



# 2024 California Access Large Group 4-Tier PPO Prescription Drug List

Please note: This Prescription Drug List (PDL) is accurate as of January 1, 2024 and is subject to change after this date. All previous versions of this PDL are no longer in effect. Your estimated coverage and copay/coinsurance may vary based on the benefit plan you choose and the effective date of the plan.

This PDL can also be accessed online at [myuhc.com](https://myuhc.com) > **Popular Forms** > **Pharmacy Benefits** > **Prescription Drug Lists** > **California plans** > **Large Group - Access**. Plan-specific coverage documents may be accessed online at [uhc.com/statedruglists](https://uhc.com/statedruglists) > **Large Group Plans** > **California**.

If you are a UnitedHealthcare member, please register or log on to [myuhc.com](https://myuhc.com), or call the toll-free number on your member ID card to find pharmacy information specific to your benefit plan.

This PDL is applicable to the following health insurance products offered by UnitedHealthcare:

- Navigate
- Navigate Plus
- Choice
- Choice Plus
- Select
- Select Plus
- Core
- Core Essential
- Options PPO
- Non-Differential PPO

Updated 11/1/2023

# Contents

At UnitedHealthcare, we want to help you better understand your medication options.....	3
How do I use my PDL? .....	4
What are tiers? .....	5
When does the PDL change? .....	5
Utilization Management Programs.....	6
Your Right to Request Access to a Non-formulary Drug .....	6
Requesting a Prior Authorization or Step Therapy Exception .....	7
How do I locate and fill a prescription through a retail network pharmacy? .....	7
How do I locate and fill a prescription through the mail order pharmacy?.....	7
How do I locate and fill a prescription at a specialty pharmacy? .....	8
How do I get updated information about my pharmacy benefit? .....	8
Nondiscrimination notice and access to communication services.....	9
Prescription Drug List .....	12



# At UnitedHealthcare, we want to help you better understand your medication options.

Your pharmacy benefit offers flexibility and choice in determining the right medication for you. To help you get the most out of your pharmacy benefit, we've included some of the most commonly used terms and their definitions as well as frequently asked questions:

**Brand-name drug** means a Prescription Drug Product (1) which is manufactured and marketed under a trademark or name by a specific drug manufacturer; or (2) that we identify as a brand-name product, based on available data resources. This includes data sources such as Medi-Span, that classify drugs as either brand or generic based on a number of factors. Not all products identified as a "brand-name" by the manufacturer, pharmacy, or your Physician will be classified as brand-name by us. A brand-name drug is listed in this PDL in all CAPITAL letters.

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

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

**Deductible** means the amount you pay for covered health care benefits that are subject to the deductible before your health insurer begins to pay. If your health insurance policy has a deductible, it may have either 1 deductible or separate deductibles for medical benefits and prescription drug benefits. After you pay your deductible, you usually pay only a copayment or coinsurance for covered health care benefits. Your insurance company pays the rest.

**Drug Tier** means a group of Prescription Drug Products that correspond to a specified cost sharing tier in your health insurance policy. The drug tier in which a Prescription Drug Product is placed determines your portion of the cost for the drug.

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

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

**Formulary or Prescription Drug List (PDL)** means a list that categorizes into tiers medications or products that have been approved by the U.S. Food and Drug Administration (FDA). This list is subject to our periodic review and modification (generally quarterly, but no more than 6 times per calendar year).

**Generic drug** means a Prescription Drug Product: (1) that is chemically equivalent to a brand-name drug; or (2) that we identify as a generic product based on available data resources. This includes data sources such as Medi-Span, that classify drugs as either brand or generic based on a number of factors. Not all products identified as a "generic" by the manufacturer, pharmacy or your Physician will be classified as a generic by us. A generic drug is listed in this PDL in italicized lowercase letters.

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

**Non-formulary drug** means a Prescription Drug Product that is not listed on this PDL.

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

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

**Prescription** means an oral, written, or electronic order from a prescribing provider authorizing a Prescription Drug Product to be provided to a specific individual.

**Prescription Drug Product** means a medication or product that has been approved by the U.S. Food and Drug Administration (FDA) and that can, under federal or state law, be dispensed only according to a Prescription Order or Refill. A Prescription Drug Product includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver.



We will provide coverage for a Prescription Drug Product which includes a medication that, due to its characteristics, is appropriate for self-administration or administration by a non-skilled caregiver. This definition includes: Inhalers (with spacers); Insulin; the following diabetic supplies: standard insulin syringes with needles; blood-testing strips - glucose; urine-testing strips - glucose; ketone-testing strips and tablets; lancets and lancet devices; and glucose meters (including continuous glucose monitors); disposable devices which are medically necessary for the administration of a covered outpatient Prescription Drug Product. Benefits also include FDA-approved contraceptive drugs, devices and products available over-the-counter when prescribed by a Network provider.

**Prior Authorization** means a process by your health insurer to determine that a health care benefit is medically necessary for you. If a Prescription Drug Product is subject to prior authorization in this PDL, your prescribing provider must request approval from your health insurer to cover the drug. Your health insurer must grant a prior authorization request when it is medically necessary for you to take the drug.

**Step therapy** means a specific sequence in which Prescription Drug Products for a particular medical condition must be tried. If a drug is subject to step therapy in this PDL, you may have to try 1 or more other drugs before your health insurance policy will cover that drug for your medical condition. If your prescribing provider submits a request for an exception to the step therapy requirement, your health insurer must grant the request when it is medically necessary for you to take the drug.

## How do I use my PDL?

When choosing a medication, you and your doctor should consult the Prescription Drug List (PDL). It will help you and your doctor choose the most cost-effective prescription drugs. This guide tells you if special programs apply. Bring this list with you when you see your doctor. It is organized by therapeutic category and class. The therapeutic category and class are based on the American Hospital Formulary Service (AHFS) Pharmacologic-Therapeutic Classification.

You may also find a drug by its brand or generic name in the alphabetical index. If a generic equivalent for a brand-name drug is not available on the market or is not covered, the drug will not be separately listed by its generic name.

This is the way Prescription Drug Products appear in the PDL:

1. A drug is listed alphabetically by its brand and generic names in the therapeutic category and class to which it belongs;
2. The generic name for a brand-name drug is included after the brand-name in parentheses and all lowercase italicized letters;
3. If a generic equivalent for a brand-name drug is both available and covered, the generic drug will be listed separately from the brand-name drug in all lowercase italicized letters; and
4. If a generic drug is marketed under a proprietary, trademark-protected brand-name, the brand-name will be listed after the generic name in parentheses and regular typeface with the first letter of each word capitalized.

### Example:

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVAPRO ORAL TABLET 150 MG, 300 MG, 75 MG ( <i>irbesartan</i> )	4	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	

If your medication is not listed in this document, please visit [myuhc.com](http://myuhc.com) or call the toll-free member phone number on your member ID card.

Below is a list of drug tier numbers, abbreviations and designations used in the PDL as well as an explanation for each.

<b>Drug Tier 1</b>	Your lowest cost medications
<b>Drug Tier 2</b>	Your mid-range cost medications
<b>Drug Tier 3</b>	Your mid-range cost medications
<b>Drug Tier 4</b>	Your highest cost medications
<b>PA</b>	Prior authorization required
<b>SL</b>	Supply Limit
<b>ST</b>	Step Therapy

<b>H</b>	Part of health care reform preventive when age and/or condition appropriate
<b>SP</b>	Specialty medication
<b>CM</b>	Orally administered anti-cancer medication
<b>E</b>	Excluded from coverage unless covered as part of health care reform preventive
<b>SM</b>	\$0 cost-share by state mandate when condition appropriate



## What are tiers?

Tiers are the different cost levels you pay for a medication. Each tier is assigned a cost, which is determined by your employer or health plan. This is how much you will pay when you fill a prescription. Tier 1 medications are your lowest-cost options. If your medication is placed in Tier 2, 3 or 4, look to see if there is a Tier 1 option available. Discuss these options with your doctor.

For orally administered anti-cancer medications on any Tier, the total amount of copayments and/or coinsurance shall not exceed \$250 for an individual prescription of up to a 30-day supply. For high deductible health plans, the \$250 maximum only applies once the deductible has been met.

Check your benefit plan documents to find out your specific pharmacy plan costs, including any maximum dollar amount of cost sharing that may apply to a drug. Preferred medications are found in Tier 1, Tier 2 or Tier 3 and may vary depending on the medication and the condition it treats.

\$	Drug Tier	Includes	Helpful Tips
\$	<b>Tier 1</b> <b>Your lowest cost</b>	Medications that provide the highest overall value. Mostly generic drugs. Some brand-name drugs may also be included.	Use Tier 1 drugs for the lowest out-of-pocket costs.
\$\$	<b>Tier 2 and 3</b> <b>Your mid-range cost</b>	Medications that provide good overall value. A mix of brand-name and generic drugs.	Use Tier 2 or Tier 3 drugs instead of Tier 4 to help reduce your out-of-pocket costs.
\$\$\$	<b>Tier 4</b> <b>Your highest cost</b>	Medications that provide the lowest overall value. Mostly brand-name drugs, as well as some generics.	Many Tier 4 drugs have lower-cost options in Tier 1, 2 or 3. Ask your doctor if they could work for you.

**Please note:** If you have a high deductible plan, the tier cost levels may apply once you reach your deductible. Refer to your enrollment and plan materials on [myuhc.com](http://myuhc.com), or call the toll-free number on your member ID card for more information about your benefit plan.

## When does the PDL change?

This PDL is required to be updated on a monthly basis.

- Medications may move to a lower tier at any time.
- Medications may move to a higher tier when a generic becomes available.
- Medications may move to a higher tier or become non-formulary most often on Jan. 1, May 1, or Sept. 1.
- Medications may become subject to new or revised utilization management procedures, such as prior authorization, step therapy or supply limits, at any time but most often upon FDA approval of the medication or its generic, Jan. 1, May 1, or Sept. 1.

When a medication changes tiers, you may have to pay a different amount for that medication.

The presence of a Prescription Drug Product on the PDL does not guarantee that you will be prescribed that Prescription Drug Product by your provider for a particular medical condition.

# Utilization Management Programs

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**Prior authorization required**—Your doctor is required to provide additional information to us to determine coverage. For specific prior authorization requirements, please refer to your Evidence of Coverage.

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**Supply limit**—Amount of medication covered per copayment or in a specific time period.

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**Step therapy**—Requires you to try 1 or more other medications before the medication you are requesting may be covered. For specific step therapy requirements, please refer to your Evidence of Coverage.

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**Health Care Reform Preventive when age and/or condition appropriate**—This medication is part of a health care reform preventive benefit and may be available at no cost to you when used for appropriate preventive purposes. For more information, please refer to the California Traditional, Access, and Enhanced HMO and PPO Prescription Drug List (PDL) PPACA \$0 Cost-Share Preventive Care Medications list.

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**Designated specialty program**—For certain Specialty Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Prescription Drug Products, which are identified in the Coverage Requirements and Limits column of the Prescription Drug List (PDL). If you choose not to obtain your Prescription Drug Product from the Designated Pharmacy, you may opt-out of the Designated Pharmacy program by contacting us at [myuhc.com](http://myuhc.com) or the telephone number on your member ID card.

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**State mandated \$0 cost-share when condition appropriate**—This medication is mandated to be covered at \$0 cost-share when used for any of the following conditions:

- Abortion\*
- COVID-19

\*Please Note: If you have a high deductible plan, \$0 cost-share will not apply until your deductible has been met.

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To learn more about a pharmacy program or to find out if it applies to you, please visit [myuhc.com](http://myuhc.com) or call the toll-free member phone number on your member ID card. If you are a pre-enrollee and you would like to learn more about your specific pharmacy benefit, please contact your employer.

Drugs administered by a health care professional are generally covered under the medical benefit while drugs that are self-administered are covered under the pharmacy benefit. In order to obtain medical benefits for drugs that are administered by a health care professional, your provider may also be required to obtain a prior authorization. The provider may contact UnitedHealthcare for more information or [uhcprovider.com](http://uhcprovider.com).

## Your Right to Request Access to a Non-formulary Drug

This plan must cover all Medically Necessary Prescription Drug Products.

When a Prescription Drug Product is not on our PDL, you or your representative may request an exception to gain access to that Prescription Drug Product. To make a request, contact us in writing or call the toll-free number on your member ID card. We will notify you of our determination within 72 hours. If approved, we will cover the Prescription Drug Product for the duration of the prescription, including refills.

### Urgent Requests

If your request requires immediate action and a delay could significantly increase the risk to your health, or the ability to regain maximum function, call us as soon as possible. We will provide a written or electronic determination within 24 hours. If approved, we will cover the Prescription Drug Product for the duration of the exigency.

### External Review

If you are not satisfied with our determination of your exception request, you may be entitled to request an external review. You or your representative may request an external review by sending a written request to us to the address set out in the determination letter or by calling the toll-free number on your member ID card. The Independent Review Organization (IRO) will notify you of its determination within 72 hours.

### Expedited External Review

If you are not satisfied with our determination of your exception request and it involves an urgent situation, you or your representative may request an expedited external review by calling the toll-free number on your member ID card or by sending a written request to the address set out in the determination letter. The IRO will notify you of our determination within 24 hours.



If we deny your exception request, you may appeal. Please refer to your Evidence of coverage for details. The complaint and appeals process, including independent review, is described under Section 6: Questions, Complaints and Appeals. You may also call the telephone number listed on your member ID card.

## Requesting a Prior Authorization or Step Therapy Exception

Before certain Prescription Drug Products are dispensed to you, your prescribing provider or your pharmacist is required to obtain prior authorization or step therapy exception from us. Your prescribing provider can submit a request by phone to OptumRx or electronically by contacting us at [uhcprovider.com](http://uhcprovider.com). The Prior Authorization staff of qualified pharmacists and technicians is available Monday – Friday from 5 a.m. – 10 p.m. PST and Saturday from 6 a.m. – 3 p.m. PST to assist licensed physicians. Most authorizations are completed within 24 hours. The most common reason for delay in the authorization process is insufficient information. Your licensed physician may need to provide information on diagnosis and medication history and/or evidence in the form of documents, records or lab tests which establish that the use of the requested Prescription Drug Product meets plan criteria. You may determine whether a particular Prescription Drug Product is subject to prior authorization or step therapy requirements by going online at [myuhc.com](http://myuhc.com) or by calling at the toll-free phone number on the back of your member ID card.

An exception to a step therapy requirement will be granted if your prescribing provider submits necessary justification and supporting clinical documentation supporting their determination that the required Prescription Drug Product is inconsistent with good professional practice for provision of medically necessary covered services, taking into consideration your needs and medical history, along with the professional judgment of your prescribing provider.

If you are currently taking a Prescription Drug Product which was approved by UnitedHealthcare for a specific medical condition and that drug is removed from the Prescription Drug List (PDL) and the prescribing provider continues to prescribe the Prescription Drug Product for your medical condition, we will continue to cover the Prescription Drug Product provided that the drug is appropriately prescribed and is considered safe and effective for treating your medical condition.

In the case of a standard prior authorization or step therapy exception request, we will notify you, your designee, or your prescribing provider of the Benefit determination no later than 72 hours following receipt of the request. In the case of an expedited prior authorization or step therapy exception request based on exigent circumstances, we will notify you, your designee, or your prescribing provider of the Benefit determination no later than 24 hours following receipt of the request. If we fail to respond to you, your designee, or your prescribing provider within the prescribed time limits, the request is deemed approved and we may not deny the request thereafter.

If you disagree with a determination, you can request an appeal. The complaint and appeals process, including independent medical review, is described in the Evidence of Coverage under Section 6: Questions, Complaints and Appeals. You may also call at the telephone number on your member ID card.

## How do I locate and fill a prescription through a retail network pharmacy?

UnitedHealthcare has a well-established network of pharmacies including most major pharmacy and supermarket chains as well as many independent pharmacies. For a listing of network pharmacies, call the toll-free phone number on your member ID card to help locate a network pharmacy near you or visit our website at [myuhc.com](http://myuhc.com) for an up-to-date list.

## How do I locate and fill a prescription through the mail order pharmacy?

UnitedHealthcare offers a Mail Order Pharmacy Program through OptumRx®. Here's how to fill prescriptions through the Mail Order Pharmacy Program.

1. Call your prescribing provider to obtain a new prescription for each medication. When you call, ask the physician to write the prescription for a 90-day supply which represents 3 prescription units with up to 3 additional refills. The doctor will tell you when to pick up the written prescription. (Note: OptumRx must have a new prescription to process any new Mail Order request.)



2. After picking up the prescription, complete the Mail Order Form included in your enrollment materials. (To obtain additional forms or for assistance in completing the form, contact UnitedHealthcare's customer service department by calling the telephone number on the back of your ID card. You can also find the form at [optumrx.com](https://www.optumrx.com).)
3. Enclose the prescription and appropriate copayment via check, money order, or credit card. Your Pharmacy Schedule of Benefits will have the applicable copayment for the Mail Order Pharmacy Program. Make the check or money order payable to **OptumRx**. No cash please.

**Important Tip:** If you are starting a new Prescription Drug Product, please request 2 prescriptions from your physician. Have 1 filled immediately at a network pharmacy while mailing the second prescription to UnitedHealthcare's Mail Order Pharmacy. Once you receive your medication through the Mail Order Pharmacy Program, you should stop filling the prescription at the network pharmacy.

## How do I locate and fill a prescription at a specialty pharmacy?

Call the phone number on the back of your member ID card or visit [specialty.optumrx.com](https://specialty.optumrx.com) to locate a designated specialty pharmacy for your medication.

### Designated Pharmacies

If you require certain Specialty Prescription Drug Products, we may direct you to a Designated Pharmacy with whom we have an arrangement to provide those Specialty Prescription Drug Products. There are both retail and mail pharmacies in the Designated Pharmacy network. Note that not all contracted retail pharmacies are in the Designated Pharmacy network. Only retail pharmacies that are in the Designated Pharmacy network will provide access to these Specialty Prescription Drug Products. If you choose not to obtain your Specialty Prescription Drug Product from the Designated Pharmacy, you may opt-out of the Designated Pharmacy program through the Internet at [myuhc.com](https://myuhc.com) or by calling the telephone number on your member ID card. If you want to opt-out of the program and fill your Specialty Prescription Drug Product at a non-Designated Pharmacy but do not inform us, you will be responsible for the entire cost of the Specialty Prescription Drug Product and no Benefits will be paid.

In urgent or emergent circumstances, you may contact customer service by calling the telephone number on the back of your member ID card. This will allow you access to the retail network override process and allow the urgent or emergent prescription claim to pay at your local pharmacy for same day access if they have the Prescription Drug Product available.

## How do I get updated information about my pharmacy benefit?

Since the PDL may change during your plan year, we encourage you to visit [myuhc.com](https://myuhc.com) or call the toll-free member phone number on your member ID card for more current information.

### Log in to [myuhc.com](https://myuhc.com) for the following pharmacy information and tools:

- Pharmacy benefit and coverage information
- Possible lower-cost medication options
- Medication interactions and side effects
- Participating retail pharmacies by ZIP code
- Your prescription history

### And, if mail order services are included in your pharmacy benefit, you can also:

- Refill prescriptions
- Check the status of your order
- Set up reminders for refills
- Manage your account

## Learn more

Call the toll-free member phone number on your member ID card, or visit [myuhc.com](https://myuhc.com).





# Nondiscrimination notice and access to communication services

UnitedHealthcare Services, Inc. on behalf of itself and its affiliates does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

If you think you were treated unfairly for any of these reasons, you can send a complaint to:

**Online:** [UHC\\_Civil\\_Rights@uhc.com](mailto:UHC_Civil_Rights@uhc.com)  
**Mail:** Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UT 84130

You must send the complaint within 60 days of when you found out about it. A decision will be sent to you within 30 days. If you disagree with the decision, you have 15 days to ask us to look at it again. If you need help with your complaint, please call the toll-free phone number listed on your member ID card.

If you think you were treated unfairly because of your race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can also send a complaint to the California Department of Insurance:

California Department of Insurance  
Consumer Communications Bureau  
300 South Spring Street, South Tower  
Los Angeles, CA 90013  
**1-800-927-HELP (1-800-927-4357)**  
**1-800-482-4833 (TTY)**  
**Internet Website: [www.insurance.ca.gov](http://www.insurance.ca.gov)**

If you think you were treated unfairly because of your sex, age, race, color, national origin, or disability, you can also file a complaint with the U.S. Dept. of Health and Human Services:

**Online:** <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>  
Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.  
**Phone:** Toll-free **1-800-368-1019, 1-800-537-7697 (TDD)**  
**Mail:** U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201



## English

**IMPORTANT:** You can get an interpreter at no cost to talk to your doctor or health insurance company. To get an interpreter or to ask about written information in your language, first call your insurance company's phone number at 1-800-842-2656.

Someone who speaks your language can help you. If you need more help, call the Department of Insurance Hotline at 1-800-927-4357.

## Español

**IMPORTANTE:** Puede obtener la ayuda de un intérprete sin costo alguno para hablar con su médico o con su compañía de seguros. Para obtener la ayuda de un intérprete o preguntar sobre información escrita en español, primero llame al número de teléfono de su compañía de seguros al 1-800-842-2656.

Alguien que habla español puede ayudarle. Si necesita ayuda adicional, llame a la línea directa del Departamento de seguros al 1-800-927-4357. (Spanish)

## 中文

**重要事項：**您與您的醫生或醫療保險公司交談時，可獲得免費口譯服務。如欲請翻譯員提供口譯，或欲查詢中文書面資料，請先致電您的保險公司，電話號碼1-800-842-2656

說中文人士將為您提供協助。如需更多協助，請致電保險部熱線 1-800-927-4357 (Chinese)

XIN LŪU Ý: Nếu quý vị nói tiếng **Việt (Vietnamese)**, quý vị sẽ được cung cấp dịch vụ trợ giúp về ngôn ngữ miễn phí. Vui lòng gọi số điện thoại miễn phí ở mặt sau thẻ hội viên của quý vị.

알림: **한국어(Korean)**를 사용하시는 경우 언어 지원 서비스를 무료로 이용하실 수 있습니다. 귀하의 신분증 카드에 기재된 무료 회원 전화번호로 문의하십시오.

PAUNAWA: Kung nagsasalita ka ng **Tagalog (Tagalog)**, may makukuha kang mga libreng serbisyo ng tulong sa wika. Pakitawagan ang toll-free na numero ng telepono na nasa iyong identification card.

ВНИМАНИЕ: бесплатные услуги перевода доступны для людей, чей родной язык является **русским (Russian)**. Позвоните по бесплатному номеру телефона, указанному на вашей идентификационной карте.

تنبيه: إذا كنت تتحدث **العربية (Arabic)**، فإن خدمات المساعدة اللغوية المجانية متاحة لك. الرجاء الاتصال على رقم الهاتف المجاني الموجود على معرف العضوية.

注意事項: **日本語(Japanese)**を話される場合、無料の言語支援サービスをご利用いただけます。健康保険証に記載されているフリーダイヤルにお電話ください。

توجه: اگر زبان شما **فارسی (Farsi)** است، خدمات امداد زبانی به طور رایگان در اختیار شما می باشد. لطفا با شماره تلفن رایگانی که روی کارت شناسایی شما قید شده تماس بگیرید.

ध्यान दें: यदि आप **हिंदी (Hindi)** भाषी हैं तो आपके लिए भाषा सहायता सेवाएं निःशुल्क उपलब्ध हैं। कृपया अपने पहचान पत्र पर दिए टोल-फ्री फ़ोन नंबर पर काल करें।

CEEB TOOM: Yog koj hais Lus **Hmoob (Hmong)**, muaj kev pab txhais lus pub dawb rau koj. Thov hu rau tus xov tooj hu deb dawb uas teev muaj nyob rau ntawm koj daim yuaj cim qhia tus kheej.

ចំណាប់អារម្មណ៍: បើសិនអ្នកនិយាយ**ភាសាខ្មែរ (Khmer, Cambodian)** សេវាជំនួយភាសាដោយឥតគិតថ្លៃ គឺមានសំរាប់អ្នក។ សូមទូរស័ព្ទទៅលេខឥតគិតថ្លៃ ដែលមាននៅលើអត្តសញ្ញាណប័ណ្ណរបស់អ្នក។

ՈՒՇԱՐԴՈՒԹՅՈՒՆ` Եթե **հայերեն (Armenian)** եք խոսում, անվճար լեզվալսման օգնություն ծառայություններ են հասնում Ձեզ: Խնդրվում է զանգահարել անվճար հեռախոսահամարով, որը նշվել է Ձեր ճանաչողական քարտի վրա:

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ **ਪੰਜਾਬੀ (Punjabi)** ਬੋਲਦੇ ਹੋ, ਤੁਹਾਡੇ ਲਈ ਭਾਸ਼ਾ ਸਹਾਇਤਾ ਸੇਵਾਵਾਂ ਬਿਲਕੁਲ ਮੁਫਤ ਉਪਲਬਧ ਹਨ। ਕਿਰਪਾ ਕਰਕੇ ਆਪਣੇ ਪਛਾਣ-ਪੱਤਰ 'ਤੇ ਦਿੱਤੇ ਗਏ ਟੋਲ ਫੀ ਨੰਬਰ 'ਤੇ ਕਾਲ ਕਰੋ।

โปรดทราบ: หากคุณพูด**ภาษาไทย (Thai)** มีบริการความช่วยเหลือด้านภาษาให้แก่คุณโดยที่ คุณไม่ต้องเสียค่าใช้จ่ายแต่อย่างใด โปรดโทรศัพท์ถึงหมายเลขโทรศัพท์ที่อยู่บนบัตรประจำตัวของคุณ



