3	Preferred Alternatives (MENACTRA); ACA
M-M-R II (PF) SUBCUTANEOUS RECON SOLN 1,000-12,500 TCID50/0.5 ML (***measles, mumps, and rubella vaccine live***)	2	ACA
MYOBLOC INTRAMUSCULAR SOLUTION 10,000 UNIT/2 ML, 2,500 UNIT/0.5 ML, 5,000 UNIT/ML (***rimabotulinumtoxinb***)	4	PA; Preferred Alternatives (BOTOX); LA
NABI-HB INTRAMUSCULAR SOLUTION GREATER THAN 1,560 UNIT/5 ML, GREATR THAN 312 UNIT/ML (***hepatitis b immune globulin***)	4	PA; Preferred Alternatives (HYPERHEP B S-D)
ODACTRA SUBLINGUAL TABLET 12 SQ-HDM (***mite-dermatophagoides farinae, standardized***)	2	
ORALAIR SUBLINGUAL TABLET 300 INDX REACTIVITY (***grass pollen-orchard grass, standard***)	4	PA; Preferred Alternatives (GRASTEK)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PEDIARIX (PF) INTRAMUSCULAR SYRINGE 10 MCG-25LF-25 MCG-10LF/0.5 ML (***hepatitis b virus vaccine***)	3	Preferred Alternatives (DAPTACEL, ENGERIX-B, INFANRIX, IPOL, RECOMBIVAX HB); ACA; QL (1 per 365 days)
PEDVAX HIB (PF) INTRAMUSCULAR SOLUTION 7.5 MCG/0.5 ML (***haemophilus b polysach conjugat with meningococcal***)	2	ACA
PENTACEL (PF) INTRAMUSCULAR KIT 15 LF UNIT-20 MCG-5 LF/0.5 ML (***diphtheria,pertussis (acell),tetanus,polio vaccine***)	3	Preferred Alternatives (DAPTACEL, HIBERIX, INFANRIX, IPOL, PEDVAXHIB); ACA; QL (1 per 365 days)
PENTACEL ACTHIB COMPONENT (PF) INTRAMUSCULAR RECON SOLN 10 MCG/0.5 ML (***haemophilus b polysacc conj-tetan tox, comp 2 of 2***)	3	ACA
PNEUMOVAX 23 INJECTION SOLUTION 25 MCG/0.5 ML (***pneumococcal vaccine***)	2	ACA
PNEUMOVAX 23 INJECTION SYRINGE 25 MCG/0.5 ML (***pneumococcal vaccine***)	2	ACA
PREVNAR 13 (PF) INTRAMUSCULAR SYRINGE 0.5 ML (***pneumococcal vaccine***)	2	ACA
PROQUAD (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10EXP3-4.3-3- 3.99 TCID50/0.5 (***measles, mumps, rubella,and varicella live vaccine***)	2	ACA
QUADRACEL (PF) INTRAMUSCULAR SUSPENSION 15 LF-48 MCG- 5 LF UNIT/0.5ML (***diphtheria,pertussis (acell),tetanus,polio vaccine***)	2	ACA; QL (1 per 365 days)
RABAVERT (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 2.5 UNIT (***rabies vaccine,purified chick-embryo cell (pcec)***)	2	ACA
RAGWITEK SUBLINGUAL TABLET 12 AMB A 1 UNIT (***weed pollen-short ragweed***)	2	
RECOMBIVAX HB (PF) INTRAMUSCULAR SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine***)	2	ACA
RECOMBIVAX HB (PF) INTRAMUSCULAR SYRINGE 10 MCG/ML, 5 MCG/0.5 ML (***hepatitis b virus vaccine***)	2	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ROTARIX ORAL SUSPENSION FOR RECONSTITUTION 10EXP6 CCID50/ML (***rotavirus vacc,live oral, 89-12 strain,g1p(8) type***)	3	Preferred Alternatives (ROTATEQ); ACA
ROTATEQ VACCINE ORAL SOLUTION 2 ML (***rotavirus vacc, live oral pentavalent***)	2	ACA
SHINGRIX (PF) INTRAMUSCULAR SUSPENSION FOR RECONSTITUTION 50 MCG/0.5 ML (***varicella-zoster virus glycoprotein e, recombinant***)	2	ACA
STAMARIL (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,000 UNIT/0.5 ML (***yellow fever vaccine live***)	2	ACA
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids***)	2	ACA; QL (1 per 365 days)
TENIVAC (PF) INTRAMUSCULAR SUSPENSION 5 LF UNIT- 2 LF UNIT/0.5ML (***tetanus and diphtheria toxoids***)	3	Preferred Alternatives (TETANUS DIPHTHERIA TOXOIDS); ACA; QL (1 per 365 days)
TENIVAC (PF) INTRAMUSCULAR SYRINGE 5-2 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids***)	3	Preferred Alternatives (TETANUS DIPHTHERIA TOXOIDS); ACA; QL (1 per 365 days)
TETANUS,DIPHTHERIA TOX PED(PF) INTRAMUSCULAR SUSPENSION 5-25 LF UNIT/0.5 ML (***tetanus and diphtheria toxoids***)	2	ACA; QL (1 per 365 days)
TRUMENBA INTRAMUSCULAR SYRINGE 120 MCG/0.5 ML (***neisseria meningitidis grp b,lipidated fhbp, rec.***)	2	ACA
TWINRIX (PF) INTRAMUSCULAR SYRINGE 720 ELISA UNIT- 20 MCG/ML (***hepatitis a virus vaccine***)	2	ACA
TYPHIM VI INTRAMUSCULAR SOLUTION 25 MCG/0.5 ML (***typhoid vaccine***)	2	ACA
TYPHIM VI INTRAMUSCULAR SYRINGE 25 MCG/0.5 ML (***typhoid vaccine***)	2	ACA
VAQTA (PF) INTRAMUSCULAR SUSPENSION 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine***)	3	Preferred Alternatives (HAVRIX); ACA
VAQTA (PF) INTRAMUSCULAR SYRINGE 25 UNIT/0.5 ML, 50 UNIT/ML (***hepatitis a virus vaccine***)	3	Preferred Alternatives (HAVRIX); ACA
VARIVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 1,350 UNIT/0.5 ML (***varicella virus vaccine live***)	2	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VARIZIG INTRAMUSCULAR SOLUTION 125 UNIT/1.2 ML (***varicella-zoster immune globulin (human)***)	2	PA; ACA
VAXCHORA VACCINE ORAL SUSPENSION FOR RECONSTITUTION 4X10EXP8 TO 2X 10EXP9 CF UNIT (***cholera vaccine***)	2	ACA
VIVOTIF ORAL CAPSULE,DELAYED RELEASE(DR/EC) 2 BILLION UNIT (***typhoid vaccine***)	2	ACA
XEOMIN INTRAMUSCULAR RECON SOLN 100 UNIT, 200 UNIT, 50 UNIT (***incobotulinumtoxina***)	4	PA; Preferred Alternatives (BOTOX); LA
YF-VAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 10 EXP4.74 UNIT/0.5 ML (***yellow fever vaccine live***)	2	ACA
ZOSTAVAX (PF) SUBCUTANEOUS SUSPENSION FOR RECONSTITUTION 19,400 UNIT/0.65 ML (***varicella virus vaccine live***)	3	Preferred Alternatives (SHINGRIX); ACA; QL (1 per 365 days)
MUSCULOSKELETAL & RHEUMATOLOGY - DRUGS TO TREAT MUSCLE AND BONE CONDITIONS		
GOUT THERAPY - DRUGS TO TREAT OR PREVENT GOUT PAIN		
allopurinol oral tablet 100 mg, 300 mg	1	
COLCHICINE ORAL CAPSULE 0.6 MG	3	Preferred Alternatives (MITIGARE); LA
COLCHICINE ORAL TABLET 0.6 MG	3	Preferred Alternatives (MITIGARE); LA
COLCRYS ORAL TABLET 0.6 MG (***colchicine***)	3	Preferred Alternatives (MITIGARE)
DUZALLO ORAL TABLET 200-200 MG, 200-300 MG (***lesinurad***)	3	Preferred Alternatives (allopurinol, probenecid)
febuxostat oral tablet 40 mg, 80 mg	1	
MITIGARE ORAL CAPSULE 0.6 MG (***colchicine***)	2	
probenecid oral tablet 500 mg	1	
probenecid-colchicine oral tablet 500-0.5 mg	1	
ULORIC ORAL TABLET 40 MG, 80 MG (***febuxostat***)	3	Preferred Alternatives (febuxostat)
ZYLOPRIM ORAL TABLET 100 MG, 300 MG (***allopurinol***)	3	Preferred Alternatives (allopurinol)
OSTEOPOROSIS THERAPY - DRUGS TO TREAT BONE CONDITIONS		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ACTONEL ORAL TABLET 150 MG, 5 MG (***risedronic acid***)	3	Preferred Alternatives (risedronate sodium); QL (30 per 30 days)
ACTONEL ORAL TABLET 35 MG (***risedronic acid***)	3	Preferred Alternatives (risedronate sodium); QL (4 per 30 days)
alendronate oral solution 70 mg/75 ml	1	QL (300 per 30 days)
alendronate oral tablet 10 mg, 5 mg	1	QL (30 per 30 days)
alendronate oral tablet 35 mg, 70 mg	1	QL (4 per 30 days)
ATELVIA ORAL TABLET,DELAYED RELEASE (DR/EC) 35 MG (***risedronic acid***)	3	Preferred Alternatives (risedronate sodium dr); QL (4 per 30 days)
BINOSTO ORAL TABLET, EFFERVESCENT 70 MG (***alendronic acid***)	3	Preferred Alternatives (alendronate sodium); QL (30 per 30 days)
BONIVA ORAL TABLET 150 MG (***ibandronic acid***)	3	Preferred Alternatives (ibandronate sodium); QL (1 per 30 days)
EVENITY SUBCUTANEOUS SYRINGE 105 MG/1.17 ML, 210MG/2.34ML (105MG/1.17MLX2) (***romosozumab-aqqg***)	4	PA; Preferred Alternatives (alendronate sodium, ibandronate sodium, risedronate sodium, zoledronic acid, TYMLOS)
EVISTA ORAL TABLET 60 MG (***raloxifene***)	3	Preferred Alternatives (raloxifene hcl)
FOSAMAX ORAL TABLET 70 MG (***alendronic acid***)	3	Preferred Alternatives (alendronate sodium); QL (4 per 30 days)
FOSAMAX PLUS D ORAL TABLET 70 MG- 2,800 UNIT, 70 MG- 5,600 UNIT (***alendronic acid***)	3	Preferred Alternatives (alendronate sodium); QL (4 per 30 days)
ibandronate oral tablet 150 mg	1	QL (1 per 30 days)
PROLIA SUBCUTANEOUS SYRINGE 60 MG/ML (***denosumab***)	4	PA; Preferred Alternatives (alendronate sodium, ibandronate sodium, risedronate sodium, TYMLOS); LA
raloxifene oral tablet 60 mg	1	ACA
risedronate oral tablet 150 mg, 5 mg	1	QL (30 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
risedronate oral tablet 35 mg	1	QL (4 per 30 days)
risedronate oral tablet,delayed release (dr/ec) 35 mg	1	QL (4 per 30 days)
TYMLOS SUBCUTANEOUS PEN INJECTOR 80 MCG (3,120 MCG/1.56 ML) (***abaloparatide***)	4	PA; LA
OTHER RHEUMATOLOGICALS - DRUGS TO TREAT BONE OR JOINT CONDITIONS		
ACTEMRA ACTPEN SUBCUTANEOUS PEN INJECTOR 162 MG/0.9 ML (***tocilizumab***)	4	PA; LA
ACTEMRA SUBCUTANEOUS SYRINGE 162 MG/0.9 ML (***tocilizumab***)	4	PA; LA
ARAVA ORAL TABLET 10 MG, 20 MG (***leflunomide***)	3	Preferred Alternatives (leflunomide); QL (30 per 30 days)
BENLYSTA SUBCUTANEOUS AUTO-INJECTOR 200 MG/ML (***belimumab***)	4	PA; LA
BENLYSTA SUBCUTANEOUS SYRINGE 200 MG/ML (***belimumab***)	4	PA; LA
CUPRIMINE ORAL CAPSULE 250 MG (***penicillamine***)	3	Preferred Alternatives (penicillamine)
DEPEN TITRATABS ORAL TABLET 250 MG (***penicillamine***)	2	
D-PENAMINE ORAL TABLET 125 MG (***penicillamine***)	2	
ENBREL MINI SUBCUTANEOUS CARTRIDGE 50 MG/ML (1 ML) (***etanercept***)	4	PA; QL (2 per 30 days)
ENBREL SUBCUTANEOUS RECON SOLN 25 MG (1 ML) (***etanercept***)	4	PA; QL (2 per 30 days)
ENBREL SUBCUTANEOUS SYRINGE 25 MG/0.5 ML (0.5), 50 MG/ML (1 ML) (***etanercept***)	4	PA; QL (2 per 30 days)
ENBREL SURECLICK SUBCUTANEOUS PEN INJECTOR 50 MG/ML (1 ML) (***etanercept***)	4	PA; QL (2 per 30 days)
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS SYRINGE KIT 40 MG/0.8 ML (***adalimumab***)	4	PA; LA
HUMIRA PEN CROHNS-UC-HS START SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	4	PA; QL (2 per 30 days)
HUMIRA PEN PSOR-UVEITS-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	4	PA; QL (2 per 30 days)
HUMIRA PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.8 ML (***adalimumab***)	4	PA; QL (2 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
HUMIRA SUBCUTANEOUS SYRINGE KIT 10 MG/0.2 ML, 20 MG/0.4 ML, 40 MG/0.8 ML (***adalimumab***)	4	PA; QL (2 per 30 days)
HUMIRA(CF) PEDI CROHNS STARTER SUBCUTANEOUS SYRINGE KIT 80 MG/0.8 ML, 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	4	PA; LA
HUMIRA(CF) PEN CROHNS-UC-HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML (***adalimumab***)	4	PA
HUMIRA(CF) PEN PSOR-UV-ADOL HS SUBCUTANEOUS PEN INJECTOR KIT 80 MG/0.8 ML-40 MG/0.4 ML (***adalimumab***)	4	PA
HUMIRA(CF) PEN SUBCUTANEOUS PEN INJECTOR KIT 40 MG/0.4 ML (***adalimumab***)	4	PA; QL (2 per 30 days)
HUMIRA(CF) SUBCUTANEOUS SYRINGE KIT 10 MG/0.1 ML, 20 MG/0.2 ML, 40 MG/0.4 ML (***adalimumab***)	4	PA; QL (2 per 30 days)
KEVZARA SUBCUTANEOUS PEN INJECTOR 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	4	PA; Preferred Alternatives (ACTEMRA, ENBREL, HUMIRA, INFLECTRA, XELJANZ); LA
KEVZARA SUBCUTANEOUS SYRINGE 150 MG/1.14 ML, 200 MG/1.14 ML (***sarilumab***)	4	PA; Preferred Alternatives (ACTEMRA, ENBREL, HUMIRA, INFLECTRA, XELJANZ); LA
leflunomide oral tablet 10 mg, 20 mg	1	QL (30 per 30 days)
OLUMIANT ORAL TABLET 2 MG (***baricitinib***)	4	PA; Preferred Alternatives (ACTEMRA, ENBREL, HUMIRA, INFLECTRA, XELJANZ); LA
ORENCIA CLICKJECT SUBCUTANEOUS AUTO-INJECTOR 125 MG/ML (***abatacept***)	4	PA; Preferred Alternatives (ACTEMRA, ENBREL, HUMIRA, INFLECTRA, XELJANZ); LA
ORENCIA SUBCUTANEOUS SYRINGE 125 MG/ML, 50 MG/0.4 ML, 87.5 MG/0.7 ML (***abatacept***)	4	PA; Preferred Alternatives (ACTEMRA, ENBREL, HUMIRA, INFLECTRA, XELJANZ); LA
OTEZLA ORAL TABLET 30 MG (***apremilast***)	4	PA; LA
OTEZLA STARTER ORAL TABLETS,DOSE PACK 10 MG (4)-20 MG (4)-30 MG (47), 10 MG (4)-20 MG (4)-30 MG(19) (***apremilast***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
OTREXUP (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.4 ML, 12.5 MG/0.4 ML, 15 MG/0.4 ML, 17.5 MG/0.4 ML, 20 MG/0.4 ML, 22.5 MG/0.4 ML, 25 MG/0.4 ML (***methotrexate***)	3	Preferred Alternatives (methotrexate)
penicillamine oral capsule 250 mg	1	
RASUVO (PF) SUBCUTANEOUS AUTO-INJECTOR 10 MG/0.2 ML, 12.5 MG/0.25 ML, 15 MG/0.3 ML, 17.5 MG/0.35 ML, 20 MG/0.4 ML, 22.5 MG/0.45 ML, 25 MG/0.5 ML, 30 MG/0.6 ML, 7.5 MG/0.15 ML (***methotrexate***)	3	Preferred Alternatives (methotrexate)
RIDAURA ORAL CAPSULE 3 MG (***auranofin***)	2	
RINVOQ ER ORAL TABLET EXTENDED RELEASE 24 HR 15 MG (***upadacitinib***)	3	PA
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG (***milnacipran***)	2	ST; QL (60 per 30 days)
SAVELLA ORAL TABLETS,DOSE PACK 12.5 MG (5)-25 MG(8)-50 MG(42) (***milnacipran***)	2	ST; QL (1 per 30 days)
SIMPONI ARIA INTRAVENOUS SOLUTION 12.5 MG/ML (***golimumab***)	4	PA; Preferred Alternatives (INFLECTRA, ENBREL, HUMIRA); LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 100 MG/ML (***golimumab***)	4	PA; LA
SIMPONI SUBCUTANEOUS PEN INJECTOR 50 MG/0.5 ML (***golimumab***)	4	PA; Preferred Alternatives (ACTEMRA, COSENTYX 150MG, ENBREL, HUMIRA, OTEZLA, STELARA, XELJANZ); LA
SIMPONI SUBCUTANEOUS SYRINGE 100 MG/ML (***golimumab***)	4	PA; LA
SIMPONI SUBCUTANEOUS SYRINGE 50 MG/0.5 ML (***golimumab***)	4	PA; Preferred Alternatives (ACTEMRA, COSENTYX 150MG, ENBREL, HUMIRA, OTEZLA, STELARA, XELJANZ); LA
XELJANZ ORAL TABLET 10 MG (***tofacitinib***)	4	PA; LA
XELJANZ ORAL TABLET 5 MG (***tofacitinib***)	4	PA
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HR 11 MG (***tofacitinib***)	4	PA
OBSTETRICS & GYNECOLOGY - GYNECOLOGY MEDICINES		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
DIAPHRAGMS AND OTHER NON-ORAL CONTRACEPTIVES - DRUGS OR DEVICES FOR BIRTH CONTROL		
CAYA CONTOURED VAGINAL DIAPHRAGM 65-80 MM (***diaphragms, contoured***)	2	ACA
FC2 FEMALE CONDOM (***condoms, female***)	2	ACA; OTC
FEMCAP VAGINAL DEVICE 22 MM (***cervical cap***)	2	ACA
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 60 MM (***diaphragms, wide seal***)	3	ACA
ESTROGENS & PROGESTINS - ESTROGENS AND PROGESTINS		
ACTIVELLA ORAL TABLET 0.5-0.1 MG, 1-0.5 MG (***estradiol***)	3	Preferred Alternatives (estradiol-norethindrone acetat)
ALORA TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (***estradiol***)	3	Preferred Alternatives (estradiol); QL (8 per 30 days)
estradiol-norethindrone acet (Amabelz Oral Tablet 0.5-0.1 Mg, 1-0.5 Mg)	1	
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG (***drospirenone***)	3	Preferred Alternatives (estradiol-norethindrone acetat, jinteli, mimvey)
AYGESTIN ORAL TABLET 5 MG (***norethindrone***)	3	Preferred Alternatives (norethindrone acetate)
BIJUVA ORAL CAPSULE 1-100 MG (***estradiol***)	3	Preferred Alternatives (estradiol-norethindrone acetat, jinteli, mimvey)
norethindrone (contraceptive) (Camila Oral Tablet 0.35 Mg)	1	ACA
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/24 HR (***estradiol***)	3	Preferred Alternatives (estradiol-norethindrone acetat, jinteli, mimvey); QL (4 per 30 days)
CLIMARA TRANSDERMAL PATCH WEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.06 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (***estradiol***)	3	Preferred Alternatives (estradiol); QL (4 per 30 days)
COMBIPATCH TRANSDERMAL PATCH SEMIWEEKLY 0.05-0.14 MG/24 HR, 0.05-0.25 MG/24 HR (***estradiol***)	3	Preferred Alternatives (estradiol-norethindrone acetat, jinteli, mimvey)
covaryx h.s. oral tablet 0.625-1.25 mg	1	
covaryx oral tablet 1.25-2.5 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CRINONE VAGINAL GEL 4 %, 8 % (***progesterone***)	2	PA
norethindrone (contraceptive) (Deblitane Oral Tablet 0.35 Mg)	1	ACA
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML (***estradiol***)	3	PA; Preferred Alternatives (estradiol valerate)
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML (***estradiol***)	3	PA; Preferred Alternatives (estradiol valerate)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML (***medroxyprogesterone***)	3	Preferred Alternatives (medroxyprogesterone acetate); ACA; QL (1 per 90 days)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 400 MG/ML (***medroxyprogesterone***)	2	
DEPO-PROVERA INTRAMUSCULAR SYRINGE 150 MG/ML (***medroxyprogesterone***)	3	Preferred Alternatives (medroxyprogesterone acetate); ACA; QL (1 per 90 days)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SYRINGE 104 MG/0.65 ML (***medroxyprogesterone***)	3	Preferred Alternatives (medroxyprogesterone acetate); ACA; QL (1 per 90 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 0.25 MG/0.25 GRAM (0.1 %), 0.5 MG/0.5 GRAM (0.1 %), 1 MG/GRAM (0.1 %) (***estradiol***)	3	Preferred Alternatives (estradiol); QL (1 per 30 days)
DIVIGEL TRANSDERMAL GEL IN PACKET 0.75 MG/0.75 GRAM (0.1%) (***estradiol***)	3	Preferred Alternatives (estradiol); QL (30 per 1 day)
estradiol (Dotti Transdermal Patch Semiweekly 0.025 Mg/24 Hr, 0.0375 Mg/24 Hr, 0.05 Mg/24 Hr, 0.075 Mg/24 Hr, 0.1 Mg/24 Hr)	1	QL (8 per 21 days)
DUAVEE ORAL TABLET 0.45-20 MG (***estrogens, conjugated***)	3	Preferred Alternatives (estradiol-norethindrone acetat, jinteli, mimvey)
eemt hs oral tablet 0.625-1.25 mg	1	
eemt oral tablet 1.25-2.5 mg	1	
ELESTRIN TRANSDERMAL GEL IN METERED-DOSE PUMP 0.87 GRAM/ACTUATION (***estradiol***)	3	Preferred Alternatives (estradiol); QL (1 per 30 days)
norethindrone (contraceptive) (Errin Oral Tablet 0.35 Mg)	1	ACA
ESTRACE ORAL TABLET 0.5 MG, 1 MG, 2 MG (***estradiol***)	3	Preferred Alternatives (estradiol)
ESTRACE VAGINAL CREAM 0.01 % (0.1 MG/GRAM) (***estradiol***)	3	Preferred Alternatives (estradiol)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
estradiol oral tablet 0.5 mg, 1 mg, 2 mg	1	
estradiol transdermal patch semiweekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (8 per 30 days)
estradiol transdermal patch weekly 0.025 mg/24 hr, 0.0375 mg/24 hr, 0.05 mg/24 hr, 0.06 mg/24 hr, 0.075 mg/24 hr, 0.1 mg/24 hr	1	QL (4 per 30 days)
estradiol vaginal cream 0.01 % (0.1 mg/gram)	1	
estradiol vaginal tablet 10 mcg	1	
estradiol valerate intramuscular oil 20 mg/ml, 40 mg/ml	1	PA
estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
ESTRING VAGINAL RING 2 MG (7.5 MCG /24 HOUR) (***estradiol***)	3	Preferred Alternatives (estradiol, yuvafem)
estrogens-methyltestosterone oral tablet 0.625-1.25 mg, 1.25-2.5 mg	1	
EVAMIST TRANSDERMAL SPRAY,NON-AEROSOL 1.53 MG/SPRAY (1.7%) (***estradiol***)	3	Preferred Alternatives (estradiol); QL (1 per 30 days)
FEMHRT LOW DOSE ORAL TABLET 0.5-2.5 MG-MCG (***norethindrone***)	3	Preferred Alternatives (jinteli, jevantique lo)
norethindrone ac-eth estradiol (Fyavolv Oral Tablet 0.5-2.5 Mg-Mcg, 1-5 Mg-Mcg)	1	
norethindrone (contraceptive) (Heather Oral Tablet 0.35 Mg)	1	ACA
hydroxyprogest(pf)(preg presv) intramuscular oil 250 mg/ml (1 ml)	1	PA; LA
hydroxyprogesterone cap(ppres) intramuscular oil 250 mg/ml	4	PA; LA
hydroxyprogesterone caproate intramuscular oil 250 mg/ml	1	PA
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG (***estradiol***)	3	Preferred Alternatives (estradiol, yuvafem); QL (8 per 21 days)
IMVEXXY STARTER PACK VAGINAL INSERT, DOSE PACK 10 MCG, 4 MCG (***estradiol***)	3	Preferred Alternatives (estradiol, yuvafem); QL (18 per 365 days)
norethindrone (contraceptive) (Incassia Oral Tablet 0.35 Mg)	1	ACA
norethindrone (contraceptive) (Jencycla Oral Tablet 0.35 Mg)	1	ACA
norethindrone ac-eth estradiol (Jinteli Oral Tablet 1-5 Mg-Mcg)	1	
lopreeza oral tablet 0.5-0.1 mg, 1-0.5 mg	1	
norethindrone (contraceptive) (Lyza Oral Tablet 0.35 Mg)	1	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAKENA (PF) SUBCUTANEOUS AUTO-INJECTOR 275 MG/1.1 ML (***hydroxyprogesterone***)	4	PA; Preferred Alternatives (hydroxyprogesterone caproate); LA
MAKENA INTRAMUSCULAR OIL 250 MG/ML, 250 MG/ML (1 ML) (***hydroxyprogesterone***)	4	PA; Preferred Alternatives (hydroxyprogesterone caproate); LA
medroxyprogesterone intramuscular suspension 150 mg/ml	1	ACA; QL (1 per 90 days)
medroxyprogesterone intramuscular syringe 150 mg/ml	1	ACA; QL (1 per 90 days)
medroxyprogesterone oral tablet 10 mg, 2.5 mg, 5 mg	1	
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (***estrogens,esterified***)	2	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24 HR (***estradiol***)	3	Preferred Alternatives (estradiol); QL (4 per 30 days)
estradiol-norethindrone acet (Mimvey Lo Oral Tablet 0.5-0.1 Mg)	1	
estradiol-norethindrone acet (Mimvey Oral Tablet 1-0.5 Mg)	1	
MINIVELLE TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (***estradiol***)	3	Preferred Alternatives (estradiol); QL (8 per 30 days)
nora-be oral tablet 0.35 mg	1	ACA
norethindrone (contraceptive) oral tablet 0.35 mg	1	ACA
norethindrone acetate oral tablet 5 mg	1	
norethindrone ac-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg	1	
norethindrone (contraceptive) (Norlyda Oral Tablet 0.35 Mg)	1	ACA
norethindrone (contraceptive) (Norlyroc Oral Tablet 0.35 Mg)	1	ACA
ORTHO MICRONOR ORAL TABLET 0.35 MG (***norethindrone***)	3	Preferred Alternatives (errin, jolivette); ACA
PREFEST ORAL TABLET 1 MG (15)/1 MG- 0.09 MG (15) (***estradiol***)	3	Preferred Alternatives (estradiol-norethindrone acetat, jinteli, mimvey)
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (***estrogens, conjugated***)	3	Preferred Alternatives (estradiol, estropipate, MENEST)
PREMARIN VAGINAL CREAM 0.625 MG/GRAM (***estrogens, conjugated***)	3	Preferred Alternatives (estradiol, yuvafem)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PREMPHASE ORAL TABLET 0.625 MG (14)/ 0.625MG-5MG(14) (***estrogens, conjugated***)	3	Preferred Alternatives (estradiol-norethindrone acetat, jinteli, mimvey)
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (***estrogens, conjugated***)	3	Preferred Alternatives (estradiol-norethindrone acetat, jinteli, mimvey)
progesterone intramuscular oil 50 mg/ml	4	PA
progesterone micronized oral capsule 100 mg, 200 mg	1	
PROMETRIUM ORAL CAPSULE 100 MG, 200 MG (***progesterone***)	3	Preferred Alternatives (progesterone)
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG (***medroxyprogesterone***)	3	Preferred Alternatives (medroxyprogesterone acetate)
norethindrone (contraceptive) (Sharobel Oral Tablet 0.35 Mg)	1	ACA
norethindrone (contraceptive) (Tulana Oral Tablet 0.35 Mg)	1	ACA
VAGIFEM VAGINAL TABLET 10 MCG (***estradiol***)	3	Preferred Alternatives (estradiol, yuvafem)
VIVELLE-DOT TRANSDERMAL PATCH SEMIWEEKLY 0.025 MG/24 HR, 0.0375 MG/24 HR, 0.05 MG/24 HR, 0.075 MG/24 HR, 0.1 MG/24 HR (***estradiol***)	3	Preferred Alternatives (estradiol); QL (8 per 30 days)
yuvafem vaginal tablet 10 mcg	1	
MISCELLANEOUS OB/GYN - OTHER GYNECOLOGY MEDICINES		
ANNOVERA VAGINAL RING 0.15-0.013 MG/24 HOUR (***segesterone***)	3	
AVC VAGINAL VAGINAL CREAM 15 % (***sulfanilamide***)	3	Preferred Alternatives (fluconazole, terconazole)
CERVIDIL VAGINAL INSERT, EXTENDED RELEASE 10 MG (***dinoprostone***)	3	
CLEOCIN VAGINAL CREAM 2 % (***clindamycin***)	3	Preferred Alternatives (clindamycin phosphate)
CLEOCIN VAGINAL SUPPOSITORY 100 MG (***clindamycin***)	3	Preferred Alternatives (clindamycin phosphate, metronidazole)
clindamycin phosphate vaginal cream 2 %	1	
CLINDESSE VAGINAL CREAM,EXTENDED RELEASE 2 % (***clindamycin***)	3	Preferred Alternatives (clindamycin phosphate, metronidazole)
fem ph vaginal gel 0.9-0.025 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
GYNAZOLE-1 VAGINAL CREAM 2 % (***butoconazole***)	3	Preferred Alternatives (terconazole)
gynol ii vaginal gel 3 %	1	ACA; OTC
INTRAROSA VAGINAL INSERT 6.5 MG (***prasterone (dhea)***)	3	Preferred Alternatives (estradiol, yuvafem)
isoxsuprine oral tablet 10 mg, 20 mg	1	
LUPANETA PACK (1 MONTH) KIT. SYRINGE AND TABLET 3.75 MG -5 MG (30) (***leuprolide***)	4	PA; Preferred Alternatives (norethindrone acetate, LUPRON DEPOT)
LUPANETA PACK (3 MONTH) KIT. SYRINGE AND TABLET 11.25 MG -5 MG (90) (***leuprolide***)	4	PA; Preferred Alternatives (norethindrone acetate, LUPRON DEPOT)
LYSTEDA ORAL TABLET 650 MG (***tranexamic acid***)	3	Preferred Alternatives (tranexamic acid)
METROGEL VAGINAL VAGINAL GEL 0.75 % (***metronidazole***)	3	Preferred Alternatives (metronidazole)
metronidazole vaginal gel 0.75 %	1	
miconazole-3 vaginal suppository 200 mg	1	
NUVARING VAGINAL RING 0.12-0.015 MG/24 HR (***etonogestrel***)	2	ACA
NUVESSA VAGINAL GEL 1.3 % (***metronidazole***)	3	Preferred Alternatives (metronidazole, clindamycin phosphate)
OSPHENA ORAL TABLET 60 MG (***ospemifene***)	3	Preferred Alternatives (estradiol, yuvafem)
PREPIDIL VAGINAL GEL 0.5 MG/3 G (***dinoprostone***)	3	
PROSTIN E2 VAGINAL SUPPOSITORY 20 MG (***dinoprostone***)	3	
RELAGARD VAGINAL GEL 0.9-0.025 % (***acetic acid***)	3	Preferred Alternatives (fem ph)
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
TODAY CONTRACEPTIVE SPONGE VAGINAL CONTRACEPTIVE SPONGE 1,000 MG (***nonoxynol 9***)	2	ACA; OTC
tranexamic acid oral tablet 650 mg	1	
TRIMO-SAN JELLY VAGINAL GEL 0.025-0.01 % (***oxyquinoline***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
vaginal contraceptive foam vaginal foam 12.5 %	1	ACA; OTC
vandazole vaginal gel 0.75 %	1	
VCF CONTRACEPTIVE FILM VAGINAL FILM 28 % (***nonoxynol 9***)	2	ACA; OTC
VCF CONTRACEPTIVE GEL VAGINAL GEL 4 % (***nonoxynol 9***)	2	ACA; OTC
xulane transdermal patch weekly 150-35 mcg/24 hr	1	ACA
ORAL CONTRACEPTIVES & RELATED AGENTS - DRUGS OR DEVICES FOR BIRTH CONTROL		
levonorgestrel-ethinyl estrad (Afirmelle Oral Tablet 0.1-20 Mg-Mcg)	1	ACA
AFTERA ORAL TABLET 1.5 MG (***levonorgestrel***)	3	ACA; OTC; QL (1 per 30 days)
levonorgestrel-ethinyl estrad (Altavera (28) Oral Tablet 0.15-0.03 Mg)	1	ACA
norethindrone-ethin estradiol (Alyacen 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	1	ACA
alyacen 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
amethia lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	1	ACA
l norgest/e.estradiol-e.estrad (Amethia Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	1	ACA
levonorgestrel-ethinyl estrad (Amethyst (28) Oral Tablet 90-20 Mcg (28))	1	ACA
desogestrel-ethinyl estradiol (Apri Oral Tablet 0.15-0.03 Mg)	1	ACA
aranelle (28) oral tablet 0.5/1/0.5-35 mg-mcg	1	ACA
l norgest/e.estradiol-e.estrad (Ashlyna Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	1	ACA
levonorgestrel-ethinyl estrad (Aubra Eq Oral Tablet 0.1-20 Mg-Mcg)	1	ACA
levonorgestrel-ethinyl estrad (Aubra Oral Tablet 0.1-20 Mg-Mcg)	1	ACA
aurovela 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
norethindrone ac-eth estradiol (Aurovela 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	1	ACA
norethindrone-e.estradiol-iron (Aurovela 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	1	ACA
aurovela fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norethindrone-e.estradiol-iron (Aurovela Fe 1-20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	1	ACA
levonorgestrel-ethinyl estrad (Aviane Oral Tablet 0.1-20 Mg-Mcg)	1	ACA
levonorgestrel-ethinyl estrad (Ayuna Oral Tablet 0.15-0.03 Mg)	1	ACA
desog-e.estradiol/e.estradiol (Azurette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	1	ACA
BALCOLTRA ORAL TABLET 0.1 MG-0.02 MG (21)/36.5 MG(7) (***levonorgestrel***)	3	Preferred Alternatives (aviane, levonorgestrel-eth estradiol, vienva, NUVARING); ACA
balziva (28) oral tablet 0.4-35 mg-mcg	1	ACA
desog-e.estradiol/e.estradiol (Bekyree (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	1	ACA
BEYAZ ORAL TABLET 3-0.02-0.451 MG (24) (4) (***drospirenone***)	3	Preferred Alternatives (gianvi, loryna, aviane, junel, NUVARING); ACA
norethindrone-e.estradiol-iron (Blisovi 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	1	ACA
blisovi fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
norethindrone-e.estradiol-iron (Blisovi Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	1	ACA
briellyn oral tablet 0.4-35 mg-mcg	1	ACA
camrese lo oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7)	1	ACA
camrese oral tablets,dose pack,3 month 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
caziant (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA
levonorgestrel-ethinyl estrad (Chateal (28) Oral Tablet 0.15-0.03 Mg)	1	ACA
levonorgestrel-ethinyl estrad (Chateal Eq (28) Oral Tablet 0.15-0.03 Mg)	1	ACA
norgestrel-ethinyl estradiol (Cryselle (28) Oral Tablet 0.3-30 Mg-Mcg)	1	ACA
norethindrone-ethin estradiol (Cyclafem 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	1	ACA
cyclafem 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CYCLESSA (28) ORAL TABLET 0.1/.125/.15-25 MG-MCG (***desogestrel***)	3	Preferred Alternatives (caziant, velivet); ACA
desogestrel-ethinyl estradiol (Cyred Eq Oral Tablet 0.15-0.03 Mg)	1	
desogestrel-ethinyl estradiol (Cyred Oral Tablet 0.15-0.03 Mg)	1	ACA
norethindrone-ethin estradiol (Dasetta 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	1	ACA
dasetta 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
l norgest/e.estradiol-e.estrad (Daysee Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	1	ACA
levonorgestrel-ethinyl estrad (Delyla (28) Oral Tablet 0.1-20 Mg-Mcg)	1	ACA
desog-e.estradiol/e.estradiol oral tablet 0.15-0.02 mgx21 /0.01 mg x 5	1	ACA
desogestrel-ethinyl estradiol oral tablet 0.15-0.03 mg	1	ACA
drospirenone-e.estradiol-lm.fa oral tablet 3-0.02-0.451 mg (24) (4), 3-0.03-0.451 mg (21) (7)	1	ACA
drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg	1	ACA
econtra ez oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
econtra one-step oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
norgestrel-ethinyl estradiol (Elinest Oral Tablet 0.3-30 Mg-Mcg)	1	ACA
ELLA ORAL TABLET 30 MG (***ulipristal***)	2	ACA; QL (1 per 30 days)
desogestrel-ethinyl estradiol (Emoquette Oral Tablet 0.15-0.03 Mg)	1	ACA
levonorg-eth estrad triphasic (Enpresse Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	1	ACA
desogestrel-ethinyl estradiol (Enskyce Oral Tablet 0.15-0.03 Mg)	1	ACA
norgestimate-ethinyl estradiol (Estarylla Oral Tablet 0.25-35 Mg-Mcg)	1	ACA
ESTROSTEP FE-28 ORAL TABLET 1-20(5)/1-30(7) /1MG-35MCG (9) (***norethindrone***)	3	Preferred Alternatives (tri-legest fe, tilia fe); ACA
ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg	1	ACA
levonorgestrel-ethinyl estrad (Falmina (28) Oral Tablet 0.1-20 Mg-Mcg)	1	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
l norgest/e.estradiol-e.estrad (Fayosim Oral Tablets,Dose Pack,3 Month 0.15 Mg-20 Mcg/ 0.15 Mg-25 Mcg)	1	ACA
norgestimate-ethinyl estradiol (Femynor Oral Tablet 0.25-35 Mg-Mcg)	1	ACA
GENERESS FE ORAL TABLET,CHEWABLE 0.8MG-25MCG(24) AND 75 MG (4) (***norethindrone***)	3	Preferred Alternatives (kaitlib fe, layolis fe, norethin-eth estra ferrous fum); ACA
gianvi (28) oral tablet 3-0.02 mg	1	ACA
norethindrone-e.estradiol-iron (Hailey 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	1	ACA
hailey oral tablet 1.5-30 mg-mcg	1	
levonorgestrel-ethinyl estrad (Introvale Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	1	ACA
desogestrel-ethinyl estradiol (Isibloom Oral Tablet 0.15-0.03 Mg)	1	ACA
drospirenone-ethinyl estradiol (Jasmiel (28) Oral Tablet 3-0.02 Mg)	1	ACA
jolessa oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA
desogestrel-ethinyl estradiol (Juleber Oral Tablet 0.15-0.03 Mg)	1	ACA
junel 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
norethindrone ac-eth estradiol (Junel 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	1	ACA
junel fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
norethindrone-e.estradiol-iron (Junel Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	1	ACA
norethindrone-e.estradiol-iron (Junel Fe 24 Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	1	ACA
noreth-ethinyl estradiol-iron (Kaitlib Fe Oral Tablet,Chewable 0.8Mg-25Mcg(24) And 75 Mg (4))	1	ACA
desogestrel-ethinyl estradiol (Kalliga Oral Tablet 0.15-0.03 Mg)	1	
desog-e.estradiol/e.estradiol (Kariva (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	1	ACA
ethynodiol diac-eth estradiol (Kelnor 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	1	ACA
ethynodiol diac-eth estradiol (Kelnor 1-50 Oral Tablet 1-50 Mg-Mcg)	1	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
levonorgestrel-ethinyl estrad (Kurvelo (28) Oral Tablet 0.15-0.03 Mg)	1	ACA
l norgest/e.estradiol-e.estrad oral tablets,dose pack,3 month 0.10 mg-20 mcg (84)/10 mcg (7), 0.15 mg-20 mcg/ 0.15 mg-25 mcg, 0.15 mg-30 mcg (84)/10 mcg (7)	1	ACA
larin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
norethindrone ac-eth estradiol (Larin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	1	ACA
norethindrone-e.estradiol-iron (Larin 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	1	ACA
larin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
norethindrone-e.estradiol-iron (Larin Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	1	ACA
levonorgestrel-ethinyl estrad (Larissia Oral Tablet 0.1-20 Mg-Mcg)	1	ACA
layolis fe oral tablet,chewable 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
leena 28 oral tablet 0.5/1/0.5-35 mg-mcg	1	ACA
levonorgestrel-ethinyl estrad (Lessina Oral Tablet 0.1-20 Mg-Mcg)	1	ACA
levonorg-eth estrad triphasic (Levonest (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	1	ACA
levonorgestrel oral tablet 1.5 mg	1	OTC; QL (1 per 30 days)
levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-0.03 mg, 90-20 mcg (28)	1	ACA
levonorgestrel-ethinyl estrad oral tablets,dose pack,3 month 0.15 mg-30 mcg (91)	1	ACA
levonorg-eth estrad triphasic oral tablet 50-30 (6)/75-40 (5)/125-30(10)	1	ACA
levonorgestrel-ethinyl estrad (Levora-28 Oral Tablet 0.15-0.03 Mg)	1	ACA
levonorgestrel-ethinyl estrad (Lillow (28) Oral Tablet 0.15-0.03 Mg)	1	ACA
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG (24)/10 MCG (2) (***norethindrone***)	3	Preferred Alternatives (azurette, kariva, gianvi, NUVARING); ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LOESTRIN 1.5/30 (21) ORAL TABLET 1.5-30 MG-MCG (***norethindrone***)	3	Preferred Alternatives (gildess, junel, larin, microgestin, norethindrone-ethin estradiol); ACA
norethindrone ac-eth estradiol (Loestrin 1/20 (21) Oral Tablet 1-20 Mg-Mcg)	3	Preferred Alternatives (gildess, junel, larin, microgestin, norethindrone-ethin estradiol); ACA
LOESTRIN FE 1.5/30 (28-DAY) ORAL TABLET 1.5 MG-30 MCG (21)/75 MG (7) (***norethindrone***)	3	Preferred Alternatives (blisovi fe, gildess fe, junel fe, larin fe, microgestin fe, norethin-eth estra ferrous fum, tarina fe); ACA
norethindrone-e.estradiol-iron (Loestrin Fe 1/20 (28-Day) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	3	Preferred Alternatives (blisovi fe, gildess fe, junel fe, larin fe, microgestin fe, norethin-eth estra ferrous fum, tarina fe); ACA
drospirenone-ethinyl estradiol (Loryna (28) Oral Tablet 3-0.02 Mg)	1	ACA
LOSEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.10 MG-20 MCG (84)/10 MCG (7) (***levonorgestrel-ethinyl estradiol***)	3	Preferred Alternatives (amethia lo, camrese lo); ACA
norgestrel-ethinyl estradiol (Low-Ogestrel (28) Oral Tablet 0.3-30 Mg-Mcg)	1	ACA
drospirenone-ethinyl estradiol (Lo-Zumandimine (28) Oral Tablet 3-0.02 Mg)	1	ACA
levonorgestrel-ethinyl estrad (Lutera (28) Oral Tablet 0.1-20 Mg-Mcg)	1	ACA
levonorgestrel-ethinyl estrad (Marlissa (28) Oral Tablet 0.15-0.03 Mg)	1	ACA
norethindrone-e.estradiol-iron (Melodetta 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	1	ACA
norethindrone-e.estradiol-iron (Mibelas 24 Fe Oral Tablet,Chewable 1 Mg-20 Mcg(24) /75 Mg (4))	1	ACA
microgestin 1.5/30 (21) oral tablet 1.5-30 mg-mcg	1	ACA
microgestin 1/20 (21) oral tablet 1-20 mg-mcg	1	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MICROGESTIN 24 FE ORAL TABLET 1 MG-20 MCG (24)/75 MG (4) (***norethindrone***)	3	Preferred Alternatives (blisovi 24 fe, junel fe, larin fe, lomedia 24 fe, norethin-eth estra ferrous fum); ACA
microgestin fe 1.5/30 (28) oral tablet 1.5 mg-30 mcg (21)/75 mg (7)	1	ACA
microgestin fe 1/20 (28) oral tablet 1 mg-20 mcg (21)/75 mg (7)	1	ACA
norgestimate-ethinyl estradiol (Mili Oral Tablet 0.25-35 Mg-Mcg)	1	ACA
desog-e.estradiol/e.estradiol (Mircette (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	3	Preferred Alternatives (azurette, kariva, kimidess, pimtrea, viorele); ACA
norgestimate-ethinyl estradiol (Mono-Linyah Oral Tablet 0.25-35 Mg-Mcg)	1	ACA
my choice oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
my way oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
NATAZIA ORAL TABLET 3 MG/2 MG-2 MG/ 2 MG-3 MG/1 MG (***estradiol***)	3	Preferred Alternatives (tri-sprintec, sprintec, aviane, ocella, azurette, necon, NUVARING); ACA
necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
new day oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
drospirenone-ethinyl estradiol (Nikki (28) Oral Tablet 3-0.02 Mg)	1	ACA
noreth-ethinyl estradiol-iron oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7), 0.8mg-25mcg(24) and 75 mg (4)	1	ACA
norethindrone ac-eth estradiol oral tablet 1-20 mg-mcg	1	ACA
norethindrone-e.estradiol-iron oral tablet 1 mg-20 mcg (21)/75 mg (7), 1 mg-20 mcg (24)/75 mg (4)	1	ACA
norethindrone-e.estradiol-iron oral tablet,chewable 1 mg-20 mcg(24) /75 mg (4)	1	ACA
norgestimate-ethinyl estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg (28), 0.25-35 mg-mcg	1	ACA
nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg	1	ACA
nortrel 1/35 (21) oral tablet 1-35 mg-mcg (21)	1	ACA
norethindrone-ethin estradiol (Nortrel 1/35 (28) Oral Tablet 1-35 Mg-Mcg)	1	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
nortrel 7/7/7 (28) oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
ocella oral tablet 3-0.03 mg	1	ACA
ogestrel (28) oral tablet 0.5-50 mg-mcg	1	ACA
opcicon one-step oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
option-2 oral tablet 1.5 mg	1	ACA; OTC; QL (1 per 30 days)
levonorgestrel-ethinyl estrad (Orsythia Oral Tablet 0.1-20 Mg-Mcg)	1	ACA
ORTHO TRI-CYCLEN (28) ORAL TABLET 0.18/0.215/0.25 MG-35 MCG (28) (***norgestimate***)	3	Preferred Alternatives (norgestimate-ethinyl estradiol, tri-estarylla, tri femynor, tri-linyah, tri-previfem, tri-sprintec, trinessa); ACA
ORTHO-NOVUM 1/35 (28) ORAL TABLET 1-35 MG-MCG (***norethindrone***)	3	Preferred Alternatives (alyacen, cyclafem, dasetta, necon, nortrel); ACA
ORTHO-NOVUM 7/7/7 (28) ORAL TABLET 0.5/0.75/1 MG- 35 MCG (***norethindrone***)	3	Preferred Alternatives (alyacen, cyclafem, dasetta, necon, nortrel); ACA
philith oral tablet 0.4-35 mg-mcg	1	ACA
desog-e.estradiol/e.estradiol (Pimtrea (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	1	ACA
pirmella oral tablet 0.5/0.75/1 mg- 35 mcg	1	ACA
norethindrone-ethin estradiol (Pirmella Oral Tablet 1-35 Mg-Mcg)	1	ACA
PLAN B ONE-STEP ORAL TABLET 1.5 MG (***levonorgestrel***)	2	Preferred Alternatives (next choice one dose); ACA; OTC; QL (1 per 30 days)
levonorgestrel-ethinyl estrad (Portia 28 Oral Tablet 0.15-0.03 Mg)	1	ACA
norgestimate-ethinyl estradiol (Previfem Oral Tablet 0.25-35 Mg-Mcg)	1	ACA
QUARTETTE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-20 MCG/ 0.15 MG-25 MCG (***levonorgestrel-ethinyl estradiol***)	3	Preferred Alternatives (fayosim, rivelsa); ACA
drospirenone-e.estradiol-lm.fa (Rajani Oral Tablet 3-0.02-0.451 Mg (24) (4))	1	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
desogestrel-ethinyl estradiol (Reclipsen (28) Oral Tablet 0.15-0.03 Mg)	1	ACA
rivelsa oral tablets,dose pack,3 month 0.15 mg-20 mcg/ 0.15 mg-25 mcg	1	ACA
SAFYRAL ORAL TABLET 3-0.03-0.451 MG (21) (7) (***drospirenone***)	3	Preferred Alternatives (drospirenone-eth estra-levomef, tydemy); ACA
SEASONIQUE ORAL TABLETS,DOSE PACK,3 MONTH 0.15 MG-30 MCG (84)/10 MCG (7) (***levonorgestrel-ethinyl estradiol***)	3	Preferred Alternatives (amethia, camrese); ACA
levonorgestrel-ethinyl estrad (Setlakin Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (91))	1	ACA
desog-e.estradiol/e.estradiol (Simliya (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	1	ACA
l norgest/e.estradiol-e.estrad (Simpesse Oral Tablets,Dose Pack,3 Month 0.15 Mg-30 Mcg (84)/10 Mcg (7))	1	ACA
SLYND ORAL TABLET 4 MG (28) (***drospirenone***)	3	
norgestimate-ethinyl estradiol (Sprintec (28) Oral Tablet 0.25-35 Mg-Mcg)	1	ACA
levonorgestrel-ethinyl estrad (Sronyx Oral Tablet 0.1-20 Mg-Mcg)	1	ACA
drospirenone-ethinyl estradiol (Syeda Oral Tablet 3-0.03 Mg)	1	ACA
TAKE ACTION ORAL TABLET 1.5 MG (***levonorgestrel***)	3	ACA; OTC; QL (1 per 30 days)
norethindrone-e.estradiol-iron (Tarina 24 Fe Oral Tablet 1 Mg-20 Mcg (24)/75 Mg (4))	1	ACA
norethindrone-e.estradiol-iron (Tarina Fe 1/20 (28) Oral Tablet 1 Mg-20 Mcg (21)/75 Mg (7))	1	ACA
TAYTULLA ORAL CAPSULE 1 MG-20 MCG (24)/75 MG (4) (***norethindrone***)	3	Preferred Alternatives (lomedia 24 fe, junel fe, microgestin fe, NUVARING); ACA
tilia fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	ACA
norgestimate-ethinyl estradiol (Tri Femynor Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	1	ACA
norgestimate-ethinyl estradiol (Tri-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	1	ACA
tri-legest fe oral tablet 1-20(5)/1-30(7) /1mg-35mcg (9)	1	ACA
norgestimate-ethinyl estradiol (Tri-Linyah Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	1	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
norgestimate-ethinyl estradiol (Tri-Lo-Estarylla Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	1	ACA
norgestimate-ethinyl estradiol (Tri-Lo-Marzia Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	1	ACA
norgestimate-ethinyl estradiol (Tri-Lo-Mili Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	1	ACA
norgestimate-ethinyl estradiol (Tri-Lo-Sprintec Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	1	ACA
norgestimate-ethinyl estradiol (Tri-Mili Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	1	ACA
norgestimate-ethinyl estradiol (Tri-Previfem (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	1	ACA
norgestimate-ethinyl estradiol (Tri-Sprintec (28) Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	1	ACA
levonorg-eth estrad triphasic (Trivora (28) Oral Tablet 50-30 (6)/75-40 (5)/125-30(10))	1	ACA
norgestimate-ethinyl estradiol (Tri-Vylibra Lo Oral Tablet 0.18/0.215/0.25 Mg-25 Mcg)	1	ACA
norgestimate-ethinyl estradiol (Tri-Vylibra Oral Tablet 0.18/0.215/0.25 Mg-35 Mcg (28))	1	ACA
drospirenone-e.estradiol-lm.fa (Tydemy Oral Tablet 3-0.03-0.451 Mg (21) (7))	1	ACA
velivet triphasic regimen (28) oral tablet 0.1/.125/.15-25 mg-mcg	1	ACA
levonorgestrel-ethinyl estrad (Vienva Oral Tablet 0.1-20 Mg-Mcg)	1	ACA
desog-e.estradiol/e.estradiol (Viorele (28) Oral Tablet 0.15-0.02 Mgx21 /0.01 Mg X 5)	1	ACA
vyfemla (28) oral tablet 0.4-35 mg-mcg	1	ACA
norgestimate-ethinyl estradiol (Vylibra Oral Tablet 0.25-35 Mg-Mcg)	1	ACA
wera (28) oral tablet 0.5-35 mg-mcg	1	ACA
wymzya fe oral tablet,chewable 0.4mg-35mcg(21) and 75 mg (7)	1	ACA
YASMIN (28) ORAL TABLET 3-0.03 MG (***ethinyl estradiol***)	3	Preferred Alternatives (ocella, syeda, zarah); ACA
YAZ (28) ORAL TABLET 3-0.02 MG (***ethinyl estradiol***)	3	Preferred Alternatives (gianvi, loryna, nikki, vestura); ACA
drospirenone-ethinyl estradiol (Zarah Oral Tablet 3-0.03 Mg)	1	ACA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ethynodiol diac-eth estradiol (Zovia 1/35E (28) Oral Tablet 1-35 Mg-Mcg)	1	ACA
drospirenone-ethinyl estradiol (Zumandimine (28) Oral Tablet 3-0.03 Mg)	1	ACA
OXYTOCICS - OTHER GYNECOLOGY MEDICINES		
methylergonovine (Methergine Oral Tablet 0.2 Mg)	1	
methylergonovine oral tablet 0.2 mg	1	
OPHTHALMOLOGY - DRUGS TO TREAT EAR CONDITIONS		
DIRECT ACTING MIOTICS - OTHER DRUGS TO TREAT EYE CONDITIONS		
ISOPTO CARPINE OPHTHALMIC (EYE) DROPS 1 %, 2 %, 4 % (***pilocarpine***)	3	Preferred Alternatives (pilocarpine hcl)
MIOCHOL-E INTRAOCULAR KIT 1 % (10 MG/ML) (***acetylcholine***)	3	
pilocarpine hcl ophthalmic (eye) drops 1 %, 2 %, 4 %	1	
STEROIDS - DRUGS TO TREAT EYE INFLAMMATION		
ALREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.2 % (***loteprednol***)	3	Preferred Alternatives (azelastine hcl, cromolyn sodium, epinastine hcl, ketotifen fumarate, olopatadine hcl)
dexamethasone sodium phosphate ophthalmic (eye) drops 0.1 %	1	
DEXTENZA INTRACANALICULAR INSERT 0.4 MG (***dexamethasone***)	3	
DEXYCU (PF) INTRAOCULAR SUSPENSION 9 % (***dexamethasone***)	3	PA
DUREZOL OPHTHALMIC (EYE) DROPS 0.05 % (***difluprednate***)	3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, prednisolone acetate)
FLAREX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***fluorometholone***)	3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, prednisolone acetate)
fluorometholone ophthalmic (eye) drops,suspension 0.1 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FML FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***fluorometholone***)	3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, prednisolone acetate)
FML LIQUIFILM OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***fluorometholone***)	3	Preferred Alternatives (fluorometholone)
FML S.O.P. OPHTHALMIC (EYE) OINTMENT 0.1 % (***fluorometholone***)	3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, prednisolone acetate)
ILUVIEN INTRAVITREAL IMPLANT 0.19 MG (***fluocinolone acetonide***)	4	PA; Preferred Alternatives (OZURDEX); LA
INVELTYS OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***loteprednol***)	3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, prednisolone sodium phosphate)
LOTEMAX OPHTHALMIC (EYE) DROPS,GEL 0.5 % (***loteprednol***)	3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, prednisolone sodium phosphate)
LOTEMAX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.5 % (***loteprednol***)	3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, prednisolone sodium phosphate)
LOTEMAX OPHTHALMIC (EYE) OINTMENT 0.5 % (***loteprednol***)	3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, prednisolone sodium phosphate)
LOTEMAX SM OPHTHALMIC (EYE) DROPS,GEL 0.38 % (***loteprednol***)	3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, prednisolone sodium phosphate)
loteprednol etabonate ophthalmic (eye) drops,suspension 0.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MAXIDEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.1 % (***dexamethasone***)	3	Preferred Alternatives (dexamethasone sodium phosphate)
PRED FORTE OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***prednisolone***)	3	Preferred Alternatives (prednisolone acetate)
PRED MILD OPHTHALMIC (EYE) DROPS,SUSPENSION 0.12 % (***prednisolone***)	3	Preferred Alternatives (dexamethasone sodium phosphate, fluorometholone, prednisolone acetate)
PREDNISOLONE ACETATE (PF) OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***prednisolone***)	3	
prednisolone acetate ophthalmic (eye) drops,suspension 1 %	1	
prednisolone sodium phosphate ophthalmic (eye) drops 1 %	1	
RETISERT INTRAVITREAL IMPLANT 0.59 MG (***fluocinolone acetonide***)	4	PA; LA
YUTIQ INTRAVITREAL IMPLANT 0.18 MG (***fluocinolone acetonide***)	4	PA; Preferred Alternatives (OZURDEX)
OPHTHALMOLOGY - DRUGS TO TREAT EYE CONDITIONS		
ANTIBIOTICS - DRUGS TO TREAT EYE INFECTIONS		
bacitracin-polymyxin b (Ak-Poly-Bac Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	1	
AZASITE OPHTHALMIC (EYE) DROPS 1 % (***azithromycin***)	3	Preferred Alternatives (erythromycin, ciprofloxacin hcl, tobramycin sulfate)
bacitracin ophthalmic (eye) ointment 500 unit/gram	1	
bacitracin-polymyxin b ophthalmic (eye) ointment 500-10,000 unit/gram	1	
BESIVANCE OPHTHALMIC (EYE) DROPS,SUSPENSION 0.6 % (***besifloxacin***)	3	Preferred Alternatives (ciprofloxacin hcl, gatifloxacin, levofloxacin hemihydrate, moxifloxacin hcl, ofloxacin)
BETADINE OPHTHALMIC PREP OPHTHALMIC (EYE) SOLUTION 5 % (***povidone-iodine***)	3	
CEFUROXIME (PF) IN 0.9% NACL INTRAVITREAL SOLUTION 10 MG/ML (1 MG/ 0.1 ML) (***cefuroxime***)	3	PA
CILOXAN OPHTHALMIC (EYE) DROPS 0.3 % (***ciprofloxacin***)	3	Preferred Alternatives (ciprofloxacin hcl)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CILOXAN OPHTHALMIC (EYE) OINTMENT 0.3 % (***ciprofloxacin***)	3	Preferred Alternatives (ciprofloxacin hcl)
ciprofloxacin hcl ophthalmic (eye) drops 0.3 %	1	
erythromycin ophthalmic (eye) ointment 5 mg/gram (0.5 %)	1	
gatifloxacin ophthalmic (eye) drops 0.5 %	1	
gentamicin (Gentak Ophthalmic (Eye) Ointment 0.3 % (3 Mg/Gram))	1	
gentamicin ophthalmic (eye) drops 0.3 %	1	
levofloxacin ophthalmic (eye) drops 0.5 %	1	
MOXEZA OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 % (***moxifloxacin***)	3	Preferred Alternatives (ciprofloxacin hcl, gatifloxacin, levofloxacin hemihydrate, moxifloxacin hcl, ofloxacin)
MOXIFLOXACIN (PF)-BSS NO.2 INTRAVITREAL SOLUTION 1 MG/ML (***moxifloxacin***)	3	PA
moxifloxacin ophthalmic (eye) drops 0.5 %	1	
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SOLUTION 1 MG/ML, 5 MG/ML (***moxifloxacin***)	3	PA
MOXIFLOXACIN-SOD CHLOR,ISO(PF) INTRAOCULAR SYRINGE 0.3 MG/0.3 ML (***moxifloxacin***)	3	PA
NATACYN OPHTHALMIC (EYE) DROPS,SUSPENSION 5 % (***natamycin***)	2	
neomycin-bacitracin-polymyxin ophthalmic (eye) ointment 3.5-400-10,000 mg-unit-unit/g	1	
neomycin-polymyxin-gramicidin ophthalmic (eye) drops 1.75 mg-10,000 unit-0.025mg/ml	1	
neomycin-bacitracin-polymyxin (Neo-Polycin Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit-Unit/G)	1	
OCUFLOX OPHTHALMIC (EYE) DROPS 0.3 % (***ofloxacin***)	3	Preferred Alternatives (ofloxacin)
ofloxacin ophthalmic (eye) drops 0.3 %	1	
bacitracin-polymyxin b (Polycin Ophthalmic (Eye) Ointment 500-10,000 Unit/Gram)	1	
polymyxin b sulf-trimethoprim ophthalmic (eye) drops 10,000 unit- 1 mg/ml	1	
POLYTRIM OPHTHALMIC (EYE) DROPS 10,000 UNIT- 1 MG/ML (***polymyxin b***)	3	Preferred Alternatives (polymyxin b sul-trimethoprim)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
tobramycin ophthalmic (eye) drops 0.3 %	1	
TOBREX OPHTHALMIC (EYE) DROPS 0.3 % (***tobramycin***)	3	Preferred Alternatives (tobramycin sulfate)
TOBREX OPHTHALMIC (EYE) OINTMENT 0.3 % (***tobramycin***)	3	Preferred Alternatives (gentamicin sulfate)
VIGAMOX OPHTHALMIC (EYE) DROPS 0.5 % (***moxifloxacin***)	3	Preferred Alternatives (moxifloxacin hcl)
ZYMAXID OPHTHALMIC (EYE) DROPS 0.5 % (***gatifloxacin***)	3	Preferred Alternatives (gatifloxacin)
ANTIVIRALS - DRUGS TO TREAT EYE INFECTIONS		
trifluridine ophthalmic (eye) drops 1 %	1	
ZIRGAN OPHTHALMIC (EYE) GEL 0.15 % (***ganciclovir***)	3	Preferred Alternatives (trifluridine)
BETA-BLOCKERS - DRUGS TO TREAT GLAUCOMA		
betaxolol ophthalmic (eye) drops 0.5 %	1	
BETIMOL OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (***timolol***)	3	Preferred Alternatives (timolol maleate, ALPHAGAN P)
BETOPTIC S OPHTHALMIC (EYE) DROPS,SUSPENSION 0.25 % (***betaxolol***)	3	Preferred Alternatives (betaxolol hcl, timolol maleate)
carteolol ophthalmic (eye) drops 1 %	1	
levobunolol ophthalmic (eye) drops 0.5 %	1	
metipranolol ophthalmic (eye) drops 0.3 %	1	
timolol maleate ophthalmic (eye) drops 0.25 %, 0.5 %	1	
timolol maleate ophthalmic (eye) drops, once daily 0.5 %	1	
timolol maleate ophthalmic (eye) gel forming solution 0.25 %, 0.5 %	1	
TIMOPTIC OPHTHALMIC (EYE) DROPS 0.25 %, 0.5 % (***timolol***)	3	Preferred Alternatives (timolol maleate)
TIMOPTIC-XE OPHTHALMIC (EYE) GEL FORMING SOLUTION 0.25 %, 0.5 % (***timolol***)	3	Preferred Alternatives (timolol maleate)
CHOLINESTERASE INHIBITOR MIOTICS - OTHER DRUGS TO TREAT EYE CONDITIONS		
PHOSPHOLINE IODIDE OPHTHALMIC (EYE) DROPS 0.125 % (***echothiophate***)	2	
CYCLOPLEGIC MYDRIATICS - OTHER DRUGS TO TREAT EYE CONDITIONS		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ATROPINE IN 0.9 % SOD CHLORIDE OPHTHALMIC (EYE) DROPS 0.01 % (***atropine***)	3	
atropine ophthalmic (eye) drops 1 %	1	
ATROPINE OPHTHALMIC (EYE) DROPS, EMULSION 0.01 % (***atropine***)	3	
atropine ophthalmic (eye) ointment 1 %	1	
CYCLOGYL OPHTHALMIC (EYE) DROPS 0.5 %, 1 %, 2 % (***cyclopentolate***)	3	Preferred Alternatives (cyclopentolate hcl)
cyclopentolate ophthalmic (eye) drops 0.5 %, 1 %, 2 %	1	
CYCLOPEN-TROPIC-PHENYLEPH-WATR OPHTHALMIC (EYE) DROPS 1-1-2.5 %	3	
homatropaire ophthalmic (eye) drops 5 %	1	
homatropine hbr ophthalmic (eye) drops 5 %	1	
ISOPTO ATROPINE OPHTHALMIC (EYE) DROPS 1 % (***atropine***)	3	Preferred Alternatives (atropine sulfate)
MYDRIACYL OPHTHALMIC (EYE) DROPS 1 % (***tropicamide***)	3	Preferred Alternatives (tropicamide)
mydriatic3 (trop-cyclopent-pe) ophthalmic (eye) drops 1-1-2.5 %	1	
PAREMYD OPHTHALMIC (EYE) DROPS 1-0.25 % (***hydroxyamphetamine***)	3	
tropicamide ophthalmic (eye) drops 0.5 %, 1 %	1	
MISCELLANEOUS OPHTHALMOLOGICS - OTHER DRUGS TO TREAT EYE CONDITIONS		
AKTEN (PF) OPHTHALMIC (EYE) GEL 3.5 % (***lidocaine***)	3	
ALCAINE OPHTHALMIC (EYE) DROPS 0.5 % (***proparacaine***)	3	Preferred Alternatives (proparacaine hcl)
ALOCRIL OPHTHALMIC (EYE) DROPS 2 % (***nedocromil***)	3	Preferred Alternatives (azelastine hcl, cromolyn sodium, epinastine hcl, ketotifen fumarate, olopatadine hcl)
ALOMIDE OPHTHALMIC (EYE) DROPS 0.1 % (***lodoxamide***)	3	Preferred Alternatives (azelastine hcl, cromolyn sodium, epinastine hcl, ketotifen fumarate, olopatadine hcl)
altacaine ophthalmic (eye) drops 0.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALTAFLUOR BENOX OPHTHALMIC (EYE) DROPS 0.25-0.4 % (***benoxinate***)	3	
azelastine ophthalmic (eye) drops 0.05 %	1	
BEPREVE OPHTHALMIC (EYE) DROPS 1.5 % (***bepotastine***)	3	Preferred Alternatives (azelastine hcl, cromolyn sodium, epinastine hcl, ketotifen fumarate, olopatadine hcl)
BEVACIZUMAB INTRAVITREAL SYRINGE 2.5 MG/0.1 ML (***bevacizumab***)	3	PA; LA
BEVACIZUMAB INTRAVITREAL SYRINGE 3.25 MG/0.13 ML (***bevacizumab***)	3	PA
bimatoprost base of the eyelashes drops with applicator 0.03 %	1	
CEQUA OPHTHALMIC (EYE) DROPPERETTE 0.09 % (***cyclosporine***)	3	Preferred Alternatives (RESTASIS)
cromolyn ophthalmic (eye) drops 4 %	1	
CYCLOSPORINE IN KLARITY OPHTHALMIC (EYE) DROPS 0.1-0.25 % (***cyclosporine***)	3	
CYSTARAN OPHTHALMIC (EYE) DROPS 0.44 % (***cysteamine***)	4	PA
DEXAMET-MOXIFL-KETORO-NACL(PF) INTRAOCULAR SOLUTION 1-0.5-0.4 MG/ML (***dexamethasone***)	3	PA
epinastine ophthalmic (eye) drops 0.05 %	1	
EYLEA INTRAVITREAL SOLUTION 2 MG/0.05 ML (***aflibercept***)	4	PA; LA
flucaine ophthalmic (eye) drops 0.25-0.5 %	1	
fluorescein-proparacaine ophthalmic (eye) drops 0.25-0.5 %	1	
JETREA (PF) INTRAVITREAL SOLUTION 0.125 MG/0.1 ML (1.25 MG/ML) (***ocriplasmin***)	4	PA
KLARITY-A (AZITHRO-CHONDR)(PF) OPHTHALMIC (EYE) DROPS 1-0.25 % (***azithromycin***)	3	
KLARITY-B (BETAMETH-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.1-0.25 % (***betamethasone***)	3	
KLARITY-L (LOTEPRED-CHOND)(PF) OPHTHALMIC (EYE) DROPS 0.2-0.25 %, 0.5-0.25 % (***loteprednol***)	3	
LACRISERT OPHTHALMIC (EYE) INSERT 5 MG (***hydroxypropyl cellulose***)	3	Preferred Alternatives (RESTASIS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LASTACAFT OPHTHALMIC (EYE) DROPS 0.25 % (***alcaftadine***)	3	Preferred Alternatives (azelastine hcl, cromolyn sodium, epinastine hcl, ketotifen fumarate, olopatadine hcl)
LATISSE BASE OF THE EYELASHES DROPS WITH APPLICATOR 0.03 % (***bimatoprost***)	3	
lidocaine-phenylephrn in water intraocular solution 1-1.5 %	1	
LIDOCAN-PHENYLEPH-BSS NO.2(PF) INTRAOCULAR SYRINGE 1-1.5 % (***lidocaine***)	3	
LUCENTIS INTRAVITREAL SOLUTION 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	4	PA; Preferred Alternatives (EYLEA); LA
LUCENTIS INTRAVITREAL SYRINGE 0.3 MG/0.05 ML, 0.5 MG/0.05 ML (***ranibizumab***)	4	PA; Preferred Alternatives (EYLEA); LA
LUXTURNA SUBRETINAL SUSPENSION 1.5 X 10EXP11 VG/0.3 ML (FNL) (***voretigene neparvovec-rzyl***)	4	PA; LA
MACUGEN INTRAVITREAL SYRINGE 0.3 MG/90MICROLITER (***pegaptanib***)	4	PA; Preferred Alternatives (EYLEA); LA
MYDRIATIC4(TROP-PROP-PE-KTRLC) OPHTHALMIC (EYE) DROPS 1-0.5-2.5-0.5 % (***tropicamide***)	3	
olopatadine ophthalmic (eye) drops 0.1 %, 0.2 %	1	
OMIDRIA INTRAOCULAR CONCENTRATE 1-0.3 % (***phenylephrine***)	3	PA
OXERVATE OPHTHALMIC (EYE) DROPS 0.002 % (***cenegermin-bkbj***)	4	PA; LA
PATADAY OPHTHALMIC (EYE) DROPS 0.2 % (***olopatadine***)	3	Preferred Alternatives (olopatadine hcl)
PATANOL OPHTHALMIC (EYE) DROPS 0.1 % (***olopatadine***)	3	Preferred Alternatives (olopatadine hcl)
PAZEO OPHTHALMIC (EYE) DROPS 0.7 % (***olopatadine***)	3	Preferred Alternatives (azelastine hcl, cromolyn sodium, epinastine hcl, ketotifen fumarate, olopatadine hcl)
PHOTREXA CROSS-LINKING KIT OPHTHALMIC (EYE) COMBO, DROPS AND DROPS VISCOUS 0.146 % -0.146 % (***riboflavin (vitamin b2)***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PHOTREXA VISCOUS OPHTHALMIC (EYE) DROPS, VISCOUS 0.146 % (***riboflavin (vitamin b2)***)	3	
PREDNISOL ACE-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 % (***prednisolone***)	3	
PREDNISOLN SP-GATIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 % (***prednisolone***)	3	
PREDNISOLN SP-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS 1-0.5-0.075 % (***prednisolone***)	3	
PREDNISOLONE ACETATE-BROMFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.075 % (***prednisolone***)	3	
PREDNISOLONE ACETATE-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.1 % (***prednisolone***)	3	
PREDNISOLONE SOD PH-BROMFENAC OPHTHALMIC (EYE) DROPS 1-0.075 % (***prednisolone***)	3	
PREDNISOLONE-MOXIFLO-NEPAFENAC OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.1 % (***prednisolone***)	3	
PREDNISOLONE-MOXIFLOX-BROMFEN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5-0.075 % (***prednisolone***)	3	
proparacaine ophthalmic (eye) drops 0.5 %	1	
RACEPINEPH-LIDOCAINE-BSS 7(PF) INTRAOCULAR SOLUTION 0.025-0.75 % (***racepinephrine***)	3	
RESTASIS MULTIDOSE OPHTHALMIC (EYE) DROPS 0.05 % (***cyclosporine***)	2	
RESTASIS OPHTHALMIC (EYE) DROPPERETTE 0.05 % (***cyclosporine***)	2	QL (5.5 per 30 days)
tetcaine ophthalmic (eye) drops 0.5 %	1	
TETRACAINE HCL (PF) OPHTHALMIC (EYE) DROPS 0.5 % (***tetracaine***)	3	
tetracaine hcl ophthalmic (eye) drops 0.5 %	1	
TETRAVISC FORTE OPHTHALMIC (EYE) DROPS,HYPERVISCOUS 0.5 % (***tetracaine***)	3	Preferred Alternatives (tetracaine hcl)
TETRAVISC OPHTHALMIC (EYE) DROPPERETTE,VISCOUS 0.5 % (***tetracaine***)	3	Preferred Alternatives (tetracaine hcl)
TETRAVISC OPHTHALMIC (EYE) DROPS, VISCOUS 0.5 % (***tetracaine***)	3	Preferred Alternatives (tetracaine hcl)
XIIDRA OPHTHALMIC (EYE) DROPPERETTE 5 % (***lifitegrast***)	3	Preferred Alternatives (RESTASIS)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NON-STEROIDAL ANTI-INFLAMMATORY AGENTS - DRUGS TO TREAT INFLAMMATION		
ACULAR LS OPHTHALMIC (EYE) DROPS 0.4 % (***ketorolac***)	3	Preferred Alternatives (ketorolac tromethamine)
ACULAR OPHTHALMIC (EYE) DROPS 0.5 % (***ketorolac***)	3	Preferred Alternatives (ketorolac tromethamine)
bromfenac ophthalmic (eye) drops 0.09 %	1	
BROMSITE OPHTHALMIC (EYE) DROPS 0.075 % (***bromfenac***)	3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
diclofenac sodium ophthalmic (eye) drops 0.1 %	1	
flurbiprofen sodium ophthalmic (eye) drops 0.03 %	1	
ILEVRO OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3 % (***nepafenac***)	3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
ketorolac ophthalmic (eye) drops 0.4 %, 0.5 %	1	
PROLENSA OPHTHALMIC (EYE) DROPS 0.07 % (***bromfenac***)	3	Preferred Alternatives (bromfenac sodium, diclofenac sodium, ketorolac tromethamine)
ORAL DRUGS FOR GLAUCOMA - DRUGS TO TREAT GLAUCOMA		
acetazolamide oral capsule, extended release 500 mg	1	
acetazolamide oral tablet 125 mg, 250 mg	1	
methazolamide oral tablet 25 mg, 50 mg	1	
OTHER GLAUCOMA DRUGS - DRUGS TO TREAT GLAUCOMA		
AZOPT OPHTHALMIC (EYE) DROPS,SUSPENSION 1 % (***brinzolamide***)	3	Preferred Alternatives (dorzolamide hcl, dorzolamide-timolol, betaxolol hcl, timolol maleate, latanoprost, ALPHAGAN P)
bimatoprost ophthalmic (eye) drops 0.03 %	1	
BRIMONIDINE-DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 0.15-2 % (***brimonidine***)	3	
COMBIGAN OPHTHALMIC (EYE) DROPS 0.2-0.5 % (***brimonidine***)	3	Preferred Alternatives (timolol maleate, ALPHAGAN P)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
COSOPT (PF) OPHTHALMIC (EYE) DROPPERETTE 2-0.5 % (***dorzolamide***)	3	Preferred Alternatives (dorzolamide-timolol, ALPHAGAN P)
COSOPT OPHTHALMIC (EYE) DROPS 22.3-6.8 MG/ML (***dorzolamide***)	3	Preferred Alternatives (dorzolamide-timolol)
DORZOLAMIDE (PF) OPHTHALMIC (EYE) DROPS 2 % (***dorzolamide***)	3	
dorzolamide ophthalmic (eye) drops 2 %	1	
dorzolamide-timolol (pf) ophthalmic (eye) dropperette 2-0.5 %	1	
DORZOLAMIDE-TIMOLOL (PF) OPHTHALMIC (EYE) DROPS 2-0.5 % (***dorzolamide***)	3	
dorzolamide-timolol ophthalmic (eye) drops 22.3-6.8 mg/ml	1	
LATANOPROST (PF) OPHTHALMIC (EYE) DROPS 0.005 % (***latanoprost***)	3	
latanoprost ophthalmic (eye) drops 0.005 %	1	
LUMIGAN OPHTHALMIC (EYE) DROPS 0.01 % (***bimatoprost***)	3	Preferred Alternatives (bimatoprost, latanoprost)
miostat intraocular solution 0.01 %	1	PA
MITOSOL OPHTHALMIC (EYE) KIT 0.2 MG (***mitomycin***)	3	
RHOPRESSA OPHTHALMIC (EYE) DROPS 0.02 % (***netarsudil***)	3	Preferred Alternatives (betaxolol hcl, bimatoprost, dorzolamide-timolol, latanoprost, levobunolol hcl, timolol maleate)
ROCKLATAN OPHTHALMIC (EYE) DROPS 0.02-0.005 % (***netarsudil***)	3	Preferred Alternatives (latanoprost, betaxolol hcl, bimatoprost, dorzolamide-timolol, levobunolol hcl, timolol maleate)
SIMBRINZA OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.2 % (***brinzolamide***)	3	Preferred Alternatives (brimonidine tartrate, dorzolamide hcl, ALPHAGAN P)
TIMOL-BRIMON-DORZO-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5 %-0.15 %- 2 %-0.005 % (***timolol***)	3	
TIMOLOL-BRIMONIDI-DORZOLAM(PF) OPHTHALMIC (EYE) DROPS 0.5-0.15-2 % (***timolol***)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TIMOLOL-DORZOLAMID-LATANOP(PF) OPHTHALMIC (EYE) DROPS 0.5-2-0.005 % (***timolol***)	3	
TIMOLOL-LATANOPROST(PF) OPHTHALMIC (EYE) DROPS 0.5-0.005 % (***timolol***)	3	
TRAVATAN Z OPHTHALMIC (EYE) DROPS 0.004 % (***travoprost***)	3	Preferred Alternatives (bimatoprost, latanoprost)
TRUSOPT OPHTHALMIC (EYE) DROPS 2 % (***dorzolamide***)	3	Preferred Alternatives (dorzolamide hcl)
VYZULTA OPHTHALMIC (EYE) DROPS 0.024 % (***latanoprostene bunod***)	3	Preferred Alternatives (bimatoprost, latanoprost)
XALATAN OPHTHALMIC (EYE) DROPS 0.005 % (***latanoprost***)	3	Preferred Alternatives (latanoprost)
XELPROS OPHTHALMIC (EYE) DROPS, EMULSION 0.005 % (***latanoprost***)	3	Preferred Alternatives (bimatoprost, latanoprost)
STEROID-ANTIBIOTIC COMBINATIONS - DRUGS TO TREAT EYE INFLAMMATION AND INFECTION		
DEXAMETH-MOXIFLOX(PF)-NACL,ISO INTRAOCULAR SOLUTION 1-5 MG/ML (***dexamethasone***)	3	PA
GATIFLOXACIN-DEXAMETHASONE OPHTHALMIC (EYE) DROPS 0.5-0.1 % (***gatifloxacin***)	3	
MAXITROL OPHTHALMIC (EYE) DROPS,SUSPENSION 3.5MG/ML-10,000 UNIT/ML-0.1 % (***neomycin***)	3	Preferred Alternatives (neo/polymyxin/dexamethasone)
MAXITROL OPHTHALMIC (EYE) OINTMENT 3.5 MG/G-10,000 UNIT/G-0.1 % (***neomycin***)	3	Preferred Alternatives (neo/polymyxin/dexamethasone)
neomycin-bacitracin-poly-hc ophthalmic (eye) ointment 3.5-400-10,000 mg-unit/g-1%	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) drops,suspension 3.5mg/ml-10,000 unit/ml-0.1 %	1	
neomycin-polymyxin b-dexameth ophthalmic (eye) ointment 3.5 mg/g-10,000 unit/g-0.1 %	1	
neomycin-polymyxin-hc ophthalmic (eye) drops,suspension 3.5-10,000-10 mg-unit-mg/ml	1	
neomycin-bacitracin-poly-hc (Neo-Polycin Hc Ophthalmic (Eye) Ointment 3.5-400-10,000 Mg-Unit/G-1%)	1	
PRED-G OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-1 % (***gentamicin***)	3	Preferred Alternatives (tobramycin-dexamethasone)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRED-G S.O.P. OPHTHALMIC (EYE) OINTMENT 0.3-0.6 % (***gentamicin***)	3	Preferred Alternatives (tobramycin-dexamethasone)
PREDNISOLONE ACET-GATIFLOXACIN OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 % (***prednisolone***)	3	
PREDNISOLONE SOD PH-GATIFLOXAC OPHTHALMIC (EYE) DROPS 1-0.5 % (***prednisolone***)	3	
PREDNISOLONE SOD PH-MOXIFLOX OPHTHALMIC (EYE) DROPS 1-0.5 % (***prednisolone***)	3	
PREDNISOLONE-MOXIFLOXACIN HCL OPHTHALMIC (EYE) DROPS,SUSPENSION 1-0.5 % (***prednisolone***)	3	
TOBRADEX OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.1 % (***tobramycin***)	3	Preferred Alternatives (tobramycin-dexamethasone)
TOBRADEX OPHTHALMIC (EYE) OINTMENT 0.3-0.1 % (***tobramycin***)	3	Preferred Alternatives (tobramycin-dexamethasone)
TOBRADEX ST OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.05 % (***tobramycin***)	3	Preferred Alternatives (tobramycin-dexamethasone)
tobramycin-dexamethasone ophthalmic (eye) drops,suspension 0.3-0.1 %	1	
TRIAMCINOLON-MOXIFLOX-WATR(PF) INTRAOCULAR SUSPENSION 9 MG-0.6 MG /0.6 ML (***triamcinolone***)	3	PA
ZYLET OPHTHALMIC (EYE) DROPS,SUSPENSION 0.3-0.5 % (***tobramycin***)	3	Preferred Alternatives (tobramycin-dexamethasone)
STEROID-SULFONAMIDE COMBINATIONS - DRUGS TO TREAT EYE INFLAMMATION AND INFECTION		
BLEPHAMIDE OPHTHALMIC (EYE) DROPS,SUSPENSION 10-0.2 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide w/prednisolone)
BLEPHAMIDE S.O.P. OPHTHALMIC (EYE) OINTMENT 10-0.2 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide w/prednisolone)
sulfacetamide-prednisolone ophthalmic (eye) drops 10 %-0.23 % (0.25 %)	1	
SULFONAMIDES - SULFA MEDICINES FOR EYE CONDITIONS		
BLEPH-10 OPHTHALMIC (EYE) DROPS 10 % (***sulfacetamide***)	3	Preferred Alternatives (sulfacetamide sodium)
sulfacetamide sodium ophthalmic (eye) drops 10 %	1	
sulfacetamide sodium ophthalmic (eye) ointment 10 %	1	
SYMPATHOMIMETICS - OTHER MEDICINES FOR EYE CONDITIONS		

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.1 % (***brimonidine***)	2	
ALPHAGAN P OPHTHALMIC (EYE) DROPS 0.15 % (***brimonidine***)	3	Preferred Alternatives (brimonidine tartrate)
apraclonidine ophthalmic (eye) drops 0.5 %	1	
brimonidine ophthalmic (eye) drops 0.15 %, 0.2 %	1	
IOPIDINE OPHTHALMIC (EYE) DROPPERETTE 1 % (***apraclonidine***)	3	Preferred Alternatives (brimonidine tartrate, ALPHAGAN P)
VASOCONSTRICTOR DECONGESTANTS - DECONGESTANTS		
CYCLOMYDRIL OPHTHALMIC (EYE) DROPS 0.2-1 % (***cyclopentolate***)	3	
phenylephrine hcl ophthalmic (eye) drops 10 %, 2.5 %	1	
RESPIRATORY, ALLERGY, COUGH & COLD - DRUGS TO TREAT BREATHING CONDITIONS		
ANTIHISTAMINE & ANTIALLERGENIC AGENTS - DRUGS TO TREAT ALLERGIES AFFECTING THE EYE		
carbinoxamine maleate oral liquid 4 mg/5 ml	1	
carbinoxamine maleate oral tablet 4 mg, 6 mg	1	
cetirizine oral solution 1 mg/ml	1	
CLARINEX ORAL TABLET 5 MG (***desloratadine***)	3	Preferred Alternatives (desloratadine); QL (30 per 30 days)
clemastine oral tablet 2.68 mg	1	
cyproheptadine oral syrup 2 mg/5 ml	1	
cyproheptadine oral tablet 4 mg	1	
desloratadine oral tablet 5 mg	1	QL (30 per 30 days)
desloratadine oral tablet,disintegrating 2.5 mg, 5 mg	1	QL (30 per 30 days)
diphenhydramine hcl injection solution 50 mg/ml	1	PA
diphenhydramine hcl injection syringe 50 mg/ml	1	PA
epinephrine injection auto-injector 0.15 mg/0.3 ml	1	Preferred Alternatives (epinephrine, EPIPEN, EPIPEN JR.); QL (1 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
epinephrine injection auto-injector 0.3 mg/0.3 ml	1	Preferred Alternatives (epinephrine, EPIPEN, EPIPEN JR.); QL (2 per 30 days)
EPIPEN JR 2-PAK INJECTION AUTO-INJECTOR 0.15 MG/0.3 ML (***epinephrine***)	2	ST; QL (2 per 30 days)
hydroxyzine hcl intramuscular solution 25 mg/ml, 50 mg/ml	1	PA
hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg	1	
hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg	1	
KARBINAL ER ORAL SUSPENSION,EXTENDED REL 12 HR 4 MG/5 ML (***carbinoxamine***)	3	Preferred Alternatives (carbinoxamine)
levocetirizine oral solution 2.5 mg/5 ml	1	
levocetirizine oral tablet 5 mg	1	QL (30 per 30 days)
promethazine (Phenadoz Rectal Suppository 12.5 Mg, 25 Mg)	1	
promethazine (Phenergan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	1	
promethazine oral syrup 6.25 mg/5 ml	1	
promethazine oral tablet 12.5 mg, 25 mg, 50 mg	1	
promethazine rectal suppository 12.5 mg, 25 mg, 50 mg	1	
promethazine (Promethegan Rectal Suppository 12.5 Mg, 25 Mg, 50 Mg)	1	
RYCLORA ORAL SOLUTION 2 MG/5 ML (***dexchlorpheniramine***)	3	
RYVENT ORAL TABLET 6 MG (***carbinoxamine***)	3	Preferred Alternatives (carbinoxamine)
SYMJEPI INJECTION SYRINGE 0.15 MG/0.3 ML, 0.3 MG/0.3 ML (***epinephrine***)	3	Preferred Alternatives (epinephrine, EPIPEN)
VISTARIL ORAL CAPSULE 25 MG, 50 MG (***hydroxyzine***)	3	Preferred Alternatives (hydroxyzine pamoate)
COUGH & COLD THERAPY - DRUGS FOR COUGH AND COLD		
benzonatate oral capsule 100 mg, 150 mg, 200 mg	1	
brompheniramine-pseudoeph-dm (Bromfed Dm Oral Syrup 2-30-10 Mg/5 Ml)	3	Preferred Alternatives (bromipheniramin-pseudoephed-dm)
brompheniramine-pseudoeph-dm oral syrup 2-30-10 mg/5 ml	1	
CAPCOF ORAL LIQUID 2-5-10 MG/5 ML (***chlorpheniramine***)	3	Preferred Alternatives (promethazine vc w/codeine)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
centergy oral drops 1-2 mg/ml	1	
CLARINEX-D 12 HOUR ORAL TABLET, ER MULTIPHASE 12 HR 2.5-120 MG (***desloratadine***)	3	Preferred Alternatives (desloratadine); QL (60 per 30 days)
codeine-guaifenesin oral liquid 10-100 mg/5 ml	1	
CODITUSSIN AC ORAL LIQUID 10-200 MG/5 ML (***codeine***)	3	Preferred Alternatives (cheratussin ac, guaifenesin ac, guaifenesin with codeine, iophen c-nr, m-clear wc, virtussin ac)
CODITUSSIN DAC ORAL LIQUID 30-10-200 MG/5 ML (***pseudoephedrine***)	3	Preferred Alternatives (cheratussin dac, guaifenesin dac, lortuss ex, tusnel c, virtussin dac)
g tussin ac oral liquid 10-100 mg/5 ml	1	
guaiatussin ac oral liquid 10-100 mg/5 ml	1	
guaifenesin ac oral liquid 10-100 mg/5 ml	1	
guaifenesin dac oral syrup 30-10-100 mg/5 ml	1	
HISTEX-AC ORAL SYRUP 2.5-10-10 MG/5 ML (***triprolidine***)	3	Preferred Alternatives (promethazine vc w/codeine)
hydrocodone-chlorpheniramine oral suspension,extended rel 12 hr 10-8 mg/5 ml	1	
hydrocodone-homatropine oral syrup 5-1.5 mg/5 ml	1	
hydrocodone-homatropine oral tablet 5-1.5 mg	1	
hydrocodone-homatropine (Hydromet Oral Syrup 5-1.5 Mg/5 Ml)	1	
lortuss ex oral syrup 30-10-100 mg/5 ml	1	
MAR-COF CG ORAL LIQUID 7.5-225 MG/5 ML (***codeine***)	3	Preferred Alternatives (cheratussin ac, guaifenesin ac, guaifenesin with codeine, iophen c-nr, m-clear wc, virtussin ac)
MAXI-TUSS CD ORAL LIQUID 4-10-10 MG/5 ML (***chlorpheniramine***)	3	
m-clear wc oral liquid 6.3-100 mg/5 ml	1	
M-END PE ORAL LIQUID 1.33-3.33-6.33 MG/5 ML (***brompheniramine***)	3	Preferred Alternatives (promethazine vc w/codeine)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
NINJACOF-XG ORAL LIQUID 8-200 MG/5 ML (***codeine***)	3	Preferred Alternatives (cheratussin ac, guaifenesin ac, guaifenesin with codeine, iophen c-nr, m-clear wc, virtussin ac)
POLY-TUSSIN AC ORAL LIQUID 4-10-10 MG/5 ML (***brompheniramine***)	3	
promethazine-codeine oral syrup 6.25-10 mg/5 ml	1	
promethazine-dm oral syrup 6.25-15 mg/5 ml	1	
promethazine-phenyleph-codeine oral syrup 6.25-5-10 mg/5 ml	1	
promethazine-phenylephrine oral syrup 6.25-5 mg/5 ml	1	
RESPA-AR ORAL TABLET EXTENDED RELEASE 12 HR 8-90-0.24 MG (***pseudoephedrine***)	3	
robafen ac oral liquid 10-100 mg/5 ml	1	
SEMPREX-D ORAL CAPSULE 8-60 MG (***pseudoephedrine***)	3	Preferred Alternatives (desloratadine, levocetirizine dihydrochloride)
TESSALON PERLES ORAL CAPSULE 100 MG (***benzonatate***)	3	Preferred Alternatives (benzonatate)
TUSNEL PEDIATRIC ORAL LIQUID 15-5-50 MG/5 ML (***guaifenesin***)	3	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HR 8-54.3 MG (***chlorpheniramine***)	3	
virtussin ac oral liquid 10-100 mg/5 ml	1	
virtussin dac oral syrup 30-10-100 mg/5 ml	1	
ZODRYL AC 25 ORAL SUSPENSION 1-3 MG/3 ML (***chlorpheniramine***)	3	Preferred Alternatives (hydrocodone-chlorpheniramine, promethazine w/codeine)
ZODRYL AC 30 ORAL SUSPENSION 1-3.5 MG/3.5 ML (***chlorpheniramine***)	3	Preferred Alternatives (hydrocodone-chlorpheniramine, promethazine w/codeine)
ZODRYL AC 35 ORAL SUSPENSION 1-4 MG/4 ML (***chlorpheniramine***)	3	Preferred Alternatives (hydrocodone-chlorpheniramine, promethazine w/codeine)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZODRYL AC 40 ORAL SUSPENSION 1-4.5 MG/4.5 ML (***chlorpheniramine***)	3	Preferred Alternatives (hydrocodone-chlorpheniramine, promethazine w/codeine)
ZODRYL AC 50 ORAL SUSPENSION 2-5 MG/5 ML (***chlorpheniramine***)	3	Preferred Alternatives (hydrocodone-chlorpheniramine, promethazine w/codeine)
ZODRYL AC 60 ORAL SUSPENSION 2-7.5 MG/7.5 ML (***chlorpheniramine***)	3	Preferred Alternatives (hydrocodone-chlorpheniramine, promethazine w/codeine)
ZODRYL AC 80 ORAL SUSPENSION 2-10 MG/10 ML (***chlorpheniramine***)	3	Preferred Alternatives (hydrocodone-chlorpheniramine, promethazine w/codeine)
ZODRYL DAC 25 ORAL SUSPENSION 1-15-3 MG/3 ML (***chlorpheniramine***)	3	
ZODRYL DAC 30 ORAL SUSPENSION 1-15-3.5 MG/3.5 ML (***chlorpheniramine***)	3	
ZODRYL DAC 35 ORAL SUSPENSION 1-15-4 MG/4 ML (***chlorpheniramine***)	3	
ZODRYL DAC 40 ORAL SUSPENSION 1-15-4.5 MG/4.5 ML (***chlorpheniramine***)	3	
ZODRYL DAC 50 ORAL SUSPENSION 2-30-5 MG/5 ML (***chlorpheniramine***)	3	
ZODRYL DAC 60 ORAL SUSPENSION 2-30-7.5 MG/7.5 ML (***chlorpheniramine***)	3	
ZODRYL DAC 80 ORAL SUSPENSION 2-30-10 MG/10 ML (***chlorpheniramine***)	3	
ZODRYL DEC 25 ORAL SUSPENSION 15-3-60 MG/3 ML (***pseudoephedrine***)	3	Preferred Alternatives (cheratussin dac, guaifenesin dac, lortuss ex, tusnel c, virtussin dac)
ZODRYL DEC 30 ORAL SUSPENSION 15-3.5-70 MG/3.5 ML (***pseudoephedrine***)	3	Preferred Alternatives (cheratussin dac, guaifenesin dac, lortuss ex, tusnel c, virtussin dac)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ZODRYL DEC 35 ORAL SUSPENSION 15-4-80 MG/4 ML (***pseudoephedrine***)	3	Preferred Alternatives (cheratussin dac, guaifenesin dac, lortuss ex, tusnel c, virtussin dac)
ZODRYL DEC 40 ORAL SUSPENSION 15-4.5-90 MG/4.5 ML (***pseudoephedrine***)	3	Preferred Alternatives (cheratussin dac, guaifenesin dac, lortuss ex, tusnel c, virtussin dac)
ZODRYL DEC 50 ORAL SUSPENSION 30-5-100 MG/5 ML (***pseudoephedrine***)	3	Preferred Alternatives (cheratussin dac, guaifenesin dac, lortuss ex, tusnel c, virtussin dac)
ZODRYL DEC 60 ORAL SUSPENSION 30-7.5-150 MG/7.5 ML (***pseudoephedrine***)	3	Preferred Alternatives (cheratussin dac, guaifenesin dac, lortuss ex, tusnel c, virtussin dac)
ZODRYL DEC 80 ORAL SUSPENSION 30-10-200 MG/10 ML (***pseudoephedrine***)	3	Preferred Alternatives (cheratussin dac, guaifenesin dac, lortuss ex, tusnel c, virtussin dac)
Z-TUSS AC ORAL LIQUID 2-9 MG/5 ML (***chlorpheniramine***)	3	Preferred Alternatives (hydrocodone-chlorpheniramine, promethazine w/codeine)
PULMONARY AGENTS - OTHER MEDICINES FOR BREATHING CONDITIONS		
ACCOLATE ORAL TABLET 10 MG, 20 MG (***zafirlukast***)	3	Preferred Alternatives (zafirlukast)
acetylcysteine solution 100 mg/ml (10 %), 200 mg/ml (20 %)	1	
ADCIRCA ORAL TABLET 20 MG (***tadalafil***)	4	PA; Preferred Alternatives (tadalafil); QL (60 per 30 days)
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG (***riociguat***)	4	PA; LA
ADRENALIN NASAL SOLUTION 1 MG/ML (***epinephrine***)	3	
ADVAIR DISKUS INHALATION BLISTER WITH DEVICE 100-50 MCG/DOSE, 250-50 MCG/DOSE, 500-50 MCG/DOSE (***fluticasone***)	3	Preferred Alternatives (fluticasone-salmeterol, wixela inhub); QL (1 per 30 days)
ADVAIR HFA INHALATION HFA AEROSOL INHALER 115-21 MCG/ACTUATION, 230-21 MCG/ACTUATION, 45-21 MCG/ACTUATION (***fluticasone***)	3	Preferred Alternatives (DULERA, SYMBICORT); QL (1 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
AEROSPAN INHALATION HFA AEROSOL INHALER 80 MCG/ACTUATION (***flunisolide***)	3	Preferred Alternatives (QVAR REDIHALER)
AIRDUO RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION (***fluticasone***)	3	Preferred Alternatives (DULERA, SYMBICORT)
ALBUTEROL SULFATE INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION	3	Preferred Alternatives (PROAIR HFA, PROAIR RESPICLICK); QL (36 per 1 day)
albuterol sulfate inhalation solution for nebulization 0.63 mg/3 ml, 1.25 mg/3 ml, 2.5 mg /3 ml (0.083 %), 5 mg/ml	1	
albuterol sulfate inhalation solution for nebulization 2.5 mg/0.5 ml	1	
albuterol sulfate oral syrup 2 mg/5 ml	1	
albuterol sulfate oral tablet 2 mg, 4 mg	1	
albuterol sulfate oral tablet extended release 12 hr 4 mg, 8 mg	1	
tadalafil (antihypertensive) (Alyq Oral Tablet 20 Mg)	1	PA; QL (60 per 1 day)
ambrisentan oral tablet 10 mg, 5 mg	4	PA; LA
ANORO ELLIPTA INHALATION BLISTER WITH DEVICE 62.5-25 MCG/ACTUATION (***umeclidinium***)	3	Preferred Alternatives (BEVESPI AEROSPHERE, UTIBRON NEOHALER); QL (1 per 30 days)
ARCAPTA NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 75 MCG (***indacaterol***)	3	Preferred Alternatives (STRIVERDI RESPIMAT); QL (1 per 30 days)
ARMONAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 113 MCG/ACTUATION, 232 MCG/ACTUATION, 55 MCG/ACTUATION (***fluticasone***)	2	
ARNUITY ELLIPTA INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 200 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone furoate***)	3	Preferred Alternatives (QVAR REDIHALER)
ASMANEX HFA INHALATION HFA AEROSOL INHALER 100 MCG/ACTUATION, 200 MCG/ACTUATION (***mometasone furoate***)	3	Preferred Alternatives (QVAR REDIHALER)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ASMANEX TWISTHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 110 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (120), 220 MCG/ ACTUATION (14), 220 MCG/ ACTUATION (30), 220 MCG/ ACTUATION (60) (***mometasone furoate***)	3	Preferred Alternatives (QVAR REDIHALER); QL (1 per 30 days)
ATROVENT HFA INHALATION HFA AEROSOL INHALER 17 MCG/ACTUATION (***ipratropium***)	2	QL (1 per 30 days)
BEVESPI AEROSPHERE INHALATION HFA AEROSOL INHALER 9-4.8 MCG (***glycopyrrolate***)	2	
bosentan oral tablet 125 mg, 62.5 mg	4	PA; LA
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 100-25 MCG/DOSE (***fluticasone furoate***)	3	Preferred Alternatives (DULERA, SYMBICORT); QL (1 per 30 days)
BREO ELLIPTA INHALATION BLISTER WITH DEVICE 200-25 MCG/DOSE (***fluticasone furoate***)	3	Preferred Alternatives (DULERA, SYMBICORT)
BROVANA INHALATION SOLUTION FOR NEBULIZATION 15 MCG/2 ML (***arformoterol***)	3	Preferred Alternatives (PERFOROMIST); QL (2 per 30 days)
budesonide inhalation suspension for nebulization 0.25 mg/2 ml, 0.5 mg/2 ml, 1 mg/2 ml	1	QL (1 per 30 days)
COMBIVENT RESPIMAT INHALATION MIST 20-100 MCG/ACTUATION (***ipratropium***)	2	QL (8 per 30 days)
cromolyn inhalation solution for nebulization 20 mg/2 ml	1	
CUROSURF INTRATRACHEAL SUSPENSION 120 MG/1.5 ML, 240 MG/3 ML (***poractant alfa***)	3	
DALIRESP ORAL TABLET 250 MCG, 500 MCG (***roflumilast***)	3	Preferred Alternatives (INCRUSE ELLIPTA, PERFOROMIST, QVAR REDIHALER, STRIVERDI RESPIMAT)
DULERA INHALATION HFA AEROSOL INHALER 100-5 MCG/ACTUATION, 200-5 MCG/ACTUATION (***mometasone furoate***)	2	QL (1 per 30 days)
DYMISTA NASAL SPRAY,NON-AEROSOL 137-50 MCG/SPRAY (***azelastine***)	3	ST; Preferred Alternatives (azelastine hcl, budesonide, flunisolide, fluticasone propionate, mometasone furoate); QL (23 per 30 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
ELIXOPHYLLIN ORAL ELIXIR 80 MG/15 ML (***theophylline***)	3	Preferred Alternatives (theophylline anhydrous)
ESBRIET ORAL CAPSULE 267 MG (***pirfenidone***)	4	PA; LA
ESBRIET ORAL TABLET 267 MG, 801 MG (***pirfenidone***)	4	PA; LA
FASENRA SUBCUTANEOUS SYRINGE 30 MG/ML (***benralizumab***)	4	PA; LA
FIRAZYR SUBCUTANEOUS SYRINGE 30 MG/3 ML (***icatibant***)	4	PA; LA
FLOVENT DISKUS INHALATION BLISTER WITH DEVICE 100 MCG/ACTUATION, 250 MCG/ACTUATION, 50 MCG/ACTUATION (***fluticasone***)	3	Preferred Alternatives (QVAR REDIHALER); QL (1 per 30 days)
FLOVENT HFA INHALATION HFA AEROSOL INHALER 110 MCG/ACTUATION, 220 MCG/ACTUATION, 44 MCG/ACTUATION (***fluticasone***)	3	Preferred Alternatives (QVAR REDIHALER); QL (1 per 30 days)
flunisolide nasal spray,non-aerosol 25 mcg (0.025 %)	1	QL (18 per 30 days)
fluticasone propionate nasal spray,suspension 50 mcg/actuation	1	QL (16 per 1 day)
FLUTICASONE PROPION-SALMETEROL INHALATION AEROSOL POWDR BREATH ACTIVATED 113-14 MCG/ACTUATION, 232-14 MCG/ACTUATION, 55-14 MCG/ACTUATION	2	
fluticasone propion-salmeterol inhalation blister with device 100-50 mcg/dose, 250-50 mcg/dose, 500-50 mcg/dose	1	QL (1 per 1 day)
HAEGARDA SUBCUTANEOUS RECON SOLN 2,000 UNIT, 3,000 UNIT (***c1 esterase inhibitor***)	4	PA; Preferred Alternatives (CINRYZE); LA
HYPER-SAL INHALATION SOLUTION FOR NEBULIZATION 3.5 %, 7 % (***sodium chloride for inhalation***)	3	Preferred Alternatives (sodium chloride)
icatibant subcutaneous syringe 30 mg/3 ml	1	PA
INCRUSE ELLIPTA INHALATION BLISTER WITH DEVICE 62.5 MCG/ACTUATION (***umeclidinium***)	2	
ipratropium bromide inhalation solution 0.02 %	1	
ipratropium-albuterol inhalation solution for nebulization 0.5 mg-3 mg(2.5 mg base)/3 ml	1	QL (540 per 30 days)
KALBITOR SUBCUTANEOUS SOLUTION 10 MG/ML (1 ML) (***ecallantide***)	4	PA; Preferred Alternatives (FIRAZYR); LA
KALYDECO ORAL GRANULES IN PACKET 25 MG, 50 MG, 75 MG (***ivacaftor***)	4	PA; LA
KALYDECO ORAL TABLET 150 MG (***ivacaftor***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
LETAIRIS ORAL TABLET 10 MG, 5 MG (***ambrisentan***)	4	PA; Preferred Alternatives (OPSUMIT, TRACLEER); LA
levalbuterol hcl inhalation solution for nebulization 0.31 mg/3 ml, 0.63 mg/3 ml, 1.25 mg/0.5 ml, 1.25 mg/3 ml	1	
LONHALA MAGNAIR REFILL INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML (***glycopyrrolate***)	3	Preferred Alternatives (INCRUSE ELLIPTA)
LONHALA MAGNAIR STARTER INHALATION SOLUTION FOR NEBULIZATION 25 MCG/ML (***glycopyrrolate***)	3	Preferred Alternatives (INCRUSE ELLIPTA)
metaproterenol oral syrup 10 mg/5 ml	1	
mometasone nasal spray,non-aerosol 50 mcg/actuation	1	QL (1 per 30 days)
montelukast oral granules in packet 4 mg	1	
montelukast oral tablet 10 mg	1	
montelukast oral tablet,chewable 4 mg, 5 mg	1	
nebusal inhalation solution for nebulization 3 %	1	
NEBUSAL INHALATION SOLUTION FOR NEBULIZATION 6 % (***sodium chloride for inhalation***)	3	
NUCALA SUBCUTANEOUS AUTO-INJECTOR 100 MG/ML (***mepolizumab***)	4	PA; LA
NUCALA SUBCUTANEOUS RECON SOLN 100 MG (***mepolizumab***)	4	PA; LA
NUCALA SUBCUTANEOUS SYRINGE 100 MG/ML (***mepolizumab***)	4	PA; LA
OFEV ORAL CAPSULE 100 MG, 150 MG (***nintedanib***)	4	PA; LA
OPSUMIT ORAL TABLET 10 MG (***macitentan***)	4	PA; LA
ORKAMBI ORAL GRANULES IN PACKET 100-125 MG, 150-188 MG (***lumacaftor***)	4	PA; LA
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG (***lumacaftor***)	4	PA; LA
PERFOROMIST INHALATION SOLUTION FOR NEBULIZATION 20 MCG/2 ML (***formoterol***)	2	QL (1 per 30 days)
PROAIR HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (***albuterol***)	2	QL (1 per 30 days)
PROAIR RESPICLICK INHALATION AEROSOL POWDR BREATH ACTIVATED 90 MCG/ACTUATION (***albuterol***)	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDR BREATH ACTIVATED 180 MCG/ACTUATION, 90 MCG/ACTUATION (***budesonide***)	3	Preferred Alternatives (QVAR REDIHALER); QL (1 per 30 days)
pulmosal inhalation solution for nebulization 7 %	1	
PULMOZYME INHALATION SOLUTION 1 MG/ML (***dornase alfa***)	4	PA; LA
QNASL NASAL HFA AEROSOL INHALER 40 MCG/ACTUATION (***beclomethasone***)	3	ST; Preferred Alternatives (budesonide, flunisolide, fluticasone propionate, mometasone furoate)
QNASL NASAL HFA AEROSOL INHALER 80 MCG/ACTUATION (***beclomethasone***)	3	ST; Preferred Alternatives (budesonide, flunisolide, fluticasone propionate, mometasone furoate); QL (1 per 30 days)
QVAR REDIHALER INHALATION HFA AEROSOL BREATH ACTIVATED 40 MCG/ACTUATION, 80 MCG/ACTUATION (***beclomethasone***)	2	
REVATIO ORAL SUSPENSION FOR RECONSTITUTION 10 MG/ML (***sildenafil***)	4	PA; Preferred Alternatives (sildenafil citrate)
REVATIO ORAL TABLET 20 MG (***sildenafil***)	4	PA; Preferred Alternatives (sildenafil citrate); QL (90 per 30 days)
RUCONEST INTRAVENOUS RECON SOLN 2,100 UNIT (***c1 esterase inhibitor, recombinant***)	4	PA; LA
SEEBRI NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 15.6 MCG (***glycopyrrolate***)	3	Preferred Alternatives (INCRUSE ELLIPTA)
SEREVENT DISKUS INHALATION BLISTER WITH DEVICE 50 MCG/DOSE (***salmeterol***)	3	Preferred Alternatives (STRIVERDI RESPIMAT); QL (1 per 30 days)
sildenafil (antihypertensive) oral suspension for reconstitution 10 mg/ml	1	PA
sildenafil (antihypertensive) oral tablet 20 mg	1	PA; QL (90 per 30 days)
SINUVA SINUS IMPLANT 1,350 MCG (***mometasone furoate***)	4	PA
sodium chloride inhalation solution for nebulization 0.9 %	1	PA
sodium chloride inhalation solution for nebulization 10 %, 3 %, 7 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
STIOLTO RESPIMAT INHALATION MIST 2.5-2.5 MCG/ACTUATION (***tiotropium***)	3	Preferred Alternatives (BEVESPI AEROSPHERE, UTIBRON NEOHALER)
STRIVERDI RESPIMAT INHALATION MIST 2.5 MCG/ACTUATION (***olodaterol***)	2	
SURFAXIN INTRATRACHEAL SUSPENSION 34 MG/ML (***lucinactant***)	3	
SYMBICORT INHALATION HFA AEROSOL INHALER 160-4.5 MCG/ACTUATION, 80-4.5 MCG/ACTUATION (***budesonide***)	2	QL (1 per 30 days)
SYMDEKO ORAL TABLETS, SEQUENTIAL 100-150 MG (D)/ 150 MG (N) (***tezacaftor***)	4	PA; LA
SYMDEKO ORAL TABLETS, SEQUENTIAL 50-75 MG (D)/ 75 MG (N) (***tezacaftor***)	4	PA
tadalafil (antihypertensive) oral tablet 20 mg	4	PA
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2 ML (150 MG/ML) (***lanadelumab-flyo***)	4	PA; Preferred Alternatives (CINRYZE); LA
terbutaline oral tablet 2.5 mg, 5 mg	1	
terbutaline subcutaneous solution 1 mg/ml	1	PA
THEO-24 ORAL CAPSULE,EXTENDED RELEASE 24HR 100 MG, 200 MG, 300 MG, 400 MG (***theophylline***)	3	Preferred Alternatives (theophylline anhydrous)
theophylline (Theochron Oral Tablet Extended Release 12 Hr 100 Mg, 200 Mg, 300 Mg)	1	
theophylline oral elixir 80 mg/15 ml	1	
theophylline oral solution 80 mg/15 ml	1	
theophylline oral tablet extended release 12 hr 100 mg, 200 mg, 300 mg, 450 mg	1	
theophylline oral tablet extended release 24 hr 400 mg, 600 mg	1	
TRACLEER ORAL TABLET 125 MG, 62.5 MG (***bosentan***)	4	PA; LA
TRACLEER ORAL TABLET FOR SUSPENSION 32 MG (***bosentan***)	4	PA; LA
TRELEGY ELLIPTA INHALATION BLISTER WITH DEVICE 100-62.5-25 MCG (***fluticasone furoate***)	2	
TYVASO INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***)	4	PA; LA
TYVASO REFILL KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (0.6 MG/ML) (***treprostinil***)	4	PA; LA