State of California

Table of Contents of Prescription Drug List

Informational Section.....1

ANTI-HISTAMINE DRUGS - Drugs for Allergy.....12

ANTI-INFECTIVE AGENTS - Drugs for Infections.....14

ANTI-NEOPLASTIC AGENTS - Drugs for Cancer.....34

ANTITOXINS, IMMUNE GLOB, TOXOIDS, VACCINES - DRUGS FOR THE IMMUNE SYSTEM.....44

AUTONOMIC DRUGS - Drugs for the Nervous System.....49

BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood.....59

CARDIOVASCULAR DRUGS - Drugs for the Heart.....70

CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System.....92

DENTAL AGENTS - Oral Care.....131

DEVICES - Medical Supplies and Durable Medical Equipment.....132

DIAGNOSTIC AGENTS.....138

DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants.....140

ELECTROLYTIC, CALORIC, AND WATER BALANCE.....140

ENZYMES.....147

EYE, EAR, NOSE AND THROAT (EENT) PREPS.....148

GASTROINTESTINAL DRUGS.....157

GASTROINTESTINAL DRUGS - Drugs for the Stomach.....157

GOLD COMPOUNDS.....166

HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron.....166

HORMONES AND SYNTHETIC SUBSTITUTES.....167

HORMONES AND SYNTHETIC SUBSTITUTES - Hormones.....167

LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing.....204

MISCELLANEOUS THERAPEUTIC AGENTS.....204

NONHORMONAL CONTRACEPTIVES - Drugs for Women.....227

OXYTOCICS - Drugs for Women.....228

PHARMACEUTICAL AIDS.....228

RESPIRATORY TRACT AGENTS - Drugs for the Lungs.....228

SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin.....239

SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles.....263

VITAMINS.....264

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ANTIHISTAMINE DRUGS - Drugs for Allergy</b>		
<b>ANTIHISTAMINE DRUGS - Drugs for Allergy</b>		
<i>promethazine hcl oral tablet 25 mg</i>	1	
<b>ETHANOLAMINE DERIVATIVES - Drugs for Allergy</b>		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML ( <i>diphenhydramine hcl</i> )	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION ( <i>dph-lido-alhydr-mghydr-simeth</i> )	3	PA
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML ( <i>carbinoxamine maleate</i> )	4	
<b>FIRST GEN. ANTIHIST. DERIVATIVES, MISC. - Drugs for Allergy</b>		
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
<b>FIRST GENERATION ANTIHISTAMINES - Drugs for Allergy</b>		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML ( <i>diphenhydramine hcl</i> )	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML ( <i>carbinoxamine maleate</i> )	4	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
VISTARIL ORAL CAPSULE 25 MG ( <i>hydroxyzine pamoate</i> )	4	
<b>OTHER ANTIHISTAMINES - Drugs for Allergy</b>		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT ( <i>olopatadine-mometasone</i> )	4	
VISTARIL ORAL CAPSULE 25 MG ( <i>hydroxyzine pamoate</i> )	4	
<b>PHENOTHIAZINE DERIVATIVES - Drugs for Allergy</b>		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	1	PA
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	1	PA
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<b>PROPYLAMINE DERIVATIVES - Drugs for Allergy</b>		
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML ( <i>pseudoeph-bromphen-dm</i> )	3	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	PA
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
RYCLORA ORAL SOLUTION 2 MG/5ML ( <i>dexchlorpheniramine maleate</i> )	4	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ( <i>chlorpheniramine-codeine</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>SECOND GENERATION ANTIHISTAMINES - Drugs for Allergy</b>		
ALOMIDE OPHTHALMIC SOLUTION 0.1 % ( <i>Iodoxamide tromethamine</i> )	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ( <i>desloratadine-pseudoephedrine</i> )	3	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 5 mg</i>	1	
<i>levocetirizine dihydrochloride oral solution 2.5 mg/5ml</i>	1	
<i>levocetirizine dihydrochloride oral tablet 5 mg</i>	1	
<b>ANTI-INFECTIVE AGENTS - Drugs for Infections</b>		
<b>1ST GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics</b>		
<i>cefadroxil oral capsule 500 mg</i>	1	
<i>cefadroxil oral suspension reconstituted 250 mg/5ml, 500 mg/5ml</i>	1	
<i>cefadroxil oral tablet 1 gm</i>	1	
<i>cephalexin oral capsule 250 mg, 500 mg, 750 mg</i>	1	
<i>cephalexin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cephalexin oral tablet 250 mg, 500 mg</i>	1	
<b>2ND GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics</b>		
<i>cefaclor er oral tablet extended release 12 hour 500 mg</i>	1	
<i>cefaclor oral capsule 250 mg, 500 mg</i>	1	
<i>cefaclor oral suspension reconstituted 250 mg/5ml</i>	1	
<i>cefprozil oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefprozil oral tablet 250 mg, 500 mg</i>	1	
<i>cefuroxime axetil oral tablet 250 mg, 500 mg</i>	1	
<b>3RD GENERATION CEPHALOSPORIN ANTIBIOTICS - Antibiotics</b>		
<i>cefdinir oral capsule 300 mg</i>	1	
<i>cefdinir oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>cefixime oral capsule 400 mg</i>	1	
<i>cefixime oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cefepodoxime proxetil oral suspension reconstituted 100 mg/5ml, 50 mg/5ml</i>	1	
<i>cefepodoxime proxetil oral tablet 100 mg, 200 mg</i>	1	
<b>ADAMANTANE ANTIVIRALS - Drugs for Viral Infections</b>		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<i>rimantadine hcl oral tablet 100 mg</i>	1	
<b>ALLYLAMINE ANTIFUNGALS - Drugs for Fungus</b>		
<i>terbinafine hcl oral tablet 250 mg</i>	1	
<b>AMEBICIDES - Drugs for the Mouth and Throat</b>		
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> )	3	PA
FLAGYL ORAL CAPSULE 375 MG ( <i>metronidazole</i> )	4	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> )	3	PA
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
NUVESSA VAGINAL GEL 1.3 % ( <i>metronidazole</i> )	4	
<b>AMINOGLYCOSIDE ANTIBIOTICS - Antibiotics</b>		
ARIKAYCE INHALATION SUSPENSION 590 MG/8.4ML ( <i>amikacin sulfate liposome</i> )	4	PA; SL (8.4 ml per day.); SP
<i>neomycin sulfate oral tablet 500 mg</i>	1	
TOBI PODHALER INHALATION CAPSULE 28 MG ( <i>tobramycin</i> )	3	PA; SL (224 capsules per 56 days.); SP
<i>tobramycin inhalation nebulization solution 300 mg/4ml</i>	1	PA; SL (224 ml per 56 days.); SP
<b>AMINOMETHYLCYCLINES - Antibiotics</b>		
NUZYRA ORAL TABLET 150 MG ( <i>omadacycline tosylate</i> )	4	
<b>AMINOPENICILLIN ANTIBIOTICS - Antibiotics</b>		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>	1	SL (112 capsules and tablets (1 Package) per 180 days.)
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>amoxicillin-potassium clavulanate er oral tablet extended release 12 hour 1000-62.5 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral suspension reconstituted 200-28.5 mg/5ml, 250-62.5 mg/5ml, 400-57 mg/5ml, 600-42.9 mg/5ml</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet 250-125 mg, 500-125 mg, 875-125 mg</i>	1	
<i>amoxicillin-potassium clavulanate oral tablet chewable 200-28.5 mg, 400-57 mg</i>	1	
<i>ampicillin oral capsule 500 mg</i>	1	
AUGMENTIN ORAL SUSPENSION RECONSTITUTED 125-31.25 MG/5ML ( <i>amoxicillin-pot clavulanate</i> )	4	
OMECLAMOX-PAK ORAL 500-500-20 MG ( <i>amoxicillin-clarithromezole</i> )	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
<b>ANTHELMINTICS - Drugs for Parasites</b>		
<i>albendazole oral tablet 200 mg</i>	1	SL (124 tablets per month.)
BILTRICIDE ORAL TABLET 600 MG ( <i>praziquantel</i> )	4	
EGATEN ORAL TABLET 250 MG ( <i>triclabendazole</i> )	3	
EMVERM ORAL TABLET CHEWABLE 100 MG ( <i>mebendazole</i> )	4	SL (6 tablets per 3 days.)
<i>ivermectin oral tablet 3 mg</i>	1	PA; SL (20 tablets per 3 months.)
<i>praziquantel oral tablet 600 mg</i>	1	
STROMECTOL ORAL TABLET 3 MG ( <i>ivermectin</i> )	4	PA; SL (20 tablets per 3 months.)
<b>ANTIFUNGALS, MISCELLANEOUS - Drugs for Fungus</b>		
BREXAFEMME ORAL TABLET 150 MG ( <i>ibrexafungerp citrate</i> )	4	PA
<i>griseofulvin microsize oral suspension 125 mg/5ml</i>	1	
<i>griseofulvin microsize oral tablet 500 mg</i>	1	
<i>griseofulvin ultramicrosize oral tablet 125 mg, 250 mg</i>	1	
<b>ANTI-INFECTIVES (SYSTEMIC), MISC. - Drugs for Infections</b>		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
PYLERA ORAL CAPSULE 140-125-125 MG ( <i>bis subcit-metronid-tetracyc</i> )	4	SL (120 capsules per 180 days.)
<b>ANTIMALARIALS - Drugs for the Mouth and Throat</b>		
ARAKODA ORAL TABLET 100 MG ( <i>tafenoquine succinate</i> )	4	SL (16 tablets per month.)
<i>atovaquone-proguanil hcl oral tablet 250-100 mg, 62.5-25 mg</i>	1	
<i>avidoxy oral tablet 100 mg</i>	1	
<i>chloroquine phosphate oral tablet 250 mg, 500 mg</i>	1	
COARTEM ORAL TABLET 20-120 MG ( <i>artemether-lumefantrine</i> )	2	
DARAPRIM ORAL TABLET 25 MG ( <i>pyrimethamine</i> )	4	PA; SP
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG ( <i>doxycycline hyclate</i> )	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	4	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
KRINTAFEL ORAL TABLET 150 MG ( <i>tafenoquine succinate</i> )	1	
MALARONE ORAL TABLET 250-100 MG, 62.5-25 MG ( <i>atovaquone-proguanil hcl</i> )	4	
<i>mefloquine hcl oral tablet 250 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg</i>	1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pyrimethamine oral tablet 25 mg</i>	1	PA; SP
QUALAQUIN ORAL CAPSULE 324 MG ( <i>quinine sulfate</i> )	4	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	
<i>quinine sulfate oral capsule 324 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG ( <i>doxycycline hyclate</i> )	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML ( <i>doxycycline monohydrate</i> )	4	
<b>ANTIMYCOBACTERIALS, MISCELLANEOUS - Antibiotics</b>		
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
<b>ANTIPROTOZOALS, MISCELLANEOUS - Drugs for the Mouth and Throat</b>		
ALINIA ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>nitazoxanide</i> )	2	
<i>atovaquone oral suspension 750 mg/5ml</i>	1	
BACTRIM DS ORAL TABLET 800-160 MG ( <i>sulfamethoxazole-trimethoprim</i> )	4	
BACTRIM ORAL TABLET 400-80 MG ( <i>sulfamethoxazole-trimethoprim</i> )	4	
BENZNIDAZOLE ORAL TABLET 100 MG	2	PA; SL (248 tablets per 720 days)
BENZNIDAZOLE ORAL TABLET 12.5 MG	2	PA; SL (720 tablets per 720 days.)
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>dapsone oral tablet 100 mg, 25 mg</i>	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> )	3	PA
FLAGYL ORAL CAPSULE 375 MG ( <i>metronidazole</i> )	4	
IMPAVIDO ORAL CAPSULE 50 MG ( <i>miltefosine</i> )	2	PA; SL (3 capsules per day.)
LAMPIT ORAL TABLET 120 MG ( <i>nifurtimox</i> )	4	PA; SL (7.5 tablets per day.)
LAMPIT ORAL TABLET 30 MG ( <i>nifurtimox</i> )	4	PA; SL (9 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> )	3	PA
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
NEBUPENT INHALATION SOLUTION RECONSTITUTED 300 MG ( <i>pentamidine isethionate</i> )	4	
<i>nitazoxanide oral tablet 500 mg</i>	1	
<i>pentamidine isethionate inhalation solution reconstituted 300 mg</i>	1	
PYLERA ORAL CAPSULE 140-125-125 MG ( <i>bis subcit-metronid-tetracyc</i> )	4	SL (120 capsules per 180 days.)
SOLOSEC ORAL PACKET 2 GM ( <i>secnidazole</i> )	4	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>tinidazole oral tablet 250 mg, 500 mg</i>	1	
<b>ANTIRETROVIRALS, MISCELLANEOUS - Drugs for Viral Infections</b>		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG ( <i>lenacapavir sodium</i> )	4	PA; SL (4 tablets per 365 days.)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG ( <i>lenacapavir sodium</i> )	4	PA; SL (5 tablets per 365 days.)
<b>ANTITUBERCULOSIS AGENTS - Antibiotics</b>		
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) ( <i>ciprofloxacin</i> )	3	
CIPRO ORAL TABLET 250 MG, 500 MG ( <i>ciprofloxacin hcl</i> )	4	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
<i>cycloserine oral capsule 250 mg</i>	1	
<i>ethambutol hcl oral tablet 100 mg, 400 mg</i>	1	
<i>isoniazid oral syrup 50 mg/5ml</i>	1	
<i>isoniazid oral tablet 100 mg, 300 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
MYAMBUTOL ORAL TABLET 400 MG ( <i>ethambutol hcl</i> )	4	
MYCOBUTIN ORAL CAPSULE 150 MG ( <i>rifabutin</i> )	4	
PRETOMANID ORAL TABLET 200 MG	4	
PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )	2	
<i>pyrazinamide oral tablet 500 mg</i>	1	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML ( <i>rifampin</i> )	3	PA
SIRTURO ORAL TABLET 100 MG, 20 MG ( <i>bedaquiline fumarate</i> )	2	
TRECTOR ORAL TABLET 250 MG ( <i>ethionamide</i> )	2	
<b>ANTIVIRALS, MISCELLANEOUS - Drugs for Viral Infections</b>		
LIVTENCITY ORAL TABLET 200 MG ( <i>maribavir</i> )	4	PA; SL (4 tablets per day.); SP
PAXLOVID (150/100) ORAL TABLET THERAPY PACK 10 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	2	SM
PAXLOVID (300/100) ORAL TABLET THERAPY PACK 20 X 150 MG & 10 X 100MG ( <i>nirmatrelvir-ritonavir</i> )	3	SM
PREVYMIS ORAL TABLET 240 MG, 480 MG ( <i>letermovir</i> )	2	PA
TPOXX ORAL CAPSULE 200 MG ( <i>tecovirimat</i> )	4	
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG ( <i>baloxavir marboxil</i> )	3	SL (1 tablet per month.)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG ( <i>baloxavir marboxil</i> )	3	SL (1 tablet per month.)
<b>AZOLE ANTIFUNGALS - Drugs for Fungus</b>		
CRESEMBA ORAL CAPSULE 186 MG ( <i>isavuconazonium sulfate</i> )	3	
<i>fluconazole oral suspension reconstituted 10 mg/ml, 40 mg/ml</i>	1	
<i>fluconazole oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
<i>itraconazole oral capsule 100 mg</i>	1	SL (180 capsules per 365 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>itraconazole oral solution 10 mg/ml</i>	1	SL (1800 ml per 365 days)
<i>ketoconazole oral tablet 200 mg</i>	1	
NOXAFIL ORAL PACKET 300 MG ( <i>posaconazole</i> )	2	
NOXAFIL ORAL SUSPENSION 40 MG/ML ( <i>posaconazole</i> )	4	SL (20 ml per day.)
<i>posaconazole oral suspension 40 mg/ml</i>	1	SL (20 ml per day.)
<i>posaconazole oral tablet delayed release 100 mg</i>	1	
SPORANOX ORAL CAPSULE 100 MG ( <i>itraconazole</i> )	4	SL (180 capsules per 365 days)
SPORANOX ORAL SOLUTION 10 MG/ML ( <i>itraconazole</i> )	4	SL (1800 ml per 365 days)
VFEND ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>voriconazole</i> )	4	
VFEND ORAL TABLET 200 MG ( <i>voriconazole</i> )	4	
VFEND ORAL TABLET 50 MG ( <i>voriconazole</i> )	3	
VIVJOA ORAL CAPSULE THERAPY PACK 150 MG ( <i>oteseconazole</i> )	3	SL (18 capsules per 84 days.)
<i>voriconazole oral suspension reconstituted 40 mg/ml</i>	1	
<i>voriconazole oral tablet 200 mg, 50 mg</i>	1	
<b>ERYTHROMYCIN ANTIBIOTICS - Antibiotics</b>		
E.E.S. GRANULES ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	3	
ERYPED 200 ORAL SUSPENSION RECONSTITUTED 200 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	3	
ERYPED 400 ORAL SUSPENSION RECONSTITUTED 400 MG/5ML ( <i>erythromycin ethylsuccinate</i> )	4	
ERY-TAB ORAL TABLET DELAYED RELEASE 250 MG, 333 MG, 500 MG ( <i>erythromycin base</i> )	4	
ERYTHROCIN STEARATE ORAL TABLET 250 MG ( <i>erythromycin stearate</i> )	2	
<i>erythromycin base oral capsule delayed release particles 250 mg</i>	1	
<i>erythromycin base oral tablet 250 mg, 500 mg</i>	1	
<i>erythromycin base oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml, 400 mg/5ml</i>	1	
<i>erythromycin ethylsuccinate oral tablet 400 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>erythromycin oral tablet delayed release 250 mg, 333 mg, 500 mg</i>	1	
<b>GLYCOPEPTIDE ANTIBIOTICS - Antibiotics</b>		
FIRVANQ ORAL SOLUTION RECONSTITUTED 25 MG/ML, 50 MG/ML ( <i>vancomycin hcl</i> )	4	
VANCOCIN ORAL CAPSULE 250 MG ( <i>vancomycin hcl</i> )	4	
<i>vancomycin hcl oral capsule 125 mg, 250 mg</i>	1	
<i>vancomycin hcl oral solution reconstituted 25 mg/ml, 250 mg/5ml, 50 mg/ml</i>	1	
VANCOMYCIN+SYRSPEND SF ORAL SUSPENSION 50 MG/ML ( <i>vancomycin hcl</i> )	3	PA
<b>HCV POLYMERASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections</b>		
EPCLUSA ORAL PACKET 150-37.5 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SL (2 packets per day and 84 packets per 720 days.); SP
EPCLUSA ORAL PACKET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SL (1 packet per day and 84 packets per 720 days.); SP
EPCLUSA ORAL TABLET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SL (1 tablet per day.); SP
EPCLUSA ORAL TABLET 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SL (84 tablets per 720 days.); SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; ST; SL (1 pellet per day and 84 pellets per 720 days.)
HARVONI ORAL TABLET 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; ST; SL (84 tablets per 720 days.)
HARVONI ORAL TABLET 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; ST; SL (56 tablets per 720 days.)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; ST; SL (56 tablets per 720 days.)
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SL (84 tablets per 720 days.); SP
SOVALDI ORAL PACKET 150 MG, 200 MG ( <i>sofosbuvir</i> )	4	PA; ST; SL (1 pellet per day and 84 pellets per 720 days.); SP
SOVALDI ORAL TABLET 200 MG ( <i>sofosbuvir</i> )	4	PA; ST; SL (84 tablets per 720 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SOVALDI ORAL TABLET 400 MG ( <i>sofosbuvir</i> )	4	PA; ST; SL (84 tablets per 720 days.); SP
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuv-velpatasv-voxilaprev</i> )	2	PA; SL (84 tablets per 720 days); SP
<b>HCV PROTEASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections</b>		
MAVYRET ORAL PACKET 50-20 MG ( <i>glecaprevir-pibrentasvir</i> )	2	PA; SL (5 packets per day and 280 packets per 720 days.); SP
MAVYRET ORAL TABLET 100-40 MG ( <i>glecaprevir-pibrentasvir</i> )	2	PA; SL (168 tablets per 720 days); SP
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuv-velpatasv-voxilaprev</i> )	2	PA; SL (84 tablets per 720 days); SP
ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir-grazoprevir</i> )	2	PA; SL (84 tablets per 720 days (12 weeks).); SP
<b>HCV REPLICATION COMPLEX INHIBITORS - Drugs for Viral Infections</b>		
EPCLUSA ORAL PACKET 150-37.5 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SL (2 packets per day and 84 packets per 720 days.); SP
EPCLUSA ORAL PACKET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SL (1 packet per day and 84 packets per 720 days.); SP
EPCLUSA ORAL TABLET 200-50 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SL (1 tablet per day.); SP
EPCLUSA ORAL TABLET 400-100 MG ( <i>sofosbuvir-velpatasvir</i> )	2	PA; SL (84 tablets per 720 days.); SP
HARVONI ORAL PACKET 33.75-150 MG, 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; ST; SL (1 pellet per day and 84 pellets per 720 days.)
HARVONI ORAL TABLET 45-200 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; ST; SL (84 tablets per 720 days.)
HARVONI ORAL TABLET 90-400 MG ( <i>ledipasvir-sofosbuvir</i> )	2	PA; ST; SL (56 tablets per 720 days.)
LEDIPASVIR-SOFOSBUVIR ORAL TABLET 90-400 MG	2	PA; ST; SL (56 tablets per 720 days.)
MAVYRET ORAL PACKET 50-20 MG ( <i>glecaprevir-pibrentasvir</i> )	2	PA; SL (5 packets per day and 280 packets per 720 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAVYRET ORAL TABLET 100-40 MG ( <i>glecaprevir-pibrentasvir</i> )	2	PA; SL (168 tablets per 720 days); SP
SOFOSBUVIR-VELPATASVIR ORAL TABLET 400-100 MG	2	PA; SL (84 tablets per 720 days.); SP
VOSEVI ORAL TABLET 400-100-100 MG ( <i>sofosbuv-velpatasv-voxilaprev</i> )	2	PA; SL (84 tablets per 720 days); SP
ZEPATIER ORAL TABLET 50-100 MG ( <i>elbasvir-grazoprevir</i> )	2	PA; SL (84 tablets per 720 days (12 weeks).); SP
<b>HIV CAPSID INHIBITORS - Drugs for Viral Infections</b>		
SUNLENCA ORAL TABLET THERAPY PACK 4 X 300 MG ( <i>lenacapavir sodium</i> )	4	PA; SL (4 tablets per 365 days.)
SUNLENCA ORAL TABLET THERAPY PACK 5 X 300 MG ( <i>lenacapavir sodium</i> )	4	PA; SL (5 tablets per 365 days.)
<b>HIV ENTRY AND FUSION INHIBITORS - Drugs for Viral Infections</b>		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED 90 MG ( <i>enfuvirtide</i> )	4	
<i>maraviroc oral tablet 150 mg, 300 mg</i>	1	PA
RUKOBIA ORAL TABLET EXTENDED RELEASE 12 HOUR 600 MG ( <i>fostemsavir tromethamine</i> )	4	PA
SELZENTRY ORAL SOLUTION 20 MG/ML ( <i>maraviroc</i> )	2	PA
SELZENTRY ORAL TABLET 150 MG, 300 MG ( <i>maraviroc</i> )	4	PA
SELZENTRY ORAL TABLET 25 MG, 75 MG ( <i>maraviroc</i> )	2	PA
<b>HIV INTEGRASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG ( <i>bictegravir-emtricitab-tenofov</i> )	3	SL (1 tablet per day.)
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )	2	SL (1 tablet per day.)
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )	2	SL (1 tablet per day.)
ISENTRESS HD ORAL TABLET 600 MG ( <i>raltegravir potassium</i> )	2	
ISENTRESS ORAL PACKET 100 MG ( <i>raltegravir potassium</i> )	2	
ISENTRESS ORAL TABLET 400 MG ( <i>raltegravir potassium</i> )	2	
ISENTRESS ORAL TABLET CHEWABLE 100 MG, 25 MG ( <i>raltegravir potassium</i> )	2	
JULUCA ORAL TABLET 50-25 MG ( <i>dolutegravir-rilpivirine</i> )	2	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg-cobic-emtricit-tenofdf</i> )	2	SL (1 tablet per day.)
TIVICAY ORAL TABLET 10 MG, 50 MG ( <i>dolutegravir sodium</i> )	3	
TIVICAY PD ORAL TABLET SOLUBLE 5 MG ( <i>dolutegravir sodium</i> )	3	
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivud</i> )	2	SL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG ( <i>abacavir-dolutegravir-lamivud</i> )	2	SL (6 tablets per day.)
VOCABRIA ORAL TABLET 30 MG	4	
<b>HIV NONNUCLEOSIDE REV.TRANScriP. INHIB. - Drugs for Viral Infections</b>		
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG ( <i>bictegravir-emtricitab-tenofov</i> )	3	SL (1 tablet per day.)
COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitab-rilpivir-tenofovir</i> )	3	SL (1 tablet per day.)
DELSTRIGO ORAL TABLET 100-300-300 MG ( <i>doravirin-lamivudin-tenofov df</i> )	2	SL (1 tablet per day.)
EDURANT ORAL TABLET 25 MG ( <i>rilpivirine hcl</i> )	2	
<i>efavirenz oral tablet 600 mg</i>	1	
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	SL (1 tablet per day.)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	SL (1 tablet per day.)
<i>etravirine oral tablet 100 mg, 200 mg</i>	1	
INTELENCE ORAL TABLET 100 MG, 200 MG ( <i>etravirine</i> )	4	
INTELENCE ORAL TABLET 25 MG ( <i>etravirine</i> )	2	
JULUCA ORAL TABLET 50-25 MG ( <i>dolutegravir-rilpivirine</i> )	2	SL (1 tablet per day.)
<i>methocarbamol oral tablet 500 mg</i>	1	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	1	
<i>nevirapine oral suspension 50 mg/5ml</i>	1	
<i>nevirapine oral tablet 200 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitab-rilpivir-tenofov af</i> )	3	SL (1 tablet per day.)
PIFELTRO ORAL TABLET 100 MG ( <i>doravirine</i> )	3	
SYMFI LO ORAL TABLET 400-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	2	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	2	SL (1 tablet per day.)
<b>HIV NUCLEOSIDE, NUCLEOTIDE RT INHIBITORS - Drugs for Viral Infections</b>		
<i>abacavir sulfate oral solution 20 mg/ml</i>	1	
<i>abacavir sulfate oral tablet 300 mg</i>	1	
<i>abacavir sulfate-lamivudine oral tablet 600-300 mg</i>	1	SL (1 tablet per day.)
BIKTARVY ORAL TABLET 30-120-15 MG, 50-200-25 MG ( <i>bictegravir-emtricitab-tenofov</i> )	3	SL (1 tablet per day.)
CIMDUO ORAL TABLET 300-300 MG ( <i>lamivudine-tenofovir</i> )	2	SL (1 tablet per day.)
COMBIVIR ORAL TABLET 150-300 MG ( <i>lamivudine-zidovudine</i> )	4	
COMPLERA ORAL TABLET 200-25-300 MG ( <i>emtricitab-rilpivir-tenofovir</i> )	3	SL (1 tablet per day.)
DELSTRIGO ORAL TABLET 100-300-300 MG ( <i>doravirin-lamivudin-tenofov df</i> )	2	SL (1 tablet per day.)
DESCOVY ORAL TABLET 120-15 MG ( <i>emtricitabine-tenofovir af</i> )	3	SL (1 tablet per day.)
DESCOVY ORAL TABLET 200-25 MG ( <i>emtricitabine-tenofovir af</i> )	3	SL (1 tablet per day.); H
DOVATO ORAL TABLET 50-300 MG ( <i>dolutegravir-lamivudine</i> )	2	SL (1 tablet per day.)
<i>efavirenz-emtricitab-tenofo df oral tablet 600-200-300 mg</i>	1	SL (1 tablet per day.)
<i>efavirenz-lamivudine-tenofovir oral tablet 400-300-300 mg, 600-300-300 mg</i>	1	SL (1 tablet per day.)
<i>emtricitabine oral capsule 200 mg</i>	1	
<i>emtricitabine-tenofovir df oral tablet 100-150 mg, 133-200 mg, 167-250 mg</i>	1	SL (1 tablet per day.)
<i>emtricitabine-tenofovir df oral tablet 200-300 mg</i>	1	SL (1 tablet per day.); H
EMTRIVA ORAL CAPSULE 200 MG ( <i>emtricitabine</i> )	4	
EMTRIVA ORAL SOLUTION 10 MG/ML ( <i>emtricitabine</i> )	2	
EPIVIR ORAL SOLUTION 10 MG/ML ( <i>lamivudine</i> )	4	
EPIVIR ORAL TABLET 150 MG, 300 MG ( <i>lamivudine</i> )	4	
GENVOYA ORAL TABLET 150-150-200-10 MG ( <i>elviteg-cobic-emtricit-tenofaf</i> )	2	SL (1 tablet per day.)
<i>lamivudine oral solution 10 mg/ml</i>	1	
<i>lamivudine oral tablet 100 mg, 150 mg, 300 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lamivudine-zidovudine oral tablet 150-300 mg</i>	1	
ODEFSEY ORAL TABLET 200-25-25 MG ( <i>emtricitab-rilpivir-tenofovir af</i> )	3	SL (1 tablet per day.)
RETROVIR ORAL CAPSULE 100 MG ( <i>zidovudine</i> )	4	
RETROVIR ORAL SYRUP 50 MG/5ML ( <i>zidovudine</i> )	3	
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg-cobic-emtricit-tenofdf</i> )	2	SL (1 tablet per day.)
SYMFI LO ORAL TABLET 400-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	2	SL (1 tablet per day.)
SYMFI ORAL TABLET 600-300-300 MG ( <i>efavirenz-lamivudine-tenofovir</i> )	2	SL (1 tablet per day.)
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun-cobic-emtricit-tenofaf</i> )	3	SL (1 tablet per day.)
<i>tenofovir disoproxil fumarate oral tablet 300 mg</i>	1	H
TRIUMEQ ORAL TABLET 600-50-300 MG ( <i>abacavir-dolutegravir-lamivud</i> )	2	SL (1 tablet per day.)
TRIUMEQ PD ORAL TABLET SOLUBLE 60-5-30 MG ( <i>abacavir-dolutegravir-lamivud</i> )	2	SL (6 tablets per day.)
TRIZIVIR ORAL TABLET 300-150-300 MG ( <i>abacavir-lamivudine-zidovudine</i> )	4	
TRUVADA ORAL TABLET 100-150 MG, 133-200 MG, 167-250 MG ( <i>emtricitabine-tenofovir df</i> )	4	SL (1 tablet per day.)
VIREAD ORAL POWDER 40 MG/GM ( <i>tenofovir disoproxil fumarate</i> )	3	
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG ( <i>tenofovir disoproxil fumarate</i> )	2	
ZIAGEN ORAL SOLUTION 20 MG/ML ( <i>abacavir sulfate</i> )	4	
ZIAGEN ORAL TABLET 300 MG ( <i>abacavir sulfate</i> )	4	
<i>zidovudine oral capsule 100 mg</i>	1	
<i>zidovudine oral syrup 50 mg/5ml</i>	1	
<i>zidovudine oral tablet 300 mg</i>	1	
<b>HIV PROTEASE INHIBITOR ANTIRETROVIRALS - Drugs for Viral Infections</b>		
APTIVUS ORAL CAPSULE 250 MG ( <i>tipranavir</i> )	2	
<i>atazanavir sulfate oral capsule 150 mg, 200 mg, 300 mg</i>	1	
<i>darunavir oral tablet 600 mg, 800 mg</i>	1	
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fosamprenavir calcium oral tablet 700 mg</i>	1	
KALETRA ORAL SOLUTION 400-100 MG/5ML ( <i>lopinavir-ritonavir</i> )	4	
KALETRA ORAL TABLET 100-25 MG, 200-50 MG ( <i>lopinavir-ritonavir</i> )	4	
LEXIVA ORAL SUSPENSION 50 MG/ML ( <i>fosamprenavir calcium</i> )	2	
<i>lopinavir-ritonavir oral solution 400-100 mg/5ml</i>	1	
<i>lopinavir-ritonavir oral tablet 100-25 mg, 200-50 mg</i>	1	
NORVIR ORAL PACKET 100 MG ( <i>ritonavir</i> )	2	
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )	2	
PREZISTA ORAL SUSPENSION 100 MG/ML ( <i>darunavir</i> )	2	
PREZISTA ORAL TABLET 150 MG, 75 MG ( <i>darunavir</i> )	2	
REYATAZ ORAL PACKET 50 MG ( <i>atazanavir sulfate</i> )	2	
<i>ritonavir oral tablet 100 mg</i>	1	
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun-cobic-emtricit-tenofaf</i> )	3	SL (1 tablet per day.)
VIRACEPT ORAL TABLET 250 MG, 625 MG ( <i>nelfinavir mesylate</i> )	2	
<b>INTERFERON ANTIVIRALS - Drugs for Viral Infections</b>		
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML ( <i>interferon alfa-n3</i> )	2	
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> )	4	PA; ST; SL (0.08 ml per day.)
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML ( <i>peginterferon alfa-2a</i> )	2	SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 180 MCG/0.5ML ( <i>peginterferon alfa-2a</i> )	2	SP
<b>LINCOMYCIN ANTIBIOTICS - Antibiotics</b>		
CLEOCIN ORAL CAPSULE 150 MG, 300 MG ( <i>clindamycin hcl</i> )	4	
CLEOCIN ORAL CAPSULE 75 MG ( <i>clindamycin hcl</i> )	2	
CLEOCIN ORAL SOLUTION RECONSTITUTED 75 MG/5ML ( <i>clindamycin palmitate hcl</i> )	4	
<i>clindamycin hcl oral capsule 150 mg, 300 mg, 75 mg</i>	1	
<i>clindamycin palmitate hcl oral solution reconstituted 75 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>MONOBACTAM ANTIBIOTICS - Antibiotics</b>		
CAYSTON INHALATION SOLUTION RECONSTITUTED 75 MG ( <i>aztreonam lysine</i> )	4	PA; ST; SL (84 vials per 56 days.); SP
<b>MONOCLONAL ANTIBODY ANTIVIRALS - Drugs for Viral Infections</b>		
BEYFORTUS INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 100 MG/ML, 50 MG/0.5ML ( <i>nirsevimab-alip</i> )	3	H
<b>NATURAL PENICILLIN ANTIBIOTICS - Antibiotics</b>		
<i>penicillin v potassium oral solution reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>penicillin v potassium oral tablet 250 mg, 500 mg</i>	1	
<b>NEURAMINIDASE INHIBITOR ANTIVIRALS - Drugs for Viral Infections</b>		
<i>oseltamivir phosphate oral capsule 30 mg, 45 mg, 75 mg</i>	1	
<i>oseltamivir phosphate oral suspension reconstituted 6 mg/ml</i>	1	SL (180 ml per month)
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT ( <i>zanamivir</i> )	3	
<b>NUCLEOSIDE AND NUCLEOTIDE ANTIVIRALS - Drugs for Viral Infections</b>		
<i>acyclovir oral capsule 200 mg</i>	1	
<i>acyclovir oral suspension 200 mg/5ml</i>	1	
<i>acyclovir oral tablet 400 mg, 800 mg</i>	1	
<i>adefovir dipivoxil oral tablet 10 mg</i>	1	
BARACLUDE ORAL SOLUTION 0.05 MG/ML ( <i>entecavir</i> )	2	
BARACLUDE ORAL TABLET 0.5 MG, 1 MG ( <i>entecavir</i> )	4	
<i>entecavir oral tablet 0.5 mg, 1 mg</i>	1	
<i>famciclovir oral tablet 125 mg, 250 mg, 500 mg</i>	1	
LAGEVRIO ORAL CAPSULE 200 MG ( <i>molnupiravir</i> )	3	SM
<i>ribavirin inhalation solution reconstituted 6 gm</i>	1	
<i>ribavirin oral capsule 200 mg</i>	1	
<i>ribavirin oral tablet 200 mg</i>	1	
TEMBEXA ORAL SUSPENSION 10 MG/ML ( <i>brincidofovir</i> )	4	
TEMBEXA ORAL TABLET 100 MG ( <i>brincidofovir</i> )	4	
<i>valacyclovir hcl oral tablet 1 gm, 500 mg</i>	1	
<i>valganciclovir hcl oral solution reconstituted 50 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>valganciclovir hcl oral tablet 450 mg</i>	1	
VIRAZOLE INHALATION SOLUTION RECONSTITUTED 6 GM ( <i>ribavirin</i> )	4	
<b>OTHER MACROLIDE ANTIBIOTICS - Antibiotics</b>		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>	1	SL (112 capsules and tablets (1 Package) per 180 days.)
<i>azithromycin oral packet 1 gm</i>	1	
<i>azithromycin oral suspension reconstituted 100 mg/5ml, 200 mg/5ml</i>	1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
DIFICID ORAL SUSPENSION RECONSTITUTED 40 MG/ML ( <i>fidaxomicin</i> )	3	SL (136 mL per 10 days.)
DIFICID ORAL TABLET 200 MG ( <i>fidaxomicin</i> )	3	SL (20 tablets per 7 days)
OMECLAMOX-PAK ORAL 500-500-20 MG ( <i>amoxicill-clarithro-omeprazole</i> )	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
ZITHROMAX ORAL PACKET 1 GM ( <i>azithromycin</i> )	4	
ZITHROMAX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML, 200 MG/5ML ( <i>azithromycin</i> )	4	
ZITHROMAX ORAL TABLET 250 MG, 500 MG ( <i>azithromycin</i> )	4	
ZITHROMAX TRI-PAK ORAL TABLET 500 MG ( <i>azithromycin</i> )	4	
ZITHROMAX Z-PAK ORAL TABLET 250 MG ( <i>azithromycin</i> )	4	
<b>OXAZOLIDINONE ANTIBIOTICS - Antibiotics</b>		
<i>linezolid oral suspension reconstituted 100 mg/5ml</i>	1	
<i>linezolid oral tablet 600 mg</i>	1	
SIVEXTRO ORAL TABLET 200 MG ( <i>tedizolid phosphate</i> )	3	
ZYVOX ORAL SUSPENSION RECONSTITUTED 100 MG/5ML ( <i>linezolid</i> )	4	
<b>PENICILLINASE-RESISTANT PENICILLINS - Antibiotics</b>		
<i>dicloxacillin sodium oral capsule 250 mg, 500 mg</i>	1	
<b>PLEUROMUTILINS - Antibiotics</b>		
XENLETA ORAL TABLET 600 MG ( <i>lefamulin acetate</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>POLYENE ANTIFUNGALS - Drugs for Fungus</b>		
<i>nystatin mouth/throat suspension 100000 unit/ml</i>	1	
<i>nystatin oral tablet 500000 unit</i>	1	
<b>POLYMYXIN ANTIBIOTICS - Antibiotics</b>		
<i>colistimethate sodium (cba) injection solution reconstituted 150 mg</i>	1	
COLY-MYCIN M INJECTION SOLUTION RECONSTITUTED 150 MG ( <i>colistimethate sodium</i> )	4	
<b>PYRIMIDINE ANTIFUNGALS - Drugs for Fungus</b>		
ANCOBON ORAL CAPSULE 250 MG ( <i>flucytosine</i> )	4	
ANCOBON ORAL CAPSULE 500 MG ( <i>flucytosine</i> )	3	
<i>flucytosine oral capsule 250 mg, 500 mg</i>	1	
<b>QUINOLONE ANTIBIOTICS - Antibiotics</b>		
BAXDELA ORAL TABLET 450 MG ( <i>delafloxacin meglumine</i> )	3	
CIPRO ORAL SUSPENSION RECONSTITUTED 250 MG/5ML (5%), 500 MG/5ML (10%) ( <i>ciprofloxacin</i> )	3	
CIPRO ORAL TABLET 250 MG, 500 MG ( <i>ciprofloxacin hcl</i> )	4	
<i>ciprofloxacin hcl oral tablet 100 mg, 250 mg, 500 mg, 750 mg</i>	1	
<i>levofloxacin oral solution 25 mg/ml</i>	1	
<i>levofloxacin oral tablet 250 mg, 500 mg, 750 mg</i>	1	
<i>moxifloxacin hcl oral tablet 400 mg</i>	1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	1	
<b>RIFAMYCIN ANTIBIOTICS - Antibiotics</b>		
AEMCOLO ORAL TABLET DELAYED RELEASE 194 MG ( <i>rifamycin sodium</i> )	3	
MYCOBUTIN ORAL CAPSULE 150 MG ( <i>rifabutin</i> )	4	
PRIFTIN ORAL TABLET 150 MG ( <i>rifapentine</i> )	2	
<i>rifabutin oral capsule 150 mg</i>	1	
<i>rifampin oral capsule 150 mg, 300 mg</i>	1	
RIFAMPIN+SYRSPEND SF ORAL SUSPENSION 25 MG/ML ( <i>rifampin</i> )	3	PA
XIFAXAN ORAL TABLET 200 MG ( <i>rifaximin</i> )	3	
XIFAXAN ORAL TABLET 550 MG ( <i>rifaximin</i> )	3	SL (62 tablets per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>SULFONAMIDE ANTIBIOTICS (SYSTEMIC) - Antibiotics</b>		
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG ( <i>sulfasalazine</i> )	4	
AZULFIDINE ORAL TABLET 500 MG ( <i>sulfasalazine</i> )	4	
BACTRIM DS ORAL TABLET 800-160 MG ( <i>sulfamethoxazole-trimethoprim</i> )	4	
BACTRIM ORAL TABLET 400-80 MG ( <i>sulfamethoxazole-trimethoprim</i> )	4	
<i>sulfadiazine oral tablet 500 mg</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<b>TETRACYCLINE ANTIBIOTICS - Antibiotics</b>		
AVIDOXY DK COMBINATION KIT 100 MG ( <i>doxycycline-sunscreen-sal acid</i> )	3	
<i>avidoxy oral tablet 100 mg</i>	1	
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>demeclocycline hcl oral tablet 150 mg, 300 mg</i>	1	
DORYX MPC ORAL TABLET DELAYED RELEASE 120 MG, 60 MG ( <i>doxycycline hyclate</i> )	4	
<i>doxycycline hyclate oral capsule 100 mg, 50 mg</i>	1	
<i>doxycycline hyclate oral tablet 100 mg, 150 mg, 20 mg, 75 mg</i>	1	
<i>doxycycline hyclate oral tablet delayed release 100 mg, 150 mg, 200 mg, 50 mg, 75 mg</i>	1	
DOXYCYCLINE HYCLATE ORAL TABLET DELAYED RELEASE 80 MG	4	
<i>doxycycline monohydrate oral capsule 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>doxycycline monohydrate oral suspension reconstituted 25 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>doxycycline monohydrate oral tablet 100 mg, 150 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
<i>minocycline hcl oral capsule 100 mg, 50 mg, 75 mg</i>	1	
<i>minocycline hcl oral tablet 100 mg, 50 mg, 75 mg</i>	1	
<i>mondoxyne nl oral capsule 100 mg</i>	1	
PYLERA ORAL CAPSULE 140-125-125 MG ( <i>bis subcit-metronid-tetracyc</i> )	4	SL (120 capsules per 180 days.)
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG ( <i>minocycline hcl</i> )	4	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
VIBRAMYCIN ORAL CAPSULE 100 MG ( <i>doxycycline hyclate</i> )	4	
VIBRAMYCIN ORAL SUSPENSION RECONSTITUTED 25 MG/5ML ( <i>doxycycline monohydrate</i> )	4	
<b>URINARY ANTI-INFECTIVES - Drugs for the Urinary System</b>		
BACTRIM DS ORAL TABLET 800-160 MG ( <i>sulfamethoxazole-trimethoprim</i> )	4	
BACTRIM ORAL TABLET 400-80 MG ( <i>sulfamethoxazole-trimethoprim</i> )	4	
<i>fosfomycin tromethamine oral packet 3 gm</i>	1	
HIPREX ORAL TABLET 1 GM ( <i>methenamine hippurate</i> )	4	
MACROBID ORAL CAPSULE 100 MG ( <i>nitrofurantoin monohyd macro</i> )	4	
MACRODANTIN ORAL CAPSULE 100 MG, 25 MG, 50 MG ( <i>nitrofurantoin macrocrystal</i> )	4	
<i>me/naphos/mb/hyo1 oral tablet 81.6 mg</i>	1	
<i>methenamine hippurate oral tablet 1 gm</i>	1	
<i>methenamine mandelate oral tablet 0.5 gm, 1 gm</i>	1	
MONUROL ORAL PACKET 3 GM ( <i>fosfomycin tromethamine</i> )	4	
<i>nitrofurantoin macrocrystal oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>nitrofurantoin monohydrate macrocrystals oral capsule 100 mg</i>	1	
<i>nitrofurantoin oral suspension 25 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral suspension 200-40 mg/5ml</i>	1	
<i>sulfamethoxazole-trimethoprim oral tablet 400-80 mg, 800-160 mg</i>	1	