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
TYVASO STARTER KIT INHALATION SOLUTION FOR NEBULIZATION 1.74 MG/2.9 ML (***treprostinil***)	4	PA; LA
UTIBRON NEOHALER INHALATION CAPSULE, W/INHALATION DEVICE 27.5-15.6 MCG (***indacaterol***)	2	
VENTAVIS INHALATION SOLUTION FOR NEBULIZATION 10 MCG/ML, 20 MCG/ML (***iloprost***)	4	PA; Preferred Alternatives (TYVASO); LA
VENTOLIN HFA INHALATION HFA AEROSOL INHALER 90 MCG/ACTUATION (***albuterol***)	3	Preferred Alternatives (PROAIR HFA, PROAIR RESPICLICK); QL (1 per 30 days)
fluticasone propion-salmeterol (Wixela Inhub Inhalation Blister With Device 100-50 Mcg/Dose, 250-50 Mcg/Dose, 500-50 Mcg/Dose)	1	QL (1 per 1 day)
XHANCE NASAL AEROSOL BREATH ACTIVATED 93 MCG/ACTUATION (***fluticasone***)	3	ST; Preferred Alternatives (budesonide, flunisolide, fluticasone propionate, mometasone furoate)
XOLAIR SUBCUTANEOUS RECON SOLN 150 MG (***omalizumab***)	4	PA; LA; QL (6 per 30 days)
XOLAIR SUBCUTANEOUS SYRINGE 150 MG/ML, 75 MG/0.5 ML (***omalizumab***)	4	PA; LA
YUPELRI INHALATION SOLUTION FOR NEBULIZATION 175 MCG/3 ML (***revefenacin***)	3	Preferred Alternatives (INCRUSE ELLIPTA)
zafirlukast oral tablet 10 mg, 20 mg	1	
zileuton oral tablet, er multiphase 12 hr 600 mg	1	
UROLOGICALS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
ANTICHOLINERGICS & ANTISPASMODICS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
darifenacin oral tablet extended release 24 hr 15 mg, 7.5 mg	1	
DETROL LA ORAL CAPSULE,EXTENDED RELEASE 24HR 2 MG, 4 MG (***tolterodine***)	3	Preferred Alternatives (tolterodine tartrate er)
DETROL ORAL TABLET 1 MG, 2 MG (***tolterodine***)	3	Preferred Alternatives (tolterodine tartrate)
DITROPAN XL ORAL TABLET EXTENDED RELEASE 24HR 10 MG, 5 MG (***oxybutynin***)	3	Preferred Alternatives (oxybutynin chloride er)
ENABLEX ORAL TABLET EXTENDED RELEASE 24 HR 15 MG, 7.5 MG (***darifenacin***)	3	Preferred Alternatives (darifenacin er)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
flavoxate oral tablet 100 mg	1	
GELNIQUE TRANSDERMAL GEL IN METERED-DOSE PUMP 100 MG/GRAM (10 %) (***oxybutynin***)	3	Preferred Alternatives (darifenacin er, oxybutynin chloride, oxybutynin chloride er, tolterodine tartrate, tolterodine tartrate er, trospium chloride)
GELNIQUE TRANSDERMAL GEL IN PACKET 10 % (100 MG/GRAM) (***oxybutynin***)	3	Preferred Alternatives (darifenacin er, oxybutynin chloride, oxybutynin chloride er, tolterodine tartrate, tolterodine tartrate er, trospium chloride); QL (30 per 30 days)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HR 25 MG, 50 MG (***mirabegron***)	3	Preferred Alternatives (darifenacin er, oxybutynin chloride, oxybutynin chloride er, tolterodine tartrate, tolterodine tartrate er, trospium chloride)
oxybutynin chloride oral syrup 5 mg/5 ml	1	
oxybutynin chloride oral tablet 5 mg	1	
oxybutynin chloride oral tablet extended release 24hr 10 mg, 15 mg, 5 mg	1	
OXYTROL TRANSDERMAL PATCH SEMIWEEKLY 3.9 MG/24 HR (***oxybutynin***)	3	Preferred Alternatives (darifenacin er, oxybutynin chloride, oxybutynin chloride er, tolterodine tartrate, tolterodine tartrate er, trospium chloride); QL (1 per 30 days)
solifenacin oral tablet 10 mg, 5 mg	1	
tolterodine oral capsule,extended release 24hr 2 mg, 4 mg	1	
tolterodine oral tablet 1 mg, 2 mg	1	
TOVIAZ ORAL TABLET EXTENDED RELEASE 24 HR 4 MG, 8 MG (***fesoterodine***)	3	Preferred Alternatives (darifenacin er, oxybutynin chloride, oxybutynin chloride er, tolterodine tartrate, tolterodine tartrate er, trospium chloride)
trospium oral capsule,extended release 24hr 60 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
trospium oral tablet 20 mg	1	
VESICARE ORAL TABLET 10 MG, 5 MG (***solifenacin***)	3	Preferred Alternatives (darifenacin er, oxybutynin chloride, oxybutynin chloride er, tolterodine tartrate, tolterodine tartrate er, trospium chloride)
BENIGN PROSTATIC HYPERPLASIA (BPH) THERAPY - DRUGS TO TREAT PROSTATE CONDITIONS		
alfuzosin oral tablet extended release 24 hr 10 mg	1	
AVODART ORAL CAPSULE 0.5 MG (***dutasteride***)	3	Preferred Alternatives (dutasteride)
CIALIS ORAL TABLET 2.5 MG (***tadalafil***)	3	PA; QL (30 per 30 days)
CIALIS ORAL TABLET 5 MG (***tadalafil***)	3	PA; QL (8 per 30 days)
dutasteride oral capsule 0.5 mg	1	
dutasteride-tamsulosin oral capsule, er multiphase 24 hr 0.5-0.4 mg	1	
finasteride oral tablet 5 mg	1	
FLOMAX ORAL CAPSULE 0.4 MG (***tamsulosin***)	3	Preferred Alternatives (tamsulosin hcl)
JALYN ORAL CAPSULE, ER MULTIPHASE 24 HR 0.5-0.4 MG (***dutasteride***)	3	Preferred Alternatives (dutasteride-tamsulosin)
PROSCAR ORAL TABLET 5 MG (***finasteride***)	3	Preferred Alternatives (finasteride)
RAPAFLO ORAL CAPSULE 4 MG, 8 MG (***silodosin***)	3	Preferred Alternatives (silodosin)
silodosin oral capsule 4 mg, 8 mg	1	
tadalafil oral tablet 2.5 mg	1	PA; QL (30 per 30 days)
tadalafil oral tablet 5 mg	1	PA; QL (8 per 30 days)
tamsulosin oral capsule 0.4 mg	1	
UROXATRAL ORAL TABLET EXTENDED RELEASE 24 HR 10 MG (***alfuzosin***)	3	Preferred Alternatives (alfuzosin hcl er)
CHOLINERGIC STIMULANTS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg	1	
URECHOLINE ORAL TABLET 10 MG, 25 MG, 5 MG, 50 MG (***bethanechol***)	3	Preferred Alternatives (bethanechol chloride)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
MISCELLANEOUS UROLOGICALS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG (***alprostadil***)	2	PA; QL (12 per 30 days)
CAVERJECT INTRACAVERNOSAL RECON SOLN 20 MCG, 40 MCG (***alprostadil***)	2	PA; QL (12 per 30 days)
CAVERJECT INTRACAVERNOSAL SYRINGE 10 MCG, 20 MCG (***alprostadil***)	2	PA
CIALIS ORAL TABLET 10 MG, 20 MG (***tadalafil***)	3	PA; Preferred Alternatives (tadalafil); QL (8 per 30 days)
CYSTAGON ORAL CAPSULE 150 MG, 50 MG (***cysteamine***)	4	PA
cytra k crystals oral packet 3,300-1,002 mg	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG (***alprostadil***)	3	PA; Preferred Alternatives (CAVERJECT, MUSE); QL (12 per 30 days)
ELMIRON ORAL CAPSULE 100 MG (***pentosan polysulfate sodium***)	2	
hyophen oral tablet 81.6-0.12-10.8 mg	1	
IFE-BIMIX 30/1 INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML (***papaverine***)	3	PA
IFE-PG20 INTRACAVERNOSAL SOLUTION 20 MCG/ML (***alprostadil***)	3	PA
K-PHOS NO 2 ORAL TABLET 305-700 MG (***sodium phosphate***)	3	Preferred Alternatives (phospha 250 neutral)
K-PHOS ORIGINAL ORAL TABLET,SOLUBLE 500 MG (***potassium phosphate***)	2	
methen-sod phos-meth blue-hyos oral tablet 81.6-40.8-0.12 mg	1	
MUSE INTRA-URETHRAL SUPPOSITORY 1,000 MCG, 125 MCG, 250 MCG, 500 MCG (***alprostadil***)	2	PA; QL (12 per 30 days)
ORACIT ORAL SOLUTION 490-640 MG/5 ML (***citric acid***)	3	Preferred Alternatives (sodium citrate & citric acid)
PAPAV-PHENTOLAM-ALPROST-WATER INTRACAVERNOSAL SOLUTION 12 MG-1 MG- 10 MCG/ML, 30 MG-1 MG- 20 MCG/ML (***papaverine***)	3	PA
PAPAV-PHENTOLAMINE IN WATER INTRACAVERNOSAL SOLUTION 30 MG- 1 MG/ML	3	PA
phosphasal oral tablet 81.6-10.8-40.8 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
potassium citrate oral tablet extended release 10 meq (1,080 mg), 15 meq, 5 meq (540 mg)	1	
RENACIDIN IRRIGATION SOLUTION 1980.6 MG-59.4 MG-980.4MG/30ML (***citric acid***)	2	
SHOHL'S MODIFIED ORAL SOLUTION 500-300 MG/5 ML (***citric acid***)	3	Preferred Alternatives (sodium citrate & citric acid)
sildenafil oral tablet 100 mg, 25 mg, 50 mg	1	PA; QL (8 per 30 days)
tadalafil oral tablet 10 mg, 20 mg	1	PA; QL (8 per 30 days)
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) INTRACAVERNOSAL RECON SOLN 150 MG-5 MG- 50 MCG (***papaverine***)	3	PA
URELLE ORAL TABLET 81-10.8-40.8 MG (***methenamine***)	3	Preferred Alternatives (phosphasal, ur n-c, uretron d-s)
uretron d-s oral tablet 81.6-10.8-40.8 mg	1	
URIBEL ORAL CAPSULE 118-10-40.8-36 MG (***methenamine***)	3	Preferred Alternatives (ustell)
urimar-t oral tablet 120-0.12-10.8 mg	1	
urin ds oral tablet 81.6-10.8-40.8 mg	1	
uro-458 oral tablet 81-10.8-40.8 mg	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1,080 MG) (***potassium citrate***)	3	Preferred Alternatives (potassium citrate er)
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (***potassium citrate***)	3	Preferred Alternatives (potassium citrate er)
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) (***potassium citrate***)	3	Preferred Alternatives (potassium citrate er)
urogesic-blue oral tablet 81.6-40.8-0.12 mg	1	
uro-mp oral capsule 118-10-40.8-36 mg	1	
UROQID-ACID NO.2 ORAL TABLET 500-500 MG (***methenamine***)	3	Preferred Alternatives (methenamine mandelate)
uryl oral tablet 81.6-40.8-0.12 mg	1	
ustell oral capsule 120-0.12 mg	1	
utira-c oral tablet 81.6-10.8-40.8 mg	1	
vardenafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg	1	PA; QL (8 per 1 day)
vardenafil oral tablet,disintegrating 10 mg	1	PA; QL (8 per 1 day)
vilamit mb oral capsule 118-10-40.8-36 mg	1	
vilevev mb oral tablet 81-10.8-40.8 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
URINARY ANESTHETICS - DRUGS TO TREAT BLADDER OR URINE CONDITIONS		
phenazopyridine oral tablet 100 mg, 200 mg	1	
PYRIDIUM ORAL TABLET 100 MG, 200 MG (***phenazopyridine***)	3	Preferred Alternatives (phenazopyridine hcl)
VITAMINS, HEMATINICS & ELECTROLYTES - VITAMINS AND MINERALS		
ELECTROLYTES - DRUGS TO REPLACE ELECTROLYTES AND MINERALS		
calcium 500 + d oral tablet,chewable 500 mg(1,250mg) -400 unit	1	ACA; OTC
calcium 600 + d(3) oral tablet 600 mg(1,500mg) -200 unit, 600 mg(1,500mg) -400 unit	1	ACA; OTC
calcium 600 with vitamin d3 oral capsule 600 mg(1,500mg) -500 unit	1	ACA; OTC
calcium citrate-vitamin d2 oral tablet 1,500-200 mg-unit	1	ACA; OTC
calcium citrate-vitamin d3 oral tablet 315 mg- 250 unit	1	OTC
calcium citrate-vitamin d3 oral tablet 315-200 mg-unit	1	ACA; OTC
EFFER-K ORAL TABLET, EFFERVESCENT 10 MEQ, 20 MEQ (***potassium bicarbonate***)	3	Preferred Alternatives (potassium bicarbonate)
effer-k oral tablet, effervescent 25 meq	1	
GALZIN ORAL CAPSULE 25 MG (ZINC), 50 MG (ZINC) (***zinc acetate***)	3	
klor-con 10 oral tablet extended release 10 meq	1	
klor-con 8 oral tablet extended release 8 meq	1	
potassium chloride (Klor-Con M10 Oral Tablet,Er Particles/Crystals 10 Meq)	1	
klor-con m15 oral tablet,er particles/crystals 15 meq	1	
potassium chloride (Klor-Con M20 Oral Tablet,Er Particles/Crystals 20 Meq)	1	
potassium chloride (Klor-Con Oral Packet 20 Meq)	1	
potassium chloride (Klor-Con Sprinkle Oral Capsule, Extended Release 8 Meq)	1	
klor-con/ef oral tablet, effervescent 25 meq	1	
K-TAB ORAL TABLET EXTENDED RELEASE 10 MEQ, 20 MEQ (***potassium***)	3	Preferred Alternatives (potassium chloride)
k-tab oral tablet extended release 8 meq	1	
lugols oral solution 5 %	1	
oyster shell + d3 oral tablet 250-125 mg-unit	1	ACA; OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
oyster shell calcium-vit d3 oral tablet 500 mg(1,250mg) -400 unit	1	ACA; OTC
POTABA ORAL CAPSULE 500 MG (***aminobenzoic acid***)	3	
potassium chloride oral capsule, extended release 10 meq, 8 meq	1	
potassium chloride oral liquid 20 meq/15 ml, 40 meq/15 ml	1	
potassium chloride oral packet 20 meq	1	
potassium chloride oral tablet extended release 10 meq, 20 meq, 8 meq	1	
potassium chloride oral tablet,er particles/crystals 10 meq, 20 meq	1	
strong iodine oral solution 5 %	1	
VITAMINS & HEMATINICS - VITAMINS AND IRON THERAPY		
b complex-vitamin b12 oral tablet	1	ACA; OTC
b complex-vitamin c-folic acid oral tablet 400 mcg	1	OTC
balance b-100 oral tablet	1	ACA; OTC
balanced b-100 complex oral tablet extended release 100 mg	1	OTC
balanced b-100 oral tablet 0.4 mg	1	ACA; OTC
BAL-CARE DHA ESSENTIAL ORAL COMBO PACK,TABLET AND CAP,DR 27 MG IRON-1 MG -374 MG (***prenatal vitamins with calcium no.100***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
bal-care dha oral combo pack,tablet and cap,dr 27-1-430 mg	1	
b-complex with vitamin c oral tablet	1	OTC
b-complex with vitamin c oral tablet 400-500 mcg-mg	1	OTC
CADEAU DHA ORAL CAPSULE 29 MG IRON- 1 MG-150 MG (***prenatal vitamins no.83***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
calcium pnv oral capsule 28-1-250 mg	1	
cholecalciferol (vitamin d3) oral capsule 1,000 unit	1	ACA; OTC
cholecalciferol (vitamin d3) oral tablet 1,000 unit (25 mcg)	1	ACA; OTC
CITRANATAL (DUAL-IRON) ORAL TABLET 27 MG IRON-1 MG -50 MG (***prenatal vitamins no.81***)	3	Preferred Alternatives (prenatal plus, preplus)
CITRANATAL 90 DHA (ALGAL OIL) ORAL COMBO PACK 90 MG IRON-1 MG -50 MG-300 MG (***prenatal vitamins no.72***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
CITRANATAL ASSURE ORAL COMBO PACK 35 MG IRON-1 MG -50 MG-300 MG (***prenatal vitamins no.73***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
CITRANATAL B-CALM (FE GLUC) ORAL TABLETS, SEQUENTIAL 20 MG IRON-1 MG -25 MG/25 MG (***prenatal vitamins no.48***)	3	Preferred Alternatives (prenatal plus, preplus)
CITRANATAL BLOOM ORAL TABLET 90-1-12-50 MG-MG-MCG-MG (***iron carbonyl-ferrous gluconate***)	3	Preferred Alternatives (prenatal plus, preplus, vol-plus)
CITRANATAL DHA (ALGAL OIL) ORAL COMBO PACK 27 MG IRON-1 MG -50 MG-250 MG (***prenatal vitamins no.76***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
CITRANATAL HARMONY (IRON FUM) ORAL CAPSULE 27 MG IRON-1 MG -50 MG-260 MG (***prenatal vitamins no.59***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
classic prenatal oral tablet 28 mg iron- 800 mcg	1	ACA; OTC
c-nate dha oral capsule 28 mg iron-1 mg -200 mg	1	
complete natal dha oral combo pack 29-1-250 mg	1	
completenate oral tablet,chewable 29 mg iron- 1 mg	1	
complex b-100 oral tablet extended release	1	OTC
CONCEPT DHA ORAL CAPSULE 35-1-200 MG (***prenatal vitamins no.16***)	3	Preferred Alternatives (taron-c dha, virt-c dha)
CONCEPT OB ORAL CAPSULE 85-1 MG (***prenatal vitamins no.15***)	3	Preferred Alternatives (folivane-ob)
cyanocobalamin (vitamin b-12) injection solution 1,000 mcg/ml	1	PA
dialyvite 800 oral tablet 0.8 mg	1	ACA; OTC
DRISDOL ORAL CAPSULE 50,000 UNIT (***ergocalciferol (vitamin d2)***)	3	Preferred Alternatives (ergocalciferol)
DUET DHA BALANCED ORAL COMBO PACK 25 MG IRON-1 MG -267 MG-233 MG (***prenatal vitamins with calcium no.117***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
DUET DHA WITH OMEGA-3 ORAL COMBO PACK 25 MG IRON-1 MG -400 MG (***prenatal vitamins with calcium no.106***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
ENBRACE HR ORAL CAPSULE,IR - DELAY REL,BIPHASE 1.5 MG IRON- 8.73 MG-6.4 MG (***prenatal vitamins no.92***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
ergocalciferol (vitamin d2) oral capsule 50,000 unit	1	
EXPECTA PRENATAL ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (***prenatal vitamins with calcium no.116***)	2	ACA; OTC
EXTRA-VIRT PLUS DHA ORAL CAPSULE 29 MG IRON-1.25 MG-55 MG (***prenatal vitamins no.57***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
FA-8 ORAL CAPSULE 0.8 MG (***folic acid***)	3	ACA; OTC