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<i>sulfatrim pediatric oral suspension 200-40 mg/5ml</i>	1	
<i>trimethoprim oral tablet 100 mg</i>	1	
URELLE ORAL TABLET 81 MG ( <i>meth-hyo-m bl-na phos-ph sal</i> )	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
URIBEL ORAL TABLET 81.6 MG ( <i>meth-hyo-m bl-benz acd-ph sal</i> )	3	
URIMAR-T ORAL CAPSULE 120 MG ( <i>meth-hyo-m bl-na phos-ph sal</i> )	4	
URIMAR-T ORAL TABLET 120 MG ( <i>meth-hyo-m bl-na phos-ph sal</i> )	2	
<i>urin ds oral tablet 81.6 mg</i>	1	
URO-458 ORAL TABLET 81 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG ( <i>methen-hyosc-meth blue-na phos</i> )	2	
VILEVEV MB ORAL TABLET 81 MG ( <i>meth-hyo-m bl-na phos-ph sal</i> )	3	
<b>ANTINEOPLASTIC AGENTS - Drugs for Cancer</b>		
<b>ANTINEOPLASTIC AGENTS - Drugs for Cancer</b>		
<i>abiraterone acetate oral tablet 250 mg</i>	1	PA; SL (4 tablets per day.); SP; CM
ALECENSA ORAL CAPSULE 150 MG ( <i>alectinib hcl</i> )	2	PA; SL (8 capsules per day.); SP; CM
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML ( <i>interferon alfa-n3</i> )	2	
ALUNBRIG ORAL TABLET 180 MG, 90 MG ( <i>brigatinib</i> )	2	PA; SL (1 tablet per day); SP; CM
ALUNBRIG ORAL TABLET 30 MG ( <i>brigatinib</i> )	2	PA; SL (6 tablets per day); SP; CM
ALUNBRIG ORAL TABLET THERAPY PACK 90 & 180 MG ( <i>brigatinib</i> )	2	PA; SL (30 packs per year); SP; CM
<i>anastrozole oral tablet 1 mg</i>	1	H
AYVAKIT ORAL TABLET 100 MG, 200 MG, 25 MG, 300 MG, 50 MG ( <i>avapritinib</i> )	4	PA; SL (1 tablet per day.); SP; CM
BALVERSA ORAL TABLET 3 MG ( <i>erdafitinib</i> )	4	PA; SL (3 tablets per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BALVERSA ORAL TABLET 4 MG ( <i>erdafitinib</i> )	4	PA; SL (2 tablets per day.); SP; CM
BALVERSA ORAL TABLET 5 MG ( <i>erdafitinib</i> )	4	PA; SL (1 tablet per day.); SP; CM
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> )	4	PA; ST; SL (0.08 ml per day.)
<i>bexarotene oral capsule 75 mg</i>	1	CM
<i>bicalutamide oral tablet 50 mg</i>	1	CM
BOSULIF ORAL TABLET 100 MG ( <i>bosutinib</i> )	2	PA; ST; SL (4 tablets per day.); SP; CM
BOSULIF ORAL TABLET 400 MG, 500 MG ( <i>bosutinib</i> )	2	PA; ST; SL (1 tablet per day.); SP; CM
BRAFTOVI ORAL CAPSULE 75 MG ( <i>encorafenib</i> )	4	PA; ST; SL (6 capsules per day.); SP; CM
BRUKINSA ORAL CAPSULE 80 MG ( <i>zanubrutinib</i> )	3	PA; ST; SL (4 capsules per day.); SP; CM
CABOMETRYX ORAL TABLET 20 MG, 40 MG, 60 MG ( <i>cabozantinib s-malate</i> )	2	PA; SL (1 tablet per day.); SP; CM
CALQUENCE ORAL TABLET 100 MG ( <i>acalabrutinib maleate</i> )	2	PA; SL (2 tablets per day.); SP; CM
<i>capecitabine oral tablet 150 mg, 500 mg</i>	1	SP; CM
CAPRELSA ORAL TABLET 100 MG ( <i>vandetanib</i> )	2	PA; SL (2 tablets per day.); SP; CM
CAPRELSA ORAL TABLET 300 MG ( <i>vandetanib</i> )	2	PA; SL (1 tablet per day.); SP; CM
CASODEX ORAL TABLET 50 MG ( <i>bicalutamide</i> )	4	CM
COMETRIQ ORAL KIT 20 MG ( <i>cabozantinib s-malate</i> )	2	PA; SL (93 capsules per month.); SP; CM
COMETRIQ ORAL KIT 3 X 20 MG & 80 MG ( <i>cabozantinib s-malate</i> )	2	PA; SL (124 capsules per month.); SP; CM
COMETRIQ ORAL KIT 80 & 20 MG ( <i>cabozantinib s-malate</i> )	2	PA; SL (62 capsules per month.); SP; CM
COPIKTRA ORAL CAPSULE 15 MG, 25 MG ( <i>duvelisib</i> )	4	PA; SL (2 capsules per day.); SP; CM
COTELLIC ORAL TABLET 20 MG ( <i>cobimetinib fumarate</i> )	2	PA; SL (63 tablets per 21 days); SP; CM
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DAURISMO ORAL TABLET 100 MG, 25 MG ( <i>glasdegib maleate</i> )	2	PA; SL (2 tablets per day.); SP; CM
DROXIA ORAL CAPSULE 200 MG, 300 MG, 400 MG ( <i>hydroxyurea</i> )	2	CM
EMCYT ORAL CAPSULE 140 MG ( <i>estramustine phosphate sodium</i> )	2	CM
ERIVEDGE ORAL CAPSULE 150 MG ( <i>vismodegib</i> )	2	PA; SL (1 capsule per day.); SP; CM
ERLEADA ORAL TABLET 240 MG ( <i>apalutamide</i> )	2	PA; SL (1 tablet per year.)
ERLEADA ORAL TABLET 60 MG ( <i>apalutamide</i> )	2	PA; SL (3 tablets per day.); SP; CM
<i>erlotinib hcl oral tablet 100 mg, 150 mg</i>	1	PA; SL (1 tablet per day.); SP; CM
<i>erlotinib hcl oral tablet 25 mg</i>	1	PA; SL (2 tablets per day.); SP; CM
<i>etoposide oral capsule 50 mg</i>	1	SP; CM
<i>everolimus oral tablet 10 mg, 7.5 mg</i>	1	PA; SL (2 tablets per day.); SP; CM
<i>everolimus oral tablet 2.5 mg, 5 mg</i>	1	PA; SL (1 tablet per day.); SP; CM
<i>everolimus oral tablet soluble 2 mg, 3 mg, 5 mg</i>	1	PA; SL (1 tablet per day.); SP; CM
<i>exemestane oral tablet 25 mg</i>	1	H
EXKIVITY ORAL CAPSULE 40 MG ( <i>mobocertinib succinate</i> )	4	PA; SL (4 capsules per day.); SP; CM
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL ( <i>degarelix acetate</i> )	3	SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG ( <i>degarelix acetate</i> )	3	SP
FOTIVDA ORAL CAPSULE 0.89 MG, 1.34 MG ( <i>tivozanib hcl</i> )	4	PA; SL (0.75 capsules per day.); SP; CM
GAVRETO ORAL CAPSULE 100 MG ( <i>pralsetinib</i> )	4	PA; SL (4 capsules per day.); SP; CM
<i>gefitinib oral tablet 250 mg</i>	1	PA; SL (1 tablet per day.); SP; CM
GILOTRIF ORAL TABLET 20 MG, 30 MG, 40 MG ( <i>afatinib dimaleate</i> )	3	PA; SL (1 tablet per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG ( <i>Iomustine</i> )	2	SP; CM
HYCAMTIN ORAL CAPSULE 0.25 MG ( <i>topotecan hcl</i> )	2	PA; SL (15 capsules per 15 days.); SP; CM
HYCAMTIN ORAL CAPSULE 1 MG ( <i>topotecan hcl</i> )	2	PA; SL (25 capsules per 15 days.); SP; CM
HYDREA ORAL CAPSULE 500 MG ( <i>hydroxyurea</i> )	4	CM
<i>hydroxyurea oral capsule 500 mg</i>	1	CM
IBRANCE ORAL CAPSULE 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	2	PA; SL (21 capsules per month.); SP; CM
IBRANCE ORAL TABLET 100 MG, 125 MG, 75 MG ( <i>palbociclib</i> )	2	PA; SL (0.75 tablets per day.); SP; CM
ICLUSIG ORAL TABLET 10 MG ( <i>ponatinib hcl</i> )	3	PA; SL (1 tablet per day.); CM
ICLUSIG ORAL TABLET 15 MG ( <i>ponatinib hcl</i> )	3	PA; SL (2 tablets per day.); SP; CM
ICLUSIG ORAL TABLET 45 MG ( <i>ponatinib hcl</i> )	3	PA; SL (1 tablet per day.); SP; CM
IDHIFA ORAL TABLET 100 MG, 50 MG ( <i>enasidenib mesylate</i> )	2	PA; SL (1 tablet per day); SP; CM
<i>imatinib mesylate oral tablet 100 mg</i>	1	PA; SL (6 tablets per day.); SP; CM
<i>imatinib mesylate oral tablet 400 mg</i>	1	PA; SL (1 tablet per day.); SP; CM
IMBRUVICA ORAL CAPSULE 140 MG ( <i>ibrutinib</i> )	2	PA; SL (3 capsules per day.); SP; CM
IMBRUVICA ORAL CAPSULE 70 MG ( <i>ibrutinib</i> )	2	PA; SL (1 capsule per day.); SP; CM
IMBRUVICA ORAL SUSPENSION 70 MG/ML ( <i>ibrutinib</i> )	2	PA; SL (7.2 ml per day.); SP; CM
IMBRUVICA ORAL TABLET 140 MG, 280 MG, 420 MG ( <i>ibrutinib</i> )	2	PA; SL (1 tablet per day.); SP; CM
INLYTA ORAL TABLET 1 MG ( <i>axitinib</i> )	3	PA; SL (6 tablets per day.); SP; CM
INLYTA ORAL TABLET 5 MG ( <i>axitinib</i> )	3	PA; SL (124 tablets per 30 days.); SP; CM
INQOVI ORAL TABLET 35-100 MG ( <i>decitabine-cedazuridine</i> )	4	PA; SL (5 tablets per month.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INREBIC ORAL CAPSULE 100 MG ( <i>fedratinib hcl</i> )	4	PA; ST; SL (4 capsules per day.); SP; CM
IRESSA ORAL TABLET 250 MG ( <i>gefitinib</i> )	4	PA; SL (1 tablet per day.); SP; CM
JAKAFI ORAL TABLET 10 MG, 15 MG, 20 MG, 25 MG, 5 MG ( <i>ruxolitinib phosphate</i> )	2	PA; SL (2 tablets per day.); SP; CM
JAYPIRCA ORAL TABLET 100 MG ( <i>pirtobrutinib</i> )	4	PA; SL (3 tablets per day.); SP; CM
JAYPIRCA ORAL TABLET 50 MG ( <i>pirtobrutinib</i> )	4	PA; SL (1 tablet per day.); SP; CM
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL ( <i>ribociclib succinate</i> )	4	PA; SP; CM
KISQALI (400 MG DOSE) TABLET THERAPY PACK 200 MG ORAL ( <i>ribociclib succinate</i> )	4	PA; SL (42 tablets per month); SP; CM
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL ( <i>ribociclib succinate</i> )	4	PA; SP; CM
KISQALI (600 MG DOSE) TABLET THERAPY PACK 200 MG ORAL ( <i>ribociclib succinate</i> )	4	PA; SL (63 tablets per month); SP; CM
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	4	PA; CM
KISQALI ORAL TABLET THERAPY PACK 200 MG ( <i>ribociclib succinate</i> )	4	PA; SL (21 tablets per month); SP; CM
KOSELUGO ORAL CAPSULE 10 MG ( <i>selumetinib sulfate</i> )	3	PA; SL (8 capsules per day.); SP; CM
KOSELUGO ORAL CAPSULE 25 MG ( <i>selumetinib sulfate</i> )	3	PA; SL (4 capsules per day.); SP; CM
KRAZATI ORAL TABLET 200 MG ( <i>adagrasib</i> )	4	PA; SL (6 tablets per day.); SP; CM
<i>lapatinib ditosylate oral tablet 250 mg</i>	1	PA; SP; CM
<i>lenalidomide oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA; SL (28 capsules per 21 days.); SP; CM
<i>lenalidomide oral capsule 15 mg, 20 mg, 25 mg</i>	1	PA; SL (21 capsules per 21 days.); SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 & 4 MG, 2 X 10 MG, 2 X 4 MG ( <i>lenvatinib mesylate</i> )	3	PA; SL (2 capsules per day.); SP; CM
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG & 2 X 4 MG, 2 X 10 MG & 4 MG, 3 X 4 MG ( <i>lenvatinib mesylate</i> )	3	PA; SL (3 capsules per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LENVIMA ORAL CAPSULE THERAPY PACK 10 MG, 4 MG ( <i>lenvatinib mesylate</i> )	3	PA; SL (1 capsule per day.); SP; CM
<i>letrozole oral tablet 2.5 mg</i>	1	H
LEUKERAN ORAL TABLET 2 MG ( <i>chlorambucil</i> )	2	CM
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA
LONSURF ORAL TABLET 15-6.14 MG ( <i>trifluridine-tipiracil</i> )	4	PA; SL (100 tablets per month.); SP; CM
LONSURF ORAL TABLET 20-8.19 MG ( <i>trifluridine-tipiracil</i> )	4	PA; SL (80 tablets per 21 days.); SP; CM
LORBRENA ORAL TABLET 100 MG, 25 MG ( <i>lorlatinib</i> )	3	PA; ST; SP; CM
LUMAKRAS ORAL TABLET 120 MG ( <i>sotorasib</i> )	4	PA; SL (4 tablets per day.); SP; CM
LUMAKRAS ORAL TABLET 320 MG ( <i>sotorasib</i> )	4	PA; SL (3 tablets per day.); SP; CM
LYNPARZA ORAL TABLET 100 MG, 150 MG ( <i>olaparib</i> )	2	PA; SL (4 tablets per day); SP; CM
LYSODREN ORAL TABLET 500 MG ( <i>mitotane</i> )	2	CM
LYTGOBI (12 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG ( <i>futibatinib</i> )	4	PA; SL (84 tablets per month.); SP; CM
LYTGOBI (16 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG ( <i>futibatinib</i> )	4	PA; SL (112 tablets per month.); SP; CM
LYTGOBI (20 MG DAILY DOSE) ORAL TABLET THERAPY PACK 4 MG ( <i>futibatinib</i> )	4	PA; SL (140 tablets per month.); SP; CM
MATULANE ORAL CAPSULE 50 MG ( <i>procarbazine hcl</i> )	2	SP; CM
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
MEKINIST ORAL SOLUTION RECONSTITUTED 0.05 MG/ML ( <i>trametinib dimethyl sulfoxide</i> )	4	ST; SL (17.4 ml per day.); SP; CM
MEKINIST ORAL TABLET 0.5 MG ( <i>trametinib dimethyl sulfoxide</i> )	4	PA; ST; SL (2 tablets per day.); SP; CM
MEKINIST ORAL TABLET 2 MG ( <i>trametinib dimethyl sulfoxide</i> )	4	PA; ST; SL (1 tablet per day.); SP; CM
MEKTOVI ORAL TABLET 15 MG ( <i>binimetinib</i> )	4	PA; ST; SL (6 tablets per day); SP; CM
<i>melphalan oral tablet 2 mg</i>	1	CM
<i>mercaptopurine oral tablet 50 mg</i>	1	CM