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
FLORIVA (FLUORIDE-VITAMIN D3) ORAL DROPS 0.25 MG (0.55 MG)-400 UNIT/ML (***fluoride***)	3	OTC
FLUORABON ORAL DROPS 0.25 MG(0.55 MG S.FLUOR)/0.6 ML (***fluoride***)	3	Preferred Alternatives (sodium fluoride); OTC
fluoride (sodium) oral drops 0.5 mg (1.1 mg sod.fluorid)/ml	1	ACA; OTC
fluoride (sodium) oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	ACA; OTC
fluoritab oral tablet,chewable 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	ACA; OTC
FLURA-DROPS ORAL DROPS 0.25 MG(0.55 MG SOD.FLUOR)/DROP (***fluoride***)	3	Preferred Alternatives (sodium fluoride); OTC
FOLET ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***prenatal vitamins no.80***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
folic acid oral tablet 1 mg	1	
folic acid oral tablet 400 mcg, 800 mcg	1	ACA; OTC
folivane-ob oral capsule 85-1 mg	1	
foltabs 800 oral tablet 0.8-10-115 mg-mg-mcg	1	OTC
full spectrum b-vitamin c oral tablet 0.8 mg	1	ACA; OTC
hemenatal ob + dha oral combo pack 28 mg iron-6 mg iron-1 mg	1	
hemenatal ob oral tablet 28-6-1 mg	1	
hydroxocobalamin intramuscular solution 1,000 mcg/ml	1	PA
ICAR ORAL SUSPENSION 15 MG/1.25 ML (***iron***)	2	OTC
kobee oral tablet 0.4 mg	1	OTC
KOSHER PRENATAL PLUS IRON ORAL TABLET 30 MG IRON- 1 MG (***prenatal vitamins no.108***)	3	Preferred Alternatives (prenatal plus, preplus)
kpn oral tablet	1	OTC
ludent fluoride oral tablet,chewable 0.25 mg(0.55 mg sod. fluoride), 0.5 mg (1.1 mg sodium fluorid), 1 mg (2.2 mg sod. fluoride)	1	ACA; OTC
MARNATAL-F ORAL CAPSULE 60 MG IRON-1 MG (***prenatal vitamins with calcium no.65***)	3	Preferred Alternatives (prenatal plus, preplus)
m-natal plus oral tablet 27 mg iron- 1 mg	1	
multi-vitamin with fluoride oral drops 0.25 mg/ml, 0.5 mg/ml	1	ACA; OTC