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<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
MYLERAN ORAL TABLET 2 MG ( <i>busulfan</i> )	2	CM
NERLYNX ORAL TABLET 40 MG ( <i>neratinib maleate</i> )	2	PA; SL (6 tablets per day.); SP; CM
NINLARO ORAL CAPSULE 2.3 MG, 3 MG, 4 MG ( <i>ixazomib citrate</i> )	2	PA; SP; CM
NUBEQA ORAL TABLET 300 MG ( <i>darolutamide</i> )	2	PA; SL (4 tablets per day.); SP; CM
ODOMZO ORAL CAPSULE 200 MG ( <i>sonidegib phosphate</i> )	2	PA; SL (1 capsule per day.); SP; CM
ONUREG ORAL TABLET 200 MG, 300 MG ( <i>azacitidine</i> )	2	PA; SL (14 tablets per 24 days.); SP; CM
ORGOVYX ORAL TABLET 120 MG ( <i>relugolix</i> )	3	PA; SL (1 tablet per day); SP; CM
ORSERDU ORAL TABLET 345 MG ( <i>elacestrant hydrochloride</i> )	2	PA; SL (1 tablet per day.); SP; CM
ORSERDU ORAL TABLET 86 MG ( <i>elacestrant hydrochloride</i> )	2	PA; SL (3 tablets per day.); SP; CM
<i>pazopanib hcl oral tablet 200 mg</i>	1	PA; SL (4 tablets per day.); SP; CM
PEMAZYRE ORAL TABLET 13.5 MG, 4.5 MG, 9 MG ( <i>pemigatinib</i> )	4	PA; SL (1 tablet per day.); SP; CM
PIQRAY ORAL TABLET THERAPY PACK 2 X 150 MG, 200 & 50 MG ( <i>alpelisib</i> )	2	PA; SL (2 tablets per day.); SP; CM
PIQRAY ORAL TABLET THERAPY PACK 200 MG ( <i>alpelisib</i> )	2	PA; SL (1 tablet per day.); SP; CM
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )	3	PA; SP; CM
PURIXAN ORAL SUSPENSION 2000 MG/100ML ( <i>mercaptopurine</i> )	4	SP; CM
QINLOCK ORAL TABLET 50 MG ( <i>ripretinib</i> )	4	PA; SL (3 tablets per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETEVMO ORAL CAPSULE 40 MG ( <i>selpercatinib</i> )	4	PA; SL (6 capsules per day.); SP; CM
RETEVMO ORAL CAPSULE 80 MG ( <i>selpercatinib</i> )	4	PA; SP; CM
REVLIMID ORAL CAPSULE 10 MG, 2.5 MG, 5 MG ( <i>lenalidomide</i> )	2	PA; SL (28 capsules per 21 days.); SP; CM
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 25 MG ( <i>lenalidomide</i> )	2	PA; SL (21 capsules per 21 days.); SP; CM
REZLIDHIA ORAL CAPSULE 150 MG ( <i>olutasidenib</i> )	2	PA; SL (2 capsules per day.); CM
ROZLYTREK ORAL CAPSULE 100 MG ( <i>entrectinib</i> )	2	PA; SL (1 capsule per day.); SP; CM
ROZLYTREK ORAL CAPSULE 200 MG ( <i>entrectinib</i> )	2	PA; SL (3 capsules per day.); SP; CM
ROZLYTREK ORAL PACKET 50 MG ( <i>entrectinib</i> )	2	CM
RUBRACA ORAL TABLET 200 MG ( <i>rucaparib camsylate</i> )	3	PA; ST; SL (2 tablets per day.); SP; CM
RUBRACA ORAL TABLET 250 MG, 300 MG ( <i>rucaparib camsylate</i> )	3	PA; ST; SL (4 tablets per day.); SP; CM
RYDAPT ORAL CAPSULE 25 MG ( <i>midostaurin</i> )	2	PA; SL (8 capsules per day); SP; CM
SCEMBLIX ORAL TABLET 20 MG, 40 MG ( <i>asciminib hcl</i> )	4	PA; SL (2 tablets per day.); SP; CM
SOLTAMOX ORAL SOLUTION 10 MG/5ML ( <i>tamoxifen citrate</i> )	4	
<i>sorafenib tosylate oral tablet 200 mg</i>	1	PA; SL (4 tablets per day.); SP; CM
SPRYCEL ORAL TABLET 100 MG, 140 MG, 50 MG, 70 MG, 80 MG ( <i>dasatinib</i> )	4	PA; ST; SL (1 tablet per day.); SP; CM
SPRYCEL ORAL TABLET 20 MG ( <i>dasatinib</i> )	4	PA; ST; SL (2 tablets per day.); SP; CM
STIVARGA ORAL TABLET 40 MG ( <i>regorafenib</i> )	2	PA; SL (84 tablets per 21 days.); SP; CM
<i>sunitinib malate oral capsule 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	1	PA; SL (1 capsule per day.); SP; CM
TABLOID ORAL TABLET 40 MG ( <i>thioguanine</i> )	2	SP; CM
TABRECTA ORAL TABLET 150 MG, 200 MG ( <i>capmatinib hcl</i> )	4	PA; SL (4 tablets per day.); SP; CM
TAFINLAR ORAL CAPSULE 50 MG, 75 MG ( <i>dabrafenib mesylate</i> )	4	PA; ST; SL (4 capsules per day.); SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TAFINLAR ORAL TABLET SOLUBLE 10 MG ( <i>dabrafenib mesylate</i> )	4	ST; SL (12 tablets per day.); SP; CM
TAGRISSO ORAL TABLET 40 MG ( <i>osimertinib mesylate</i> )	3	PA; SL (1 tablet per day.); SP; CM
TAGRISSO ORAL TABLET 80 MG ( <i>osimertinib mesylate</i> )	3	PA; SL (2 tablets per day.); SP; CM
TALZENNA ORAL CAPSULE 0.1 MG, 0.25 MG, 0.35 MG, 0.5 MG, 0.75 MG, 1 MG ( <i>talazoparib tosylate</i> )	4	PA; ST; SL (1 capsule per day.); SP; CM
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	H
TASIGNA ORAL CAPSULE 150 MG, 200 MG, 50 MG ( <i>nilotinib hcl</i> )	2	PA; ST; SL (4 capsules per day.); SP; CM
TAZVERIK ORAL TABLET 200 MG ( <i>tazemetostat hbr</i> )	4	PA; SL (8 tablets per day.); SP; CM
<i>temozolomide oral capsule 100 mg, 140 mg, 180 mg, 20 mg, 250 mg, 5 mg</i>	1	PA; SP; CM
TEPMETKO ORAL TABLET 225 MG ( <i>tepotinib hcl</i> )	4	PA; SL (2 tablets per day.); SP; CM
TIBSOVO ORAL TABLET 250 MG ( <i>ivosidenib</i> )	2	PA; SL (2 tablets per day.); SP; CM
<i>toremifene citrate oral tablet 60 mg</i>	1	CM
<i>tretinoin oral capsule 10 mg</i>	1	SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )	2	CM
TUKYSA ORAL TABLET 150 MG ( <i>tucatinib</i> )	2	PA; SL (4 tablets per day.); SP; CM
TUKYSA ORAL TABLET 50 MG ( <i>tucatinib</i> )	2	PA; SL (10 tablets per day.); SP; CM
TURALIO ORAL CAPSULE 125 MG ( <i>pexidartinib hcl</i> )	2	PA; SL (4 capsules per day.); SP; CM
VANFLYTA ORAL TABLET 17.7 MG, 26.5 MG ( <i>quizartinib dihydrochloride</i> )	4	PA; SL (2 tablets per day.); SP; CM
VENCLEXTA ORAL TABLET 10 MG, 100 MG ( <i>venetoclax</i> )	2	PA; SL (4 tablets per day.); SP; CM
VENCLEXTA ORAL TABLET 50 MG ( <i>venetoclax</i> )	2	PA; SL (1 tablet per day.); SP; CM
VENCLEXTA STARTING PACK ORAL TABLET THERAPY PACK 10 & 50 & 100 MG ( <i>venetoclax</i> )	2	PA; SL (42 tablets per year.); SP; CM

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VERZENIO ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>abemaciclib</i> )	2	PA; SL (2 tablets per day); SP; CM
VITRAKVI ORAL CAPSULE 100 MG ( <i>larotrectinib sulfate</i> )	2	PA; SL (2 capsules per day.); SP; CM
VITRAKVI ORAL CAPSULE 25 MG ( <i>larotrectinib sulfate</i> )	2	PA; SL (6 capsules per day.); SP; CM
VITRAKVI ORAL SOLUTION 20 MG/ML ( <i>larotrectinib sulfate</i> )	2	PA; SL (10 mL per day.); SP; CM
VIZIMPRO ORAL TABLET 15 MG, 30 MG, 45 MG ( <i>dacomitinib</i> )	3	PA; SL (1 tablet per day.); SP; CM
VONJO ORAL CAPSULE 100 MG ( <i>pacritinib citrate</i> )	4	PA; SL (4 capsules per day.); SP; CM
WELIREG ORAL TABLET 40 MG ( <i>belzutifan</i> )	4	PA; SL (3 tablets day.); SP; CM
XATMEP ORAL SOLUTION 2.5 MG/ML ( <i>methotrexate</i> )	4	SL (4 ml per day); CM
XOSPATA ORAL TABLET 40 MG ( <i>gilteritinib fumarate</i> )	3	PA; SL (3 tablets per day.); SP; CM
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG ( <i>selinexor</i> )	4	PA; SL (0.26 tablet per day.); SP; CM
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	4	PA; SL (0.14 tablet per day.); SP; CM
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	4	PA; SL (0.29 tablet per day.); SP; CM
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG ( <i>selinexor</i> )	4	PA; SL (0.14 tablet per day.); SP; CM
XPOVIO (60 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	4	PA; SL (0.86 tablets per day.); SP; CM
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG ( <i>selinexor</i> )	4	PA; SL (0.29 tablet per day.); SP; CM
XPOVIO (80 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 20 MG ( <i>selinexor</i> )	4	PA; SL (1.15 tablets per day.); SP; CM
XTANDI ORAL CAPSULE 40 MG ( <i>enzalutamide</i> )	2	PA; ST; SL (4 capsules per day.); SP; CM
XTANDI ORAL TABLET 40 MG ( <i>enzalutamide</i> )	2	PA; ST; SL (4 tablets per day.); SP; CM
XTANDI ORAL TABLET 80 MG ( <i>enzalutamide</i> )	2	PA; ST; SL (2 tablets per day.); SP; CM