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multi-vitamin with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	1	ACA; OTC
multivitamins with fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	1	ACA; OTC
mvc-fluoride oral tablet,chewable 0.25 mg, 0.5 mg, 1 mg	1	ACA; OTC
mynatal advance oral tablet 90-1-50 mg	1	
mynatal oral capsule 65 mg iron- 1 mg	1	
mynatal oral tablet 90-1-50 mg	1	
mynatal plus oral tablet 65 mg iron- 1 mg	1	
mynatal-z oral tablet 65 mg iron- 1 mg	1	
mynate 90 plus oral tablet extended release 90 mg iron-1 mg	1	
NASCOBAL NASAL SPRAY,NON-AEROSOL 500 MCG/SPRAY (***cyanocobalamin (vitamin b12)***)	3	Preferred Alternatives (cyanocobalamin)
NATACHEW (FE BIS-GLYCINATE) ORAL TABLET,CHEWABLE 28 MG IRON -1 MG (***prenatal vitamins no.55***)	3	Preferred Alternatives (prenatal plus, preplus)
natural b-100 complex oral tablet 100 mg	1	ACA; OTC
NEEVODHA (WITH ALGAL OIL) ORAL CAPSULE 27 MG IRON-1.13 MG-581.92 MG (***prenatal vitamins no.64***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
NESTABS ABC ORAL COMBO PACK 32 MG IRON-1 MG -120 MG-180 MG (***prenatal vitamins with calcium no.86***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
NESTABS DHA ORAL COMBO PACK 32 MG IRON- 1,000 MCG-230MG (***prenatal vitamins with calcium no.87***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
NESTABS ONE ORAL CAPSULE 38-1-225 MG (***prenatal vitamins no.111***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
NESTABS ORAL TABLET 32-1,000 MG-MCG (***prenatal vitamins with calcium no.86***)	3	Preferred Alternatives (prenatal plus, preplus)
newgen oral tablet 32-1,000 mg-mcg	1	
OB COMPLETE ONE ORAL CAPSULE 40-10-1-300 MG (***prenatal vitamins with calcium no.85***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
OB COMPLETE PETITE ORAL CAPSULE 35 MG IRON-5 MG IRON-1 MG (***prenatal vitamins no.56***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
OB COMPLETE PREMIER ORAL TABLET 30-20-1 MG (***prenatal vitamins with calcium no.83***)	3	Preferred Alternatives (prenatal plus, preplus)
OB COMPLETE WITH DHA ORAL CAPSULE 30 MG IRON-10 MG IRON-1 MG (***prenatal vitamins no.30***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)

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obstetrix dha oral combo pack,tablet and cap,dr 29 mg iron-1 mg -50 mg	1	
OBSTETRIX EC ORAL TABLET,DELAYED RELEASE (DR/EC) 29 MG IRON-1 MG -50 MG (***prenatal vitamins no.127***)	3	Preferred Alternatives (prenatal plus, preplus, vol-plus)
OBSTETRIX ONE ORAL CAPSULE 38 MG IRON-1 MG -25 MG-225 MG (***prenatal vitamins no.80***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
OBTREX DHA ORAL COMBO PACK,TABLET AND CAP,DR 29 MG IRON-1 MG -50 MG (***prenatal vitamins no.12***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
O-CAL PRENATAL ORAL TABLET 15 MG IRON- 1,000 MCG (***prenatal vitamins with calcium no.127***)	3	Preferred Alternatives (prenatal plus, preplus)
one daily prenatal oral combo pack 28-800-440 mg-mcg-mg	1	ACA; OTC
perry prenatal oral capsule 13.5-0.4 mg	1	ACA; OTC
pnv 29-1 oral tablet 29 mg iron- 1 mg	1	
pnv ob+dha oral combo pack 27-1-50-250 mg	1	
pnv-dha + docusate oral capsule 27-1.25-55-300 mg	1	
pnv-dha oral capsule 27 mg iron-1 mg -300 mg	1	
pnv-ferrous fumarate-docu-fa oral tablet 29 mg iron- 1 mg-25 mg	1	
pnv-omega oral capsule 28-1-300 mg	1	
pnv-select oral tablet 27-1 mg	1	
pnv-vp-u oral capsule 106.5-1 mg	1	
pr natal 400 ec oral combo pack,tablet and cap,dr 29-1-400 mg	1	
pr natal 400 oral combo pack 29-1-400 mg	1	
pr natal 430 ec oral combo pack,tablet and cap,dr 29-1-430 mg	1	
pr natal 430 oral combo pack 29 mg iron-1 mg -430 mg	1	
prena1 chew oral tablet,chew,ir - dr,biphase 1.4 mg	1	
prena1 pearl oral capsule,ir - delay rel,biphase 30-1.4-200 mg	1	
prena1 true oral combo pack 30 mg iron- 1.4 mg-300 mg	1	
prenaissance oral capsule 29-1.25-55-325 mg	1	
prenaissance plus oral capsule 28-1-50-250 mg	1	
PRENATA ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.37***)	3	Preferred Alternatives (prenatal plus, preplus)
prenatabs fa oral tablet 29-1 mg	1	
prenatabs rx oral tablet 29 mg iron- 1 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATAL + DHA ORAL COMBO PACK 28 MG IRON-800 MCG-200 MG (***prenatal vitamins with calcium no.95***)	2	OTC
prenatal complete oral tablet 14 mg iron- 400 mcg	1	ACA; OTC
prenatal formula oral tablet 28 mg iron- 800 mcg	1	ACA; OTC
prenatal one daily oral tablet 27 mg iron- 800 mcg	1	ACA; OTC
prenatal oral tablet 28 mg iron- 800 mcg	1	ACA; OTC
PRENATAL ORAL TABLET 28-800 MG-MCG (***prenatal vitamins with calcium no.133***)	3	ACA; OTC
prenatal plus (calcium carb) oral tablet 27 mg iron- 1 mg	1	
PRENATAL PLUS DHA ORAL COMBO PACK 27 MG IRON-1 MG -312 MG-250 MG (***prenatal vitamins with calcium no.72***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
prenatal plus oral tablet 29 mg iron- 1 mg	1	
prenatal vitamin oral tablet 27 mg iron- 0.8 mg	1	OTC
prenatal vitamin plus low iron oral tablet 27 mg iron- 1 mg	1	
prenatal vitamin with minerals oral tablet 28 mg iron- 800 mcg	1	ACA; OTC
prenatal vits96-iron fum-folic oral tablet 27 mg iron- 800 mcg	1	ACA; OTC
prenatal-u oral capsule 106.5-1 mg	1	
PRENATE AM ORAL TABLET 1-500 MG (***prenatal vitamins with calcium no.114***)	3	Preferred Alternatives (prenatal plus, preplus)
PRENATE CHEWABLE ORAL TABLET,CHEWABLE 1 MG (***prenatal vitamins with calcium no.112***)	3	Preferred Alternatives (prenatal plus, preplus)
PRENATE DHA (FERR ASP GLYCIN) ORAL CAPSULE 18 MG IRON-1 MG -300 MG (***prenatal vitamins no.78***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE ELITE (IRON ASP GLYC) ORAL TABLET 20 MG IRON- 1 MG (***prenatal vitamins no.114***)	3	Preferred Alternatives (prenatal plus, preplus)
PRENATE ENHANCE ORAL CAPSULE 28 MG IRON- 1 MG-400 MG (***prenatal vitamins no.68***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE ESSENTIAL(IRON-ASP-GL) ORAL CAPSULE 18 MG IRON- 1 MG-300 MG (***prenatal vitamins no.84***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE MINI (FERR ASP GLYCIN) ORAL CAPSULE 18-1-350 MG (***prenatal vitamins no.87***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE PIXIE ORAL CAPSULE 10 MG IRON- 1 MG-200 MG (***prenatal vitamins no.85***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PRENATE RESTORE ORAL CAPSULE 27 MG IRON- 1 MG-400 MG (***prenatal vitamins no.69***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
PRENATE STAR ORAL TABLET 20 MG IRON- 1 MG (***prenatal vitamins no.77***)	3	Preferred Alternatives (prenatal plus, preplus)
preplus oral tablet 27 mg iron- 1 mg	1	
pretab oral tablet 29-1 mg	1	
PRIMACARE ORAL CAPSULE 30-1-300 MG (***prenatal vitamins no.118***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PROVIDA DHA ORAL CAPSULE 32-1.25-110 MG (***prenatal vitamins no.90***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
PROVIDA OB ORAL CAPSULE 40 MG IRON- 1.25 MG (***prenatal vitamins no.65***)	3	Preferred Alternatives (prenatal plus, preplus)
PUREFE OB PLUS ORAL CAPSULE 106 MG IRON- 1 MG (***prenatal vitamins no.4***)	3	Preferred Alternatives (prenatal plus, preplus)
rena-vite oral tablet 0.8 mg	1	ACA; OTC
R-NATAL OB ORAL CAPSULE 20 MG IRON- 1 MG-320 MG (***prenatal vitamins no.66***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
SELECT-OB (FOLIC ACID) ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.128***)	3	Preferred Alternatives (prenatal plus, preplus)
SELECT-OB + DHA ORAL COMBO PACK 29 MG IRON-1 MG -250 MG (***prenatal vitamins no.33***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
SELECT-OB ORAL TABLET,CHEWABLE 29 MG IRON- 1 MG (***prenatal vitamins no.13***)	3	Preferred Alternatives (prenatal plus, preplus)
se-natal 19 (with docusate) oral tablet 29 mg iron- 1 mg-25 mg	1	
se-natal 19 oral tablet,chewable 29 mg iron- 1 mg	1	
stress formula oral tablet	1	ACA; OTC
stress formula with iron oral tablet 500 mg-400 mcg- 18 mg iron	1	OTC
stress formula with iron(sulf) oral tablet 500 mg-400 mcg- 27 mg iron	1	OTC
super b complex-vitamin c oral tablet	1	OTC
super b maxi complex oral tablet 0.4 mg	1	OTC
super b-50 complex plus oral tablet	1	OTC
super quints b-50 oral tablet	1	ACA; OTC
super quints oral tablet 0.4 mg	1	OTC
superplex-t oral tablet	1	OTC
taron-c dha oral capsule 35-1-200 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
taron-prex prenatal-dha oral capsule 30 mg iron-1.2 mg-55 mg-265 mg	1	
THRIVITE RX ORAL TABLET 29 MG IRON- 1 MG (***prenatal vitamins with calcium no.76***)	3	Preferred Alternatives (prenatal plus, preplus)
total b/c oral tablet	1	OTC
TRICARE ORAL TABLET 27 MG IRON- 1 MG (***prenatal vitamins with calcium no.103***)	3	Preferred Alternatives (prenatal plus, preplus)
TRIFERIC HEMODIALYSIS POWDER IN PACKET 272 MG IRON (***ferric salts***)	3	PA
TRIFERIC HEMODIALYSIS SOLUTION 27.2 MG IRON/5 ML (***ferric salts***)	3	PA
trinatal rx 1 oral tablet 60 mg iron-1 mg	1	
trinate oral tablet 28 mg iron- 1 mg	1	
TRISTART DHA ORAL CAPSULE 31 MG IRON- 1 MG-200 MG (***prenatal vitamins no.93***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
triveen-duo dha oral combo pack 29-1-400 mg	1	
tri-vitamin with fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	1	ACA; OTC
trust natal dha oral combo pack 29-1-250 mg	1	
ultra b-100 complex oral tablet	1	OTC
vinate care oral tablet,chewable 40 mg iron- 1 mg	1	
VINATE DHA RF ORAL CAPSULE 27 MG IRON-1.13 MG-581.28 MG (***prenatal vitamins no.64***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
vinate ii oral tablet 29 mg iron- 1 mg	1	
vinate m oral tablet 27 mg iron-1 mg	1	
vinate one oral tablet 60 mg iron-1 mg	1	
virt-advance oral tablet 90-1-50 mg	1	
virt-c dha oral capsule 35-1-200 mg	1	
virt-nate dha oral capsule 28 mg iron-1 mg -200 mg	1	
virt-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	
virt-pn plus oral capsule 28-1-300 mg	1	
VIRTPREX ORAL CAPSULE 26-1.2-55-300 MG (***prenatal vitamins with calcium no.66***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
virt-select oral capsule 29-1.25-55-325 mg	1	
virt-vite gt oral tablet 90-1-50 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements and Limits
VITAFOL FE+ (WITH DOCUSATE) ORAL CAPSULE 90 MG IRON-1 MG -50 MG-200 MG (***prenatal vitamins no.102***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAFOL GUMMIES ORAL TABLET,CHEWABLE 3.33 MG IRON- 0.33 MG (***prenatal vitamins no.112***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAFOL NANO ORAL TABLET 18 MG IRON- 1 MG (***prenatal vitamins no.75***)	3	Preferred Alternatives (prenatal plus, preplus)
VITAFOL ULTRA ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (***prenatal vitamins no.67***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAFOL-OB ORAL TABLET 65-1 MG (***prenatal vitamins with calcium no.10***)	3	Preferred Alternatives (prenatal plus, preplus)
VITAFOL-OB+DHA ORAL COMBO PACK 65-1-250 MG (***prenatal vitamins with calcium no.10***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAFOL-ONE ORAL CAPSULE 29 MG IRON- 1 MG-200 MG (***prenatal vitamins no.26***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAMED MD ONE RX ORAL CAPSULE 30 MG IRON-1MG -200 MG (***prenatal vitamins no.25***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITAMEDMD REDICHEW RX ORAL TABLET,CHEW,IR - DR,BIPHASE 1.4 MG (***prenatal vitamins no.42***)	3	Preferred Alternatives (prena1 chew)
vitamin b complex oral tablet	1	OTC
vitamin b complex-folic acid oral tablet 0.4 mg	1	ACA; OTC
vitamin d3 oral capsule 400 unit	1	ACA; OTC
vitamin d3 oral tablet 400 unit	1	ACA; OTC
vitamin d3 oral tablet,chewable 1,000 unit	1	ACA; OTC
vitamins a,c,d and fluoride oral drops 0.25 mg fluor. (0.55 mg)/ml, 0.5 mg fluoride (1.1 mg)/ml	1	ACA; OTC
VITAPEARL ORAL CAPSULE,IR - DELAY REL,BIPHASE 30-1.4-200 MG (***prenatal vitamins no.71***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
VITATRUE ORAL COMBO PACK 30 MG IRON- 1.4 MG-300 MG (***prenatal vitamins no.105***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
vp-ch plus oral capsule 29 mg iron-1 mg -50 mg-265 mg	1	
vp-ch-pnv oral capsule 30 mg iron-1 mg -50 mg-260 mg	1	
VP-PNV-DHA ORAL CAPSULE 28 MG IRON- 1 MG-200 MG (***prenatal vitamins no.52***)	3	Preferred Alternatives (pnv-dha, prena1 pearl, virt-pn dha)
zatean-pn dha oral capsule 27 mg iron-1 mg -300 mg	1	
zatean-pn plus oral capsule 28-1-300 mg	1	
zingiber oral tablet 1.2 mg-40 mg- 124.1 mg-100 mg	1	

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Index

A
abacavir 14
abacavir-lamivudine 14
abacavir-lamivudine-zidovudine 14
ABILIFY 55
ABILIFY MAINTENA 55
ABILIFY MYCITE 55
abiraterone 20
ABSORICA 99
acamprosate 120
ACANYA 99
acarbose 148
ACCOLATE 217
ACCU-CHEK COMBO SYSTEM 130
ACCU-CHEK COMPACT PLUS CONTROL 130
ACCU-CHEK GUIDE L1-L2 CTRL SOL 130
ACCU-CHEK GUIDE ME GLUCOSE MTR 130
ACCU-CHEK SMARTVIEW CONTRL SOL 131
ACCUPRIL 71
ACCURETIC 71
ACCUTREND GLUCOSE CONTROL 131
ACE AEROSOL CLOUD ENHANCER 129
acebutolol 71
acetaminophen-caff-dihydrocod 43
acetaminophen-codeine 43
acetazolamide 207
acetic acid 120, 126
acetylcysteine 217
acitretin 92
ACTEMRA 179
ACTEMRA ACTPEN 179
ACTHAR 127
ACTHIB (PF) 170
ACTICLATE 10
ACTIGALL 155
ACTIMMUNE 169
ACTIQ 43
ACTIVELLA 182
ACTONEL 178
ACTOPLUS MET 148
ACTOPLUS MET XR 148
ACTOS 148
ACULAR 207
ACULAR LS 207
acyclovir 14, 110
ACZONE 99
ADACEL(TDAP ADOLESN/ADULT)(PF) 170
ADALAT CC 71
adapalene 99
ADAPALENE 99
adapalene-benzoyl peroxide ... 99
ADASUVE 55
ADCIRCA 217
Adderall 55
ADDERALL 55
adefovir 14
ADEMPAS 217
ADHANSIA XR 55
Adipex-P 119
ADIPEX-P 119
ADMELOG SOLOSTAR U-100 INSULIN 141
ADMELOG U-100 INSULIN LISPRO 141
ADRENALIN 217
adult aspirin regimen 49
ADVAIR DISKUS 217
ADVAIR HFA 217
ADVATE 82
ADVOCATE LOW CONTROL 131
ADVOCATE REDI-CODE+ CTRL LOW 131
ADYNOVATE 82
ADZENYS ER 56
ADZENYS XR-ODT 56
AEMCOLO 4
AEROCHAMBER MINI 129
AEROCHAMBER PLUS FLOW-VU 129
AEROCHAMBER PLUS Z STAT 129
AEROSPAN 217
AEROTRACH PLUS 129
AEROVENT PLUS 129
Afeditab Cr 71
AFINITOR 20
AFINITOR DISPERZ 20
Afirmelle 188
AFLURIA QD 2019-20(3YR UP)(PF) 170
AFLURIA QD 2019-20(6-35MO)(PF) 170
AFLURIA QUAD 2019-20(6MO UP) 170
AFREZZA 141
AFSTYLA 82
AFTERA 188
AGAMATRIX CONTROL HIGH 131
AGGRENOX 82
AGRYLIN 120
AIMOVIG AUTOINJECTOR38
AIRDUO RESPICLICK 217
AJOVY 38
Ak-Poly-Bac 200
AKTEN (PF) 203
AKYNZEO (NETUPITANT) 155
ala-cort 111
ALA-QUIN 107
ALA-SCALP 111
albendazole 4
ALBENZA 4
albuterol sulfate 217
ALBUTEROL SULFATE 217
ALCAINE 204
alclometasone 111
ALDACTAZIDE 71

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

ALDACTONE 72
ALDARA 169
ALECENSA 20
alendronate 120, 178
ALFERON N..... 169
alfuzosin 225
ALINIA 4
aliskiren 72
ALKERAN..... 20
allopurinol 177
almotriptan malate..... 38
ALOCRIL..... 204
ALOGLIPTIN-PIOGLITAZONE..... 148
ALOMIDE 204
ALORA 182
alosetron 155
ALPHAGAN P..... 211
alprazolam 56
alprazolam intensol 56
ALPROLIX 82
ALREX..... 198
ALTABAX..... 106
altacaine..... 204
ALTACE 72
ALTAFLUOR BENOX 204
Altavera (28) 188
ALTOPREV 87
ALTRENO 99
ALUNBRIG 20
Alyacen 1/35 (28)..... 188
alyacen 7/7/7 (28)..... 188
Alyq 217
ALZAIR 124
Amabelz 182
amantadine hcl..... 14
AMARYL..... 148
AMBIEN 56
AMBIEN CR..... 56
ambrisentan 217
amcinonide 111
AMELUZ 96
AMERGE 38
Amethia 189
amethia lo 188
Amethyst (28)..... 189
AMICAR 82
amiloride..... 72
amiloride-hydrochlorothiazide72
aminocaproic acid..... 82
amiodarone 70
AMITIZA 155
amitriptyline 56
amitriptyline-chlordiazepoxide 56
amlodipine 72
amlodipine-atorvastatin 87
amlodipine-benazepril 72
amlodipine-olmesartan 72
amlodipine-valsartan 72
amlodipine-valsartan-hcthiazid 72
ammonium lactate 96
Amnesteem..... 99
amoxapine 56
amoxicil-clarithromy-lansopraz 163
amoxicillin..... 8
amoxicillin-pot clavulanate 8
amphetamine sulfate..... 56
ampicillin..... 8
AMPYRA..... 40
ANADROL-50 144
ANAFRANIL..... 56
anagrelide 120
ANA-LEX KIT..... 155
ANALPRAM-HC..... 92, 155
ANALPRAM-HC SINGLES155
ANAPROX DS..... 49
anaspaz 153
anastrozole..... 20
ANCOBON 12
ANDRODERM 144
ANDROGEL..... 144
ANGELIQ 182
ANIMAS VIBE..... 131
ANNOVERA..... 187
ANORO ELLIPTA..... 217
ANTABUSE..... 120
ANTARA 87
anucort-hc..... 155
APADAZ..... 43
apexicon e..... 111
APIDRA SOLOSTAR U-100 INSULIN 141
APIDRA U-100 INSULIN... 141
APLENZIN..... 56
APOKYN 35
apraclonidine 211
aprepitant 155
Apri..... 189
APRISO..... 155
APTENSIO XR 56
APTIOM..... 29
APTIVUS 14
aqua care sodium chloride 120
aqua care sterile water 120
AQUA GLYCOLIC HC..... 111
ARAKODA 4
aranelle (28)..... 189
ARAVA..... 179
ARCALYST..... 170
ARCAPTA NEOHALER..... 218
ARICEPT 40
ARIKAYCE 4
ARIMIDEX 20
aripiprazole 57
ARISTADA..... 57
ARISTADA INITIO..... 57
ARIXTRA 82
armodafinil 57
ARMONAIR RESPICLICK 218
ARMOUR THYROID..... 152
ARNUITY ELLIPTA..... 218
AROMASIN..... 20
ARTHROTEC 50 49
ARTHROTEC 75 49
ARYMO ER 44
Ascomp With Codeine 44
Ashlyna..... 189
ASMANEX HFA 218
ASMANEX TWISTHALER 218
aspir-81 49
aspirin 49
aspirin low dose..... 49
aspirin-dipyridamole..... 82
aspir-low 49
aspir-trin 49

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

ASSURE 4 CONTROL SOLUTION 131
ASSURE DOSE NORMAL CONTROL 131
ASSURE PRISM CONTROL 1-2 SOLN 131
AT HOME A1C 131
atazanavir 14
ATELVIA 178
atenolol 72
atenolol-chlorthalidone 72
ATIVAN 57
atomoxetine 57
atorvastatin 87
atovaquone 4
atovaquone-proguanil 4
ATRALIN 99
ATRIPLA 14
ATROPEN 119
atropine 203
ATROPINE 203
ATROPINE IN 0.9 % SOD CHLORIDE 203
ATROVENT HFA 218
AUBAGIO 167
Aubra 189
Aubra Eq 189
AUGMENTIN 8
AUGMENTIN ES-600 8
AUGMENTIN XR 8
aurovela 1.5/30 (21) 189
Aurovela 1/20 (21) 189
Aurovela 24 Fe 189
aurovela fe 1.5/30 (28) 189
Aurovela Fe 1-20 (28) 189
AURYXIA 156
AUSTEDO 40
AUTOJECT 2 INJECTION DEVICE 131
AUTOPEN 1 TO 21 UNITS 131
AUTOSOFT 30 132
AUTOSOFT 90 132
AUTOSOFT XC INFUSION SET 23 132
AVALIDE 72
AVANDIA 148
AVAPRO 72
avar 100
AVAR 100
AVAR LS 100
AVAR-E GREEN 100
AVAR-E LS 100
AVC VAGINAL 187
AVEED 144
Aviane 189
Avidoxy 10
AVIDOXY DK 10
avita 100
AVITA 100
AVODART 225
AVONEX 167
AVONEX (WITH ALBUMIN) 167
AYGESTIN 183
Ayuna 189
AZASAN 21
AZASITE 200
azathioprine 21
azelaic acid 100
azelastine 124, 204
AZELEX 100
AZILECT 35
azithromycin 3
AZOPT 208
AZULFIDINE 156
AZULFIDINE EN-TABS 156
Azurette (28) 189
B
b complex-vitamin b12 229
b complex-vitamin c-folic acid 229
Baciim 4
bacitracin 4, 200
bacitracin-polymyxin b 200
baclofen 42
BACLOFEN 42
BACTRIM 9
BACTRIM DS 9
balance b-100 229
balanced b-100 229
balanced b-100 complex 229
bal-care dha 230
BAL-CARE DHA ESSENTIAL 229
BALCOLTRA 189
balsalazide 156
BALVERSA 21
balziva (28) 189
BANZEL 29
BAQSIMI 130
BARACLUDE 14
BASAGLAR KWIKPEN U-100 INSULIN 141
BAXDELA 9
BCG VACCINE, LIVE (PF) 170
b-complex with vitamin c 230
BD INTEGRA NEEDLE 132
BD MICROTAINER LANCET 132
BD SPECIALTY USE NEEDLES 132
BD ULTRA FINE LANCETS 132
BD ULTRA-FINE NANO PEN NEEDLE 132
Bekyree (28) 189
BELBUCA 44
belladonna alkaloids-opium 153
BELSOMRA 57
BELVIQ 119
BELVIQ XR 119
benazepril 72
benazepril-hydrochlorothiazide 72
BENEFIX 82
BENLYSTA 179
BENSAL HP 95
BENTYL 153
BENZACLIN 100
BENZACLIN PUMP 100
BENZAMYCIN 100
benzepro 100
BENZEPRO (MICROSPHERES) 100
BENZHYDROCODONE-ACETAMINOPHEN 44
BENZNIDAZOLE 5
benzonatate 213

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

benzoyl peroxide 100
benzphetamine..... 119
benztropine 35
BEPREVE 204
Beser..... 111
BESIVANCE 201
BETADINE OPHTHALMIC PREP 201
betamethasone dipropionate . 111
betamethasone valerate 111
betamethasone, augmented... 111
BETAPACE 70
BETAPACE AF 70
BETASERON 167
betaxolol 72, 202
bethanechol chloride 226
BETHKIS 5
BETIMOL 202
BETOPTIC S..... 202
BEVACIZUMAB..... 204
BEVESPI AEROSPHERE... 218
BEVYXXA 82
bexarotene 21
BEXSERO..... 171
BEYAZ..... 189
bicalutamide 21
BICILLIN C-R 8
BICILLIN L-A 8
BIDIL 72
BIJUVA..... 183
BIKTARVY 14
BILTRICIDE..... 5
bimatoprost..... 204, 208
BINOSTO..... 178
BIOTHRAX 171
bisoprolol fumarate 72
bisoprolol-hydrochlorothiazide 72
BLEPH-10..... 211
BLEPHAMIDE 211
BLEPHAMIDE S.O.P..... 211
Blisovi 24 Fe 189
blisovi fe 1.5/30 (28) 189
Blisovi Fe 1/20 (28)..... 190
BLOOD GLUCOSE CONTROL, NORMAL.... 132
BONIVA 178
BONJESTA 156
BOOSTRIX TDAP..... 171
bosentan..... 218
BOSULIF 21
bp 10-1..... 100
bpo 100
BRAFTOVI 21
BREATHERITE MDI SPACER 129
BREEZE 2 CONTROL SOLUTION,HIGH 132
BREO ELLIPTA 218
briellyn..... 190
BRILINTA 82
brimonidine 211
BRIMONIDINE-DORZOLAMIDE (PF)..... 208
BRISDELLE 57
BRIVIACT 29
Bromfed Dm..... 213
bromfenac 207
bromocriptine 35
brompheniramine-pseudoeph-dm 213
BROMSITE..... 207
BROVANA 218
BRYHALI 111
budesonide..... 156, 218
bumetanide 72
BUNAVAIL 49
BUPHENYL..... 120
buprenorphine..... 44
buprenorphine hcl..... 44
buprenorphine-naloxone... 49, 50
bupropion hcl..... 57
BUPROPION HCL 57
bupropion hcl (smoking deter) 123
buspirone 57
butalbital compound w/codeine 44
butalbital-acetaminop-caf-cod 44
butalbital-acetaminophen 44
butalbital-acetaminophen-caff 44
butalbital-aspirin-caffeine 44
butorphanol tartrate 50
BYDUREON..... 148
BYDUREON BCISE..... 148
BYETTA 148
BYSTOLIC..... 73
C
cabergoline 144
CABLIVI..... 82
CABOMETYX..... 21
CADEAU DHA..... 230
CADUET 87
CAFERGOT 38
caffeine citrate 120
CALAN 73
CALAN SR 73
calcipotriene 92
calcipotriene-betamethasone .. 92
calcitonin (salmon) 144
Calcitrene..... 92
calcitriol..... 92, 144
calcium 500 + d 228
calcium 600 + d(3) 228
calcium 600 with vitamin d3 228
calcium acetate 156
calcium citrate-vitamin d2.... 228
calcium citrate-vitamin d3.... 228
calcium pnv 230
CALQUENCE..... 21
CAMBIA 50
Camila..... 183
camrese 190
camrese lo 190
CANASA..... 156
candesartan 73
candesartan-hydrochlorothiazid 73
CAPCOF..... 213
capecitabine 21
CAPEX 112
CAPRELSA..... 21
captopril 73
captopril-hydrochlorothiazide 73
CARAC 96
CARAFATE 163
CARBAGLU 120
carbamazepine 29

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

CARBATROL.....29
carbidopa.....35
carbidopa-levodopa.....35
carbidopa-levodopa-entacapone 36
carbinoxamine maleate.....211
CARDIZEM.....73
CARDIZEM CD.....73
CARDIZEM LA.....73
CARDURA.....73
CARDURA XL.....73
CARESENS CONTROL A NORMAL.....132
carisoprodol.....42
carisoprodol-asa-codeine.....42
carisoprodol-aspirin.....42
CARNITOR.....121
CARNITOR (SUGAR-FREE) 120
carteolol.....202
Cartia Xt.....73
CARTRIDGE STAMPED IR 1200.....132
carvedilol.....73
carvedilol phosphate.....73
CASODEX.....21
CATAPRES.....74
CATAPRES-TTS-1.....74
CATAPRES-TTS-2.....74
CATAPRES-TTS-3.....74
CAVERJECT.....226
CAVERJECT IMPULSE.....226
CAYA CONTOURED.....182
CAYSTON.....5
caziant (28).....190
cefaclor.....2
cefadroxil.....2
cefdinir.....2
cefditoren pivoxil.....2
cefixime.....2
cefpodoxime.....2
cefprozil.....2
CEFUROXIME (PF) IN 0.9% NACL.....201
cefuroxime axetil.....2
CELEBREX.....50
celecoxib.....50
CELEXA.....57
CELLCEPT.....21
CELONTIN.....29
cem-urea.....96
CENTANY.....106
CENTANY AT.....106
centergy.....213
cephalexin.....2
CEPROTIN (BLUE BAR).....82
CEPROTIN (GREEN BAR)..83
CEQUA.....204
CERDELGA.....144
CERVIDIL.....187
CESAMET.....156
cetirizine.....211
CETROTIDE.....144
cevimeline.....121
CHANTIX.....123
CHANTIX CONTINUING MONTH BOX.....123
CHANTIX STARTING MONTH BOX.....123
Chateal (28).....190
Chateal Eq (28).....190
CHEMET.....121
CHENODAL.....156
children's aspirin.....50
chlordiazepoxide hcl.....57
chlordiazepoxide-clidinium..153
chlorhexidine gluconate.....124
chloroquine phosphate.....5
chlorothiazide.....74
chlorpromazine.....57
chlorpropamide.....148
chlorthalidone.....74
chlorzoxazone.....42
CHOLBAM.....156
cholecalciferol (vitamin d3) .230
cholestyramine (with sugar)...87
cholestyramine light.....87
choline,magnesium salicylate.50
CHORIONIC GONADOTROPIN, HUMAN.....144
CIALIS.....225, 226
Ciclodan.....107
CICLODAN KIT.....107
ciclopirox.....107, 108
ciclopirox-ure-camph-menth-euc 108
cilostazol.....83
CILOXAN.....201
CIMDUO.....14
cimetidine.....163
cimetidine hcl.....163
CIMZIA.....156
CIMZIA POWDER FOR RECONST.....156
cinacalcet.....144
CIPRO.....9
CIPRO HC.....126
CIPRO XR.....9
CIPRODEX.....126
ciprofloxacin.....9
ciprofloxacin (mixture).....9
ciprofloxacin hcl.....9, 126, 201
citalopram.....57
CITRANATAL (DUAL-IRON) 230
CITRANATAL 90 DHA (ALGAL OIL).....230
CITRANATAL ASSURE....230
CITRANATAL B-CALM (FE GLUC).....230
CITRANATAL BLOOM.....230
CITRANATAL DHA (ALGAL OIL).....230
CITRANATAL HARMONY (IRON FUM).....230
Claravis.....100
CLARINEX.....212
CLARINEX-D 12 HOUR....213
clarithromycin.....3
classic prenatal.....230
cleansing wash.....101
clemastine.....212
CLENPIQ.....156
CLEO 90 INFUSION SET 24 132
CLEOCIN.....187
CLEOCIN HCL.....5

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

CLEOCIN PEDIATRIC.....5
CLEOCIN T.....101
CLEVER CHOICE LEVEL 2 CONTROL.....132
CLIMARA.....183
CLIMARA PRO.....183
CLINDACIN ETZ.....101
Clindacin P.....101
CLINDACIN PAC.....101
CLINDAGEL.....101
clindamycin hcl.....5
clindamycin palmitate hcl.....5
Clindamycin Pediatric.....5
clindamycin phosphate.101, 187
CLINDAMYCIN PHOSPHATE.....101
clindamycin-benzoyl peroxide.....101
clindamycin-tretinoin.....101
CLINDESSE.....187
CLINPRO 5000.....124
clobazam.....29
clobetasol.....112
clobetasol-emollient.....112
CLOBEX.....112
CLOCORTOLONE PIVALATE.....112
Clodan.....112
CLODAN KIT.....112
CLODERM.....112
clomiphene citrate.....144
clomipramine.....58
clonazepam.....29
clonidine.....74
clonidine hcl.....58, 74
clopidogrel.....83
clorazepate dipotassium.....58
clotrimazole.....12, 108
clotrimazole-betamethasone.108
clozapine.....58
CLOZAPINE.....58
CLOZARIL.....58
c-nate dha.....230
COAGADEX.....83
COAL TAR.....92
COARTEM.....5
COCAINE.....105
codeine sulfate.....44
codeine-butalbital-asa-caff.....44
codeine-guaifenesin.....213
CODITUSSIN AC.....213
CODITUSSIN DAC.....213
COLAZAL.....157
COLCHICINE.....177
COLCRYS.....177
colesevelam.....87
COLESTID.....88
COLESTID FLAVORED.....87
colestipol.....88
COLY-MYCIN S.....126
COLYTE WITH FLAVOR PACKS.....157
COMBIGAN.....208
COMBIPATCH.....183
COMBIVENT RESPIMAT.218
COMBIVIR.....15
COMETRIQ.....21
COMFORT INFUSION SET 43.....132
COMFORT SHORT INSULIN PUMP 23.....132
COMPACT SPACE CHAMBER.....129
COMPAZINE.....157
COMPLERA.....15
complete natal dha.....230
completenate.....230
complex b-100.....230
Compro.....157
COMTAN.....36
CONCEPT DHA.....230
CONCEPT OB.....230
CONCERTA.....58
CONDYLOX.....96
Constulose.....157
CONTACT DETACH INFUS SET 23.....132
CONTOUR CONTROL SOLUTION, NML.....133
CONTOUR NEXT LEV 2 CONTROL SOL.....133
CONTRAVE.....119
CONZIP.....50
COOL CONTROL A SOLUTION.....133
COPAXONE.....167
COPIKTRA.....21
CORDRAN.....112, 113
CORDRAN TAPE LARGE ROLL.....112
COREG.....74
COREG CR.....74
Coremino.....10
CORGARD.....74
CORLANOR.....91
Cormax.....113
CORTANE-B.....97
CORTEF.....127
CORTENEMA.....157
CORTIFOAM.....157
cortisone.....127
CORTISPORIN.....106
CORTISPORIN-TC.....126
COSENTYX.....92
COSENTYX (2 SYRINGES).92
COSENTYX PEN.....92
COSENTYX PEN (2 PENS)..92
COSOPT.....208
COSOPT (PF).....208
COTELLIC.....21
COTEMPLA XR-ODT.....58
COUMADIN.....83
covaryx.....183
covaryx h.s.....183
COZAAR.....74
CREON.....157
CRESEMBA.....12
CRESTOR.....88
CRINONE.....183
CRIXIVAN.....15
cromolyn.....157, 204, 218
crotan.....118
Cryselle (28).....190
CRYSVITA.....144
CUPRIMINE.....179
CUROSURF.....218
CUTAQUIG.....171
CUTIVATE.....113

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

CUVITRU 171
CUVPOSA 153
cyanocobalamin (vitamin b-12) 230
Cyclafem 1/35 (28)..... 190
cyclafem 7/7/7 (28) 190
CYCLESSA (28)..... 190
cyclobenzaprine..... 42
CYCLOGYL 203
CYCLOMYDRIL..... 211
cyclopentolate..... 203
CYCLOPEN-TROPIC-PHENYLEPH-WATR 203
cyclophosphamide..... 21
CYCLOSERINE 5
CYCLOSET 149
cyclosporine 21
CYCLOSPORINE IN KLARITY 204
cyclosporine modified 21
cyproheptadine 212
Cyred 190
Cyred Eq..... 190
CYSTADANE..... 157
CYSTAGON 226
CYSTARAN 204
CYTOTEC 163
cytra k crystals..... 226
D
D.H.E.45..... 38
dalfampridine 40
DALIRESP..... 219
danazol 144
DANTRIUM 42
dantrolene 42
dapsone..... 5, 101
DAPTACEL (DTAP PEDIATRIC) (PF)..... 171
DARAPRIM..... 5
darifenacin..... 224
Dasetta 1/35 (28) 190
dasetta 7/7/7 (28)..... 190
DAURISMO..... 22
DAYPRO 50
Daysee 190
DAYTRANA 58
DDAVP 145
DEBACTEROL..... 124
Deblitane 183
Decadron 127
deferasirox 121
DELESTROGEN 183
DELSTRIGO..... 15
Delyla (28)..... 190
demeclocycline..... 10
DEMEROL..... 44
DEMSER..... 74
DENAVIR 110
denta 5000 plus..... 124
dentagel 124
DEPAKENE..... 29
DEPAKOTE..... 30
DEPAKOTE ER..... 30
DEPAKOTE SPRINKLES 30
DEPEN TITRATABS 179
DEPO-ESTRADIOL 183
DEPO-PROVERA..... 183
DEPO-SUBQ PROVERA 104 183
DEPO-TESTOSTERONE.... 145
DERMA-SMOOTHE/FS BODY OIL 113
DERMA-SMOOTHE/FS SCALP OIL 113
DERMASORB HC COMPLETE KIT 113
DERMASORB TA COMPLETE KIT 113
DERMATOP 113
dermazene..... 106
DERMOTIC OIL 126
DESCOVY 15
desipramine 58
desloratadine..... 212
desmopressin 145
desog-e.estradiol/e.estradiol . 190
desogestrel-ethinyl estradiol. 190
DESONATE..... 113
desonide..... 113
DESOWEN 113
desoximetasone 113
DESOXYN..... 58
DESVENLAFAXINE 58
desvenlafaxine succinate 58
DETROL 224
DETROL LA 224
dexamethasone 127
dexamethasone intensol..... 127
dexamethasone sodium phosphate 198
DEXAMETH-MOXIFLOX(PF)-NACL,ISO 209
DEXAMET-MOXIFL-KETORO-NACL(PF)..... 204
DEXEDRINE SPANSULE 58
dexmethylphenidate..... 59
DEXTENZA..... 199
dextroamphetamine 59
dextroamphetamine-amphetamine..... 59
DEXYCU (PF) 199
DIACOMIT 30
dialyvite 800 230
DIASTAT 30
DIASTAT ACUDIAL 30
DIATRUE CONTROL SOLN NORMAL..... 133
diazepam..... 30, 59
diazepam intensol 59
DIBENZYLINE 74
DICLEGIS 157
DICLOFENAC EPOLAMINE 50
diclofenac potassium 50
diclofenac sodium..... 50, 97, 207
diclofenac-misoprostol 50
dicloxacillin 8
dicyclomine 153
didanosine..... 15
diethylpropion..... 119
DIFFERIN 101, 102
DIFICID 3
diflorasone 113
DIFLUCAN..... 12, 13
diflunisal 50
Digitek 81
Digox 81

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

digoxin....81
dihydroergotamine 38
DILANTIN....30
Dilantin Extended....30
DILANTIN INFATABS 30
DILANTIN-125 30
DILATRATE-SR 91
DILAUDID 44
diltiazem....74
Dilt-Xr 75
DIOVAN 75
DIOVAN HCT 75
diphenhydramine hcl 212
diphenoxylate-atropine....153
DIPROLENE....114
dipyridamole....83
DISALCID 50
diskets....44
disopyramide phosphate....70
disulfiram 121
DITROPAN XL 224
DIURIL 75
divalproex....30
DIVIGEL....183, 184
dofetilide....70
DOLOPHINE 45
donepezil 40
DONNATAL....153
DOPTELET (15 TAB PACK)83
DORAL 59
DORYX....10
DORYX MPC 10
dorzolamide....208
DORZOLAMIDE (PF) 208
dorzolamide-timolol....208
dorzolamide-timolol (pf)....208
DORZOLAMIDE-TIMOLOL (PF)....208
Dotti....184
DOVATO 15
DOVONEX 92
doxazosin....75
doxepin....59, 97
doxercalciferol....145
doxycycline hyclate....10
doxycycline monohydrate 10
doxylamine-pyridoxine (vit b6) 157
D-PENAMINE 179
DRISDOL....230
drithocreme hp....93
dronabinol....157
drospirenone-e.estradiol-lm.fa 190
drospirenone-ethinyl estradiol 190
DROXIA 22
DSUVIA....45
DUAC....102
DUAVEE....184
DUET DHA BALANCED...231
DUET DHA WITH OMEGA-3 231
DUETACT 149
DUEXIS 51
DULERA....219
duloxetine 59
DUOBRII 114
DUODOTE....119
DUOPA 36
DUPIXENT 97
DURAGESIC 45
DUREZOL 199
dutasteride 225
dutasteride-tamsulosin....225
DUTOPROL....75
DUZALLO 178
Dvorah 45
DXEVO 127
DYANAVEL XR 59
DYAZIDE 75
DYMISTA....219
DYRENIUM 75
DYSPORT....171
E
e.c. prin 51
e.e.s. 400 3
E.E.S. GRANULES....3
EASIVENT HOLDING CHAMBER 129
EASY STEP HIGH CONTROL SOLN....133
EASY TALK HIGH CONTROL 133
EASY TRAK LOW CONTROL 133
EASYGLUCO PLUS NORMAL CONTROL....133
EASYMAX LOW CONTROL 133
EASYMAX NORMAL CONTROL 133
ECLIPSE NEEDLE....133
EC-NAPROSYN 51
econazole 108
econtra ez....190
econtra one-step....191
ecotrin 51
ecotrin low strength 51
ECOZA....108
EDARBI 75
EDARBYCLOR 75
EDECRIN....75
EDEX 226
EDLUAR....59
ed-spaz....153
EDURANT 15
eemt 184
eemt hs....184
efavirenz 15
effer-k 228
EFFER-K....228
EFFIENT 83
EFUDEX 97
EGRIFTA 166
ELEMENT COMPACT NORMAL CONTROL....134
ELEMENT NORMAL CONTROL 134
ELESTRIN 184
eletriptan....38
ELIDEL 97
ELIGARD....22
ELIGARD (3 MONTH) 22
ELIGARD (4 MONTH) 22
ELIGARD (6 MONTH) 22
ELIMITE 118
Elinest....191

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

ELIQUIS 83
ELIXOPHYLLIN 219
ELLA 191
ELMIRON 226
ELOCON 114
ELOCTATE 83
EMBEDA 45
EMBRACE EVO LEVEL 1 . 134
EMBRACE GLUCOSE CONTROL LOW 134
EMBRACE TALK CONTROL-LOW (L1) 134
EMCYT 22
EMEND 157
EMGALITY PEN 38
EMGALITY SYRINGE 39
Emoquette 191
EMSAM 59
EMTRIVA 15
EMVERM 5
ENABLEX 224
enalapril maleate 75
enalapril-hydrochlorothiazide 75
ENBRACE HR 231
ENBREL 179, 180
ENBREL MINI 179
ENBREL SURECLICK 180
Endocet 45
ENGERIX-B (PF) 171
ENGERIX-B PEDIATRIC (PF) 171
ENLITE SYSTEM 134
enoxaparin 83
Enpresse 191
Enskyce 191
ENSTILAR 93
entacapone 36
entecavir 15
ENTOCORT EC 157
ENTRESTO 91
Enulose 157
EPANED 75
EPCLUSA 15
EPIDIOLEX 30
EPIDUO 102
EPIDUO FORTE 102
EPIFOAM 93
epinastine 204
epinephrine 212
EPIPEN JR 2-PAK 212
EPISIL 124
Epitol 30
EPIVIR 15
EPIVIR HBV 15
eplerenone 75
eprosartan 75
EPZICOM 15
EQUETRO 30
ergocalciferol (vitamin d2) ... 231
ergoloid 59
ERGOMAR 39
ergotamine-caffeine 39
ERIVEDGE 22
ERLEADA 22
erlotinib 22
Errin 184
ERTACZO 108
Ery Pads 102
erygel 102
ERYPED 200 3
ERYPED 400 3
ery-tab 3
ERY-TAB 3
erythrocin (as stearate) 3
erythromycin 3, 4, 201
erythromycin ethylsuccinate 3
erythromycin with ethanol 102
erythromycin-benzoyl peroxide 102
ESBRIET 219
escitalopram oxalate 59
ESKATA 97
esomeprazole magnesium 163
ESOMEPRAZOLE STRONTIUM 164
Estarylla 191
estazolam 60
ESTRACE 184
estradiol 184
estradiol valerate 184
estradiol-norethindrone acet . 184
ESTRING 184
estrogens-methyltestosterone 184
ESTROSTEP FE-28 191
eszopiclone 60
ethacrynic acid 75
ethambutol 5
ethosuximide 30
ethyl chloride 105
ethynodiol diac-eth estradiol 191
etidronate disodium 121
etodolac 51
etoposide 22
EUCRISA 97
EURAX 118
EUTHYROX 152
EVAMIST 184
EVEKEO 60
EVEKEO ODT 60
EVENITY 178
EVERSENSE SENSOR-HOLDER 134
EVISTA 178
EVOCLIN 102
EVOLUTION NORMAL CONTROL 134
EVOTAZ 15
EVOXAC 121
EXALGO ER 45
EXELDERM 108
EXELON 40
exemestane 22
EXFORGE 76
EXFORGE HCT 76
EXJADE 121
EXODERM 108
EXPECTA PRENATAL 231
EXTAVIA 167, 168
EXTINA 108
EXTRA-VIRT PLUS DHA .. 231
EYLEA 204
EZALLOR SPRINKLE 88
ezetimibe 88
ezetimibe-simvastatin 88

F

FA-8 231
FABIOR 102
FACTIVE 9

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

Falmina (28) 191
famciclovir 15
famotidine..... 164
FANAPT 60
FARESTON 22
FARXIGA 149
FARYDAK..... 22
FASENRA..... 219
FASLODEX..... 22
Fayosim 191
FAZACLO 60
FC2 FEMALE CONDOM ... 182
febuxostat 178
felbamate 30
FELBATOL 30, 31
FELDENE 51
felodipine..... 76
fem ph..... 187
FEMARA 22
FEMCAP..... 182
FEMHRT LOW DOSE 184
Femynor 191
fenofibrate 88
FENOFIBRATE..... 88
fenofibrate micronized 88
fenofibrate nanocrystallized ... 88
fenofibric acid 88
fenofibric acid (choline) 88
FENOGLIDE 88
fenoprofen 51
FENOPROFEN 51
FENORTHO..... 51
fentanyl..... 45
fentanyl citrate..... 45
FERRIPROX..... 121
FETZIMA..... 60
FIASP FLEXTOUCH U-100 INSULIN 141
FIASP U-100 INSULIN..... 141
FIBRICOR 88
FINACEA..... 102
finasteride 121, 225
FIRAZYR..... 219
FIRDAPSE 40
FIRMAGON KIT W DILUENT SYRINGE..... 22
FIRVANQ 12
Flac Otic Oil 126
FLAGYL 5
FLAREX 199
flavoxate 224
flecainide 71
FLECTOR 51
FLEXICHAMBER..... 129
FLOLIPID 89
FLOMAX 225
FLORIVA (FLUORIDE-VITAMIN D3) 231
FLOVENT DISKUS 219
FLOVENT HFA..... 219
FLUAD 2019-2020 (65 YR UP)(PF) 171
FLUARIX QUAD 2019-2020 (PF)..... 171
FLUBLOK QUAD 2019-2020 (PF)..... 171
flucaine 205
FLUCELVAX QUAD 2019-2020 172
FLUCELVAX QUAD 2019-2020 (PF)..... 172
fluconazole 13
flucytosine 13
fludrocortisone..... 127
FLULAVAL QUAD 2019-2020 172
FLULAVAL QUAD 2019-2020 (PF)..... 172
FLUMADINE 15
FLUMIST QUAD 2019-2020 172
flunisolide..... 219
fluocinolone..... 114
fluocinolone acetonide oil 126
fluocinolone and shower cap 114
fluocinonide..... 114
Fluocinonide-E 114
FLUORABON..... 231
fluorescein-proparacaine 205
fluoride (sodium)..... 125, 231
FLUORIDEX DAILY DEFENSE 125
FLUORIDEX SENSITIVITY RELIEF..... 125
fluoritab 231
fluorometholone 199
FLUOROPLEX 97
fluorouracil 97
fluoxetine..... 60, 61
fluphenazine hcl..... 61
FLURA-DROPS..... 231
flurandrenolide 114
flurazepam 61
flurbiprofen..... 51
flurbiprofen sodium 207
flutamide..... 22
fluticasone propionate ..114, 219
fluticasone propion-salmeterol 219
FLUTICASONE PROPION-SALMETEROL..... 219
fluvastatin 89
fluvoxamine..... 61
FLUZONE HIGH-DOSE 2019-20 (PF)..... 172
FLUZONE QUAD 2019-2020 172
FLUZONE QUAD 2019-2020 (PF)..... 172
FLUZONE QUAD PEDI 2019-20 (PF)..... 172
FML FORTE 199
FML LIQUIFILM 199
FML S.O.P..... 199
FOCALIN..... 61
FOCALIN XR 61
FOLET ONE 231
folic acid 231
folivane-ob..... 231
foltabs 800 231
fondaparinux..... 83
FORA GTEL GLUCOSE TEST STRIP 128
FORA GTEL MULTI-FUNCTN MONITOR 134
FORA NORMAL CONTROL 134

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

FORACARE GDH LOW CONTROL 134
FORFIVO XL 61
FORTISCARE NORMAL ... 135
FOSAMAX 179
FOSAMAX PLUS D..... 179
fosamprenavir..... 15
fosinopril 76
fosinopril-hydrochlorothiazide 76
FRAGMIN 83
FREESTYLE CONTROL.... 135
FREESTYLE FLASH SYSTEM 135
FREESTYLE FREEDOM ... 135
FREESTYLE FREEDOM LITE 135
FREESTYLE INSULINX... 128, 135
FREESTYLE INSULINX TEST STRIPS..... 129
FREESTYLE LIBRE 10 DAY READER..... 135
FREESTYLE LIBRE 10 DAY SENSOR..... 135
FREESTYLE LITE METER 135
FREESTYLE LITE STRIPS 129
FREESTYLE PRECISION NEO METER 135
FREESTYLE PRECISION NEO STRIPS..... 129
FREESTYLE SIDEKICK II 135
FREESTYLE SYSTEM KIT 135
FREESTYLE TEST 129
FROVA 39
frovatriptan 39
full spectrum b-vitamin c 231
FULPHILA..... 165
fulvestrant..... 22
FURADANTIN..... 12
furosemide..... 76
FUZEON 16
Fyavolv..... 184
FYCOMPA 31
G
g tussin ac 213
gabapentin 31
GABITRIL 31
GALAFOLD 145
galantamine 40, 41
GALZIN 228
GAMASTAN 172
GAMASTAN S/D 172
GAMMAGARD LIQUID 172
GAMMAKED 173
GAMUNEX-C..... 173
GARDASIL 9 (PF)..... 173
GASTROCROM 158
gatifloxacin..... 201
GATIFLOXACIN-DEXAMETHASONE 209
GATTEX 30-VIAL 158
Gavilyte-C 158
Gavilyte-G 158
Gavilyte-N 158
GE100 CONTROL SOLUTION NORMAL..... 135
GELCLAIR 125
GELNIQUE..... 224
GELX 125
gemfibrozil 89
GENERESS FE 191
Generlac..... 158
Gengraf..... 22
GENOTROPIN 166
GENOTROPIN MINIQUICK 166
Gentak 201
gentamicin 106, 201
GENTEEL VACUUM LANCING DEVICE 135
GENVOYA 16
GEODON 61
GIALAX..... 158
gianvi (28) 191
GILENYA 168
GILOTRIF..... 22
GLASSIA 121
glatiramer..... 168
Glatopa 168
GLEEVEC..... 23
GLEOLAN 121
GLEOSTINE 23
GLIADEL WAFER..... 23
glimepiride..... 149
glipizide 149
glipizide-metformin..... 149
GLUCAGEN DIAGNOSTIC KIT 129
GLUCAGEN HYPOKIT..... 130
GLUCAGON EMERGENCY KIT (HUMAN)..... 130
GLUCAGON HCL..... 129
GLUCOCARD 01 NORMAL CONTROL 135
GLUCOCARD SHINE CONNEX METER..... 136
GLUCOCARD SHINE EXPRESS METER 136
GLUCOCOM CONTROL NORMAL..... 136
GLUCOPHAGE..... 149
GLUCOSE CONTROL..... 136
GLUCOTROL..... 149
GLUCOTROL XL..... 149
glyburide..... 149
glyburide micronized..... 149
glyburide-metformin..... 149
GLYCATE 154
glycopyrrolate..... 154
Glydo 105
GLYNASE 149
GLYSET..... 149
GLYXAMBI..... 149
GOLYTELY..... 158
GONAL-F..... 145
GONAL-F RFF 145
GONAL-F RFF REDI-JECT 145
GONITRO 91
GOPRELTO 106
GRALISE 31
GRALISE 30-DAY STARTER PACK 31
granisetron hcl 158
GRANIX..... 166
GRASTEK..... 173
griseofulvin microsize 13
griseofulvin ultramicrosize..... 13