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ZEJULA ORAL TABLET 100 MG, 200 MG, 300 MG ( <i>niraparib tosylate</i> )	2	PA; SL (1 tablet per day.); SP; CM
ZELBORAF ORAL TABLET 240 MG ( <i>vemurafenib</i> )	2	PA; SL (8 tablets per day.); SP; CM
ZOLINZA ORAL CAPSULE 100 MG ( <i>vorinostat</i> )	2	PA; SL (4 capsules per day.); SP; CM
ZYDELIG ORAL TABLET 100 MG, 150 MG ( <i>idelalisib</i> )	4	PA; SL (60 tablets per month.); SP; CM
<b>ANTITOXINS,IMMUNE GLOB,TOXOIDS,VACCINES - DRUGS FOR THE IMMUNE SYSTEM</b>		
<b>ALLERGENIC EXTRACTS (THERAPEUTIC) - DRUGS FOR THE IMMUNE SYSTEM</b>		
GRASTEK SUBLINGUAL TABLET SUBLINGUAL 2800 BAU ( <i>timothy grass pollen allergen</i> )	4	PA; SL (1 tablet per day.)
ODACTRA SUBLINGUAL TABLET SUBLINGUAL 12 SQ-HDM ( <i>dust mite mixed allergen ext</i> )	4	PA; SL (1 tablet per day.)
ORALAIR ADULT STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 300 IR ( <i>grass mix pollens allergen ext</i> )	4	PA; SL (1 tablet per day.)
ORALAIR CHILDRENS STARTER PACK SUBLINGUAL TABLET SUBLINGUAL 100 IR ( <i>grass mix pollens allergen ext</i> )	4	PA; SL (3 tablets per year.)
ORALAIR SUBLINGUAL TABLET SUBLINGUAL 300 IR ( <i>grass mix pollens allergen ext</i> )	4	PA; SL (1 tablet per day.)
PALFORZIA ORAL 0.5 & 1 & 1.5 & 3 & 6 MG ( <i>peanut powder-dnfp</i> )	3	PA; SL (13 capsules per year.); SP
PALFORZIA ORAL 2 X 1 MG & 10 MG, 3 X 1 MG ( <i>peanut powder-dnfp</i> )	3	PA; SL (45 capsules per 13 days.); SP
PALFORZIA ORAL 2 X 100 MG, 2 X 20 MG, 20 MG & 100 MG ( <i>peanut powder-dnfp</i> )	3	PA; SL (30 capsules per 13 days.); SP
PALFORZIA ORAL 2 X 20 MG & 2 X 100 MG, 4 X 20 MG ( <i>peanut powder-dnfp</i> )	3	PA; SL (60 capsules per 13 days.); SP
PALFORZIA ORAL 20 MG ( <i>peanut powder-dnfp</i> )	3	PA; SL (15 capsules per 13 days.); SP
PALFORZIA ORAL 3 X 20 MG & 100 MG ( <i>peanut powder-dnfp</i> )	3	PA; SL (60 capsule per 13 days.); SP
PALFORZIA ORAL 6 X 1 MG ( <i>peanut powder-dnfp</i> )	3	PA; SL (90 capsules per 13 days.); SP
PALFORZIA ORAL PACKET 300 MG ( <i>peanut powder-dnfp</i> )	3	PA; SL (1 capsule per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PALFORZIA ORAL PACKET 300 MG ( <i>peanut powder-dnfp</i> )	3	PA; SL (15 capsules per 13 days.); SP
RAGWITEK SUBLINGUAL TABLET SUBLINGUAL 12 AMB A 1-U ( <i>short ragweed pollen ext</i> )	4	PA; SL (1 tablet per day.)
<b>TOXOIDS - Vaccines</b>		
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 ( <i>tetanus-diphth-acell pertussis</i> )	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 ( <i>tetanus-diphth-acell pertussis</i> )	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 ( <i>tetanus-diphth-acell pertussis</i> )	2	H
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 ( <i>diphth-acell pertussis-tetanus</i> )	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR ( <i>diphth-acell pertussis-tetanus</i> )	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR ( <i>diphth-acell pertussis-tetanus</i> )	3	H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>dtap-hepatitis b recomb-ipv</i> )	3	H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>dtap-ipv-hib vaccine</i> )	3	H
QUADRACEL INTRAMUSCULAR SUSPENSION ( <i>dtap-ipv vaccine</i> )	3	H
TDVAX INTRAMUSCULAR SUSPENSION 2-2 LF/0.5ML ( <i>tetanus-diphtheria toxoids td</i> )	3	H
TENIVAC INTRAMUSCULAR INJECTABLE 5-2 LFU ( <i>tetanus-diphtheria toxoids td</i> )	3	H
VAXELIS INTRAMUSCULAR SUSPENSION ( <i>dtap-ipv-hib-hepatitis b recmb</i> )	E	H
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>dtap-ipv-hib-hepatitis b recmb</i> )	E	H
<b>VACCINES - Vaccines</b>		
ABRYSV0 INTRAMUSCULAR SOLUTION RECONSTITUTED 120 MCG/0.5ML ( <i>rsv pre-fusion f a&amp;b vac rcmb</i> )	3	H
ACTHIB INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>haemophilus b polysac conj vac</i> )	2	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5 ( <i>tetanus-diphth-acell pertussis</i> )	3	H
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac split quad</i> )	3	H
AFLURIA QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split quad</i> )	3	H
AREXVY INTRAMUSCULAR SUSPENSION RECONSTITUTED 120 MCG/0.5ML ( <i>rsvpref3 vac recomb adjuvanted</i> )	3	H
BEXSERO INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>meningococcal b recomb omv adj</i> )	3	H
BOOSTRIX INTRAMUSCULAR SUSPENSION 5-2.5-18.5 LF-MCG/0.5 ( <i>tetanus-diphth-acell pertussis</i> )	2	H
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 5-2.5-18.5 LF-MCG/0.5 ( <i>tetanus-diphth-acell pertussis</i> )	2	H
COMIRNATY INTRAMUSCULAR SUSPENSION 30 MCG/0.3ML ( <i>covid-19 mrna virus vaccine</i> )	3	H
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 30 MCG/0.3ML ( <i>covid-19 mrna virus vaccine</i> )	3	H
DAPTACEL INTRAMUSCULAR SUSPENSION 23-15-5 ( <i>diphth-acell pertussis-tetanus</i> )	2	H
DENGVAXIA SUBCUTANEOUS SUSPENSION RECONSTITUTED ( <i>dengue virus vaccine live tetr</i> )	3	H
ENGERIX-B INJECTION SUSPENSION 20 MCG/ML ( <i>hepatitis b vac recombinant</i> )	2	H
ENGERIX-B INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/0.5ML, 20 MCG/ML ( <i>hepatitis b vac recombinant</i> )	2	H
FLUAD QUADRIVALENT INTRAMUSCULAR PREFILLED SYRINGE 0.5 ML ( <i>influenza vac a&amp;b sa adj quad</i> )	3	H
FLUARIX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split quad</i> )	3	H
FLUBLOK QUADRIVALENT INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac recomb ha quad</i> )	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac subunit quad</i> )	3	H
FLUCELVAX QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac subunit quad</i> )	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLULAVAL QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split quad</i> )	3	H
FLUMIST QUADRIVALENT NASAL SUSPENSION ( <i>influenza virus vac live quad</i> )	3	H
FLUZONE HIGH-DOSE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.7 ML ( <i>influenza vac high-dose quad</i> )	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION ( <i>influenza vac split quad</i> )	3	H
FLUZONE QUADRIVALENT INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>influenza vac split quad</i> )	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION ( <i>hpv 9-valent recomb vaccine</i> )	3	H
GARDASIL 9 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>hpv 9-valent recomb vaccine</i> )	3	H
HAVRIX INTRAMUSCULAR SUSPENSION 1440 EL U/ML, 720 EL U/0.5ML ( <i>hepatitis a vaccine</i> )	3	H
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 20 MCG/0.5ML ( <i>hepatitis b vac recomb adj</i> )	3	H
HIBERIX INJECTION SOLUTION RECONSTITUTED 10 MCG ( <i>haemophilus b polysac conj vac</i> )	3	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR ( <i>diphth-acell pertussis-tetanus</i> )	2	H
INFANRIX SUSPENSION 25-58-10 INTRAMUSCULAR ( <i>diphth-acell pertussis-tetanus</i> )	3	H
IPOL INJECTION INJECTABLE ( <i>poliovirus vaccine inactivated</i> )	2	H
MENACTRA INTRAMUSCULAR SOLUTION ( <i>mening acy&amp;w-135 diphth conj</i> )	3	H
MENQUADFI INTRAMUSCULAR SOLUTION ( <i>mening acy&amp;w-135 tetanus conj</i> )	3	H
MENVEO INTRAMUSCULAR SOLUTION RECONSTITUTED ( <i>meningococcal a c y&amp;w-135 olig</i> )	3	H
M-M-R II INJECTION SOLUTION RECONSTITUTED ( <i>measles, mumps &amp; rubella vac</i> )	2	H
MODERNA COVID-19 VAC 6M-11Y INTRAMUSCULAR SUSPENSION 25 MCG/0.25ML ( <i>covid-19 mrna virus vaccine</i> )	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVAVAX COVID-19 VACCINE INTRAMUSCULAR SUSPENSION 5 MCG/0.5ML	3	H
PEDIARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>dtap-hepatitis b recomb-ipv</i> )	3	H
PEDVAX HIB INTRAMUSCULAR SUSPENSION 7.5 MCG/0.5ML ( <i>haemophilus b polysac conj vac</i> )	2	H
PENTACEL INTRAMUSCULAR SUSPENSION RECONSTITUTED ( <i>dtap-ipv-hib vaccine</i> )	3	H
PFIZER COVID-19 VAC-TRIS 5-11Y INTRAMUSCULAR SUSPENSION 10 MCG/0.3ML ( <i>covid-19 mrna virus vaccine</i> )	3	H
PFIZER COVID-19 VAC-TRIS 6M-4Y INTRAMUSCULAR SUSPENSION 3 MCG/0.3ML	3	H
PNEUMOVAX 23 INJECTION INJECTABLE 25 MCG/0.5ML ( <i>pneumococcal vac polyvalent</i> )	2	H
PREHEVBRIO INTRAMUSCULAR SUSPENSION 10 MCG/ML	3	H
PREVNAR 13 INTRAMUSCULAR SUSPENSION ( <i>pneumococcal 13-val conj vacc</i> )	3	H
PREVNAR 20 INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>pneumococcal 20-val conj vacc</i> )	3	H
PRIORIX SUBCUTANEOUS SUSPENSION RECONSTITUTED ( <i>measles, mumps &amp; rubella vac</i> )	3	H
PROQUAD SUBCUTANEOUS SUSPENSION RECONSTITUTED ( <i>measles-mumps-rubella-varicell</i> )	3	H
QUADRACEL INTRAMUSCULAR SUSPENSION ( <i>dtap-ipv vaccine</i> )	3	H
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML ( <i>hepatitis b vac recombinant</i> )	2	H
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE 10 MCG/ML, 5 MCG/0.5ML ( <i>hepatitis b vac recombinant</i> )	2	H
ROTARIX ORAL SUSPENSION ( <i>rotavirus vaccine live oral</i> )	E	H
ROTATEQ ORAL SOLUTION ( <i>rotavirus vac live pentavalent</i> )	E	H
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML ( <i>zoster vac recomb adjuvanted</i> )	3	H
SPIKEVAX INTRAMUSCULAR SUSPENSION 50 MCG/0.5ML ( <i>covid-19 mrna virus vaccine</i> )	3	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 50 MCG/0.5ML ( <i>covid-19 mrna virus vaccine</i> )	3	H
TRUMENBA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>meningococcal b vac (recomb)</i> )	3	H
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720-20 ELU-MCG/ML ( <i>hepatitis a-hep b recomb vac</i> )	3	H
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML ( <i>hepatitis a vaccine</i> )	2	H
VARIVAX SUBCUTANEOUS INJECTABLE 1350 PFU/0.5ML ( <i>varicella virus vaccine live</i> )	3	H
VAXELIS INTRAMUSCULAR SUSPENSION ( <i>dtap-ipv-hib-hepatitis b recomb</i> )	E	H
VAXELIS INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE ( <i>dtap-ipv-hib-hepatitis b recomb</i> )	E	H
VAXNEUVANCE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 0.5 ML ( <i>pneumococcal 15-val conj vacc</i> )	3	H
<b>AUTONOMIC DRUGS - Drugs for the Nervous System</b>		
<b>ALPHA- AND BETA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs</b>		
ADRENALIN NASAL SOLUTION 0.1 % ( <i>epinephrine hcl (nasal)</i> )	2	
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )	2	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML ( <i>pseudoeph-bromphen-dm</i> )	3	
CLARINEX-D 12 HOUR ORAL TABLET EXTENDED RELEASE 12 HOUR 2.5-120 MG ( <i>desloratadine-pseudoephedrine</i> )	3	
<i>droxidopa oral capsule 100 mg</i>	1	PA; SL (90 tablets per month.); SP
<i>droxidopa oral capsule 200 mg, 300 mg</i>	1	PA; SL (180 tablets per month.); SP
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
LETS KIT	3	PA
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ALPHA-ADRENERGIC AGONISTS - Drugs for Heart and Lungs</b>		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
GILPHEX TR ORAL TABLET 10-388 MG ( <i>phenylephrine-guaifenesin</i> )	3	
LUCEMYRA ORAL TABLET 0.18 MG ( <i>lofexidine hcl</i> )	4	SL (192 tablets per year.)
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA
<i>midodrine hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>promethazine vc oral syrup 6.25-5 mg/5ml</i>	1	
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	1	PA
<b>ANTIMUSCARINICS/ANTISPASMODICS - Drugs for Parkinson</b>		
ANASPAZ ORAL TABLET DISPERSIBLE 0.125 MG ( <i>hyoscyamine sulfate</i> )	2	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT ( <i>umeclidinium-vilanterol</i> )	3	SL (2 blisters per day.)
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT ( <i>ipratropium bromide hfa</i> )	2	SL (0.87 grams per day.)
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	1	
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT ( <i>glycopyrrolate-formoterol</i> )	2	SL (0.36 grams per day.)
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT ( <i>budeson-glycopyrrol-formoterol</i> )	3	SL (0.36 grams per day.)
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )	2	SL (0.28 grams per day.)
CUVPOSA ORAL SOLUTION 1 MG/5ML ( <i>glycopyrrolate</i> )	4	
<i>dicyclomine hcl oral capsule 10 mg</i>	1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	1	
<i>dicyclomine hcl oral tablet 20 mg</i>	1	
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>glycopyrrolate oral solution 1 mg/5ml</i>	1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	1	
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	PA
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	PA
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	PA
<i>hyoscyamine sulfate er oral tablet extended release 12 hour 0.375 mg</i>	1	
<i>hyoscyamine sulfate oral elixir 0.125 mg/5ml</i>	1	
<i>hyoscyamine sulfate oral solution 0.125 mg/ml</i>	1	
<i>hyoscyamine sulfate oral tablet 0.125 mg</i>	1	
<i>hyoscyamine sulfate oral tablet dispersible 0.125 mg</i>	1	
<i>hyoscyamine sulfate sl sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyoscyamine sulfate sublingual tablet sublingual 0.125 mg</i>	1	
<i>hyosyne oral elixir 0.125 mg/5ml</i>	1	
<i>hyosyne oral solution 0.125 mg/ml</i>	1	
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
LEVBID ORAL TABLET EXTENDED RELEASE 12 HOUR 0.375 MG ( <i>hyoscyamine sulfate</i> )	4	
LEVSIN ORAL TABLET 0.125 MG ( <i>hyoscyamine sulfate</i> )	4	
LEVSIN/SL SUBLINGUAL TABLET SUBLINGUAL 0.125 MG ( <i>hyoscyamine sulfate</i> )	4	
LOMOTIL ORAL TABLET 2.5-0.025 MG ( <i>diphenoxylate-atropine</i> )	4	
<i>me/naphos/mb/hyo1 oral tablet 81.6 mg</i>	1	
<i>methscopolamine bromide oral tablet 2.5 mg, 5 mg</i>	1	
MOTOFEN ORAL TABLET 1-0.025 MG ( <i>difenoxin-atropine</i> )	4	
NULEV ORAL TABLET DISPERSIBLE 0.125 MG ( <i>hyoscyamine sulfate</i> )	4	
OSCIMIN ORAL TABLET 0.125 MG	4	
OSCIMIN SUBLINGUAL TABLET SUBLINGUAL 0.125 MG	4	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG ( <i>tiotropium bromide monohydrate</i> )	1	SL (1 capsule per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	2	SL (0.15 grams per day.)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT ( <i>tiotropium bromide-olodaterol</i> )	2	SL (0.15 grams per day.)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT ( <i>fluticasone-umeclidin-vilant</i> )	3	SL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT ( <i>fluticasone-umeclidin-vilant</i> )	3	SL (2 blisters per day.)
URELLE ORAL TABLET 81 MG ( <i>meth-hyo-m bl-na phos-ph sa</i> )	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
URIBEL ORAL TABLET 81.6 MG ( <i>meth-hyo-m bl-benz acd-ph sa</i> )	3	
URIMAR-T ORAL CAPSULE 120 MG ( <i>meth-hyo-m bl-na phos-ph sa</i> )	4	
URIMAR-T ORAL TABLET 120 MG ( <i>meth-hyo-m bl-na phos-ph sa</i> )	2	
<i>urin ds oral tablet 81.6 mg</i>	1	
URO-458 ORAL TABLET 81 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG ( <i>methen-hyosc-meth blue-na phos</i> )	2	
VILEVEV MB ORAL TABLET 81 MG ( <i>meth-hyo-m bl-na phos-ph sa</i> )	3	
YUPELRI INHALATION SOLUTION 175 MCG/3ML ( <i>revefenacin</i> )	4	SL (3 ml per day.)
<b>ANTIPARKINSONIAN AGENTS - Drugs for Parkinson</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML ( <i>diphenhydramine hcl</i> )	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
<b>AUTONOMIC DRUGS, MISCELLANEOUS - Drugs for the Nervous System</b>		
<i>goodsense nicotine mouth/throat lozenge 4 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>habitrol transdermal patch 24 hour 21 mg/24hr</i>	1	H
NICORETTE MINI MOUTH/THROAT LOZENGE 2 MG ( <i>nicotine polacrilex</i> )	2	H
NICORETTE MOUTH/THROAT GUM 2 MG ( <i>nicotine polacrilex</i> )	4	H
NICORETTE MOUTH/THROAT LOZENGE 2 MG, 4 MG ( <i>nicotine polacrilex</i> )	2	H
<i>nicotine mini mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>nicotine polacrilex mini mouth/throat lozenge 2 mg</i>	1	H
<i>nicotine polacrilex mouth/throat gum 2 mg, 4 mg</i>	1	H
<i>nicotine polacrilex mouth/throat lozenge 2 mg, 4 mg</i>	1	H
<i>nicotine step 1 transdermal patch 24 hour 21 mg/24hr</i>	1	H
<i>nicotine step 2 transdermal patch 24 hour 14 mg/24hr</i>	1	H
<i>nicotine step 3 transdermal patch 24 hour 7 mg/24hr</i>	1	H
<i>nicotine transdermal kit 21-14-7 mg/24hr</i>	1	H
<i>nicotine transdermal patch 24 hour 21 mg/24hr</i>	1	H
NICOTROL INHALATION INHALER 10 MG ( <i>nicotine</i> )	4	H
NICOTROL NS NASAL SOLUTION 10 MG/ML ( <i>nicotine</i> )	4	H
<i>varenicline tartrate (starter) oral tablet therapy pack 0.5 mg x 11 &amp; 1 mg x 42</i>	1	H
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	1	H
<i>varenicline tartrate(continue) oral tablet 1 mg</i>	1	H
<b>CENTRALLY ACTING SKELETAL MUSCLE RELAXNT - Drugs for Relaxing Muscles</b>		
<i>carisoprodol oral tablet 250 mg, 350 mg</i>	1	
<i>chlorzoxazone oral tablet 375 mg, 500 mg, 750 mg</i>	1	
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	1	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
ENOVARX-CYCLOBENZAPRINE HCL TRANSDERMAL CREAM 20 MG/GM	3	PA
LORZONE ORAL TABLET 375 MG, 750 MG ( <i>chlorzoxazone</i> )	4	
<i>metaxalone oral tablet 400 mg, 800 mg</i>	1	
<i>methocarbamol oral tablet 500 mg, 750 mg</i>	1	
TABRADOL FUSEPAQ ORAL SUSPENSION 1 MG/ML ( <i>cyclobenzaprine hcl-msm</i> )	3	PA
<i>tizanidine hcl oral capsule 2 mg, 4 mg, 6 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tizanidine hcl oral tablet 2 mg, 4 mg</i>	1	
VP FC KIT EXTERNAL CREAM	3	PA
ZANAFLEX ORAL CAPSULE 2 MG, 4 MG, 6 MG ( <i>tizanidine hcl</i> )	4	
ZANAFLEX ORAL TABLET 4 MG ( <i>tizanidine hcl</i> )	4	
<b>DIRECT-ACTING SKELETAL MUSCLE RELAXANTS - Drugs for Relaxing Muscles</b>		
DANTRIUM ORAL CAPSULE 25 MG ( <i>dantrolene sodium</i> )	4	
<i>dantrolene sodium oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<b>GABA-DERIVATIVE SKELETAL MUSCLE RELAXANT - Drugs for Relaxing Muscles</b>		
BACLOFEN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML	4	
<i>baclofen oral suspension 25 mg/5ml</i>	1	
<i>baclofen oral tablet 10 mg, 20 mg, 5 mg</i>	1	
ENOVARX-BACLOFEN EXTERNAL CREAM 1 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FLEQSUVY ORAL SUSPENSION 25 MG/5ML ( <i>baclofen</i> )	4	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % ( <i>ketoprofen-baclofen-gabap-lido</i> )	3	PA
OZOBAX DS ORAL SOLUTION 10 MG/5ML ( <i>baclofen</i> )	4	
OZOBAX ORAL SOLUTION 5 MG/5ML ( <i>baclofen</i> )	4	
<b>NON-SEL. BETA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart</b>		
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl af</i> )	4	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CORGARD ORAL TABLET 20 MG, 40 MG ( <i>nadolol</i> )	4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML ( <i>propranolol hcl</i> )	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG ( <i>propranolol hcl</i> )	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML ( <i>sotalol hcl</i> )	4	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<b>NON-SEL.ALPHA-1-ADRENERGIC BLOCKING AGTS - Drugs for the Heart</b>		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG ( <i>doxazosin mesylate</i> )	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>doxazosin mesylate</i> )	3	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG ( <i>prazosin hcl</i> )	4	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>NON-SEL.ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for the Heart</b>		
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	
<i>ergoloid mesylates oral tablet 1 mg</i>	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG ( <i>ergotamine tartrate</i> )	4	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine-caffeine</i> )	3	
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	
<b>PARASYMPATHOMIMETIC (CHOLINERGIC AGENTS) - Drugs for Bladder Incontinence</b>		
ADLARITY TRANSDERMAL PATCH WEEKLY 10 MG/DAY, 5 MG/DAY ( <i>donepezil hcl</i> )	4	
<i>bethanechol chloride oral tablet 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>cevimeline hcl oral capsule 30 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>donepezil hcl oral tablet 10 mg, 23 mg, 5 mg</i>	1	
<i>donepezil hcl oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>galantamine hydrobromide er oral capsule extended release 24 hour 16 mg, 24 mg, 8 mg</i>	1	
<i>galantamine hydrobromide oral solution 4 mg/ml</i>	1	
<i>galantamine hydrobromide oral tablet 12 mg, 4 mg, 8 mg</i>	1	
MESTINON ORAL SOLUTION 60 MG/5ML ( <i>pyridostigmine bromide</i> )	4	
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ( <i>memantine hcl-donepezil hcl</i> )	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG ( <i>memantine hcl-donepezil hcl</i> )	4	
<i>pilocarpine hcl oral tablet 5 mg, 7.5 mg</i>	1	
<i>pyridostigmine bromide er oral tablet extended release 180 mg</i>	1	
<i>pyridostigmine bromide oral solution 60 mg/5ml</i>	1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	1	
<i>rivastigmine tartrate oral capsule 1.5 mg, 3 mg, 4.5 mg, 6 mg</i>	1	
<i>rivastigmine transdermal patch 24 hour 13.3 mg/24hr, 4.6 mg/24hr, 9.5 mg/24hr</i>	1	
SALAGEN ORAL TABLET 5 MG, 7.5 MG ( <i>pilocarpine hcl</i> )	4	
<b>SELECTIVE ALPHA-1-ADRENERGIC BLOCK.AGENT - Drugs for the Heart</b>		
<i>alfuzosin hcl er oral tablet extended release 24 hour 10 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
<i>silodosin oral capsule 4 mg, 8 mg</i>	1	
<i>tamsulosin hcl oral capsule 0.4 mg</i>	1	
<b>SELECTIVE BETA-2-ADRENERGIC AGONISTS - Drugs for Heart and Lungs</b>		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )	2	SL (0.4 grams per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT ( <i>albuterol-budesonide</i> )	3	
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	
ANORO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5-25 MCG/ACT ( <i>umeclidinium-vilanterol</i> )	3	SL (2 blisters per day.)
<i>arformoterol tartrate inhalation nebulization solution 15 mcg/2ml</i>	1	SL (2 nebulizers per day)
BEVESPI AEROSPHERE INHALATION AEROSOL 9-4.8 MCG/ACT ( <i>glycopyrrolate-formoterol</i> )	2	SL (0.36 grams per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT ( <i>fluticasone furoate-vilanterol</i> )	2	SL (2 blisters per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	2	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT ( <i>budeson-glycopyrrol-formoterol</i> )	3	SL (0.36 grams per day.)
BROVANA INHALATION NEBULIZATION SOLUTION 15 MCG/2ML ( <i>arformoterol tartrate</i> )	4	SL (2 nebulizers per day)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )	2	SL (0.28 grams per day.)
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT ( <i>mometasone furo-formoterol fum</i> )	4	ST; SL (0.44 grams per day.)
DULERA INHALATION AEROSOL 50-5 MCG/ACT ( <i>mometasone furo-formoterol fum</i> )	4	ST; SL (0.44 mcg per day.)
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	2	SL (2 blisters per day.)
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	4	SL (0.4 grams per day.)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	SL (2 blisters per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	SL (0.04 mcg per day.)
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	SL (2 vials per day)
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFORMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML ( <i>formoterol fumarate</i> )	4	SL (2 vials per day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT ( <i>salmeterol xinafoate</i> )	2	SL (2 blisters per day.)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT ( <i>tiotropium bromide-olodaterol</i> )	2	SL (0.15 grams per day.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>olodaterol hcl</i> )	2	SL (0.14 grams per day.)
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )	1	SL (0.34 grams per day.)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )	1	SL (0.35 grams per day.)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT ( <i>fluticasone-umeclidin-vilant</i> )	3	SL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT ( <i>fluticasone-umeclidin-vilant</i> )	3	SL (2 blisters per day.)
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	SL (2 blisters per day)
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT ( <i>levalbuterol tartrate</i> )	3	
<b>SELECTIVE BETA-ADRENERGIC BLOCKING AGENT - Drugs for the Heart</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>atenolol</i> )	3	PA
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
KASPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> )	4	
LOPRESSOR ORAL TABLET 100 MG, 50 MG ( <i>metoprolol tartrate</i> )	4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<b>SKELETAL MUSCLE RELAXANTS, MISCELLANEOUS - Drugs for Relaxing Muscles</b>		
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<b>BLOOD FORMATION, COAGULATION, THROMBOSIS - Drugs for the Blood</b>		
<b>ANTIANEMIA DRUGS - Vitamins and Minerals</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML ( <i>darbepoetin alfa</i> )	2	SL (2 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	2	SL (4 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML ( <i>darbepoetin alfa</i> )	2	SL (1.6 ml per month.); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML ( <i>darbepoetin alfa</i> )	2	SL (1 prefill syringe per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML ( <i>darbepoetin alfa</i> )	2	SL (2 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML ( <i>darbepoetin alfa</i> )	2	SL (4 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML ( <i>darbepoetin alfa</i> )	2	SL (2 vials per prescription); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>darbepoetin alfa</i> )	2	SL (2 syringes per month); SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	2	SL (8 ml per 21 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	2	SL (12 ml per 21 days.); SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	2	
RETACRIT INJECTION SOLUTION 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	2	SL (4 ml per 21 days.); SP
<b>ANTICOAGULANTS, MISCELLANEOUS - Drugs to Prevent Blood Clots</b>		
ACD-A NOCLOT-50 IN VITRO SOLUTION 0.73-2.45-2.2 GM/100ML ( <i>anticoagulant cit dext soln a</i> )	3	
ANTICOAGULANT SODIUM CITRATE IN VITRO SOLUTION 4 %, 4 GM/100ML	3	
<i>fondaparinux sodium subcutaneous solution 10 mg/0.8ml, 2.5 mg/0.5ml, 5 mg/0.4ml, 7.5 mg/0.6ml</i>	1	
TRICITRASOL IN VITRO CONCENTRATE 46.7 % ( <i>anticoagulant sodium citrate</i> )	3	
<b>ANTITHROMBOTIC AGENTS, MISCELLANEOUS - Drugs to Prevent Blood Clots</b>		
CABLIVI INJECTION KIT 11 MG ( <i>caplacizumab-yhdp</i> )	2	PA; SL (1 vial per day and 58 vials per 120 days.); SP
<b>BLOOD FORM.,COAG,THROMBOSIS AGENTS MISC. - Drugs to Prevent Bleeding</b>		
OXBRYTA ORAL TABLET 300 MG, 500 MG ( <i>voxelotor</i> )	4	PA; SL (3 tablets per day.); SP
OXBRYTA ORAL TABLET SOLUBLE 300 MG ( <i>voxelotor</i> )	4	PA; SL (3 tablets per day.); SP
PYRUKYND ORAL TABLET 20 MG, 5 MG, 50 MG ( <i>mitapivat sulfat</i> )	3	PA; SL (56 tablets per 28 days.); SP; CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 5 MG ( <i>mitapivat sulfat</i> )	3	PA; SL (7 tablets per 365 days.); SP; CM
PYRUKYND TAPER PACK ORAL TABLET THERAPY PACK 7 X 20 MG & 7 X 5 MG, 7 X 50 MG & 7 X 20 MG ( <i>mitapivat sulfat</i> )	3	PA; SL (14 tablets per 365 days.); SP; CM
TAVALISSE ORAL TABLET 100 MG, 150 MG ( <i>fostamatinib disodium</i> )	4	PA; SL (2 tablets per day); SP
<b>COUMARIN DERIVATIVES - Drugs to Prevent Blood Clots</b>		
<i>jantoven oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>warfarin sodium oral tablet 1 mg, 10 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg, 6 mg, 7.5 mg</i>	1	
<b>DIRECT FACTOR XA INHIBITORS - Drugs to Prevent Blood Clots</b>		
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK 5 MG ( <i>apixaban</i> )	2	SL (2.5 tablets per day.)
ELIQUIS ORAL TABLET 2.5 MG ( <i>apixaban</i> )	2	SL (2 tablets per day.)
ELIQUIS ORAL TABLET 5 MG ( <i>apixaban</i> )	2	SL (2.5 tablets per day.)
SAVAYSA ORAL TABLET 15 MG, 30 MG, 60 MG ( <i>edoxaban tosylate</i> )	4	ST; SL (1 tablet per day.)
XARELTO ORAL SUSPENSION RECONSTITUTED 1 MG/ML ( <i>rivaroxaban</i> )	2	SL (20 ml per day.)
XARELTO ORAL TABLET 10 MG ( <i>rivaroxaban</i> )	2	SL (1 tablet per day.)
XARELTO ORAL TABLET 15 MG ( <i>rivaroxaban</i> )	2	SL (52 tablets per month initial 1 tablet per day for maintenance.)
XARELTO ORAL TABLET 2.5 MG ( <i>rivaroxaban</i> )	2	SL (2 tablets per day.)
XARELTO ORAL TABLET 20 MG ( <i>rivaroxaban</i> )	2	SL (31 tablets per 31 days.)
XARELTO STARTER PACK ORAL TABLET THERAPY PACK 15 & 20 MG ( <i>rivaroxaban</i> )	2	SL (51 tablets per year.)
<b>DIRECT THROMBIN INHIBITORS - Drugs to Prevent Blood Clots</b>		
<i>dabigatran etexilate mesylate oral capsule 150 mg, 75 mg</i>	1	SL (62 capsules per 31 days.)
PRADAXA ORAL CAPSULE 110 MG ( <i>dabigatran etexilate mesylate</i> )	2	SL (2 tablets per day.)
PRADAXA ORAL CAPSULE 150 MG, 75 MG ( <i>dabigatran etexilate mesylate</i> )	2	SL (62 capsules per 31 days.)
PRADAXA ORAL PACKET 110 MG, 20 MG, 30 MG, 40 MG, 50 MG ( <i>dabigatran etexilate mesylate</i> )	4	SL (4 packets per day.)
PRADAXA ORAL PACKET 150 MG ( <i>dabigatran etexilate mesylate</i> )	4	SL (2 packets per day.)
<b>HEMATOPOIETIC AGENTS - Drugs for Anemia</b>		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML ( <i>darbepoetin alfa</i> )	2	SL (2 syringes per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML ( <i>darbepoetin alfa</i> )	2	SL (4 syringes per month); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 10 MCG/0.4ML ( <i>darbepoetin alfa</i> )	2	SL (1.6 ml per month.); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 100 MCG/0.5ML ( <i>darbepoetin alfa</i> )	2	SL (1 prefill syringe per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 150 MCG/0.3ML, 60 MCG/0.3ML ( <i>darbepoetin alfa</i> )	2	SL (2 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 200 MCG/0.4ML, 25 MCG/0.42ML, 40 MCG/0.4ML ( <i>darbepoetin alfa</i> )	2	SL (4 vials per month); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.6ML ( <i>darbepoetin alfa</i> )	2	SL (2 vials per prescription); SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>darbepoetin alfa</i> )	2	SL (2 syringes per month); SP
DOPTELET ORAL TABLET 20 MG ( <i>avatrombopag maleate</i> )	4	PA; SL (15 tablets per month.); SP
LEUKINE INJECTION SOLUTION RECONSTITUTED 250 MCG ( <i>sargramostim</i> )	2	
MOZOBIL SUBCUTANEOUS SOLUTION 24 MG/1.2ML ( <i>plerixafor</i> )	4	SP
MULPLETA ORAL TABLET 3 MG ( <i>lusutrombopag</i> )	2	PA; SP
NEULASTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim</i> )	2	
<i>plerixafor subcutaneous solution 24 mg/1.2ml</i>	1	SP
PROMACTA ORAL PACKET 12.5 MG ( <i>eltrombopag olamine</i> )	4	PA; SL (6 packets per day.); SP
PROMACTA ORAL PACKET 25 MG ( <i>eltrombopag olamine</i> )	4	PA; SL (6 packets per day.)
PROMACTA ORAL TABLET 12.5 MG, 25 MG, 50 MG, 75 MG ( <i>eltrombopag olamine</i> )	4	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	2	SL (8 ml per 21 days.); SP
RETACRIT INJECTION SOLUTION 2000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	2	SL (12 ml per 21 days.); SP
RETACRIT INJECTION SOLUTION 20000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	2	
RETACRIT INJECTION SOLUTION 40000 UNIT/ML ( <i>epoetin alfa-epbx</i> )	2	SL (4 ml per 21 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UDENYCA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	2	
UDENYCA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 6 MG/0.6ML ( <i>pegfilgrastim-cbqv</i> )	2	SP
ZARXIO INJECTION SOLUTION PREFILLED SYRINGE 300 MCG/0.5ML, 480 MCG/0.8ML ( <i>filgrastim-sndz</i> )	2	SP
<b>HEMORRHOLOGIC AGENTS - Drugs for Blood Flow</b>		
<i>pentoxifylline er oral tablet extended release 400 mg</i>	1	
<b>HEMOSTATICS - Drugs to Prevent Bleeding</b>		
ADVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )	2	SP
ADYNOVATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT, 750 UNIT	4	PA; SP
AFSTYLA INTRAVENOUS KIT 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact single chain</i> )	4	PA; SP
ALPHANATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor-vwf</i> )	2	SP
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT ( <i>coagulation factor ix</i> )	2	
ALPHANINE SD INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT, 500 UNIT ( <i>coagulation factor ix</i> )	2	SP
ALPROLIX INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>coagulation factor ix (rfixfc)</i> )	3	SP
ALTUVIIIIO INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 750 UNIT ( <i>antihem fact fc-vwf-xten-ehl</i> )	4	PA; SP
<i>aminocaproic acid oral solution 0.25 gm/ml</i>	1	
<i>aminocaproic acid oral tablet 1000 mg, 500 mg</i>	1	
ASTRINGYN EXTERNAL SOLUTION 259 MG/GM ( <i>ferric subsulfate</i> )	3	
BENEFIX INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>coagulation factor ix (recomb)</i> )	2	SP
COAGADEX INTRAVENOUS SOLUTION RECONSTITUTED 250 UNIT, 500 UNIT ( <i>coagulation factor x (human)</i> )	2	SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CORIFACT INTRAVENOUS KIT 1000-1600 UNIT ( <i>factor xiii concentrate human</i> )	2	SP
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	
ELOCTATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT, 5000 UNIT, 6000 UNIT, 750 UNIT ( <i>antihem fact (bdd-rfviiiifc)</i> )	4	PA; SP
FEIBA INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2500 UNIT, 500 UNIT ( <i>antiinhibitor coagulant cmplx</i> )	2	SP
GELFILM OPHTHALMIC FILM ( <i>gelatin adsorbable</i> )	2	
GEL-FLOW EXTERNAL KIT ( <i>gelatin absorb-thrombin</i> )	3	
GELFOAM-JMI POWDER EXTERNAL KIT ( <i>gelatin absorb-thrombin</i> )	3	
GELFOAM-JMI SPONGE EXTERNAL KIT ( <i>gelatin absorb-thrombin</i> )	3	
HEMLIBRA SUBCUTANEOUS SOLUTION 105 MG/0.7ML, 150 MG/ML, 30 MG/ML, 60 MG/0.4ML ( <i>emicizumab-kxwh</i> )	2	PA; SP
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	2	
HEMOFIL M INTRAVENOUS SOLUTION RECONSTITUTED 1700 UNIT ( <i>antihemophilic factor</i> )	2	SP
HUMATE-P INTRAVENOUS SOLUTION RECONSTITUTED 1000-2400 UNIT, 250-600 UNIT, 500-1200 UNIT ( <i>antihemophilic factor-vwf</i> )	2	SP
IDELVION INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3500 UNIT, 500 UNIT ( <i>coagulation factor ix (rix-fp)</i> )	3	SP
JIVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 3000 UNIT, 500 UNIT ( <i>ahf (bdd-rfviii peg-aucf)</i> )	4	PA; SP
KOATE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 250 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KOATE-DVI INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 500 UNIT ( <i>antihemophilic factor</i> )	2	
KOGENATE FS INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihem factor recomb (rfviii)</i> )	2	
KOVALTRY INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil factor (rahf-pfm)</i> )	2	SP
MONSELS FERRIC SUBSULFATE EXTERNAL SOLUTION	3	
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG ( <i>desmopressin acetate</i> )	3	SL (1 tablet per day.)
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT ( <i>antihemophil fact bd truncated</i> )	2	
NOVOEIGHT INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT ( <i>antihemophil fact bd truncated</i> )	2	SP
NOVOSEVEN RT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 2 MG, 5 MG, 8 MG ( <i>coagulation factor viia recomb</i> )	2	SP
NUWIQ INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )	2	SP
NUWIQ INTRAVENOUS KIT 1500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )	2	
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 2500 UNIT, 3000 UNIT, 4000 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )	2	SP
NUWIQ INTRAVENOUS SOLUTION RECONSTITUTED 1500 UNIT ( <i>antihem fact (bdd-rfviii,sim)</i> )	2	
PROFILNINE INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 1500 UNIT, 500 UNIT ( <i>factor ix complex</i> )	2	SP
RECOMBINATE INTRAVENOUS SOLUTION RECONSTITUTED 1241-1800 UNIT, 1801-2400 UNIT, 220-400 UNIT, 401-800 UNIT, 801-1240 UNIT ( <i>antihem factor recomb (rfviii)</i> )	2	SP
RECOTHROM EXTERNAL SOLUTION RECONSTITUTED 5000 UNIT ( <i>thrombin (recombinant)</i> )	3	
RECOTHROM SPRAY KIT EXTERNAL SOLUTION RECONSTITUTED 20000 UNIT ( <i>thrombin (recombinant)</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RIXUBIS INTRAVENOUS SOLUTION RECONSTITUTED 1000 UNIT, 2000 UNIT, 250 UNIT, 3000 UNIT, 500 UNIT	2	
SEVENFACT INTRAVENOUS SOLUTION RECONSTITUTED 1 MG, 5 MG ( <i>coagulation factor viia-jncw</i> )	4	SP
THROMBIN-JMI EPISTAXIS EXTERNAL KIT 5000 UNIT ( <i>thrombin</i> )	3	
THROMBIN-JMI EXTERNAL KIT 20000 UNIT, 5000 UNIT ( <i>thrombin</i> )	3	
THROMBOGEN EXTERNAL KIT 10000 UNIT ( <i>thrombin</i> )	3	
THROMBOGEN EXTERNAL SOLUTION RECONSTITUTED 1000 UNIT, 10000 UNIT ( <i>thrombin</i> )	3	
<i>tranexamic acid oral tablet 650 mg</i>	1	SL (30 tablets per 5 days.)
TRETEN INTRAVENOUS SOLUTION RECONSTITUTED 2500 UNIT ( <i>coagulation factor xiii a-sub</i> )	3	SP
VONVENDI INTRAVENOUS SOLUTION RECONSTITUTED 1300 UNIT, 650 UNIT ( <i>von willebrand factor (recomb)</i> )	2	SP
WILATE INTRAVENOUS KIT 1000-1000 UNIT, 500-500 UNIT ( <i>antihemophilic factor-vwf</i> )	2	SP
XYNTHA INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,mor)</i> )	4	PA; ST
XYNTHA SOLOFUSE INTRAVENOUS KIT 1000 UNIT, 2000 UNIT, 250 UNIT, 500 UNIT ( <i>antihem fact (bdd-rfviii,mor)</i> )	4	PA; ST
XYNTHA SOLOFUSE INTRAVENOUS KIT 3000 UNIT ( <i>antihem fact (bdd-rfviii,mor)</i> )	4	PA; ST; SP
<b>HEPARINS - Drugs to Prevent Blood Clots</b>		
<i>enoxaparin sodium injection solution 300 mg/3ml</i>	1	
<i>enoxaparin sodium injection solution prefilled syringe 100 mg/ml, 120 mg/0.8ml, 150 mg/ml, 30 mg/0.3ml, 40 mg/0.4ml, 60 mg/0.6ml, 80 mg/0.8ml</i>	1	
FRAGMIN SUBCUTANEOUS SOLUTION 10000 UNIT/4ML, 95000 UNIT/3.8ML ( <i>dalteparin sodium</i> )	4	
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML, 12500 UNIT/0.5ML, 15000 UNIT/0.6ML, 18000 UNT/0.72ML, 2500 UNIT/0.2ML, 5000 UNIT/0.2ML, 7500 UNIT/0.3ML ( <i>dalteparin sodium</i> )	4	
<i>heparin na (pork) lock flsh pf intravenous solution 10 unit/ml, 100 unit/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>heparin sod (pork) lock flush intravenous solution 10 unit/ml, 100 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	1	
<i>heparin sodium (porcine) injection solution prefilled syringe 5000 unit/0.5ml</i>	1	
<i>heparin sodium (porcine) pf injection solution 5000 unit/0.5ml, 5000 unit/ml</i>	1	
<b>IRON PREPARATIONS - Vitamins and Minerals</b>		
ATABEX OB ORAL TABLET 29-1 MG ( <i>prenatal vit w/ fe bisg-fa</i> )	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG ( <i>prenat-fecb-fefum-fa-dha w/o a</i> )	3	
ELITE-OB ORAL TABLET 50-1.25 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	3	
ENBRACE HR ORAL CAPSULE ( <i>prenat vit-fe gly cys-fa-omega</i> )	3	
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	1	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG ( <i>prenat-fe-methylfol-dha w/o a</i> )	3	
NESTABS ORAL TABLET 32-1 MG ( <i>prenat-fe bisgly-fa-w/o vit a</i> )	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML ( <i>ped multivitamins-fl-iron</i> )	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG ( <i>ped multivitamins-fl-iron</i> )	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
<i>prenatal oral tablet 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG ( <i>prenatal-feaspgly-methylfol-fa</i> )	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG ( <i>prenat-fecbn-feasp-meth-fa-dha</i> )	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG ( <i>pren-fe-meth-fa-omeg w/o a</i> )	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG ( <i>prenatal vit-fe psac cmplx-fa</i> )	4	
TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VINATE ONE ORAL TABLET 60-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG ( <i>prenat-fe poly-methfol-fa-dha</i> )	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG ( <i>prenatal-fe fum-methf-fa w/o a</i> )	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG ( <i>prenatal mv-min-fe fum-fa-dha</i> )	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG ( <i>prenat-fefum-fered-fa-dha w/oa</i> )	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
<b>LIVER AND STOMACH PREPARATIONS - Vitamins and Minerals</b>		
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	
DODEX INJECTION SOLUTION 1000 MCG/ML ( <i>cyanocobalamin</i> )	4	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML ( <i>cyanocobalamin</i> )	3	
<b>PLATELET-AGGREGATION INHIBITORS - Drugs to Prevent Blood Clots</b>		
<i>aspirin 81 oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin childrens oral tablet chewable 81 mg</i>	E	H
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin low dose oral tablet chewable 81 mg</i>	E	H
<i>aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin oral tablet chewable 81 mg</i>	E	H
<i>aspirin oral tablet delayed release 81 mg</i>	E	H
<i>aspirin regimen oral tablet delayed release 81 mg</i>	E	H
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
BRILINTA ORAL TABLET 60 MG, 90 MG ( <i>ticagrelor</i> )	2	SL (2 tablets per day.)
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
<i>clopidogrel bisulfate oral tablet 300 mg, 75 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>mm aspirin oral tablet delayed release 81 mg</i>	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prasugrel hcl oral tablet 10 mg, 5 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )	E	H
ZONTIVITY ORAL TABLET 2.08 MG ( <i>vorapaxar sulfate</i> )	4	SL (1 tablet per day.)
<b>PLATELET-REDUCING AGENTS - Drugs to Prevent Blood Clots</b>		
<i>anagrelide hcl oral capsule 0.5 mg, 1 mg</i>	1	
<b>THROMBOLYTIC AGENTS - Drugs to Prevent Blood Clots</b>		
<i>aspirin 81 oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin childrens oral tablet chewable 81 mg</i>	E	H
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin low dose oral tablet chewable 81 mg</i>	E	H
<i>aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin oral tablet chewable 81 mg</i>	E	H
<i>aspirin oral tablet delayed release 81 mg</i>	E	H
<i>aspirin regimen oral tablet delayed release 81 mg</i>	E	H
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>mm aspirin oral tablet delayed release 81 mg</i>	E	H
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )	E	H
<b>CARDIOVASCULAR DRUGS - Drugs for the Heart</b>		
<b>ALPHA-ADRENERGIC BLOCKING AGENTS - Drugs for High Blood Pressure</b>		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG ( <i>doxazosin mesylate</i> )	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>doxazosin mesylate</i> )	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG ( <i>prazosin hcl</i> )	4	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>ALPHA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
CARDURA ORAL TABLET 1 MG, 2 MG, 4 MG, 8 MG ( <i>doxazosin mesylate</i> )	4	
CARDURA XL ORAL TABLET EXTENDED RELEASE 24 HOUR 4 MG, 8 MG ( <i>doxazosin mesylate</i> )	3	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>doxazosin mesylate oral tablet 1 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
MINIPRESS ORAL CAPSULE 1 MG, 2 MG, 5 MG ( <i>prazosin hcl</i> )	4	
<i>prazosin hcl oral capsule 1 mg, 2 mg, 5 mg</i>	1	
<i>terazosin hcl oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGON.(HYPOTN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG ( <i>azilsartan medoxomil</i> )	4	
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
VALSARTAN ORAL SOLUTION 4 MG/ML	4	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<b>ANGIOTENSIN II RECEPTOR ANTAGONISTS - Drugs for the Heart</b>		
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>candesartan cilexetil oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
EDARBI ORAL TABLET 40 MG, 80 MG ( <i>azilsartan medoxomil</i> )	4	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG ( <i>azilsartan-chlorthalidone</i> )	4	
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril-valsartan</i> )	4	PA; SL (2 tablets per day.)
<i>irbesartan oral tablet 150 mg, 300 mg, 75 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>losartan potassium oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
<i>olmesartan medoxomil oral tablet 20 mg, 40 mg, 5 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>telmisartan oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
VALSARTAN ORAL SOLUTION 4 MG/ML	4	
<i>valsartan oral tablet 160 mg, 320 mg, 40 mg, 80 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<b>ANGIOTENSIN-CONVERT.ENZYME INHIB(HYPOTN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML ( <i>enalapril maleate</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>benazepril hcl</i> )	4	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<b>ANGIOTENSIN-CONVERTING ENZYME INHIBITORS - Drugs for the Heart</b>		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG ( <i>quinapril-hydrochlorothiazide</i> )	4	
<i>amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>benazepril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>captopril oral tablet 100 mg, 12.5 mg, 25 mg, 50 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	
<i>enalapril maleate oral solution 1 mg/ml</i>	1	
<i>enalapril maleate oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
EPANED ORAL SOLUTION 1 MG/ML ( <i>enalapril maleate</i> )	4	
<i>fosinopril sodium oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>lisinopril oral tablet 10 mg, 2.5 mg, 20 mg, 30 mg, 40 mg, 5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG ( <i>benazepril-hydrochlorothiazide</i> )	4	
LOTENSIN ORAL TABLET 10 MG, 20 MG, 40 MG ( <i>benazepril hcl</i> )	4	
<i>moexipril hcl oral tablet 15 mg, 7.5 mg</i>	1	
<i>perindopril erbumine oral tablet 2 mg, 4 mg, 8 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
QBRELIS ORAL SOLUTION 1 MG/ML ( <i>lisinopril</i> )	4	
<i>quinapril hcl oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1	
<i>ramipril oral capsule 1.25 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>trandolapril oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<b>ANTIARRHYTHMICS, MISCELLANEOUS - Drugs for Angina</b>		
<i>digoxin oral solution 0.05 mg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG ( <i>digoxin</i> )	3	
LANOXIN ORAL TABLET 62.5 MCG ( <i>digoxin</i> )	4	
<b>ANTILIPEMIC AGENTS, MISCELLANEOUS - Drugs for Cholesterol</b>		
JUXTAPID ORAL CAPSULE 10 MG, 5 MG ( <i>lomitapide mesylate</i> )	4	PA; ST; SL (1 tablet per day.); SP
JUXTAPID ORAL CAPSULE 20 MG, 30 MG ( <i>lomitapide mesylate</i> )	4	PA; ST; SL (1 capsule per day.); SP
NEXLETOL ORAL TABLET 180 MG ( <i>bempedoic acid</i> )	2	SL (1 tablet per day.)
NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid-ezetimibe</i> )	2	SL (1 tablet per day.)
<i>niacin er (antihyperlipidemic) oral tablet extended release 1000 mg, 500 mg, 750 mg</i>	1	
<i>omega-3-acid ethyl esters oral capsule 1 gm</i>	1	
<b>BETA-ADRENERGIC BLOCKING AGENTS - Drugs for Abnormal Heart Rhythms</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>atenolol</i> )	3	PA
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl af</i> )	4	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CORGARD ORAL TABLET 20 MG, 40 MG ( <i>nadolol</i> )	4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML ( <i>propranolol hcl</i> )	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG ( <i>propranolol hcl</i> )	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> )	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG ( <i>metoprolol tartrate</i> )	4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>nebivolol hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML ( <i>sotalol hcl</i> )	4	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<b>BETA-ADRENERGIC BLOCKING AGT.(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>atenolol</i> )	3	PA
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl af</i> )	4	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
CORGARD ORAL TABLET 20 MG, 40 MG ( <i>nadolol</i> )	4	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML ( <i>propranolol hcl</i> )	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG ( <i>propranolol hcl</i> )	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> )	4	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG ( <i>metoprolol tartrate</i> )	4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML ( <i>sotalol hcl</i> )	4	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<b>BILE ACID SEQUESTRANTS - Drugs for Cholesterol</b>		
<i>cholestyramine light oral packet 4 gm</i>	1	
<i>cholestyramine light oral powder 4 gm/dose</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cholestyramine oral packet 4 gm</i>	1	
<i>cholestyramine oral powder 4 gm/dose</i>	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % ( <i>clindamycin-tretinoin-cholesty</i> )	3	PA
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
COLESTID FLAVORED ORAL GRANULES 5 GM ( <i>colestipol hcl</i> )	3	
COLESTID FLAVORED ORAL PACKET 5 GM ( <i>colestipol hcl</i> )	4	
COLESTID ORAL GRANULES 5 GM ( <i>colestipol hcl</i> )	3	
COLESTID ORAL PACKET 5 GM ( <i>colestipol hcl</i> )	4	
COLESTID ORAL TABLET 1 GM ( <i>colestipol hcl</i> )	4	
<i>colestipol hcl oral granules 5 gm</i>	1	
<i>colestipol hcl oral packet 5 gm</i>	1	
<i>colestipol hcl oral tablet 1 gm</i>	1	
<i>prevalite oral packet 4 gm</i>	1	
<i>prevalite oral powder 4 gm/dose</i>	1	
QUESTRAN LIGHT ORAL POWDER 4 GM/DOSE ( <i>cholestyramine light</i> )	4	
QUESTRAN ORAL PACKET 4 GM ( <i>cholestyramine</i> )	4	
QUESTRAN ORAL POWDER 4 GM/DOSE ( <i>cholestyramine</i> )	4	
<b>CALCIUM-CHANNEL BLOCK.AGT,MISC(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG (diltiazem hcl er beads)	4	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG (verapamil hcl)	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG (verapamil hcl)	4	
<b>CALCIUM-CHANNEL BLOCKING AGENTS, MISC. - Drugs for High Blood Pressure &amp; Angina</b>		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadyt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ( <i>diltiazem hcl er beads</i> )	4	
<i>trandolapril-verapamil hcl er oral tablet extended release 1-240 mg, 2-180 mg, 2-240 mg, 4-240 mg</i>	1	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG ( <i>verapamil hcl</i> )	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG ( <i>verapamil hcl</i> )	4	
<b>CARBONIC ANHYDRASE INHIBITORS(HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
<b>CARDIAC DRUGS, MISCELLANEOUS - Drugs for Angina</b>		
ASPRUZYO SPRINKLE ORAL PACKET 1000 MG, 500 MG ( <i>ranolazine</i> )	4	
CAMZYOS ORAL CAPSULE 10 MG, 15 MG, 2.5 MG, 5 MG ( <i>mavacamten</i> )	4	PA; SL (1 capsule per day.); SP
CORLANOR ORAL SOLUTION 5 MG/5ML ( <i>ivabradine hcl</i> )	3	PA; SL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	3	PA; SL (2 tablets per day.)
<i>ranolazine er oral tablet extended release 12 hour 1000 mg, 500 mg</i>	1	
VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )	2	PA; SL (1 capsule per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VYNDAQEL ORAL CAPSULE 20 MG ( <i>tafamidis meglumine (cardiac)</i> )	2	PA; SL (4 capsules per day.); SP
<b>CARDIOTONIC AGENTS - Drugs for Angina</b>		
<i>digoxin oral solution 0.05 mg/ml</i>	1	
<i>digoxin oral tablet 125 mcg, 250 mcg, 62.5 mcg</i>	1	
LANOXIN ORAL TABLET 125 MCG, 250 MCG ( <i>digoxin</i> )	3	
LANOXIN ORAL TABLET 62.5 MCG ( <i>digoxin</i> )	4	
<b>CENTRAL ALPHA-AGONISTS - Drugs for High Blood Pressure &amp; Angina</b>		
<i>clonidine hcl er oral tablet extended release 12 hour 0.1 mg</i>	1	
<i>clonidine hcl oral tablet 0.1 mg, 0.2 mg, 0.3 mg</i>	1	
<i>clonidine transdermal patch weekly 0.1 mg/24hr, 0.2 mg/24hr, 0.3 mg/24hr</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
METHYLDOPA ORAL TABLET 250 MG, 500 MG	4	PA
<b>CHOLESTEROL ABSORPTION INHIBITORS - Drugs for Cholesterol</b>		
<i>ezetimibe oral tablet 10 mg</i>	1	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	4	SL (1 tablet per day.)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
NEXLIZET ORAL TABLET 180-10 MG ( <i>bempedoic acid-ezetimibe</i> )	2	SL (1 tablet per day.)
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG ( <i>ezetimibe-rosuvastatin</i> )	4	SL (1 tablet per day.)
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG ( <i>ezetimibe-simvastatin</i> )	4	
<b>CLASS IA ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>disopyramide phosphate oral capsule 100 mg, 150 mg</i>	1	
NORPACE CR ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	2	
NORPACE ORAL CAPSULE 100 MG, 150 MG ( <i>disopyramide phosphate</i> )	4	
<i>quinidine gluconate er oral tablet extended release 324 mg</i>	1	
<i>quinidine sulfate oral tablet 200 mg, 300 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>CLASS IB ANTIARRHYTHMICS - Drugs for Angina</b>		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG ( <i>phenytoin</i> )	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG ( <i>phenytoin sodium extended</i> )	3	
DILANTIN ORAL SUSPENSION 125 MG/5ML ( <i>phenytoin</i> )	3	
<i>mexiletine hcl oral capsule 150 mg, 200 mg, 250 mg</i>	1	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<b>CLASS IC ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>flecainide acetate oral tablet 100 mg, 150 mg, 50 mg</i>	1	
<i>propafenone hcl er oral capsule extended release 12 hour 225 mg, 325 mg, 425 mg</i>	1	
<i>propafenone hcl oral tablet 150 mg, 225 mg, 300 mg</i>	1	
<b>CLASS II ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>acebutolol hcl oral capsule 200 mg, 400 mg</i>	1	
<i>atenolol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
ATENOLOL+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>atenolol</i> )	3	PA
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl af</i> )	4	
<i>betaxolol hcl oral tablet 10 mg, 20 mg</i>	1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	1	
<i>carvedilol oral tablet 12.5 mg, 25 mg, 3.125 mg, 6.25 mg</i>	1	
<i>carvedilol phosphate er oral capsule extended release 24 hour 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
HEMANGEOL ORAL SOLUTION 4.28 MG/ML ( <i>propranolol hcl</i> )	3	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG ( <i>propranolol hcl</i> )	4	
KAPSPARGO SPRINKLE ORAL CAPSULE ER 24 HOUR SPRINKLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>metoprolol succinate</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	1	
LOPRESSOR ORAL TABLET 100 MG, 50 MG ( <i>metoprolol tartrate</i> )	4	
<i>metoprolol succinate er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<i>pindolol oral tablet 10 mg, 5 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML ( <i>sotalol hcl</i> )	4	
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<b>CLASS III ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>amiodarone hcl oral tablet 100 mg, 200 mg, 400 mg</i>	1	
BETAPACE AF ORAL TABLET 120 MG, 160 MG, 80 MG ( <i>sotalol hcl af</i> )	4	
<i>dofetilide oral capsule 125 mcg, 250 mcg, 500 mcg</i>	1	
MULTAQ ORAL TABLET 400 MG ( <i>dronedarone hcl</i> )	4	PA
PACERONE ORAL TABLET 100 MG, 400 MG ( <i>amiodarone hcl</i> )	3	
PACERONE ORAL TABLET 200 MG ( <i>amiodarone hcl</i> )	4	
<i>sotalol hcl (af) oral tablet 120 mg, 160 mg, 80 mg</i>	1	
<i>sotalol hcl oral tablet 120 mg, 160 mg, 240 mg, 80 mg</i>	1	
SOTYLIZE ORAL SOLUTION 5 MG/ML ( <i>sotalol hcl</i> )	4	
TIKOSYN ORAL CAPSULE 125 MCG, 250 MCG, 500 MCG ( <i>dofetilide</i> )	4	
<b>CLASS IV ANTIARRHYTHMICS - Drugs for Angina</b>		
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadyt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ( <i>diltiazem hcl er beads</i> )	4	
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG ( <i>verapamil hcl</i> )	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG ( <i>verapamil hcl</i> )	4	
<b>DIHYDROPYRIDINES - Drugs for High Blood Pressure &amp; Angina</b>		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>amlodipine besylate</i> )	3	PA
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>amlodipine besylate-benazepril hcl oral capsule 10-20 mg, 10-40 mg, 2.5-10 mg, 5-10 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine besylate-valsartan oral tablet 10-160 mg, 10-320 mg, 5-160 mg, 5-320 mg</i>	1	
<i>amlodipine-atorvastatin 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</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	SL (1 tablet per day)
<i>amlodipine-olmesartan oral tablet 10-20 mg, 10-40 mg, 5-20 mg, 5-40 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	
KATERZIA ORAL SUSPENSION 1 MG/ML ( <i>amlodipine benzoate</i> )	4	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML ( <i>amlodipine besylate</i> )	4	
NYMALIZE ORAL SOLUTION 6 MG/ML ( <i>nimodipine</i> )	2	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG ( <i>nisoldipine</i> )	4	
<i>telmisartan-amlodipine oral tablet 40-10 mg, 40-5 mg, 80-10 mg, 80-5 mg</i>	1	
<b>DIHYDROPYRIDINES (ANTIHYPERTENSIVE) - Drugs for High Blood Pressure &amp; Angina</b>		
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>amlodipine besylate</i> )	3	PA
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>felodipine er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>isradipine oral capsule 2.5 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KATERZIA ORAL SUSPENSION 1 MG/ML ( <i>amlodipine benzoate</i> )	4	
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
<i>nisoldipine er oral tablet extended release 24 hour 17 mg, 20 mg, 25.5 mg, 30 mg, 34 mg, 40 mg, 8.5 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML ( <i>amlodipine besylate</i> )	4	
NYMALIZE ORAL SOLUTION 6 MG/ML ( <i>nimodipine</i> )	2	
SULAR ORAL TABLET EXTENDED RELEASE 24 HOUR 17 MG, 34 MG, 8.5 MG ( <i>nisoldipine</i> )	4	
<b>DIRECT VASODILATORS - Drugs for High Blood Pressure &amp; Angina</b>		
<i>hydralazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>minoxidil oral tablet 10 mg, 2.5 mg</i>	1	
<b>DIURETICS, MISCELLANEOUS (HYPOTENSIVE) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
<b>FIBRIC ACID DERIVATIVES - Drugs for Cholesterol</b>		
<i>fenofibrate micronized oral capsule 130 mg, 134 mg, 200 mg, 43 mg, 67 mg</i>	1	
<i>fenofibrate oral capsule 134 mg, 150 mg, 200 mg, 50 mg, 67 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>fenofibrate oral tablet 120 mg, 145 mg, 160 mg, 40 mg, 48 mg, 54 mg</i>	1	
<i>fenofibric acid oral capsule delayed release 135 mg, 45 mg</i>	1	
<i>fenofibric acid oral tablet 105 mg, 35 mg</i>	1	
FIBRICOR ORAL TABLET 105 MG, 35 MG ( <i>fenofibric acid</i> )	4	
<i>gemfibrozil oral tablet 600 mg</i>	1	
LIPOFEN ORAL CAPSULE 150 MG, 50 MG ( <i>fenofibrate</i> )	4	
LOPID ORAL TABLET 600 MG ( <i>gemfibrozil</i> )	4	
<b>HMG-COA REDUCTASE INHIBITORS - Drugs for Cholesterol</b>		
ALTOPREV ORAL TABLET EXTENDED RELEASE 24 HOUR 20 MG, 40 MG, 60 MG ( <i>lovastatin</i> )	4	
<i>amlodipine-atorvastatin 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</i>	1	
<i>amlodipine-atorvastatin oral tablet 2.5-10 mg, 2.5-20 mg, 2.5-40 mg</i>	1	SL (1 tablet per day)
ATORVALIQ ORAL SUSPENSION 20 MG/5ML ( <i>atorvastatin calcium</i> )	4	
<i>atorvastatin calcium oral tablet 10 mg, 20 mg</i>	1	H
<i>atorvastatin calcium oral tablet 40 mg, 80 mg</i>	1	
EZALLOR SPRINKLE ORAL CAPSULE SPRINKLE 10 MG, 20 MG, 40 MG, 5 MG ( <i>rosuvastatin calcium</i> )	3	