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

guaiatussin ac 213
guaifenesin ac 213
guaifenesin dac 213
guanfacine 61, 76
guanidine 61
GYNAZOLE-1 187
gynol ii 187
H
HAEGARDA 219
hailey 191
Hailey 24 Fe 191
halcinonide 114
HALCION 61
HALDOL DECANOATE 61
halobetasol propionate 114
HALOBETASOL PROPIONATE 114
HALOG 115
haloperidol 61
haloperidol decanoate 61
haloperidol lactate 61
HARVONI 16
HAVRIX (PF) 173
HEALTHPRO HIGH-LOW CONTROL 136
Heather 185
HELIXATE FS 83
HEMANGEOL 76
hemenatal ob 231
hemenatal ob + dha 231
HEMLIBRA 84
hemmorex-hc 158
hep flush-10 (pf) 84
heparin (porcine) 84
HEPARIN (PORCINE) IN 0.9% NACL 84
heparin (porcine) in 5 % dex .. 84
heparin (porcine) in nacl (pf) . 84
heparin flush(porcine)-0.9nacl 84
heparin lock flush 84
heparin lock flush (porcine) ... 84
heparin lockflush(porcine)(pf) 84
heparin(porcine) in 0.45% nacl 84
HEPARIN(PORCINE) IN 0.45% NACL 84
heparin, porcine (pf) 84
HEPARIN, PORCINE (PF) ... 84
HEPLISAV-B (PF) 173
HEPSERA 16
HERCEPTIN HYLECTA 23
HETLIOZ 61
HIBERIX (PF) 173
Hidex 127
HIPREX 12
HISTEX-AC 213
HIZENTRA 173
homatropaire 203
homatropine hbr 203
HORIZANT 41
HUMALOG JUNIOR KWIKPEN U-100 141
HUMALOG KWIKPEN INSULIN 141
HUMALOG MIX 50-50 INSULN U-100 141
HUMALOG MIX 50-50 KWIKPEN 141
HUMALOG MIX 75-25 KWIKPEN 142
HUMALOG MIX 75-25(U-100)INSULN 142
HUMALOG U-100 INSULIN 142
HUMATROPE 166, 167
HUMIRA 180
HUMIRA PEDIATRIC CROHNS START 180
HUMIRA PEN 180
HUMIRA PEN CROHNS-UC-HS START 180
HUMIRA PEN PSOR-UVEITS-ADOL HS 180
HUMIRA(CF) 180
HUMIRA(CF) PEDI CROHNS STARTER 180
HUMIRA(CF) PEN 180
HUMIRA(CF) PEN CROHNS-UC-HS 180
HUMIRA(CF) PEN PSOR-UV-ADOL HS 180
HUMULIN 70/30 U-100 INSULIN 142
HUMULIN 70/30 U-100 KWIKPEN 142
HUMULIN N NPH INSULIN KWIKPEN 142
HUMULIN N NPH U-100 INSULIN 142
HUMULIN R REGULAR U-100 INSULN 142
HUMULIN R U-500 (CONC) INSULIN 142
HUMULIN R U-500 (CONC) KWIKPEN 142
HYCAMTIN 23
hydralazine 76
HYDREA 23
HYDRO 35 97
HYDRO 40 97
hydrochlorothiazide 76
hydrocodone-acetaminophen .. 45
hydrocodone-chlorpheniramine 213
hydrocodone-homatropine ... 213, 214
hydrocodone-ibuprofen 45
hydrocortisone 115, 127, 158
hydrocortisone acetate 158
hydrocortisone butyrate 115
hydrocortisone butyr-emollient 115
hydrocortisone valerate 115
hydrocortisone-acetic acid 126
hydrocortisone-iodoquinol ... 107
hydrocortisone-iodoquinol-aloe 107
hydrocortisone-pramoxine 93, 158
Hydromet 214
hydromorphone 45
hydroxocobalamin 231
hydroxychloroquine 5
hydroxyprogest(pf)(preg presv) 185
hydroxyprogesterone cap(ppres) 185

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

hydroxyprogesterone caproate 185
hydroxyurea 23
hydroxyzine hcl 212
hydroxyzine pamoate 212
hyophen 226
hyoscyamine sulfate 154
hyosyne 154
HYPERHEP B S/D 173
HYPERHEP B S-D NEONATAL 173
HYPERRAB (PF) 173
HYPERRAB S/D (PF) 174
HYPER-SAL 220
HYPERTET S/D (PF) 174
HYQVIA 174
HYSINGLA ER 46
HYZAAR 76
I
ibandronate 179
IBRANCE 23
Ibu 51
Ibudone 46
IBUDONE 46
ibuprofen 51
ibuprofen-oxycodone 46
ICAR 232
icatibant 220
ICLUSIG 23
IDELVION 85
IDHIFA 23
IFE-BIMIX 30/1 226
IFE-PG20 226
ILARIS (PF) 170
ILEVRO 207
ILUMYA 93
ILUVIEN 199
imatinib 23
IMBRUVICA 23
imipramine hcl 61
imipramine pamoate 62
imiquimod 170
IMIQUIMOD 170
IMOGAM RABIES-HT (PF) 174
IMOVAX RABIES VACCINE (PF) 174
IMPAVIDO 5
IMPOYZ 115
IMURAN 23
IMVEXXY MAINTENANCE PACK 185
IMVEXXY STARTER PACK 185
INBRIJA 36
Incassia 185
INCRELEX 121
INCRUSE ELLIPTA 220
indapamide 76
INDERAL XL 76
INDOCIN 51
indomethacin 51
INFANRIX (DTAP) (PF) 174
INFASURF 121
INFINITY CONTROL SOLUTION NORM 136
INFINITY VOICE CTRL SOLN-LVL 2 136
INFUSION SET 43 136
INGREZZA 41
INGREZZA INITIATION PACK 41
INLYTA 23
INNOPRAN XL 76
INOVA 102
INOVA 4-1 95
INOVA 8-2 95
INPEN (FOR HUMALOG) . 136
INPEN (FOR NOVOLOG) .. 136
INREBIC 23
INSET 30 INFUSION SET 23 136
INSET INFUSION SET 23 .. 136
INSPIRACHAMBER 129
INSPRA 76
INSULIN LISPRO 142
INSULIN SYRINGE-NEEDLE U-100 129
INTELENCE 16
INTERMEZZO 62
INTRAROSA 187
INTRON A 170
Introvale 191
INVEGA 62
INVEGA SUSTENNA 62
INVEGA TRINZA 62
INVELTYS 199
INVIRASE 16
INVOKAMET 149
INVOKAMET XR 149
INVOKANA 149
iodine-sodium iodide 97
IODOFLEX 97
IODOSORB 97
IOPIDINE 211
IPOL 174
ipratropium bromide 125, 220
ipratropium-albuterol 220
irbesartan 76
irbesartan-hydrochlorothiazide 76
IRESSA 23
ISENTRESS 16
ISENTRESS HD 16
Isibloom 191
Isochron 91
isoniazid 5
ISOPTO ATROPINE 203
ISOPTO CARPINE 198
ISORDIL 91
ISORDIL TITRADOSE 91
isosorbide dinitrate 91
isosorbide mononitrate 91
isotretinoin 102
isoxsuprine 187
isradipine 76
itraconazole 13
ivermectin 5
IXIARO (PF) 174
IXINITY 85
J
JADENU 121
JADENU SPRINKLE 121
JAKAFI 23
JALYN 225
Jantoven 85
JANUMET 150

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

JANUMET XR.....150
JANUVIA.....150
JARDIANCE.....150
Jasmiel (28).....191
Jencycla.....185
JENTADUETO.....150
JENTADUETO XR.....150
JETREA (PF).....205
Jinteli.....185
JIVI.....85
jolessa.....191
JORNAY PM.....62
Juleber.....191
JULUCA.....16
junel 1.5/30 (21).....191
Junel 1/20 (21).....192
junel fe 1.5/30 (28).....192
Junel Fe 1/20 (28).....192
Junel Fe 24.....192
JUXTAPID.....89
JYNARQUE.....145
K
KADIAN.....46
Kaitlib Fe.....192
KALBITOR.....220
KALETRA.....16
Kalliga.....192
KALYDECO.....220
KAPSPARGO SPRINKLE....76
KAPVAY.....62
KARBINAL ER.....212
Kariva (28).....192
KATERZIA.....76
KEDRAB (PF).....174
KEFLEX.....2
Kelnor 1/35 (28).....192
Kelnor 1-50.....192
KENALOG.....115
KEPPRA.....31
KEPPRA XR.....31
KERAFOAM.....97
KERALAC.....97
KERALYT RX.....95
KERALYT SCALP COMPLETE.....95
KETAMINE.....62
ketoconazole.....13, 108
ketoprofen.....51
ketorolac.....51, 52, 207
KEVEYIS.....41
KEVZARA.....180
KINERET.....170
KINRIX (PF).....174
KISQALI.....23
KISQALI FEMARA CO-PACK.....23
KITABIS PAK.....6
KLARITY-A (AZITHRO-CHONDR)(PF).....205
KLARITY-B (BETAMETH-CHOND)(PF).....205
KLARITY-L (LOTEPRED-CHOND)(PF).....205
KLARON.....107
KLONOPIN.....31
Klor-Con.....229
klor-con 10.....229
klor-con 8.....229
Klor-Con M10.....229
klor-con m15.....229
Klor-Con M20.....229
Klor-Con Sprinkle.....229
klor-con/ef.....229
kobee.....232
KOGENATE FS.....85
KORLYM.....145
KOSHER PRENATAL PLUS IRON.....232
KOVALTRY.....85
K-PHOS NO 2.....227
K-PHOS ORIGINAL.....227
kpn.....232
KRINTAFEL.....6
KRISTALOSE.....158
k-tab.....229
K-TAB.....229
Kurvelo (28).....192
KUVAN.....145
L
l norgest/e.estradiol-e.estrad.192
labetalol.....76
LACRISERT.....205
lactated ringers.....119
lactulose.....158
LAMICTAL.....32
LAMICTAL ODT.....31
LAMICTAL ODT STARTER (BLUE).....31
LAMICTAL ODT STARTER (GREEN).....31
LAMICTAL ODT STARTER (ORANGE).....32
LAMICTAL STARTER (BLUE) KIT.....32
LAMICTAL STARTER (GREEN) KIT.....32
LAMICTAL STARTER (ORANGE) KIT.....32
LAMICTAL XR.....32
LAMICTAL XR STARTER (BLUE).....32
LAMICTAL XR STARTER (GREEN).....32
LAMICTAL XR STARTER (ORANGE).....32
lamivudine.....16
lamivudine-zidovudine.....16
lamotrigine.....32
LANCETS.....137
LANCING DEVICE.....137
LANOXIN.....81
lansoprazole.....164
lanthanum.....158
LANTUS SOLOSTAR U-100 INSULIN.....142
LANTUS U-100 INSULIN..142
larin 1.5/30 (21).....192
Larin 1/20 (21).....192
Larin 24 Fe.....192
larin fe 1.5/30 (28).....192
Larin Fe 1/20 (28).....192
Larissia.....192
LASIX.....77
LASTACAFT.....205
latanoprost.....208
LATANOPROST (PF).....208
LATISSE.....205
LATUDA.....62

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

layolis fe 192
LEDIPASVIR-SOFOSBUVIR 16
leena 28 192
leflunomide..... 180
LENVIMA 24
LESCOL XL 89
Lessina..... 192
LETAIRIS 220
letrozole..... 24
leucovorin calcium 20
LEUKERAN 24
LEUKINE..... 166
leuprolide..... 24
levalbuterol hcl..... 220
LEVAQUIN 9
LEVBID 154
LEVEMIR FLEXTOUCH U-100 INSULN 142
LEVEMIR U-100 INSULIN 142
levetiracetam 32, 33
levobunolol..... 202
levocarnitine 121
levocarnitine (with sugar)..... 121
levocetirizine 212
levofloxacin..... 9, 201
Levonest (28)..... 192
levonorgestrel 193
levonorgestrel-ethinyl estrad 193
levonorg-eth estrad triphasic 193
Levora-28 193
levorphanol tartrate 46
LEVORPHANOL TARTRATE 46
LEVO-T 152
levothyroxine..... 152
levoxyl..... 152
LEVSIN..... 154
LEVSIN/SL..... 154
LEVULAN 97
LEXETTE 115
LEXIVA 16
LIALDA 158
lidocaine 106
lidocaine hcl 106
lidocaine hcl-hydrocortison ac 106, 159
LIDOCAINE HCL-HYDROCORTISON AC . 159
Lidocaine Viscous 106
lidocaine-hydrocortisone-aloe 159
lidocaine-phenylephrn in water 205
lidocaine-prilocaine 106
LIDOCAN-PHENYLEPH-BSS NO.2(PF) 205
Lillow (28)..... 193
lindane 118
linezolid..... 6
LINZESS 159
liothyronine 152
LIPITOR..... 89
LIPOCHOL PLUS 121
LIPOFEN..... 89
lisinopril..... 77
lisinopril-hydrochlorothiazide 77
lite coat aspirin 52
LITEAIRE MDI CHAMBER 129
lithium carbonate..... 62, 63
lithium citrate 63
LITHOBID 63
LITHOSTAT 121
LIVALO 89
LO LOESTRIN FE..... 193
LOCOID..... 115, 116
LOCOID LIPOCREAM..... 115
LODINE 52
LODOSYN..... 36
LOESTRIN 1.5/30 (21)..... 193
Loestrin 1/20 (21)..... 193
LOESTRIN FE 1.5/30 (28-DAY)..... 193
Loestrin Fe 1/20 (28-Day).... 193
LOKELMA 159
LOMAIRA 119
LOMOTIL 154
LONHALA MAGNAIR REFILL 220
LONHALA MAGNAIR STARTER 220
LONSURF 24
loperamide 154
LOPID 89
lopinavir-ritonavir..... 16
lopreeza..... 185
LOPRESSOR 77
LOPROX 109
LOPROX (AS OLAMINE).. 109
LOPROX KIT 109
lorazepam 63
lorazepam intensol..... 63
LORBRENA..... 24
Lorcet (Hydrocodone) 46
Lorcet Hd..... 46
Lorcet Plus..... 46
LORTAB ELIXIR..... 46
lortuss ex..... 214
Loryna (28)..... 193
losartan 77
losartan-hydrochlorothiazide.. 77
LOSEASONIQUE..... 193
LOTEMAX..... 199, 200
LOTEMAX SM..... 200
LOTENSIN..... 77
LOTENSIN HCT..... 77
loteprednol etabonate..... 200
LOTREL..... 77
LOTRISONE..... 109
LOTRONEX..... 159
LOUTREX 97
lovastatin..... 89
LOVAZA..... 89
Low-Ogestrel (28) 193
loxapine succinate 63
Lo-Zumandimine (28) 194
lta pre-attached 106
LUCEMYRA..... 52
LUCENTIS..... 205
ludent fluoride 232
lugols 107, 229
LUMIGAN 208
LUPANETA PACK (1 MONTH) 187

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

LUPANETA PACK (3 MONTH) 187
LUPRON DEPOT 24
LUPRON DEPOT (3 MONTH) 24
LUPRON DEPOT (4 MONTH) 24
LUPRON DEPOT (6 MONTH) 24
LUPRON DEPOT-PED 24
LUPRON DEPOT-PED (3 MONTH) 24
Lutera (28) 194
LUXIQ 116
LUXTURNA 205
LYNPARZA 24
LYRICA CR 33
LYSODREN 24
LYSTEDA 187
Lyza 185
M
MACRILEN 166
MACROBID 12
MACRODANTIN 12
MACUGEN 205
mafenide acetate 107
MAKENA 185
MAKENA (PF) 185
MALARONE 6
MALARONE PEDIATRIC 6
malathion 118
maprotiline 63
MAR-COF CG 214
MARINOL 159
Marlissa (28) 194
MARNATAL-F 232
MARPLAN 63
MATULANE 24
Matzim La 77
MAVENCLAD (10 TABLET PACK) 168
MAVENCLAD (4 TABLET PACK) 168
MAVENCLAD (5 TABLET PACK) 168
MAVENCLAD (6 TABLET PACK) 168
MAVENCLAD (7 TABLET PACK) 168
MAVENCLAD (8 TABLET PACK) 168
MAVENCLAD (9 TABLET PACK) 168
MAVYRET 16
MAXALT 39
MAXALT-MLT 39
MAXIDEX 200
MAXITROL 209, 210
MAXI-TUSS CD 214
MAXZIDE 77
MAXZIDE-25MG 77
MAYZENT 168
m-clear wc 214
meclizine 159
meclofenamate 52
MEDISENSE 137
MEDISENSE GLUCOSE KETONE 137
MEDROL 127
MEDROL (PAK) 127
medroxyprogesterone 185
mefenamic acid 52
mefloquine 6
MEGACE ES 24
megestrol 24
MEKINIST 24
MEKTOVI 25
Melodetta 24 Fe 194
meloxicam 52
melphalan 25
memantine 41
MEMANTINE 41
MENACTRA (PF) 174
M-END PE 214
MENEST 185
MENOPUR 145
MENOSTAR 185
MENTAX 109
MENVEO A-C-Y-W-135-DIP (PF) 174
meperidine 46
MEPHYTON 85
meprobamate 42
MEPRON 6
mercaptopurine 25
mesalamine 159
mesalamine with cleansing wipe 159
MESNEX 20
MESTINON 42
MESTINON TIMESPAN 42
Metadate Er 63
metaproterenol 220
Metaxall 42
metaxalone 42
metformin 150
METFORMIN 150
methadone 46, 47
methadose 47
Methadose 47
methamphetamine 63
methazolamide 207
methenamine hippurate 12
methenamine mandelate 12
methen-sod phos-meth blue-hyos 227
Methergine 198
methimazole 128
METHITEST 145
methocarbamol 42
methotrexate sodium 25
methotrexate sodium (pf) 25
methoxsalen 97
methscopolamine 154
methyclothiazide 77
methyl salicylate 97, 98
methyldopa 77
methyldopa-hydrochlorothiazide 77
methylergonovine 198
METHYLIN 63
methylphenidate hcl 63
METHYLPHENIDATE HCL 63
methylprednisolone 127
methyltestosterone 145
metipranolol 202
metoclopramide hcl 159

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

metolazone 77
METOPIRONE 121
metoprolol succinate 77
METOPROLOL SU-HYDROCHLOROTHIAZ . 77
metoprolol ta-hydrochlorothiaz 77
metoprolol tartrate 78
METROCREAM..... 102
METROGEL 102
METROGEL VAGINAL..... 187
METROLOTION 102
metronidazole 6, 103, 187
mexiletine 71
MIACALCIN 145
Mibelas 24 Fe 194
MICARDIS 78
MICARDIS HCT 78
MICONAZOLE NITRATE-ZINC OX-PET 109
miconazole-3 187
MICORT-HC 159
MICROCHAMBER 130
microgestin 1.5/30 (21) 194
microgestin 1/20 (21) 194
MICROGESTIN 24 FE 194
microgestin fe 1.5/30 (28) 194
microgestin fe 1/20 (28) 194
MICROSPACER..... 130
MICROZIDE..... 78
midodrine 121
migergot 39
miglitol 150
miglustat 146
MIGRANAL 39
Mili 194
millipred 127
millipred dp 127
Mimvey 185
Mimvey Lo 185
MINIMED INFUSION SET-MMT 390 137
MINIPRESS 78
Minitran 91
MINIVELLE 185
MINOCIN 10
minocycline 10
MINOLIRA ER 11
minoxidil 78
MIO INFUSION SET 137
MIOCHOL-E..... 198
miostat 208
MIRAPEX 36
MIRAPEX ER 36
Mircette (28)..... 194
mirtazapine 63, 64
MIRVASO..... 103
misoprostol 164
MITIGARE 178
MITOSOL 208
MKO (MIDAZOLAM-KETAMINE-ONDAN) 64
M-M-R II (PF)..... 174
m-natal plus 232
MOBIC 52
modafinil 64
Moderiba 168
moexipril 78
molindone 64
mometasone..... 116, 220
Mondoxyne Nl..... 11
MONODOX 11
Mono-Linyah..... 194
montelukast 220
MONUROL..... 12
Morgidox 11
MORGIDOX 1X 50 11
MORGIDOX 2X100 11
MORPHABOND ER 47
morphine..... 47
MORPHINE 47
morphine concentrate 47
MOTEGRITY 159
MOTOFEN..... 154
MOVANTIK 159
MOVIPREP..... 159
MOXATAG..... 8
MOXEZA 201
moxifloxacin..... 9, 201
MOXIFLOXACIN (PF)-BSS NO.2 201
MOXIFLOXACIN-SOD CHLOR,ISO(PF) 201
MOZOBIL 166
MS CONTIN 47
MUGARD 125
MULPLETA 85
MULTAQ 71
multi-vitamin with fluoride .. 232
multivitamins with fluoride .. 232
mupirocin..... 107
mupirocin calcium 107
MUSE 227
mvc-fluoride 232
my choice..... 194
my way 194
MYALEPT 146
MYAMBUTOL 6
MYCOBUTIN 6
mycophenolate mofetil 25
mycophenolate sodium 25
MYDAYIS 64
MYDRIACYL 203
mydriatic3 (trop-cyclopent-pe) 203
MYDRIATIC4(TROP-PROP-PE-KTRLC)..... 205
MYFORTIC 25
MYGLUCOHEALTH CONTROL SOLUTION .. 137
MYLERAN 25
mynatal 232
mynatal advance 232
mynatal plus..... 232
mynatal-z 232
mynate 90 plus..... 232
MYOBLOC 175
Myorisan..... 103
MYRBETRIQ..... 224
MYSOLINE 33
MYTESI 154
N
NABI-HB 175
nabumetone..... 52
nadolol 78
nadolol-bendroflumethiazide.. 78
naftifine..... 109

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

NAFTIN 109
NALFON..... 52
NALOCET 47
naloxone 52
naltrexone 52
NAMENDA 41
NAMENDA TITRATION PAK 41
NAMENDA XR..... 41
NAMZARIC..... 41
nandrolone decanoate..... 146
NAPRELAN CR 52
NAPROSYN 52
naproxen 52, 53
naproxen sodium 53
naratriptan..... 39
NARCAN 53
NARDIL..... 64
NASCOBAL 232
NATACHEW (FE BIS-GLYCINATE)..... 232
NATACYN 201
NATAZIA 194
nateglinide 150
NATPARA 146
NATROBA..... 118
natural b-100 complex..... 232
nature-throid 152
NEBUPENT 6
nebusal..... 220
NEBUSAL 220
necon 0.5/35 (28)..... 194
NEEVODHA (WITH ALGAL OIL)..... 232
nefazodone 64
neomycin 6
neomycin-bacitracin-poly-hc 210
neomycin-bacitracin-polymyxin 201
neomycin-polymyxin b gu ... 120
neomycin-polymyxin b-dexameth 210
neomycin-polymyxin-gramicidin..... 201
neomycin-polymyxin-hc 126, 127, 210
Neo-Polycin..... 202
Neo-Polycin Hc 210
NEORAL..... 25
NEO-SYNALAR..... 107
NEO-SYNALAR KIT 107
NERLYNX..... 25
NESTABS 233
NESTABS ABC 232
NESTABS DHA..... 232
NESTABS ONE 233
Neuac..... 103
NEUAC KIT..... 103
NEULASTA..... 166
NEUPRO 36
NEURONTIN..... 33
nevirapine 16
new day..... 194
newgen..... 233
NEXAVAR 25
NEXIUM 164
NEXIUM PACKET 164
niacin 89
NIASPAN EXTENDED-RELEASE 89
nicardipine 78
NICODERM CQ 123
nicorelief..... 123
nicorette 123
NICORETTE..... 123
nicotine 123, 124
nicotine (polacrilex) 123
NICOTROL..... 124
NICOTROL NS..... 124
nifedipine..... 78
Nikki (28) 194
NILANDRON 25
nilutamide..... 25
nimodipine..... 78
NINJACOF-XG..... 214
NINLARO 25
nisoldipine 78
nitro-bid 91
NITRO-DUR 91
nitrofurantoin..... 12
nitrofurantoin macrocrystal 12
nitrofurantoin monohyd/m-cryst 12
nitroglycerin 91, 92
NITROLINGUAL 92
NITROMIST 92
NITROSTAT 92
Nitro-Time 92
NITYR..... 122
NIVESTYM 166
nizatidine 164
NIZORAL..... 109
NOCDURNA (MEN)..... 146
NOCDURNA (WOMEN) 146
NOCTIVA 146
Nolix 116
nora-be 185
NORCO 47
NORDITROPIN FLEXPRO 167
noreth-ethinyl estradiol-iron. 195
norethindrone (contraceptive) 186
norethindrone acetate..... 186
norethindrone ac-eth estradiol 186, 195
norethindrone-e.estradiol-iron 195
NORGESIC FORTE 43
norgestimate-ethinyl estradiol 195
NORITATE 103
Norlyda 186
Norlyroc..... 186
NORPACE 71
NORPACE CR 71
NORPRAMIN 64
NORTHERA 122
nortrel 0.5/35 (28)..... 195
nortrel 1/35 (21)..... 195
Nortrel 1/35 (28)..... 195
nortrel 7/7/7 (28)..... 195
nortriptyline 64
NORVASC 78
NORVIR..... 16, 17
NOVA MAX GLUCOSE CONTROL 137

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

NOVAMAX PLUS GLU-KET 137
NOVAREL 146
NOVOEIGHT 85
NOVOLIN 70-30 FLEXPEN U-100 143
NOVOLOG FLEXPEN U-100 INSULIN 143
NOVOLOG MIX 70-30 U-100 INSULN 143
NOVOLOG MIX 70-30FLEXPEN U-100 143
NOVOLOG PENFILL U-100 INSULIN 143
NOVOLOG U-100 INSULIN ASPART 143
NOVOPEN ECHO 137
NOVOSEVEN RT 85
NOXAFIL 13
np thyroid 152
NPLATE 85
NUBEQA 25
NUCALA 220
NUCORT 116
NUCYNTA 53
NUCYNTA ER 53
NUEDEXTA 41
NULEV 154
NULYTELY WITH FLAVOR PACKS 160
NUPLAZID 64
NUVARING 187
NUVESSA 188
NUVIGIL 64
NUWIQ 85
NUZYRA (7 DAY WITH LOAD DOSE) 11
Nyamyc 109
NYMALIZE 78
nystatin 13, 109, 110
nystatin-triamcinolone 110
Nystop 110
O
OB COMPLETE ONE 233
OB COMPLETE PETITE 233
OB COMPLETE PREMIER 233
OB COMPLETE WITH DHA 233
obstetrix dha 233
OBSTETRIX EC 233
OBSTETRIX ONE 233
OBTREX DHA 233
O-CAL PRENATAL 233
OCALIVA 160
ocella 195
octreotide acetate 25
OCUFLOX 202
ODACTRA 175
ODEFSEY 17
ODOMZO 25
OFEV 220
ofloxacin 9, 126, 202
ogestrel (28) 195
Okebo 11
olanzapine 64
olanzapine-fluoxetine 64
olmesartan 78
olmesartan-amlodipin-hcthiazid 78
olmesartan-hydrochlorothiazide 78
olopatadine 125, 205
OLUMIANT 181
OLUX 116
OLUX-E 116
OMECLAMOX-PAK 164
omega-3 acid ethyl esters 89
Omeppi 164
omeprazole 165
omeprazole magnesium 165
omeprazole-sodium bicarbonate 165
OMIDRIA 205
OMNIPOD DASH INSULIN POD 137
OMNIPOD INSULIN MANAGEMENT 137
OMNITROPE 167
ON CALL EXPRESS CONTROL 137
ON CALL PLUS CONTROL 138
ON CALL VIVID CONTROL 138
ondansetron 160
ondansetron hcl 160
one daily prenatal 233
ONETOUCH PING INSULIN PUMP 138
ONETOUCH ULTRA CONTROL 138
ONEXTON 103
ONFI 33
ONMEL 13
ONZETRA XSAIL 39
OPANA 47
opcicon one-step 195
opium tincture 154
OPSUMIT 221
OPTICHAMBER DIAMOND VHC 130
option-2 195
ORACEA 11
ORACIT 227
ORALAIR 175
Oralone 125
ORAMAGICRX 125
ORAP 64
ORAPRED ODT 128
ORAVIG 13
ORENCIA 181
ORENCIA CLICKJECT 181
ORENITRAM 79
ORFADIN 122
ORILISSA 146
ORKAMBI 221
orphenadrine citrate 43
orphenadrine-asa-caffeine 43
Orphengesic Forte 43
Orsythia 195
ORTHO MICRONOR 186
ORTHO TRI-CYCLEN (28) 195
ORTHO-NOVUM 1/35 (28) 195
ORTHO-NOVUM 7/7/7 (28) 195
oscimin 154
oscimin sl 154
oscimin sr 154

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

oseltamivir 17
OSENI 150
OSMOPREP 160
OSPHENA 188
OTEZLA 181
OTEZLA STARTER 181
OTIPRIO 126
OTOVEL 127
OTREXUP (PF) 181
OVACE 93
OVACE PLUS 93
OVACE PLUS SHAMPOO ... 93
OVACE PLUS WASH 93
Ovide 118
OVIDREL 146
OXANDRIN 146
oxandrolone 146
oxaprozin 53
OXAYDO 47
oxazepam 65
oxcarbazepine 33
OXERVATE 205
oxiconazole 110
OXISTAT 110
OXSORALEN ULTRA 98
OXTELLAR XR 33
oxybutynin chloride 224
oxycodone 47
oxycodone-acetaminophen 47
oxycodone-aspirin 48
OXYCONTIN 48
oxymorphone 48
OXYTROL 225
oyster shell + d3 229
oyster shell calcium-vit d3 ... 229
OZEMPIC 150
P
pacerone 71
Pacerone 71
PACNEX 103
paliperidone 65
PALYNZIQ 146
PAMELOR 65
PANDEL 116
PANRETIN 98
pantoprazole 165
PAPAV-PHENTOLAM-ALPROST-WATER 227
PAPAV-PHENTOLAMINE IN WATER 227
PARADIGM REAL-TIME TRANSMIT-SN 138
paregoric 154
PAREMYD 203
paricalcitol 146
PARLODEL 36
PARNATE 65
Paroex Oral Rinse 125
paromomycin 6
paroxetine hcl 65
paroxetine mesylate(menop.sym) 65
PASER 6
PATADAY 206
PATANASE 125
PATANOL 206
PAXIL 65
PAXIL CR 65
PAZEO 206
PEDIARIX (PF) 175
PEDVAX HIB (PF) 175
peg 3350-electrolytes 160
PEGANONE 33
PEGASYS 168
PEGASYS PROCLICK 168
peg-electrolyte soln 160
PEGINTRON 169
peg-prep 160
PEN NEEDLE, DIABETIC . 138
penicillamine 181
penicillin g procaine 8
penicillin v potassium 9
PENLAC 110
PENNSAID 53
PENTACEL (PF) 175
PENTACEL ACTHIB COMPONENT (PF) 175
PENTASA 160
pentazocine-naloxone 53
pentoxifylline 85
Pepcid 165
PERCOCET 48
PERFOROMIST 221
PERIDEX 125
perindopril erbumine 79
Periogard 125
permethrin 118
perphenazine 65
perphenazine-amitriptyline 65
perry prenatal 233
PERSERIS 65
PEXEVA 65, 66
Phenadoz 212
phenazopyridine 228
phendimetrazine tartrate 119
phenelzine 66
Phenergan 212
phenobarb-hyoscy-atropine-scop 155
phenobarbital 33
phenohytro 155
phenoxybenzamine 79
phentermine 119
phenylephrine hcl 211
PHENYTEK 33
phenytoin 33
phenytoin sodium extended 33
philith 195
PHOSLYRA 160
phosphasal 227
PHOSPHOLINE IODIDE 203
PHOTREXA CROSS-LINKING KIT 206
PHOTREXA VISCOUS 206
Phrenilin Forte(With Caffeine) 48
PHYSIOLYTE 120
PHYSIOSOL IRRIGATION 120
phytonadione (vitamin k1) 85
PHYTONADIONE (VITAMIN K1) 85
PICATO 98
PIFELTRO 17
pilocarpine hcl 122, 125, 198
pimecrolimus 98
pimozide 66
Pimtrea (28) 195
pindolol 79