EZETIMIBE-ROSUVASTATIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG	4	SL (1 tablet per day.)
<i>ezetimibe-simvastatin oral tablet 10-10 mg, 10-20 mg, 10-40 mg, 10-80 mg</i>	1	
FLOLIPID ORAL SUSPENSION 20 MG/5ML, 40 MG/5ML	4	
<i>fluvastatin sodium er oral tablet extended release 24 hour 80 mg</i>	1	
<i>fluvastatin sodium oral capsule 20 mg, 40 mg</i>	1	
LIVALO ORAL TABLET 1 MG, 2 MG, 4 MG ( <i>pitavastatin calcium</i> )	4	
<i>lovastatin oral tablet 10 mg, 20 mg, 40 mg</i>	1	H
<i>pitavastatin calcium oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>pravastatin sodium oral tablet 10 mg, 20 mg, 40 mg, 80 mg</i>	1	
<i>rosuvastatin calcium oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROSZET ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-5 MG ( <i>ezetimibe-rosuvastatin</i> )	4	SL (1 tablet per day.)
<i>simvastatin oral tablet 10 mg, 20 mg, 40 mg, 5 mg</i>	1	H
<i>simvastatin oral tablet 80 mg</i>	1	
VYTORIN ORAL TABLET 10-10 MG, 10-20 MG, 10-40 MG, 10-80 MG ( <i>ezetimibe-simvastatin</i> )	4	
ZYPITAMAG ORAL TABLET 2 MG, 4 MG ( <i>pitavastatin magnesium</i> )	4	
<b>HYPOTENSIVE AGENTS, MISCELLANEOUS - Drugs for High Blood Pressure &amp; Angina</b>		
<i>phenoxybenzamine hcl oral capsule 10 mg</i>	1	
VECAMYL ORAL TABLET 2.5 MG ( <i>mecamylamine hcl</i> )	4	
<b>LOOP DIURETICS (HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG ( <i>bumetanide</i> )	3	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML ( <i>furosemide</i> )	4	PA
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG ( <i>furosemide</i> )	4	
SOAANZ ORAL TABLET 20 MG ( <i>torseamide</i> )	4	SL (1 tablet per day.)
SOAANZ ORAL TABLET 40 MG, 60 MG ( <i>torseamide</i> )	4	SL (2 tablets per day.)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<b>MINERALOCORTICOID (ALDOSTERONE) ANTAGNTS - Drugs for the Heart</b>		
CAROSPIR ORAL SUSPENSION 25 MG/5ML ( <i>spironolactone</i> )	4	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
KERENDIA ORAL TABLET 10 MG, 20 MG ( <i>finerenone</i> )	4	PA; SL (1 tablet per day.)
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<b>MINERALOCORTICOID(ALDOSTER.)ANTAG(HYPOT) - Drugs for High Blood Pressure &amp; Angina</b>		
CAROSPIR ORAL SUSPENSION 25 MG/5ML ( <i>spironolactone</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<b>NITRATES AND NITRITES - Drugs for the Heart</b>		
<i>isosorb dinitrate-hydralazine oral tablet 20-37.5 mg</i>	1	
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>isosorbide mononitrate er oral tablet extended release 24 hour 120 mg, 30 mg, 60 mg</i>	1	
<i>isosorbide mononitrate oral tablet 10 mg, 20 mg</i>	1	
NITRO-BID TRANSDERMAL OINTMENT 2 % ( <i>nitroglycerin</i> )	2	
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 ( <i>nitroglycerin</i> )	3	
<i>nitroglycerin sublingual tablet sublingual 0.3 mg, 0.4 mg, 0.6 mg</i>	1	
<i>nitroglycerin transdermal patch 24 hour 0.1 mg/hr, 0.2 mg/hr, 0.4 mg/hr, 0.6 mg/hr</i>	1	
<i>nitroglycerin translingual solution 0.4 mg/spray</i>	1	
NITROSTAT SUBLINGUAL TABLET SUBLINGUAL 0.3 MG, 0.4 MG, 0.6 MG ( <i>nitroglycerin</i> )	4	
NITRO-TIME ORAL CAPSULE EXTENDED RELEASE 2.5 MG, 6.5 MG, 9 MG ( <i>nitroglycerin</i> )	3	
<b>PCSK9 INHIBITORS - Drugs for Cholesterol</b>		
REPATHA PUSHTRONEX SYSTEM SUBCUTANEOUS SOLUTION CARTRIDGE 420 MG/3.5ML ( <i>evolocumab</i> )	2	PA; ST; SL (3.5 ml (1 cartridge) per month.)
REPATHA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 140 MG/ML ( <i>evolocumab</i> )	2	PA; ST; SL (2 syringes per 28 days.)
REPATHA SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>evolocumab</i> )	2	PA; ST; SL (2 ml per month.)
<b>PHOSPHODIESTERASE TYPE 5 INHIBITORS - Drugs for the Heart</b>		
<i>alyq oral tablet 20 mg</i>	1	PA; SL (2 tablets per day); SP
<i>cilostazol oral tablet 100 mg, 50 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG ( <i>finasteride-tadalafil</i> )	4	SL (1 capsule per day.)
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; SL (186 ml per month.); SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	SL (6 tablets per month)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sildenafil citrate oral tablet 20 mg</i>	1	SL (0.5 tablet per day.)
STENDRA ORAL TABLET 100 MG, 200 MG, 50 MG ( <i>avanafil</i> )	2	SL (6 tablets per month)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; SL (2 tablets per day); SP
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	SL (6 tablets per month)
TADLIQ ORAL SUSPENSION 20 MG/5ML ( <i>tadalafil (pah)</i> )	3	PA; SL (10 ml per day.); SP
<i>vardefafil hcl oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	SL (6 tablets per month)
<i>vardefafil hcl oral tablet dispersible 10 mg</i>	1	SL (6 tablets per month)
<b>POTASSIUM-SPARING DIURETICS (HYPOTEN) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>amiloride hcl oral tablet 5 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML ( <i>spironolactone</i> )	4	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<b>RENIN INHIBITORS - Drugs for the Heart</b>		
<i>aliskiren fumarate oral tablet 150 mg, 300 mg</i>	1	
TEKTURNA ORAL TABLET 150 MG, 300 MG ( <i>aliskiren fumarate</i> )	3	
<b>RENIN-ANGIOTEN.-ALDOST. SYS. INHIB, MISC - Drugs for the Heart</b>		
ENTRESTO ORAL TABLET 24-26 MG, 49-51 MG, 97-103 MG ( <i>sacubitril-valsartan</i> )	4	PA; SL (2 tablets per day.)
<b>THIAZIDE DIURETICS(HYPOTENSIVE AGENTS) - Drugs for High Blood Pressure &amp; Angina</b>		
DIURIL ORAL SUSPENSION 250 MG/5ML ( <i>chlorothiazide</i> )	2	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<b>THIAZIDE-LIKE DIURETICS(HYPOTENSIVE AGT) - Drugs for High Blood Pressure &amp; Angina</b>		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG ( <i>chlorthalidone</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>VASODILATING AGENTS, MISCELLANEOUS - Drugs for the Heart</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; SL (1 tablet per day.); SP
AMLODIPINE BES+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>amlodipine besylate</i> )	3	PA
<i>amlodipine besylate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; SL (2 tablets per day.); SP
<i>cartia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg</i>	1	
CAVERJECT IMPULSE INTRACAVERNOSAL KIT 10 MCG, 20 MCG ( <i>alprostadil (vasodilator)</i> )	3	SL (6 units per month)
CAVERJECT INTRACAVERNOSAL SOLUTION RECONSTITUTED 20 MCG, 40 MCG ( <i>alprostadil (vasodilator)</i> )	3	SL (6 units per month)
CORLANOR ORAL SOLUTION 5 MG/5ML ( <i>ivabradine hcl</i> )	3	PA; SL (20 ml per day.)
CORLANOR ORAL TABLET 5 MG, 7.5 MG ( <i>ivabradine hcl</i> )	3	PA; SL (2 tablets per day.)
<i>diltiazem hcl er beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 12 hour 120 mg, 60 mg, 90 mg</i>	1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>diltiazem hcl er oral tablet extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
<i>diltiazem hcl oral tablet 120 mg, 30 mg, 60 mg, 90 mg</i>	1	
<i>dilt-xr oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	1	
<i>dipyridamole oral tablet 25 mg, 50 mg, 75 mg</i>	1	
EDEX INTRACAVERNOSAL KIT 10 MCG, 20 MCG, 40 MCG ( <i>alprostadil (vasodilator)</i> )	3	SL (6 units per month)
KATERZIA ORAL SUSPENSION 1 MG/ML ( <i>amlodipine benzoate</i> )	4	
<i>matzim la oral tablet extended release 24 hour 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MUSE URETHRAL PELLETT 1000 MCG, 250 MCG, 500 MCG ( <i>alprostadil (vasodilator)</i> )	3	SL (6 units per month)
<i>nicardipine hcl oral capsule 20 mg, 30 mg</i>	1	
<i>nifedipine er oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine er osmotic release oral tablet extended release 24 hour 30 mg, 60 mg, 90 mg</i>	1	
<i>nifedipine oral capsule 10 mg, 20 mg</i>	1	
<i>nimodipine oral capsule 30 mg</i>	1	
NORLIQVA ORAL SOLUTION 1 MG/ML ( <i>amlodipine besylate</i> )	4	
NYMALIZE ORAL SOLUTION 6 MG/ML ( <i>nimodipine</i> )	2	
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	2	PA; SL (1 tablet per day.); SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (168 tablets per year.); SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (336 tablets per year.); SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (252 tablets per year.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (6 tablets per day.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (6 tablets per day); SP
<i>taztia xt oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>tiadylt er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 300 mg, 360 mg, 420 mg</i>	1	
TIAZAC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 300 MG, 360 MG, 420 MG ( <i>diltiazem hcl er beads</i> )	4	
TRACLEER ORAL TABLET 125 MG, 62.5 MG ( <i>bosentan</i> )	2	PA; SL (2 tablets per day.); SP
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	2	PA; SL (4 tablets per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG ( <i>treprostinil</i> )	2	PA; SL (112 cartridges per 23 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG ( <i>treprostinil</i> )	2	PA; SL (196 cartridges per 365 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG ( <i>treprostinil</i> )	2	PA; SL (252 cartridges per 365 days.); SP
TYVASO INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	PA
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	PA
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	PA
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML ( <i>iloprost</i> )	2	PA; SP
<i>verapamil hcl er oral capsule extended release 24 hour 100 mg, 120 mg, 180 mg, 200 mg, 240 mg, 300 mg, 360 mg</i>	1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	1	
<i>verapamil hcl oral tablet 120 mg, 40 mg, 80 mg</i>	1	
VERELAN ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 180 MG, 240 MG, 360 MG ( <i>verapamil hcl</i> )	4	
VERELAN PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG ( <i>verapamil hcl</i> )	4	
VERQUVO ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>vericiguat</i> )	4	PA; SL (1 tablet per day.)
<b>CENTRAL NERVOUS SYSTEM AGENTS - Drugs for the Nervous System</b>		
<b>ADAMANTANES (CNS) - Drugs for Parkinson</b>		
<i>amantadine hcl oral capsule 100 mg</i>	1	
<i>amantadine hcl oral solution 50 mg/5ml</i>	1	
<i>amantadine hcl oral tablet 100 mg</i>	1	
<b>AMPHETAMINE DERIVATIVES - Drugs for the Nervous System</b>		
ADIPEX-P ORAL TABLET 37.5 MG ( <i>phentermine hcl</i> )	4	PA
<i>diethylpropion hcl er oral tablet extended release 24 hour 75 mg</i>	1	PA
<i>diethylpropion hcl oral tablet 25 mg</i>	1	PA
LOMAIRA ORAL TABLET 8 MG ( <i>phentermine hcl</i> )	3	PA
<i>phendimetrazine tartrate er oral capsule extended release 24 hour 105 mg</i>	1	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phendimetrazine tartrate oral tablet 35 mg</i>	1	PA
<i>phentermine hcl oral capsule 15 mg, 30 mg, 37.5 mg</i>	1	PA
<i>phentermine hcl oral tablet 37.5 mg</i>	1	PA
<b>AMPHETAMINES - Drugs for the Nervous System</b>		
ADZENYS XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 12.5 MG, 15.7 MG, 18.8 MG, 3.1 MG, 6.3 MG, 9.4 MG ( <i>amphetamine</i> )	4	SL (1 tablet per day.)
<i>amphetamine sulfate oral tablet 10 mg, 5 mg</i>	1	
<i>amphetamine-dextroamphetamine er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 30 mg, 5 mg</i>	1	SL (2 capsules per day.)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
<i>amphet-dextroamphet 3-bead er oral capsule extended release 24 hour 12.5 mg, 25 mg, 37.5 mg, 50 mg</i>	2	SL (1 capsule per day)
<i>benzphetamine hcl oral tablet 50 mg</i>	1	PA
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg</i>	1	SL (5 capsules per day.)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 15 mg</i>	1	SL (4 capsules per day.)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	1	SL (10 capsules per day.)
<i>dextroamphetamine sulfate oral solution 5 mg/5ml</i>	1	
<i>dextroamphetamine sulfate oral tablet 10 mg, 15 mg, 20 mg, 30 mg, 5 mg</i>	1	
DYANAVEL XR ORAL SUSPENSION EXTENDED RELEASE 2.5 MG/ML ( <i>amphetamine</i> )	4	SL (15 mL per day.)
DYANAVEL XR ORAL TABLET CHEWABLE EXTENDED RELEASE 10 MG, 15 MG, 20 MG, 5 MG ( <i>amphetamine</i> )	4	SL (1 tablet per day.)
EVEKEO ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 20 MG, 5 MG ( <i>amphetamine sulfate</i> )	4	PA
EVEKEO ORAL TABLET 10 MG, 5 MG ( <i>amphetamine sulfate</i> )	4	
<i>lisdexamfetamine dimesylate oral capsule 10 mg, 20 mg, 30 mg</i>	1	SL (2 capsules per day.)
<i>lisdexamfetamine dimesylate oral capsule 40 mg, 50 mg, 60 mg, 70 mg</i>	1	SL (1 capsule per day)
<i>lisdexamfetamine dimesylate oral tablet chewable 10 mg, 20 mg, 30 mg</i>	1	SL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lisdexamfetamine dimesylate oral tablet chewable 40 mg, 50 mg, 60 mg</i>	1	SL (1 tablet per day)
<i>methamphetamine hcl oral tablet 5 mg</i>	1	
PROCENTRA ORAL SOLUTION 5 MG/5ML ( <i>dextroamphetamine sulfate</i> )	3	
VYVANSE ORAL CAPSULE 10 MG, 20 MG, 30 MG ( <i>lisdexamfetamine dimesylate</i> )	4	SL (2 capsules per day.)
VYVANSE ORAL CAPSULE 40 MG, 50 MG, 60 MG, 70 MG ( <i>lisdexamfetamine dimesylate</i> )	4	SL (1 capsule per day)
VYVANSE ORAL TABLET CHEWABLE 10 MG, 20 MG, 30 MG ( <i>lisdexamfetamine dimesylate</i> )	4	SL (2 tablets per day.)
VYVANSE ORAL TABLET CHEWABLE 40 MG, 50 MG, 60 MG ( <i>lisdexamfetamine dimesylate</i> )	4	SL (1 tablet per day)
XELSTRYM TRANSDERMAL PATCH 13.5 MG/9HR, 18 MG/9HR, 9 MG/9HR ( <i>dextroamphetamine</i> )	3	
XELSTRYM TRANSDERMAL PATCH 4.5 MG/9HR ( <i>dextroamphetamine</i> )	3	SL (1 patch per day.)
ZENZEDI ORAL TABLET 2.5 MG, 7.5 MG ( <i>dextroamphetamine sulfate</i> )	4	
<b>ANALGESICS AND ANTIPYRETICS, MISC. - Drugs for Pain</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
ALLZITAL ORAL TABLET 25-325 MG ( <i>butalbital-acetaminophen</i> )	4	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG ( <i>benzhydrocodone-acetaminophen</i> )	4	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	
<i>bac oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	SL (6 capsules per day)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
ESGIC ORAL CAPSULE 50-325-40 MG ( <i>butalbital-apap-caffeine</i> )	4	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG ( <i>butalbital-apap-caffeine</i> )	4	SL (6 tablets per day)
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML ( <i>gabapentin</i> )	3	PA
FIORICET ORAL CAPSULE 50-300-40 MG ( <i>butalbital-apap-caffeine</i> )	4	SL (6 capsules per day.)
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
NEURAPTINE EXTERNAL CREAM 10 % ( <i>gabapentin</i> )	3	PA
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG ( <i>gabapentin</i> )	4	
NEURONTIN ORAL SOLUTION 250 MG/5ML ( <i>gabapentin</i> )	4	
NEURONTIN ORAL TABLET 600 MG, 800 MG ( <i>gabapentin</i> )	4	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG, 7.5-300 MG	4	
<i>pregabalin er oral tablet extended release 24 hour 165 mg, 330 mg, 82.5 mg</i>	1	SL (1 tablet per day.)
PROLATE ORAL TABLET 5-300 MG, 7.5-300 MG ( <i>oxycodone-acetaminophen</i> )	4	
TENCON ORAL TABLET 50-325 MG ( <i>butalbital-acetaminophen</i> )	3	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG ( <i>apap-caff-dihydrocodeine</i> )	1	
URELLE ORAL TABLET 81 MG ( <i>meth-hyo-m bl-na phos-ph sal</i> )	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
URIBEL ORAL TABLET 81.6 MG ( <i>meth-hyo-m bl-benz acd-ph sal</i> )	3	
URIMAR-T ORAL CAPSULE 120 MG ( <i>meth-hyo-m bl-na phos-ph sal</i> )	4	
URIMAR-T ORAL TABLET 120 MG ( <i>meth-hyo-m bl-na phos-ph sal</i> )	2	
<i>urin ds oral tablet 81.6 mg</i>	1	
URO-458 ORAL TABLET 81 MG	3	
VILEVEV MB ORAL TABLET 81 MG ( <i>meth-hyo-m bl-na phos-ph sal</i> )	3	
<b>ANOREXIGENIC AGENTS AND STIMULANTS, MISC - Drugs for the Nervous System</b>		
QSYMIA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 11.25-69 MG, 15-92 MG, 3.75-23 MG, 7.5-46 MG ( <i>phentermine-topiramate</i> )	3	PA
<b>ANOREXIGENIC AGENTS, MISCELLANEOUS - Drugs for the Nervous System</b>		
CONTRAVE ORAL TABLET EXTENDED RELEASE 12 HOUR 8-90 MG ( <i>naltrexone-bupropion hcl</i> )	3	PA
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>setmelanotide acetate</i> )	3	PA; SP
<b>ANTICHOLINERGIC AGENTS (CNS) - Drugs for Parkinson</b>		
<i>benztropine mesylate oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML ( <i>diphenhydramine hcl</i> )	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>orphenadrine citrate er oral tablet extended release 12 hour 100 mg</i>	1	
<i>trihexyphenidyl hcl oral solution 0.4 mg/ml</i>	1	
<i>trihexyphenidyl hcl oral tablet 2 mg, 5 mg</i>	1	
<b>ANTICONVULSANTS, MISCELLANEOUS - Drugs for Seizures</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
APTIOM ORAL TABLET 200 MG, 400 MG, 600 MG, 800 MG ( <i>eslicarbazepine acetate</i> )	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BANZEL ORAL SUSPENSION 40 MG/ML ( <i>rufinamide</i> )	4	
BANZEL ORAL TABLET 200 MG, 400 MG ( <i>rufinamide</i> )	4	PA
BRIVIACT ORAL SOLUTION 10 MG/ML ( <i>brivaracetam</i> )	4	PA
BRIVIACT ORAL TABLET 10 MG, 100 MG, 25 MG, 50 MG, 75 MG ( <i>brivaracetam</i> )	3	PA
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG ( <i>carbamazepine</i> )	4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG ( <i>divalproex sodium</i> )	4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )	4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG ( <i>divalproex sodium</i> )	4	
DIACOMIT ORAL CAPSULE 250 MG, 500 MG ( <i>stiripentol</i> )	3	PA; SP
DIACOMIT ORAL PACKET 250 MG, 500 MG ( <i>stiripentol</i> )	3	PA; SP
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EPIDIOLEX ORAL SOLUTION 100 MG/ML ( <i>cannabidiol</i> )	3	PA; SP
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG ( <i>carbamazepine (antipsychotic)</i> )	3	
FANATREX FUSEPAQ ORAL SUSPENSION 25 MG/ML ( <i>gabapentin</i> )	3	PA
<i>felbamate oral suspension 600 mg/5ml</i>	1	
<i>felbamate oral tablet 400 mg, 600 mg</i>	1	
FELBATOL ORAL TABLET 400 MG, 600 MG ( <i>felbamate</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FINTEPLA ORAL SOLUTION 2.2 MG/ML ( <i>fenfluramine hcl</i> )	4	PA
FYCOMPA ORAL SUSPENSION 0.5 MG/ML ( <i>perampanel</i> )	4	PA
FYCOMPA ORAL TABLET 10 MG, 12 MG, 2 MG, 4 MG, 6 MG, 8 MG ( <i>perampanel</i> )	3	PA
<i>gabapentin oral capsule 100 mg, 300 mg, 400 mg</i>	1	
<i>gabapentin oral solution 250 mg/5ml</i>	1	
<i>gabapentin oral tablet 600 mg, 800 mg</i>	1	
KEPPRA ORAL SOLUTION 100 MG/ML ( <i>levetiracetam</i> )	4	
KEPPRA ORAL TABLET 1000 MG, 250 MG, 500 MG, 750 MG ( <i>levetiracetam</i> )	4	
KEPPRA XR ORAL TABLET EXTENDED RELEASE 24 HOUR 500 MG, 750 MG ( <i>levetiracetam</i> )	4	
<i>lacosamide oral solution 10 mg/ml</i>	1	PA
<i>lacosamide oral tablet 100 mg, 150 mg, 200 mg, 50 mg</i>	1	PA
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG ( <i>lamotrigine</i> )	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>lamotrigine</i> )	4	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG ( <i>lamotrigine</i> )	4	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG ( <i>lamotrigine</i> )	4	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG ( <i>lamotrigine</i> )	4	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG ( <i>lamotrigine</i> )	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG ( <i>lamotrigine</i> )	3	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	1	
<i>levetiracetam er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>levetiracetam oral solution 100 mg/ml</i>	1	
<i>levetiracetam oral tablet 1000 mg, 250 mg, 500 mg, 750 mg</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG ( <i>pregabalin</i> )	4	
LYRICA ORAL SOLUTION 20 MG/ML ( <i>pregabalin</i> )	4	
NEURONTIN ORAL CAPSULE 100 MG, 300 MG, 400 MG ( <i>gabapentin</i> )	4	
NEURONTIN ORAL SOLUTION 250 MG/5ML ( <i>gabapentin</i> )	4	
NEURONTIN ORAL TABLET 600 MG, 800 MG ( <i>gabapentin</i> )	4	
<i>oxcarbazepine oral suspension 300 mg/5ml</i>	1	
<i>oxcarbazepine oral tablet 150 mg, 300 mg, 600 mg</i>	1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
<i>roweepra oral tablet 500 mg</i>	1	
<i>rufinamide oral suspension 40 mg/ml</i>	1	
<i>rufinamide oral tablet 200 mg, 400 mg</i>	1	PA
SABRIL ORAL TABLET 500 MG ( <i>vigabatrin</i> )	4	PA; SL (6 tablets per day.); SP
SPRITAM ORAL TABLET DISINTEGRATING SOLUBLE 1000 MG, 250 MG, 500 MG, 750 MG ( <i>levetiracetam</i> )	4	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>subvenite starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	1	
<i>subvenite starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML ( <i>carbamazepine</i> )	3	
TEGRETOL ORAL TABLET 200 MG ( <i>carbamazepine</i> )	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG ( <i>carbamazepine</i> )	4	
<i>tiagabine hcl oral tablet 12 mg, 16 mg, 2 mg, 4 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG ( <i>topiramate</i> )	4	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG ( <i>topiramate</i> )	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
TRILEPTAL ORAL SUSPENSION 300 MG/5ML ( <i>oxcarbazepine</i> )	4	
TRILEPTAL ORAL TABLET 150 MG, 300 MG, 600 MG ( <i>oxcarbazepine</i> )	4	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>vigabatrin oral packet 500 mg</i>	1	PA; SL (6 packets per day.)
<i>vigabatrin oral tablet 500 mg</i>	1	PA; SL (6 tablets per day.); SP
<i>vigadrone oral packet 500 mg</i>	1	PA; SL (6 packets per day.)
<i>vigadrone oral tablet 500 mg</i>	1	PA; SL (6 tablets per day.); SP
VIMPAT ORAL SOLUTION 10 MG/ML ( <i>lacosamide</i> )	4	PA
VIMPAT ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>lacosamide</i> )	4	PA
XCOPRI ORAL TABLET 100 MG, 150 MG, 200 MG, 50 MG ( <i>cenobamate</i> )	3	PA
XCOPRI ORAL TABLET THERAPY PACK 100 & 150 MG, 14 X 12.5 MG & 14 X 25 MG, 14 X 150 MG & 14 X200 MG, 14 X 50 MG & 14 X100 MG, 150 & 200 MG ( <i>cenobamate</i> )	3	PA
ZONEGRAN ORAL CAPSULE 100 MG, 25 MG ( <i>zonisamide</i> )	4	
ZONISADE ORAL SUSPENSION 100 MG/5ML ( <i>zonisamide</i> )	4	
<i>zonisamide oral capsule 100 mg, 25 mg, 50 mg</i>	1	
ZTALMY ORAL SUSPENSION 50 MG/ML ( <i>ganaxolone</i> )	4	SP
<b>ANTIDEPRESSANTS, MISCELLANEOUS - Drugs for Depression &amp; Psychosis</b>		
AUVELITY ORAL TABLET EXTENDED RELEASE 45-105 MG ( <i>dextromethorphan-bupropion</i> )	4	
<i>bupropion hcl er (smoking det) oral tablet extended release 12 hour 150 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bupropion hcl er (sr) oral tablet extended release 12 hour 100 mg, 150 mg, 200 mg</i>	1	
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	1	
BUPROPION HCL ER (XL) ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG	4	SL (1 tablet per day.)
<i>bupropion hcl oral tablet 100 mg, 75 mg</i>	1	
FORFIVO XL ORAL TABLET EXTENDED RELEASE 24 HOUR 450 MG ( <i>bupropion hcl</i> )	4	SL (1 tablet per day.)
<i>mirtazapine oral tablet 15 mg, 30 mg, 45 mg, 7.5 mg</i>	1	
<i>mirtazapine oral tablet dispersible 15 mg, 30 mg, 45 mg</i>	1	
SPRAVATO (56 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )	4	PA; SL (8 devices (4 kits) per month.)
SPRAVATO (84 MG DOSE) NASAL SOLUTION THERAPY PACK 28 MG/DEVICE ( <i>esketamine hcl</i> )	4	PA; SL (12 devices (4 kits) per month.)
<b>ANTIMANIC AGENTS - Drugs for Personality Disorder</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	SL (1 tablet per day.)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	1	SL (2 tablets per day)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	SL (2 tablets per day.)
<i>carbamazepine er oral capsule extended release 12 hour 100 mg, 200 mg, 300 mg</i>	1	
<i>carbamazepine er oral tablet extended release 12 hour 100 mg, 200 mg, 400 mg</i>	1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	1	
<i>carbamazepine oral tablet 200 mg</i>	1	
<i>carbamazepine oral tablet chewable 100 mg</i>	1	
CARBATROL ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG ( <i>carbamazepine</i> )	4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG ( <i>divalproex sodium</i> )	4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )	4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG ( <i>divalproex sodium</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
<i>epitol oral tablet 200 mg</i>	1	
EQUETRO ORAL CAPSULE EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 300 MG ( <i>carbamazepine (antipsychotic)</i> )	3	
LAMICTAL ODT ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 42 X 50 MG & 14X100 MG ( <i>lamotrigine</i> )	4	
LAMICTAL ODT ORAL TABLET DISPERSIBLE 100 MG, 200 MG, 25 MG, 50 MG ( <i>lamotrigine</i> )	4	
LAMICTAL ORAL TABLET 100 MG, 150 MG, 200 MG, 25 MG ( <i>lamotrigine</i> )	4	
LAMICTAL ORAL TABLET CHEWABLE 25 MG, 5 MG ( <i>lamotrigine</i> )	4	
LAMICTAL STARTER ORAL KIT 35 X 25 MG, 42 X 25 MG & 7 X 100 MG, 84 X 25 MG & 14X100 MG ( <i>lamotrigine</i> )	4	
LAMICTAL XR ORAL KIT 21 X 25 MG & 7 X 50 MG, 25 & 50 & 100 MG, 50 & 100 & 200 MG ( <i>lamotrigine</i> )	3	
LAMICTAL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 25 MG, 250 MG, 300 MG, 50 MG ( <i>lamotrigine</i> )	3	
<i>lamotrigine er oral tablet extended release 24 hour 100 mg, 200 mg, 25 mg, 250 mg, 300 mg, 50 mg</i>	1	
<i>lamotrigine oral kit 21 x 25 mg &amp; 7 x 50 mg, 25 &amp; 50 &amp; 100 mg, 42 x 50 mg &amp; 14x100 mg</i>	1	
<i>lamotrigine oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>lamotrigine oral tablet chewable 25 mg, 5 mg</i>	1	
<i>lamotrigine oral tablet dispersible 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>lamotrigine starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>lamotrigine starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	1	
<i>lamotrigine starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	1	
<i>lithium carbonate er oral tablet extended release 300 mg, 450 mg</i>	1	
<i>lithium carbonate oral capsule 150 mg, 300 mg, 600 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lithium carbonate oral tablet 300 mg</i>	1	
<i>lithium oral solution 8 meq/5ml</i>	1	
LITHOBID ORAL TABLET EXTENDED RELEASE 300 MG ( <i>lithium carbonate</i> )	4	
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG ( <i>quetiapine fumarate</i> )	4	
<i>subvenite oral tablet 100 mg, 150 mg, 200 mg, 25 mg</i>	1	
<i>subvenite starter kit-blue oral kit 35 x 25 mg</i>	1	
<i>subvenite starter kit-green oral kit 84 x 25 mg &amp; 14x100 mg</i>	1	
<i>subvenite starter kit-orange oral kit 42 x 25 mg &amp; 7 x 100 mg</i>	1	
TEGRETOL ORAL SUSPENSION 100 MG/5ML ( <i>carbamazepine</i> )	3	
TEGRETOL ORAL TABLET 200 MG ( <i>carbamazepine</i> )	3	
TEGRETOL-XR ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 200 MG, 400 MG ( <i>carbamazepine</i> )	4	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<b>ANTIMIGRAINE AGENTS, MISCELLANEOUS - Migraine Treatment</b>		
<i>aspirin 81 oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin childrens oral tablet chewable 81 mg</i>	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin low dose oral tablet chewable 81 mg</i>	E	H
<i>aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin oral tablet chewable 81 mg</i>	E	H
<i>aspirin oral tablet delayed release 81 mg</i>	E	H
<i>aspirin regimen oral tablet delayed release 81 mg</i>	E	H
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	
CAMBIA ORAL PACKET 50 MG ( <i>diclofenac potassium(migraine)</i> )	4	
DEPAKOTE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 250 MG, 500 MG ( <i>divalproex sodium</i> )	4	
DEPAKOTE ORAL TABLET DELAYED RELEASE 125 MG, 250 MG, 500 MG ( <i>divalproex sodium</i> )	4	
DEPAKOTE SPRINKLES ORAL CAPSULE DELAYED RELEASE SPRINKLE 125 MG ( <i>divalproex sodium</i> )	4	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	
<i>dihydroergotamine mesylate injection solution 1 mg/ml</i>	1	
<i>dihydroergotamine mesylate nasal solution 4 mg/ml</i>	1	
<i>divalproex sodium er oral tablet extended release 24 hour 250 mg, 500 mg</i>	1	
<i>divalproex sodium oral capsule delayed release sprinkle 125 mg</i>	1	
<i>divalproex sodium oral tablet delayed release 125 mg, 250 mg, 500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG ( <i>naproxen</i> )	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG ( <i>naproxen</i> )	4	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
ERGOMAR SUBLINGUAL TABLET SUBLINGUAL 2 MG ( <i>ergotamine tartrate</i> )	4	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	E	H
HEMANGEOL ORAL SOLUTION 4.28 MG/ML ( <i>propranolol hcl</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDERAL LA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 160 MG, 60 MG, 80 MG ( <i>propranolol hcl</i> )	4	
MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine-caffeine</i> )	3	
<i>mm aspirin oral tablet delayed release 81 mg</i>	E	H
NAPROSYN ORAL SUSPENSION 125 MG/5ML ( <i>naproxen</i> )	4	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>propranolol hcl er oral capsule extended release 24 hour 120 mg, 160 mg, 60 mg, 80 mg</i>	1	
<i>propranolol hcl oral solution 20 mg/5ml, 40 mg/5ml</i>	1	
<i>propranolol hcl oral tablet 10 mg, 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )	E	H
<i>timolol maleate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
TOPAMAX ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG ( <i>topiramate</i> )	4	
TOPAMAX SPRINKLE ORAL CAPSULE SPRINKLE 15 MG, 25 MG ( <i>topiramate</i> )	4	
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	1	
<i>topiramate oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>valproic acid oral capsule 250 mg</i>	1	
<i>valproic acid oral solution 250 mg/5ml</i>	1	
<b>ANTIPSYCHOTICS, MISCELLANEOUS - Drugs for Depression &amp; Psychosis</b>		