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

pioglitazone 150
pioglitazone-glimepiride 150
pioglitazone-metformin 150
PIQRAY 26
pirmella 195
Pirmella 195
piroxicam 53
PLAN B ONE-STEP 196
PLEGRIDY 169
PLENVU 160
PLEXION 103
PLEXION CLEANSING CLOTHS 103
PLIAGLIS 106
PNEUMOVAX 23 175
pnv 29-1 233
pnv ob+dha 233
pnv-dha 233
pnv-dha + docusate 233
pnv-ferrous fumarate-docu-fa 233
pnv-omega 233
pnv-select 233
pnv-vp-u 233
POCKET CHAMBER 130
PODOCON 95
podofilox 98
Polycin 202
polymyxin b sulf-trimethoprim 202
POLYTRIM 202
POLY-TUSSIN AC 214
POMALYST 169
Portia 28 196
POSACONAZOLE 13
POTABA 229
potassium chloride 229
potassium citrate 227
PR BENZOYL PEROXIDE. 103
pr natal 400 234
pr natal 400 ec 233
pr natal 430 234
pr natal 430 ec 234
PRADAXA 86
pramipexole 36
PRAMOSONE 93
PRANDIN 150
prasugrel 86
PRAVACHOL 90
pravastatin 90
praziquantel 6
prazosin 79
PRECOSE 150
PRED FORTE 200
PRED MILD 200
PRED-G 210
PRED-G S.O.P. 210
prednicarbate 116
PREDNISOL ACE-GATIFLOX-BROMFEN . 206
PREDNISOLN SP-GATIFLOX-BROMFEN . 206
PREDNISOLN SP-MOXIFLOX-BROMFEN 206
prednisolone 128
prednisolone acetate 200
PREDNISOLONE ACETATE (PF) 200
PREDNISOLONE ACETATE-BROMFENAC 206
PREDNISOLONE ACETATE-NEPAFENAC 206
PREDNISOLONE ACET-GATIFLOXACIN 210
PREDNISOLONE SOD PH-BROMFENAC 206
PREDNISOLONE SOD PH-GATIFLOXAC 210
PREDNISOLONE SOD PH-MOXIFLOX 210
prednisolone sodium phosphate 128, 200
PREDNISOLONE-MOXIFLO-NEPAFENAC 206
PREDNISOLONE-MOXIFLOXACIN HCL .. 210
PREDNISOLONE-MOXIFLOX-BROMFEN 206
prednisone 128
prednisone intensol 128
PREFEST 186
pregabalin 33
PREGNYL 146
PREMARIN 186
PREMIER COMPACT GLUCOSE METER 138
PREMPHASE 186
PREMPRO 186
prena1 chew 234
prena1 pearl 234
prena1 true 234
prenaissance 234
prenaissance plus 234
PRENATA 234
prenatabs fa 234
prenatabs rx 234
prenatal 234
PRENATAL 234
PRENATAL + DHA 234
prenatal complete 234
prenatal formula 234
prenatal one daily 234
prenatal plus 234
prenatal plus (calcium carb) . 234
PRENATAL PLUS DHA 234
prenatal vitamin 234
prenatal vitamin plus low iron 234
prenatal vitamin with minerals 234
prenatal vits96-iron fum-folic 234
prenatal-u 234
PRENATE AM 234
PRENATE CHEWABLE 234
PRENATE DHA (FERR ASP GLYCIN) 235
PRENATE ELITE (IRON ASP GLYC) 235
PRENATE ENHANCE 235
PRENATE ESSENTIAL(IRON-ASP-GL) 235
PRENATE MINI (FERR ASP GLYCIN) 235
PRENATE PIXIE 235
PRENATE RESTORE 235
PRENATE STAR 235
PREPIDIL 188

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

preplus 235
PREPOPIK 160
PRESTALIA 79
pretab 235
prevalite 90
PREVIDENT 125, 126
PREVIDENT 5000 BOOSTER PLUS 125
PREVIDENT 5000 DRY MOUTH 125
PREVIDENT 5000 ENAMEL PROTECT 125
PREVIDENT 5000 PLUS 125
PREVIDENT 5000 SENSITIVE 125
Previfem 196
PREVNAR 13 (PF) 175
PREVYMIS 17
PREZCOBIX 17
PREZISTA 17
PRIFTIN 6
PRILOSEC OTC 165
PRIMACARE 235
primaquine 6
PRIMEAIRE 130
primidone 33
PRIMLEV 48
PRIMSOL 12
PRINIVIL 79
PROAIR HFA 221
PROAIR RESPICLICK 221
probenecid 178
probenecid-colchicine 178
PROBUPHINE 48
PROCARDIA 79
PROCARDIA XL 79
Procentra 66
PROCHAMBER 130
prochlorperazine 160
prochlorperazine maleate 160
PROCORT 160
PROCRIT 166
PROCTOCORT 116, 160
PROCTOFOAM HC 161
Procto-Med Hc 161
Procto-Pak 161
Proctosol Hc 161
Proctozone-Hc 161
PRODIGY CONTROL SOLUTION, LOW 138
PRODIGY CONTROL SOLUTION,HIGH 138
progesterone 186
progesterone micronized 186
PROGLYCEM 130
PROGRAF 26
PROLENSA 207
PROLEUKIN 170
PROLIA 179
PROMACTA 86
promethazine 212
promethazine-codeine 214
promethazine-dm 214
promethazine-phenyleph-codeine 214
promethazine-phenylephrine 214
Promethegan 212
PROMETRIUM 186
PROMISEB 98
propafenone 71
propantheline 155
proparacaine 206
propranolol 79
propranolol-hydrochlorothiazid 79
propylthiouracil 128
PROQUAD (PF) 175
PROSCAR 226
PROSTIN E2 188
PROTHELIAL 126
PROTOPIC 98
protriptyline 66
PROVERA 186
PROVIDA DHA 235
PROVIDA OB 235
prudoxin 98
PSORCON 116
PULMICORT FLEXHALER 221
pulmosal 221
PULMOZYME 221
PUREFE OB PLUS 235
PURIXAN 26
PYLERA 165
pyrazinamide 6
PYRIDIUM 228
pyridostigmine bromide 43
PYRIDOSTIGMINE BROMIDE 43

Q

QBRELIS 79
QBREXZA 98
Q-CARE RX Q4 126
QMIIZ ODT 53
QNASL 221
QTERN 150
QUADRACEL (PF) 175
QUALAQUIN 6
QUARTETTE 196
QUAZEPAM 66
QUDEXY XR 34
Questran 90
QUESTRAN LIGHT 90
quetiapine 66
QUICK-SET PARADIGM ... 138
QUILLICHEW ER 66
QUILLIVANT XR 66
quinapril 79
quinapril-hydrochlorothiazide 79
quinidine gluconate 71
quinidine sulfate 71
quinine sulfate 6
quit 2 124
quit 4 124
QUTENZA 98
QVAR REDIHALER 221

R

RABAVERT (PF) 176
rabeprazole 165
RABEPRAZOLE 165
RACEPINEPH-LIDOCAINE-BSS 7(PF) 206
RADIOGARDASE 122
RAGWITEK 176
Rajani 196
raloxifene 179
ramelteon 66
ramipril 79

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

RANEXA 91
ranitidine hcl..... 165
ranolazine 91
RAPAFLO..... 226
RAPAMUNE 26
rasagiline 36
RASUVO (PF) 181
RAVICTI..... 122
RAYALDEE 146
RAZADYNE..... 41
RAZADYNE ER..... 41
REBIF (WITH ALBUMIN). 169
REBIF REBIDOSE..... 169
REBIF TITRATION PACK 169
REBINYN 86
Reclipsen (28) 196
RECOMBINATE 86
RECOMBIVAX HB (PF) 176
RECTIV 161
refissa 103
REFUAH PLUS GLUCOSE CONTROL 139
REGLAN..... 161
REGRANEX 98
RELAGARD 188
RELENZA DISKHALER 17
Relexxii 66
RELION NOVOLIN 70/30 .. 143
RELION NOVOLIN R 143
RELISTOR..... 161
RELPAX 39
REMERON 66
REMERON SOLTAB..... 66
RENACIDIN 227
rena-vite..... 235
RENOVA 103
RENVELA 161
repaglinide 150
repaglinide-metformin..... 151
REQUIP 36
REQUIP XL 36
RESCRIPTOR..... 17
RESPA-AR..... 214
RESTASIS 206
RESTASIS MULTIDOSE ... 206
RESTORIL..... 66
RETACRIT 166
RETIN-A 104
RETIN-A MICRO 103
RETIN-A MICRO PUMP 103
RETISERT 200
RETROVIR 17
REVATIO 221
REVCOVI 122
REVEL PROGRAMMABLE PUMP 139
REVLIMID 169
REXULTI..... 67
REYATAZ 17
RHOFADE 104
RHOPRESSA..... 208
ribasphere 169
Ribasphere 169
ribasphere ribapak 169
ribavirin 17, 169
RIDAURA..... 181
rifabutin 6
RIFADIN..... 7
RIFAMATE..... 7
rifampin 7
RIFATER 7
RIGHTEST CONTROL SOLUTION HIGH 139
RILUTEK..... 122
riluzole..... 122
rimantadine 17
ringer's 120
RINVOQ ER 181
RIOMET..... 151
risedronate 122, 179
RISPERDAL 67
RISPERDAL CONSTA 67
risperidone 67
RITALIN 67
RITALIN LA..... 67
RITEFLO AEROCHAMBER 130
ritonavir 17
RITUXAN HYCELA..... 26
rivastigmine 42
rivastigmine tartrate..... 41
rivelsa 196
RIXUBIS 86
rizatriptan..... 39
R-NATAL OB 235
robafen ac 214
ROBAXIN-750..... 43
ROCALTROL 147
ROCKLATAN 209
ropinirole 36, 37
Rosadan 104
ROSADAN..... 104
ROSANIL..... 104
ROSULA 104
rosula cleansing cloths..... 104
rosuvastatin..... 90
ROTARIX 176
ROTATEQ VACCINE..... 176
ROWASA..... 161
Roweepra 34
Roweepra Xr..... 34
ROXICODONE..... 48
ROXYBOND 48
ROZEREM 67
RUBRACA..... 26
RUCONEST 221
RUZURGI 42
RYCLORA 212
RYDAPT 26
RYTARY..... 37
RYTHMOL SR 71
RYVENT..... 213

S

SABRIL..... 34
SAFE-CLIP BY MAIL..... 139
SAFYRAL..... 196
SALAGEN (PILOCARPINE) 122, 126
SALEX 95
salicylic acid 96
salicylic acid er-ceramides 96
SALKERA..... 96
salsalate..... 53
salvax..... 96
SALVAX DUO PLUS 96
SAMSCA..... 147
SANCUSO 161
SANDIMMUNE..... 26

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

SANDOSTATIN 26
SANDOSTATIN LAR DEPOT 26
SANTYL 118
SAPHRIS 67
SARAFEM 67
SAVAYSA 86
SAVELLA 181
SAXENDA 119
scalacort 116
SCALACORT DK 116
scopolamine base 161
SEASONIQUE 196
seconal sodium 67
SEEBRI NEOHALER 221
SEGLUROMET 151
SELECT-OB 235
SELECT-OB (FOLIC ACID) 235
SELECT-OB + DHA 235
selegiline hcl 37
selenium sulfide 93
SELRX 93
SELZENTRY 17
SEMPREX-D 214
se-natal 19 235
se-natal 19 (with docusate) ... 235
SENSIPAR 147
SEREVENT DISKUS 222
SERNIVO 116
serophene 147
SEROSTIM 167
sertraline 68
Setlakin 196
sevelamer carbonate 161
sevelamer hcl 161
SEYSARA 11
sf 126
sf 5000 plus 126
SFROWASA 161
Sharobel 186
SHINGRIX (PF) 176
SHOHL'S MODIFIED 227
SIDEKICK BLOOD GLUCOSE SYSTEM 139
SIGNIFOR 26
SIKLOS 26
sildenafil 227
sildenafil (antihypertensive) . 222
SILENOR 68
SILHOUETTE 139
SILIQ 94
silodosin 226
SILVADENE 95
silver nitrate 98
silver nitrate applicators 98
silver sulfadiazine 95
SILVRSTAT 107
SIMBRINZA 209
Simliya (28) 196
Simpesse 196
SIMPONI 181, 182
SIMPONI ARIA 181
simvastatin 90
SINEMET 37
SINEMET CR 37
SINUVA 222
sirolimus 26
SIRTURO 7
SIVEXTRO 7
SKELAXIN 43
SKLICE 118
SKYRIZI 94
SLYND 196
SMARTEST CONTROL 139
sodium chloride 122, 222
sodium chloride 0.9 % 122
sodium chloride 0.9 % (flush) 122
sodium fluoride 5000 plus 126
sodium phenylbutyrate 122
sodium polystyrene sulfonate 161
SODIUM POLYSTYRENE SULFONATE 162
SOFOSBUVIR-VELPATASVIR 17
SOF-SET 139
SOF-SET CANNULA 24 139
SOF-SET MICRO 24 139
SOLARAZE 98
solifenacin 225
SOLIQUA 100/33 143
SOLODYN 11
SOLOSEC 7
SOLTAMOX 26
SOLUS V2 CONTROL SOLUTION,HIGH 139
SOMA 43
SOMATULINE DEPOT 26
SOMAVERT 147
SOOLANTRA 104
SORBITOL 120
SORBITOL-MANNITOL 120
SORIATANE 94
SORILUX 94
sotalol 71
Sotalol Af 71
SOTYLIZE 71
SPECTRACEF 2
spinosad 118
spironolactone 79
spironolacton-hydrochlorothiaz 79
SPORANOX 13
SPORANOX PULSEPAK 13
SPRAVATO 68
Sprintec (28) 196
SPRITAM 34
SPRIX 53
SPRYCEL 27
sps (with sorbitol) 162
Sronyx 196
ssd 95
SSKI 128
sss 10-5 104
st joseph aspirin 53
st. joseph aspirin 54
STALEVO 100 37
STALEVO 125 37
STALEVO 150 37
STALEVO 200 37
STALEVO 50 37
STALEVO 75 37
STAMARIL (PF) 176
STARLIX 151
stavudine 18
STEGLATRO 151

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

STEGLUJAN 151
STELARA 94
STIMATE 147
STIOLTO RESPIMAT 222
STIVARGA 27
stop smoking aid 124
STRENSIQ 147
STREPTOMYCIN 7
stress formula 236
stress formula with iron 236
stress formula with iron(sulf) 236
STRIANT 147
STRIBILD 18
STRIVERDI RESPIMAT 222
STROMECTOL 7
strong iodine 107, 229
SUBLOCADE 48
SUBOXONE 54
SUBSYS 48
Subvenite 34
Subvenite Starter (Blue) Kit ... 34
Subvenite Starter (Green) Kit. 34
Subvenite Starter (Orange) Kit 34
SUCRAID 162
sucralfate 165
SULAR 79
sulfacetamide sodium 94, 211
sulfacetamide sodium (acne) 107
sulfacetamide sodium-sulfur 104
sulfacetamide sod-sulfur-urea 104
sulfacetamide-prednisolone .. 211
sulfacetamide-sulfur-cleansr23 104
sulfacleanse 8-4 104
sulfact na-sul-avobnz-otn-ocsa 104
sulfadiazine 9
sulfamethoxazole-trimethoprim 10
SULFAMYLON 107
sulfasalazine 162
sulfatrim 10
sulindac 54
SUMADAN 104, 105
SUMADAN XLT 105
sumatriptan 39
sumatriptan succinate 39, 40
SUMAXIN 105
SUMAXIN CP 105
SUMAXIN TS 105
SUNOSI 68
super b complex-vitamin c ... 236
super b maxi complex 236
super b-50 complex plus 236
super quints 236
super quints b-50 236
superplex-t 236
SUPRAX 2, 3
SURE-T PARADIGM 139
SURFAXIN 222
SURVANTA 122
SUSTIVA 18
SUSTOL 162
SUTENT 27
Syeda 196
SYLATRON 169
SYMAX DUOTAB 155
symax fastabs 155
symax-sl 155
symax-sr 155
SYMBICORT 222
SYMBYAX 68
SYMDEKO 222
SYMFI 18
SYMFI LO 18
SYMJEPI 213
SYMLINPEN 120 151
SYMLINPEN 60 151
SYMPAZAN 34
SYMPROIC 162
SYMTUZA 18
SYNAGIS 18
SYNALAR 117
SYNALAR CREAM KIT 117
SYNALAR OINTMENT KIT 117
SYNALAR TS 117
SYNAREL 147
SYNDROS 162
SYNERA 106
SYNJARDY 151
SYNJARDY XR 151
SYNRIBO 27
SYNTHROID 152
SYPRINE 122
T
T
30 INFUSION SET 139
90 INFUSION SET 23 139
FLEX INSULIN DELIVERY PUMP 140
SLIM 140
SLIM G4 140
SLIM X2 BASAL-IQ INSULIN PMP 140
SLIM X2 INSULIN PUMP 140
TABLOID 27
TACLONEX 94
tacrolimus 27, 98
tadalafil 226, 227
tadalafil (antihypertensive) ... 222
TAFINLAR 27
TAGRISSO 27
TAKE ACTION 196
TAKHZYRO 222
TALTZ AUTOINJECTOR 94
TALTZ AUTOINJECTOR (2 PACK) 94
TALTZ AUTOINJECTOR (3 PACK) 94
TALTZ SYRINGE 95
TALZENNA 27
TAMIFLU 18
tamoxifen 27
tamsulosin 226
TAPAZOLE 128
Taperdex 128
TAPERDEX 128
TARCEVA 27
TARGADOX 11
TARGRETIN 27
Tarina 24 Fe 196
Tarina Fe 1/20 (28) 197
TARKA 79
taron-c dha 236

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

taron-prex prenatal-dha 236
TASIGNA 27
TASMAR 37
TAVALISSE 86
TAYTULLA.....197
tazarotene 105
TAZORAC 105
Taztia Xt.....80
TDVAX.....176
TECFIDERA.....169
TEGRETOL 34
TEGRETOL XR.....34
TEGSEDI 42
TEKTURNA 80
TEKTURNA HCT 80
TELCARE CONTROL.....140
telmisartan 80
telmisartan-amlodipine.....80
telmisartan-hydrochlorothiazid 80
temazepam.....68
TEMODAR 27
TEMOVATE.....117
temozolomide.....27
Tencon.....48
TENIVAC (PF) 176
tenofovir disoproxil fumarate.18
TENORETIC 100.....80
TENORETIC 50.....80
TENORMIN.....80
terazosin 80
terbinafine hcl.....13
terbutaline.....222
terconazole 188
TERSI FOAM 95
TESSALON PERLES.....214
TESTOPEL 147
testosterone.....147
testosterone cypionate 147
testosterone enanthate 147
TETANUS,DIPHTHERIA TOX PED(PF) 176
tetcaine 206
tetrabenazine.....42
tetracaine hcl 207
TETRACAINE HCL (PF)....207
tetracycline 11
TETRAVISC.....207
TETRAVISC FORTE 207
TEXACORT.....117
THALOMID.....27
THEO-24 222
Theochron.....222
theophylline.....222, 223
THIOLA 123
THIOLA EC 123
thioridazine.....68
thiothixene.....68
THRIVITE RX.....236
thyroid (pork) 152
THYROLAR-1 152
THYROLAR-1/2.....152
THYROLAR-1/4.....152
THYROLAR-2 152
THYROLAR-3 152
tiagabine 34
TIAZAC 80
TIBSOVO.....27
TIGAN.....162
TIGLUTIK 123
tilia fe.....197
TIMOL-BRIMON-DORZO-LATANOP(PF) 209
timolol maleate.....80, 202, 203
TIMOLOL-BRIMONIDI-DORZOLAM(PF) 209
TIMOLOL-DORZOLAMID-LATANOP(PF) 209
TIMOLOL-LATANOPROST(PF).....209
TIMOPTIC 203
TIMOPTIC-XE 203
tinidazole 7
TIROSINT.....153
TIROSINT-SOL.....153
tis-u-sol pentalyte 120
TIVICAY.....18
tizanidine 43
TOBI PODHALER 7
TOBRADEX 210
TOBRADEX ST.....210
tobramycin.....202
tobramycin in 0.225 % nacl.....7
TOBRAMYCIN WITH NEBULIZER.....7
tobramycin-dexamethasone..210
TOBREX 202
TODAY CONTRACEPTIVE SPONGE.....188
TOFRANIL 68
TOLAK.....98
tolazamide.....151
tolbutamide 151
tolcapone.....37
tolmetin.....54
TOLSURA.....14
tolterodine.....225
TOPAMAX 34
TOPICORT.....117
topiramate 34
TOPIRAMATE 34
TOPROL XL 80
toremifene.....27
torsemide 80
total b/c 236
TOUJEO MAX U-300 SOLOSTAR 143
TOUJEO SOLOSTAR U-300 INSULIN 143
TOVIAZ 225
TRACLEER 223
TRADJENTA 151
tramadol.....54
TRAMADOL 54
tramadol-acetaminophen 54
trandolapril 80
trandolapril-verapamil 80
tranexamic acid.....188
TRANSDERM-SCOP 162
TRANXENE T-TAB.....68
tranylcypromine.....68
TRAVATAN Z.....209
trazodone 68
TRECATOR.....7
TRELEGY ELLIPTA.....223
TRELSTAR.....27
TREMFYA 95

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

TRESIBA FLEXTOUCH U-100 143
TRESIBA FLEXTOUCH U-200 143
TRESIBA U-100 INSULIN . 143
tretinoin 105
tretinoin (chemotherapy) 27
tretinoin (emollient)..... 105
tretinoin microspheres 105
TRETIN-X 105
TRETIN-X CREAM KIT..... 105
TRETTEN 86
TREXALL..... 27
TREZIX..... 48
Tri Femynor..... 197
TRIACETIN..... 110
triamcinolone acetonide117, 126
TRIAMCINOLON-MOXIFLOX-WATR(PF). 210
triamterene..... 80
triamterene-hydrochlorothiazid 80
Trianex 117
triazolam..... 68
TRICARE..... 236
TRICOR 90
Triderm..... 117
TRIDESILON 117
trientine..... 123
TRIESENCE (PF) 128
Tri-Estarylla 197
TRIFERIC 236
trifluoperazine 68
trifluridine..... 202
TRIGLIDE 90
trihexyphenidyl..... 37
Triklo..... 90
tri-legest fe..... 197
TRILEPTAL..... 34, 35
Tri-Linyah 197
TRILIPIX 90
Tri-Lo-Estarylla..... 197
Tri-Lo-Marzia..... 197
Tri-Lo-Mili 197
Tri-Lo-Sprintec..... 197
Trilyte With Flavor Packets . 162
trimethobenzamide 162
trimethoprim..... 12
Tri-Mili 197
trimipramine 68
TRI-MIX (PAPAVRN-PHNTLMN-PGE1) 227
TRIMO-SAN JELLY 188
TRIMPEX 12
trinatal rx 1 236
trinate..... 236
TRINTELLIX..... 68
TRIPLE DYE 110
Tri-Previfem (28) 197
TRIPTODUR..... 27
Tri-Sprintec (28)..... 197
TRISTART DHA 236
TRIUMEQ..... 18
triveen-duo dha..... 236
tri-vitamin with fluoride 236
Trivora (28) 197
Tri-Vylibra..... 197
Tri-Vylibra Lo 197
TRIZIVIR..... 18
TROKENDI XR 35
tropicamide..... 203
trospium..... 225
TRUE METRIX LEVEL 1... 140
TRUECONTROL LEVEL 0 140
TRULANCE..... 162
TRULICITY 151
TRUMENBA..... 176
TRUSOPT 209
trust natal dha 236
TRUSTEEL INFUSION SET 32 140
TRUVADA 18
Tulana..... 186
TURALIO 28
TUSNEL PEDIATRIC..... 214
TUXARIN ER..... 214
TWINRIX (PF)..... 176
TWYNSTA 80
TYBOST 18
Tydemy..... 197
TYKERB 28
TYLENOL-CODEINE #3..... 48
TYLENOL-CODEINE #4..... 48
TYMLOS..... 179
TYPHIM VI..... 177
TYVASO..... 223
TYVASO REFILL KIT..... 223
TYVASO STARTER KIT ... 223
TYZINE..... 126
U
UCERIS..... 162
UDENYCA..... 166
ULESFIA..... 118
ULORIC 178
ultra b-100 complex..... 236
ULTRACET 54
ULTRAM 54
ULTRASAL-ER..... 96
ULTRAVATE 118
umecta..... 98
UNISTRIP LOW CONTROL 140
unithroid 153
UPTRAVI..... 81
URAMAXIN 98
urea 99
urea nail stick..... 99
URECHOLINE..... 226
URELLE..... 227
uretron d-s..... 227
URIBEL..... 227
urimar-t 227
urin ds 227
uro-458 227
UROCIT-K 10 227
UROCIT-K 15 228
UROCIT-K 5 228
urogesic-blue 228
uro-mp 228
UROQID-ACID NO.2..... 228
UROXATRAL 226
URSO 250 162
URSO FORTE..... 162
ursodiol 162
uryl..... 228
ustell 228
UTIBRON NEOHALER..... 223
utira-c..... 228

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

UTOPIC 99
V
VAGIFEM..... 186
vaginal contraceptive foam .. 188
valacyclovir 18
VALCHLOR 99
VALCYTE 18
valganciclovir 18
valproic acid 35
valproic acid (as sodium salt). 35
valsartan 81
valsartan-hydrochlorothiazide 81
VANATOL S 48
VANCOCIN..... 12
vancomycin 12
vandazole..... 188
VANOS 118
VANOXIDE-HC..... 105
VAQTA (PF)..... 177
vardenafil..... 228
VARISOFT INFUSION SET 43 140
VARIVAX (PF) 177
VARIZIG 177
VARUBI..... 163
VASCEPA..... 90
VASERETIC 81
VASHE WOUND THERAPY 120
VASOTEC 81
VAXCHORA VACCINE 177
VCF CONTRACEPTIVE FILM 188
VCF CONTRACEPTIVE GEL 188
VECAMYL 91
VECTICAL 95
velivet triphasic regimen (28) 197
VELPHORO..... 163
VELTASSA 163
VEMLIDY 18
VENCLEXTA..... 28
VENCLEXTA STARTING PACK 28
venlafaxine 68, 69
VENTAVIS 223
VENTOLIN HFA..... 223
verapamil 81
VERASENS CONTROL SOLN-LEVEL 1..... 140
VERDESO..... 118
VEREGEN 99
VERELAN 81
VERELAN PM..... 81
veripred 20..... 128
VERSACLOZ 69
VERZENIO 28
VESICARE 225
VFEND..... 14
V-GO 20 140
V-GO 30 140
V-GO 40 140
VIBERZI 163
VIBRAMYCIN 11
Vicodin 49
Vicodin Es 49
Vicodin Hp 49
VICTOZA 2-PAK 151
VICTOZA 3-PAK 151
VIDEX 2 GRAM PEDIATRIC 19
VIDEX EC 19
VIEKIRA PAK..... 19
Vienva 198
vigabatrin..... 35
Vigadrone 35
VIGAMOX..... 202
VIIBRYD 69
vilamit mb..... 228
vilevev mb 228
VIMOVO..... 54
VIMPAT..... 35
vinate care..... 236
VINATE DHA RF..... 236
vinate ii 236
vinate m 237
vinate one 237
VIOKACE 163
Viorele (28) 198
VIRACEPT 19
VIRAMUNE 19
VIRAMUNE XR 19
VIRASAL..... 96
VIREAD 19
virt-advance 237
virt-c dha..... 237
virt-nate dha..... 237
virt-pn dha 237
virt-pn plus..... 237
VIRTPREX..... 237
virt-select 237
virtussin ac..... 215
virtussin dac..... 215
virt-vite gt 237
VISTARIL..... 213
VISTOGARD 20
VITAFOL FE+ (WITH DOCUSATE) 237
VITAFOL GUMMIES 237
VITAFOL NANO 237
VITAFOL ULTRA..... 237
VITAFOL-OB 237
VITAFOL-OB+DHA 237
VITAFOL-ONE 237
VITAMED MD ONE RX 237
VITAMEDMD REDICHEW RX..... 237
vitamin b complex 237
vitamin b complex-folic acid 237
vitamin d3 237
vitamin k 86
Vitamin K1 86
vitamins a,c,d and fluoride ... 238
VITAPEARL..... 238
VITATRUE 238
VITRAKVI..... 28
VIVAGUARD INO CONTROL SOLUTION 141
VIVAGUARD INO GLUCOSE METER..... 141
VIVAGUARD INO TEST STRIP 129
VIVELLE-DOT..... 186
VIVITROL 54
VIVOTIF 177
VIZIMPRO..... 28
VOLTAREN..... 54

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

VOLTAREN-XR 55
VONVENDI 86
voriconazole 14
VORTEX HOLDING CHAMBER 130
VOSEVI 19
VOTRIENT 28
vp-ch plus 238
vp-ch-pnv 238
VP-PNV-DHA 238
VRAYLAR 69
VUSION 110
vyfemla (28) 198
VYLEESI 69
Vylibra 198
VYNDAQEL 91
VYTONE 107
VYVANSE 69
VYZULTA 209
W
warfarin 86
water for irrigation, sterile 123
WAVESENSE CONTROL SOLUTION 141
WELCHOL 90
WELLBUTRIN XL 69
wera (28) 198
westhroid 153
WIDE-SEAL DIAPHRAGM 182
WILATE 86
wintergreen oil 99
Wixela Inhub 223
WP THYROID 153
wymzya fe 198
X
XADAGO 37
XALATAN 209
XALIX 96
XALKORI 28
XARELTO 86
XELJANZ 182
XELJANZ XR 182
XELODA 28
XELPROS 209
XEOMIN 177
XEPI 107
XERESE 110
XERMELO 28
XGEVA 20
XHANCE 223
XIFAXAN 7
XIGDUO XR 151
XIIDRA 207
XIMINO 11
XOFLUZA 19
XOLAIR 223
XOLEGEL 110
XOSPATA 28
XPOVIO 28
XTAMPZA ER 49
XTANDI 28
xulane 188
XULTOPHY 100/3.6 144
XURIDEN 123
XYNTHA 87
XYNTHA SOLOFUSE 87
XYOSTED 148
XYREM 69
Y
YASMIN (28) 198
YAZ (28) 198
YF-VAX (PF) 177
YONSA 28
YUPELRI 223
YUTIQ 200
yuvafem 186
Z
zafirlukast 223
zaleplon 69, 70
ZANAFLEX 43
Zarah 198
ZARONTIN 35
ZARXIO 166
zatean-pn dha 238
zatean-pn plus 238
zebutal 49
ZEJULA 28
ZELAPAR 38
ZELBORAF 28
ZELNORM 163
ZEMBRACE SYMTOUCH ... 40
ZEMPLAR 148
Zenatane 105
ZENPEP 163
Zenzedi 70
ZENZEDI 70
ZEPATIER 19
ZERIT 19
ZESTORETIC 81
ZESTRIL 81
ZIAC 81
ZIAGEN 19
ZIANA 105
zidovudine 19
zileuton 223
zingiber 238
ziprasidone hcl 70
ZIPSOR 55
ZIRGAN 202
ZITHRANOL 95
ZITHROMAX 4
ZITHROMAX TRI-PAK 4
ZITHROMAX Z-PAK 4
ZOCOR 90
ZODRYL AC 25 215
ZODRYL AC 30 215
ZODRYL AC 35 215
ZODRYL AC 40 215
ZODRYL AC 50 215
ZODRYL AC 60 215
ZODRYL AC 80 215
ZODRYL DAC 25 215
ZODRYL DAC 30 215
ZODRYL DAC 35 215
ZODRYL DAC 40 215
ZODRYL DAC 50 216
ZODRYL DAC 60 216
ZODRYL DAC 80 216
ZODRYL DEC 25 216
ZODRYL DEC 30 216
ZODRYL DEC 35 216
ZODRYL DEC 40 216
ZODRYL DEC 50 216
ZODRYL DEC 60 216
ZODRYL DEC 80 216
ZOFRAN 163
ZOHYDRO ER 49

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy

ZOLADEX 28
ZOLINZA 28
zolmitriptan 40
ZOLOFT 70
zolpidem 70
ZOLPIMIST 70
ZOMIG 40
ZOMIG ZMT 40
ZONALON 99
ZONEGRAN 35
zonisamide 35
ZONTIVITY 87
ZORBTIVE 167
ZORTRESS 28
ZOSTAVAX (PF) 177
Zovia 1/35E (28) 198
ZOVIRAX 19, 20, 111
ZTLIDO 106
Z-TUSS AC 216
ZUBSOLV 55
Zumandimine (28) 198
ZUPLENZ 163
ZYDELIG 28
ZYKADIA 28, 29
ZYLET 210
ZYLOPRIM 178
ZYMAXID 202
ZYPITAMAG 90
ZYPREXA 70
ZYPREXA RELPREVV 70
ZYPREXA ZYDIS 70
ZYTIGA 29
ZYVOX 7

You can find information on what the symbols and abbreviations on this table mean by going to the beginning of this table.

ACA: Affordable Care Act; LA: Limited Availability; OTC: Over the Counter; PA: Prior Authorization; QL: Quantity Limit; ST: Step Therapy