ADASUVE INHALATION AEROSOL POWDER BREATH ACTIVATED 10 MG ( <i>loxapine</i> )	3	
<i>loxapine succinate oral capsule 10 mg, 25 mg, 5 mg, 50 mg</i>	1	
<i>molindone hcl oral tablet 10 mg, 25 mg, 5 mg</i>	1	
<i>pimozide oral tablet 1 mg, 2 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ANXIOLYTICS, SEDATIVES, AND HYPNOTICS, MISC - Drugs for Anxiety &amp; Sleep Disorder</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG (suvorexant)	4	SL (1 tablet per day.)
<i>buspirone hcl oral tablet 10 mg, 15 mg, 30 mg, 5 mg, 7.5 mg</i>	1	
DAYVIGO ORAL TABLET 10 MG, 5 MG ( <i>lemborexant</i> )	4	SL (1 tablet per day.)
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML ( <i>diphenhydramine hcl</i> )	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
EDLUAR SUBLINGUAL TABLET SUBLINGUAL 10 MG, 5 MG ( <i>zolpidem tartrate</i> )	4	SL (1 sublingual tablet per day)
<i>eszopiclone oral tablet 1 mg, 2 mg, 3 mg</i>	1	
HETLIOZ LQ ORAL SUSPENSION 4 MG/ML ( <i>tasimelteon</i> )	4	PA; SL (5.1 mL per day.); SP
HETLIOZ ORAL CAPSULE 20 MG ( <i>tasimelteon</i> )	4	PA; SL (1 capsule per day.); SP
<i>hydroxyzine hcl oral syrup 10 mg/5ml</i>	1	
<i>hydroxyzine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>hydroxyzine pamoate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>meprobamate oral tablet 200 mg, 400 mg</i>	1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>ramelteon oral tablet 8 mg</i>	1	SL (1 tablet per day)
<i>tasimelteon oral capsule 20 mg</i>	1	PA; SL (1 capsule per day.); SP
VISTARIL ORAL CAPSULE 25 MG ( <i>hydroxyzine pamoate</i> )	4	
<i>zaleplon oral capsule 10 mg, 5 mg</i>	1	
<i>zolpidem tartrate er oral tablet extended release 12.5 mg, 6.25 mg</i>	1	
<i>zolpidem tartrate oral tablet 10 mg, 5 mg</i>	1	
<i>zolpidem tartrate sublingual tablet sublingual 1.75 mg, 3.5 mg</i>	1	SL (1 sublingual tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ATYPICAL ANTIPSYCHOTICS - Drugs for Depression &amp; Psychosis</b>		
<i>aripiprazole oral solution 1 mg/ml</i>	1	
<i>aripiprazole oral tablet 10 mg, 15 mg, 2 mg, 20 mg, 30 mg, 5 mg</i>	1	
<i>aripiprazole oral tablet dispersible 10 mg, 15 mg</i>	1	SL (1 tablet per day.)
<i>asenapine maleate sublingual tablet sublingual 10 mg, 5 mg</i>	1	SL (2 tablets per day)
<i>asenapine maleate sublingual tablet sublingual 2.5 mg</i>	1	SL (2 tablets per day.)
CAPLYTA ORAL CAPSULE 10.5 MG, 21 MG, 42 MG ( <i>lumateperone tosylate</i> )	4	PA; SL (1 capsule per day.)
<i>clozapine oral tablet 100 mg, 200 mg, 25 mg, 50 mg</i>	1	
<i>clozapine oral tablet dispersible 100 mg, 12.5 mg, 150 mg, 200 mg, 25 mg</i>	1	
CLOZARIL ORAL TABLET 100 MG, 200 MG, 25 MG, 50 MG ( <i>clozapine</i> )	4	
FANAPT ORAL TABLET 1 MG ( <i>iloperidone</i> )	4	SL (86 tablets per year.)
FANAPT ORAL TABLET 10 MG, 12 MG, 4 MG, 6 MG, 8 MG ( <i>iloperidone</i> )	4	SL (2 tablets per day)
FANAPT ORAL TABLET 2 MG ( <i>iloperidone</i> )	4	SL (56 tablets per year.)
FANAPT TITRATION PACK ORAL TABLET 1 & 2 & 4 & 6 MG ( <i>iloperidone</i> )	3	SL (8 tablets (1 pack) per 365 days.)
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 60 mg</i>	1	SL (1 tablet per day.)
<i>lurasidone hcl oral tablet 40 mg</i>	1	SL (1 tablet per day)
<i>lurasidone hcl oral tablet 80 mg</i>	1	SL (2 tablets per day.)
NUPLAZID ORAL CAPSULE 34 MG ( <i>pimavanserin tartrate</i> )	4	PA
NUPLAZID ORAL TABLET 10 MG ( <i>pimavanserin tartrate</i> )	4	PA
<i>olanzapine oral tablet 10 mg, 15 mg, 2.5 mg, 20 mg, 5 mg, 7.5 mg</i>	1	
<i>olanzapine oral tablet dispersible 10 mg, 15 mg, 20 mg, 5 mg</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	SL (1 capsule per day)
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	1	SL (1 tablet per day)
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	1	SL (2 tablets per day)
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg, 300 mg, 400 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>quetiapine fumarate oral tablet 100 mg, 150 mg, 200 mg, 25 mg, 300 mg, 400 mg, 50 mg</i>	1	
REXULTI ORAL TABLET 0.25 MG, 0.5 MG, 1 MG, 2 MG, 3 MG, 4 MG ( <i>brexpiprazole</i> )	4	ST; SL (1 tablet per day.)
<i>risperidone oral solution 1 mg/ml</i>	1	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
SEROQUEL XR ORAL TABLET EXTENDED RELEASE 24 HOUR 150 MG, 200 MG, 300 MG, 400 MG, 50 MG ( <i>quetiapine fumarate</i> )	4	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG ( <i>olanzapine-fluoxetine hcl</i> )	4	SL (1 capsule per day)
VERSACLOZ ORAL SUSPENSION 50 MG/ML ( <i>clozapine</i> )	4	
VRAYLAR ORAL CAPSULE 1.5 MG, 3 MG, 4.5 MG, 6 MG ( <i>cariprazine hcl</i> )	4	SL (1 capsule per day.)
VRAYLAR ORAL CAPSULE THERAPY PACK 1.5 & 3 MG ( <i>cariprazine hcl</i> )	4	SL (7 capsules per year.)
<i>ziprasidone hcl oral capsule 20 mg, 40 mg, 60 mg, 80 mg</i>	1	
<b>BARBITURATES (ANTICONVULSANTS) - Drugs for Seizures</b>		
MYSOLINE ORAL TABLET 250 MG, 50 MG ( <i>primidone</i> )	2	
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
<i>primidone oral tablet 125 mg</i>	1	PA
<i>primidone oral tablet 250 mg, 50 mg</i>	1	
<b>BARBITURATES (ANXIOLYTIC, SEDATIVE/HYP) - Drugs for Anxiety &amp; Sleep Disorder</b>		
ALLZITAL ORAL TABLET 25-325 MG ( <i>butalbital-acetaminophen</i> )	4	
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>bac oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	1	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	SL (6 capsules per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	SL (6 capsules per day)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
ESGIC ORAL CAPSULE 50-325-40 MG ( <i>butalbital-apap-caffeine</i> )	4	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG ( <i>butalbital-apap-caffeine</i> )	4	SL (6 tablets per day)
FIORICET ORAL CAPSULE 50-300-40 MG ( <i>butalbital-apap-caffeine</i> )	4	SL (6 capsules per day.)
<i>phenobarbital oral elixir 20 mg/5ml</i>	1	
<i>phenobarbital oral tablet 100 mg, 15 mg, 16.2 mg, 30 mg, 32.4 mg, 60 mg, 64.8 mg, 97.2 mg</i>	1	
TENCON ORAL TABLET 50-325 MG ( <i>butalbital-acetaminophen</i> )	3	
<b>BENZODIAZEPINES (ANTICONVULSANTS) - Drugs for Seizures</b>		
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG ( <i>diazepam</i> )	4	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG ( <i>diazepam</i> )	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG ( <i>lorazepam</i> )	4	
NAYZILAM NASAL SOLUTION 5 MG/0.1ML ( <i>midazolam (anticonvulsant)</i> )	3	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ONFI ORAL SUSPENSION 2.5 MG/ML ( <i>clobazam</i> )	4	PA
ONFI ORAL TABLET 10 MG, 20 MG ( <i>clobazam</i> )	4	PA
VALTOCO NASAL LIQUID 10 MG/0.1ML, 5 MG/0.1ML ( <i>diazepam</i> )	3	PA
VALTOCO NASAL LIQUID THERAPY PACK 10 MG/0.1ML, 7.5 MG/0.1ML ( <i>diazepam</i> )	3	PA
<b>BENZODIAZEPINES (ANXIOLYTIC, SEDATIV/HYP) - Drugs for Anxiety &amp; Sleep Disorder</b>		
<i>alprazolam er oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>alprazolam intensol oral concentrate 1 mg/ml</i>	1	
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>alprazolam xr oral tablet extended release 24 hour 0.5 mg, 1 mg, 2 mg, 3 mg</i>	1	
<i>chlordiazepoxide hcl oral capsule 10 mg, 25 mg, 5 mg</i>	1	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>chlordiazepoxide-clidinium oral capsule 5-2.5 mg</i>	1	
<i>clobazam oral suspension 2.5 mg/ml</i>	1	PA
<i>clobazam oral tablet 10 mg, 20 mg</i>	1	PA
<i>clonazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	1	
<i>clorazepate dipotassium oral tablet 15 mg, 3.75 mg, 7.5 mg</i>	1	
DIASTAT ACUDIAL RECTAL GEL 10 MG, 20 MG ( <i>diazepam</i> )	4	
DIASTAT PEDIATRIC RECTAL GEL 2.5 MG ( <i>diazepam</i> )	2	
<i>diazepam intensol oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral concentrate 5 mg/ml</i>	1	
<i>diazepam oral solution 5 mg/5ml</i>	1	
<i>diazepam oral tablet 10 mg, 2 mg, 5 mg</i>	1	
<i>diazepam rectal gel 10 mg, 2.5 mg, 20 mg</i>	1	
<i>estazolam oral tablet 1 mg, 2 mg</i>	1	
<i>flurazepam hcl oral capsule 15 mg, 30 mg</i>	1	
HALCION ORAL TABLET 0.25 MG ( <i>triazolam</i> )	4	
<i>lorazepam intensol oral concentrate 2 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>lorazepam oral concentrate 2 mg/ml</i>	1	
<i>lorazepam oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
LOREEV XR ORAL CAPSULE ER 24 HOUR SPRINKLE 1 MG, 1.5 MG, 2 MG, 3 MG ( <i>lorazepam</i> )	4	
<i>midazolam hcl oral syrup 2 mg/ml</i>	1	
MIDAZOLAM+SYRSPEND SF ORAL SUSPENSION 1 MG/ML ( <i>midazolam</i> )	3	PA
ONFI ORAL SUSPENSION 2.5 MG/ML ( <i>clobazam</i> )	4	PA
ONFI ORAL TABLET 10 MG, 20 MG ( <i>clobazam</i> )	4	PA
<i>oxazepam oral capsule 10 mg, 15 mg, 30 mg</i>	1	
RESTORIL ORAL CAPSULE 15 MG, 22.5 MG, 30 MG, 7.5 MG ( <i>temazepam</i> )	4	
<i>temazepam oral capsule 15 mg, 22.5 mg, 30 mg, 7.5 mg</i>	1	
<i>triazolam oral tablet 0.125 mg, 0.25 mg</i>	1	
<b>BUTYROPHENONES - Drugs for Depression &amp; Psychosis</b>		
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	1	
<i>haloperidol oral tablet 0.5 mg, 1 mg, 10 mg, 2 mg, 20 mg, 5 mg</i>	1	
<b>CALCITONIN GENE-RELATED PEPTIDE ANTAG. - Migraine Treatment</b>		
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 140 MG/ML ( <i>erenumab-aooe</i> )	2	PA; SL (1 ml per 21 days.)
AIMOVIG SUBCUTANEOUS SOLUTION AUTO-INJECTOR 70 MG/ML ( <i>erenumab-aooe</i> )	2	PA
EMGALITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 120 MG/ML ( <i>galcanezumab-gnlm</i> )	2	PA; SL (0.04 ml per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>galcanezumab-gnlm</i> )	2	PA; SL (0.1 mL per day.)
EMGALITY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>galcanezumab-gnlm</i> )	2	PA; SL (0.04 ml per day.)
NURTEC ORAL TABLET DISPERSIBLE 75 MG ( <i>rimegepant sulfate</i> )	2	PA; ST; SL (0.27 tablets per day.)
UBRELVY ORAL TABLET 100 MG, 50 MG ( <i>ubrogepant</i> )	2	PA; ST; SL (0.27 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>CATECHOL-O-METHYLTRANSFERASE(COMT)INHIB. - Drugs for Parkinson</b>		
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
COMTAN ORAL TABLET 200 MG ( <i>entacapone</i> )	4	
<i>entacapone oral tablet 200 mg</i>	1	
ONGENTYS ORAL CAPSULE 25 MG, 50 MG ( <i>opicapone</i> )	4	SL (1 capsule per day.)
STALEVO 100 ORAL TABLET 25-100-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	4	
STALEVO 125 ORAL TABLET 31.25-125-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	4	
STALEVO 150 ORAL TABLET 37.5-150-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	4	
STALEVO 200 ORAL TABLET 50-200-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	4	
STALEVO 50 ORAL TABLET 12.5-50-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	4	
STALEVO 75 ORAL TABLET 18.75-75-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	4	
<i>tolcapone oral tablet 100 mg</i>	1	PA
<b>CENTRAL NERVOUS SYSTEM AGENTS, MISC. - Drugs for Attention Deficit Disorder</b>		
<i>acamprosate calcium oral tablet delayed release 333 mg</i>	1	
ADDYI ORAL TABLET 100 MG ( <i>flibanserin</i> )	4	SL (1 tablet per day.)
<i>atomoxetine hcl oral capsule 10 mg, 25 mg</i>	1	SL (3 capsules per day.)
<i>atomoxetine hcl oral capsule 100 mg, 60 mg, 80 mg</i>	1	SL (1 capsule per day)
<i>atomoxetine hcl oral capsule 18 mg</i>	1	SL (5 capsules per day.)
<i>atomoxetine hcl oral capsule 40 mg</i>	1	SL (2 capsules per day)
DAYBUE ORAL SOLUTION 200 MG/ML ( <i>trofinetide</i> )	2	PA; SL (120 ml per day.); SP
<i>guanfacine hcl er oral tablet extended release 24 hour 1 mg, 2 mg, 3 mg, 4 mg</i>	1	
<i>guanfacine hcl oral tablet 1 mg, 2 mg</i>	1	
<i>memantine hcl er oral capsule extended release 24 hour 14 mg, 21 mg, 28 mg, 7 mg</i>	1	
<i>memantine hcl oral solution 2 mg/ml</i>	1	
<i>memantine hcl oral tablet 10 mg, 28 x 5 mg &amp; 21 x 10 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NAMZARIC ORAL CAPSULE ER 24 HOUR THERAPY PACK 7 & 14 & 21 & 28 -10 MG ( <i>memantine hcl-donepezil hcl</i> )	4	
NAMZARIC ORAL CAPSULE EXTENDED RELEASE 24 HOUR 14-10 MG, 21-10 MG, 28-10 MG, 7-10 MG ( <i>memantine hcl-donepezil hcl</i> )	4	
NOURIANZ ORAL TABLET 20 MG, 40 MG ( <i>istradefylline</i> )	3	SL (1 tablet per day.)
NUDEXTA ORAL CAPSULE 20-10 MG ( <i>dextromethorphan-quinidine</i> )	2	PA; SL (2 capsules per day.)
RADICAVA ORS ORAL SUSPENSION 105 MG/5ML ( <i>edaravone</i> )	3	PA; SL (150 ml per 84 days.); SP
RADICAVA ORS STARTER KIT ORAL SUSPENSION 105 MG/5ML ( <i>edaravone</i> )	3	PA; SL (70 ml per 365 days.); SP
RELYVRIO ORAL PACKET 3-1 GM ( <i>phenylbutyrate- taurursodiol</i> )	4	PA; SL (2 packets per day.); SP
<i>riluzole oral tablet 50 mg</i>	1	
SODIUM OXYBATE ORAL SOLUTION 500 MG/ML	4	PA; SL (18 ml per day.); SP
STRATTERA ORAL CAPSULE 10 MG, 25 MG ( <i>atomoxetine hcl</i> )	4	SL (3 capsules per day.)
STRATTERA ORAL CAPSULE 100 MG, 60 MG, 80 MG ( <i>atomoxetine hcl</i> )	4	SL (1 capsule per day)
STRATTERA ORAL CAPSULE 18 MG ( <i>atomoxetine hcl</i> )	4	SL (5 capsules per day.)
STRATTERA ORAL CAPSULE 40 MG ( <i>atomoxetine hcl</i> )	4	SL (2 capsules per day)
TIGLUTIK ORAL SUSPENSION 50 MG/10ML ( <i>riluzole</i> )	3	PA; SP
VEOZAH ORAL TABLET 45 MG ( <i>fezolinetant</i> )	4	SL (1 tablet per day.)
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML ( <i>bremelanotide acetate</i> )	4	SL (4 autoinjector pens (1.2mls) per month.)
VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )	2	PA; SL (1 capsule per day.); SP
XYWAV ORAL SOLUTION 500 MG/ML ( <i>ca, mg, k, and na oxybates</i> )	4	PA; SL (18 mL per day.); SP
<b>CYCLOOXYGENASE-2 (COX-2) INHIBITORS - Drugs for Pain</b>		
<i>celecoxib oral capsule 100 mg, 200 mg, 50 mg</i>	1	SL (2 capsules per day)
<i>celecoxib oral capsule 400 mg</i>	1	SL (31 capsules per 31 days.)
<b>DOPAMINE PRECURSORS - Drugs for Parkinson</b>		
<i>carbidopa oral tablet 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	1	
<i>carbidopa-levodopa oral tablet 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa oral tablet dispersible 10-100 mg, 25-100 mg, 25-250 mg</i>	1	
<i>carbidopa-levodopa-entacapone oral tablet 12.5-50-200 mg, 18.75-75-200 mg, 25-100-200 mg, 31.25-125-200 mg, 37.5-150-200 mg, 50-200-200 mg</i>	1	
DUOPA ENTERAL SUSPENSION 4.63-20 MG/ML ( <i>carbidopa-levodopa</i> )	4	
INBRIJA INHALATION CAPSULE 42 MG ( <i>levodopa</i> )	3	PA; SL (10 tablets per day.); SP
SINEMET ORAL TABLET 10-100 MG, 25-100 MG ( <i>carbidopa-levodopa</i> )	4	
STALEVO 100 ORAL TABLET 25-100-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	4	
STALEVO 125 ORAL TABLET 31.25-125-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	4	
STALEVO 150 ORAL TABLET 37.5-150-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	4	
STALEVO 200 ORAL TABLET 50-200-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	4	
STALEVO 50 ORAL TABLET 12.5-50-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	4	
STALEVO 75 ORAL TABLET 18.75-75-200 MG ( <i>carbidopa-levodopa-entacapone</i> )	4	
<b>ERGOT-DERIV. DOPAMINE RECEPTOR AGONISTS - Drugs for Parkinson</b>		
<i>bromocriptine mesylate oral capsule 5 mg</i>	1	
<i>bromocriptine mesylate oral tablet 2.5 mg</i>	1	
<i>cabergoline oral tablet 0.5 mg</i>	1	
<b>FIBROMYALGIA AGENTS - Drugs for Nerve Pain</b>		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
LYRICA ORAL CAPSULE 100 MG, 150 MG, 200 MG, 225 MG, 25 MG, 300 MG, 50 MG, 75 MG ( <i>pregabalin</i> )	4	
LYRICA ORAL SOLUTION 20 MG/ML ( <i>pregabalin</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 225 mg, 25 mg, 300 mg, 50 mg, 75 mg</i>	1	
<i>pregabalin oral solution 20 mg/ml</i>	1	
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	4	SL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG ( <i>milnacipran hcl</i> )	4	SL (1 pack per 365 days.)
<b>HYDANTOINS - Drugs for Seizures</b>		
DILANTIN INFATABS ORAL TABLET CHEWABLE 50 MG ( <i>phenytoin</i> )	3	
DILANTIN ORAL CAPSULE 100 MG, 30 MG ( <i>phenytoin sodium extended</i> )	3	
DILANTIN ORAL SUSPENSION 125 MG/5ML ( <i>phenytoin</i> )	3	
<i>phenytek oral capsule 200 mg, 300 mg</i>	1	
<i>phenytoin infatabs oral tablet chewable 50 mg</i>	1	
<i>phenytoin oral suspension 125 mg/5ml</i>	1	
<i>phenytoin oral tablet chewable 50 mg</i>	1	
<i>phenytoin sodium extended oral capsule 100 mg, 200 mg, 300 mg</i>	1	
<b>INHALATION ANESTHETICS - Anesthetics</b>		
FORANE INHALATION SOLUTION ( <i>isoflurane</i> )	2	
<i>isoflurane inhalation solution</i>	1	
<i>sevoflurane inhalation solution</i>	1	
<i>terrell inhalation solution</i>	1	
ULTANE INHALATION SOLUTION ( <i>sevoflurane</i> )	3	
<b>MONOAMINE OXIDASE B INHIBITORS - Drugs for Parkinson</b>		
AZILECT ORAL TABLET 0.5 MG, 1 MG ( <i>rasagiline mesylate</i> )	4	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR ( <i>selegiline</i> )	3	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG ( <i>selegiline hcl</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>MONOAMINE OXIDASE INHIBITORS - Drugs for Depression &amp; Psychosis</b>		
AZILECT ORAL TABLET 0.5 MG, 1 MG ( <i>rasagiline mesylate</i> )	4	
EMSAM TRANSDERMAL PATCH 24 HOUR 12 MG/24HR, 6 MG/24HR, 9 MG/24HR ( <i>selegiline</i> )	3	
MARPLAN ORAL TABLET 10 MG ( <i>isocarboxazid</i> )	3	
NARDIL ORAL TABLET 15 MG ( <i>phenelzine sulfate</i> )	4	
PARNATE ORAL TABLET 10 MG ( <i>tranylcypromine sulfate</i> )	4	
<i>phenelzine sulfate oral tablet 15 mg</i>	1	
<i>rasagiline mesylate oral tablet 0.5 mg, 1 mg</i>	1	
<i>selegiline hcl oral capsule 5 mg</i>	1	
<i>selegiline hcl oral tablet 5 mg</i>	1	
<i>tranylcypromine sulfate oral tablet 10 mg</i>	1	
ZELAPAR ORAL TABLET DISPERSIBLE 1.25 MG ( <i>selegiline hcl</i> )	3	
<b>NONERGOT-DERIV.DOPAMINE RECEPTOR AGONIST - Drugs for Parkinson</b>		
APOKYN SUBCUTANEOUS SOLUTION CARTRIDGE 30 MG/3ML ( <i>apomorphine hcl</i> )	4	PA; SL (3 ml per day.); SP
<i>apomorphine hcl subcutaneous solution cartridge 30 mg/3ml</i>	1	PA; SL (3 ml per day.); SP
NEUPRO TRANSDERMAL PATCH 24 HOUR 1 MG/24HR, 2 MG/24HR, 3 MG/24HR, 4 MG/24HR, 6 MG/24HR, 8 MG/24HR ( <i>rotigotine</i> )	3	
<i>pramipexole dihydrochloride oral tablet 0.125 mg, 0.25 mg, 0.5 mg, 0.75 mg, 1 mg, 1.5 mg</i>	1	
<i>ropinirole hcl er oral tablet extended release 24 hour 12 mg, 2 mg, 4 mg, 6 mg, 8 mg</i>	1	
<i>ropinirole hcl oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, 5 mg</i>	1	
<b>OPIATE AGONISTS - Drugs for Pain</b>		
<i>acetaminophen-codeine oral solution 120-12 mg/5ml</i>	1	
<i>acetaminophen-codeine oral tablet 300-15 mg, 300-30 mg, 300-60 mg</i>	1	
APADAZ ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG ( <i>benzhydrocodone-acetaminophen</i> )	4	
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>belladonna alkaloids-opium rectal suppository 16.2-60 mg</i>	1	
BENZHYDROCODONE-ACETAMINOPHEN ORAL TABLET 4.08-325 MG, 6.12-325 MG, 8.16-325 MG	3	
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	
CONZIP ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG ( <i>tramadol hcl</i> )	4	SL (1 capsule per day)
<i>endocet oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
<i>fentanyl citrate buccal lozenge on a handle 1200 mcg, 1600 mcg, 200 mcg, 400 mcg, 600 mcg, 800 mcg</i>	1	PA; SL (4 lozenges per day)
FENTANYL CITRATE BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG	4	PA; SL (4 buccal tablets per day)
<i>fentanyl transdermal patch 72 hour 100 mcg/hr, 37.5 mcg/hr, 50 mcg/hr, 62.5 mcg/hr, 75 mcg/hr, 87.5 mcg/hr</i>	1	PA; SL (0.34 patches per day)
<i>fentanyl transdermal patch 72 hour 12 mcg/hr, 25 mcg/hr</i>	1	PA; SL (15 patches per 31 days)
FENTORA BUCCAL TABLET 100 MCG, 200 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>fentanyl citrate</i> )	4	PA; SL (4 buccal tablets per day)
<i>hydrocodone bitartrate er oral capsule extended release 12 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	PA; SL (2 capsules per day)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 100 mg, 120 mg</i>	1	PA; SL (0 tablet per 0 days)
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent 20 mg, 30 mg, 40 mg, 60 mg, 80 mg</i>	1	PA; SL (1 tablet per day)
<i>hydrocodone-acetaminophen oral solution 7.5-325 mg/15ml</i>	1	
<i>hydrocodone-acetaminophen oral tablet 10-300 mg, 10-325 mg, 5-300 mg, 5-325 mg, 7.5-300 mg, 7.5-325 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>hydromorphone hcl er oral tablet extended release 24 hour 12 mg</i>	1	PA; SL (2 tablets per day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 16 mg, 8 mg</i>	1	PA; SL (1 tablet per day)
<i>hydromorphone hcl er oral tablet extended release 24 hour 32 mg</i>	1	PA; SL (0 tablet per 0 days)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hydromorphone hcl oral liquid 1 mg/ml</i>	1	
<i>hydromorphone hcl oral tablet 2 mg, 4 mg, 8 mg</i>	1	
<i>hydromorphone hcl rectal suppository 3 mg</i>	1	
<i>levorphanol tartrate oral tablet 2 mg</i>	1	ST; SL (4 tablets per day)
<i>levorphanol tartrate oral tablet 3 mg</i>	1	ST; SL (4 tablets per day.)
<i>mepredine hcl oral solution 50 mg/5ml</i>	1	
<i>mepredine hcl oral tablet 50 mg</i>	1	
<i>methadone hcl intensol oral concentrate 10 mg/ml</i>	1	SL (6 ml per day.)
<i>methadone hcl oral concentrate 10 mg/ml</i>	1	SL (6 ml per day.)
<i>methadone hcl oral solution 10 mg/5ml</i>	1	PA; SL (11.3 mL per day)
<i>methadone hcl oral solution 5 mg/5ml</i>	1	PA; SL (22.6 mL per day)
<i>methadone hcl oral tablet 10 mg</i>	1	PA; SL (2 tablets per day)
<i>methadone hcl oral tablet 5 mg</i>	1	PA; SL (4 tablets per day)
<i>methadone hcl oral tablet soluble 40 mg</i>	1	SL (1.5 tablets per day.)
METHADOSE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )	3	SL (6 ml per day.)
<i>methadose oral tablet soluble 40 mg</i>	1	SL (1.5 tablets per day.)
METHADOSE SUGAR-FREE ORAL CONCENTRATE 10 MG/ML ( <i>methadone hcl</i> )	3	SL (6 ml per day.)
<i>morphine sulfate (concentrate) oral solution 10 mg/0.5ml, 100 mg/5ml, 20 mg/ml</i>	1	
<i>morphine sulfate er beads oral capsule extended release 24 hour 120 mg</i>	1	PA; SL (0 capsule per 100 days)
<i>morphine sulfate er beads oral capsule extended release 24 hour 30 mg, 45 mg, 60 mg, 75 mg, 90 mg</i>	1	PA; SL (1 capsule per day)
<i>morphine sulfate er oral capsule extended release 24 hour 10 mg, 20 mg, 30 mg</i>	1	PA; SL (62 capsules per 31 days)
<i>morphine sulfate er oral capsule extended release 24 hour 100 mg</i>	1	PA; SL (0 capsule per 100 days)
<i>morphine sulfate er oral capsule extended release 24 hour 50 mg, 60 mg, 80 mg</i>	1	PA; SL (1 capsule per day)
<i>morphine sulfate er oral tablet extended release 100 mg, 200 mg, 60 mg</i>	1	PA; SL (0 capsule per 100 days)
<i>morphine sulfate er oral tablet extended release 15 mg, 30 mg</i>	1	PA; SL (93 tablets per 31 days)
<i>morphine sulfate oral solution 10 mg/5ml, 20 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>morphine sulfate oral tablet 15 mg, 30 mg</i>	1	
<i>morphine sulfate rectal suppository 10 mg, 20 mg, 30 mg, 5 mg</i>	1	
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 100 MG, 50 MG ( <i>tapentadol hcl</i> )	3	PA; SL (2 tablets per day)
NUCYNTA ER ORAL TABLET EXTENDED RELEASE 12 HOUR 150 MG, 200 MG, 250 MG ( <i>tapentadol hcl</i> )	3	PA; SL (0 capsule per 100 days)
NUCYNTA ORAL TABLET 100 MG, 50 MG, 75 MG ( <i>tapentadol hcl</i> )	2	SL (6 tablets per day)
<i>oxycodone hcl oral capsule 5 mg</i>	1	
<i>oxycodone hcl oral concentrate 100 mg/5ml</i>	1	
<i>oxycodone hcl oral solution 5 mg/5ml</i>	1	
<i>oxycodone hcl oral tablet 10 mg, 15 mg, 20 mg, 30 mg</i>	1	
<i>oxycodone hcl oral tablet 5 mg</i>	1	SL (12 tablets per day)
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	1	
OXYCODONE-ACETAMINOPHEN ORAL TABLET 5-300 MG, 7.5-300 MG	4	
<i>oxymorphone hcl er oral tablet extended release 12 hour 10 mg, 15 mg, 5 mg, 7.5 mg</i>	1	PA; SL (2 tablets per day.)
<i>oxymorphone hcl er oral tablet extended release 12 hour 20 mg</i>	1	PA; SL (0 tablet per 100 days.)
<i>oxymorphone hcl er oral tablet extended release 12 hour 30 mg, 40 mg</i>	1	PA; SL (0 capsule per 100 days)
<i>oxymorphone hcl oral tablet 10 mg, 5 mg</i>	1	SL (6 tablets per day)
PROLATE ORAL TABLET 5-300 MG, 7.5-300 MG ( <i>oxycodone-acetaminophen</i> )	4	
SYNAPRYN FUSEPAQ ORAL SUSPENSION RECONSTITUTED 10 MG/ML ( <i>tramadol hcl</i> )	3	PA
TRAMADOL HCL (ER BIPHASIC) ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG	4	SL (1 capsule per day)
<i>tramadol hcl (er biphasic) oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	SL (1 tablet per day)
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg, 200 mg, 300 mg</i>	1	SL (1 tablet per day)
<i>tramadol hcl oral tablet 50 mg</i>	1	
<i>tramadol-acetaminophen oral tablet 37.5-325 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREZIX ORAL CAPSULE 320.5-30-16 MG ( <i>apap-caff-dihydrocodeine</i> )	1	
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 13.5 MG, 18 MG, 27 MG, 9 MG ( <i>oxycodone</i> )	4	PA; SL (2 tablets per day)
XTAMPZA ER ORAL CAPSULE ER 12 HOUR ABUSE-DETERRENT 36 MG ( <i>oxycodone</i> )	4	PA; SL (0 capsule per 100 days)
<b>OPIATE ANTAGONISTS - Drugs for Overdose or Poisoning</b>		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	SL (2 films per day.)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	SL (1 film per day.)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	SL (1 sublingual film per day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	SL (3 films per day.)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2-0.5 mg</i>	1	SL (3 sublingual tablets per day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	SL (3 tablets per day.)
KLOXXADO NASAL LIQUID 8 MG/0.1ML ( <i>naloxone hcl</i> )	2	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naloxone hcl nasal liquid 4 mg/0.1ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
NARCAN NASAL LIQUID 4 MG/0.1ML ( <i>naloxone hcl</i> )	2	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML ( <i>methylnaltrexone bromide</i> )	4	SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML ( <i>methylnaltrexone bromide</i> )	4	SL (0.4 ml per day.)
SUBOXONE SUBLINGUAL FILM 12-3 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	4	PA; ST; SL (2 films per day.)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	4	PA; ST; SL (1 film per day.)
SUBOXONE SUBLINGUAL FILM 4-1 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	4	PA; ST; SL (1 sublingual film per day)
SUBOXONE SUBLINGUAL FILM 8-2 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	4	PA; ST; SL (3 films per day.)
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML ( <i>naloxone hcl</i> )	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	1	SL (1 tablet per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	1	SL (3 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	1	SL (2 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	1	SL (1 tablet per day)
<b>OPIATE PARTIAL AGONISTS - Drugs for Pain</b>		
BELBUCA BUCCAL FILM 150 MCG, 300 MCG, 450 MCG, 600 MCG, 75 MCG, 750 MCG, 900 MCG ( <i>buprenorphine hcl</i> )	3	PA; SL (2 films per day)
<i>buprenorphine hcl sublingual tablet sublingual 2 mg</i>	1	SL (3 sublingual tablets per day)
<i>buprenorphine hcl sublingual tablet sublingual 8 mg</i>	1	SL (3 tablets per day)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	1	SL (2 films per day.)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg</i>	1	SL (1 film per day.)
<i>buprenorphine hcl-naloxone hcl sublingual film 4-1 mg</i>	1	SL (1 sublingual film per day)
<i>buprenorphine hcl-naloxone hcl sublingual film 8-2 mg</i>	1	SL (3 films per day.)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 2- 0.5 mg</i>	1	SL (3 sublingual tablets per day)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual 8-2 mg</i>	1	SL (3 tablets per day.)
<i>buprenorphine transdermal patch weekly 10 mcg/hr, 20 mcg/hr, 5 mcg/hr</i>	1	PA; SL (4 patches per 28 days)
<i>buprenorphine transdermal patch weekly 15 mcg/hr, 7.5 mcg/hr</i>	1	PA; SL (4 patches per month)
<i>butorphanol tartrate nasal solution 10 mg/ml</i>	1	
<i>pentazocine-naloxone hcl oral tablet 50-0.5 mg</i>	1	
SUBOXONE SUBLINGUAL FILM 12-3 MG ( <i>buprenorphine hcl- naloxone hcl</i> )	4	PA; ST; SL (2 films per day.)
SUBOXONE SUBLINGUAL FILM 2-0.5 MG ( <i>buprenorphine hcl- naloxone hcl</i> )	4	PA; ST; SL (1 film per day.)
SUBOXONE SUBLINGUAL FILM 4-1 MG ( <i>buprenorphine hcl- naloxone hcl</i> )	4	PA; ST; SL (1 sublingual film per day)
SUBOXONE SUBLINGUAL FILM 8-2 MG ( <i>buprenorphine hcl- naloxone hcl</i> )	4	PA; ST; SL (3 films per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 0.7-0.18 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	1	SL (1 tablet per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 1.4-0.36 MG, 5.7-1.4 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	1	SL (3 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 11.4-2.9 MG, 8.6-2.1 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	1	SL (2 tablets per day.)
ZUBSOLV SUBLINGUAL TABLET SUBLINGUAL 2.9-0.71 MG ( <i>buprenorphine hcl-naloxone hcl</i> )	1	SL (1 tablet per day)
<b>OREXIN RECEPTOR ANTAGONISTS - Drugs for Anxiety &amp; Sleep Disorder</b>		
BELSOMRA ORAL TABLET 10 MG, 15 MG, 20 MG, 5 MG ( <i>suvorexant</i> )	4	SL (1 tablet per day.)
DAYVIGO ORAL TABLET 10 MG, 5 MG ( <i>lemborexant</i> )	4	SL (1 tablet per day.)
<b>OTHER NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Pain</b>		
CAMBIA ORAL PACKET 50 MG ( <i>diclofenac potassium(migraine)</i> )	4	
DAYPRO ORAL TABLET 600 MG ( <i>oxaprozin</i> )	4	
<i>diclofenac potassium oral capsule 25 mg</i>	1	
<i>diclofenac potassium oral tablet 50 mg</i>	1	
<i>diclofenac potassium(migraine) oral packet 50 mg</i>	1	
<i>diclofenac sodium er oral tablet extended release 24 hour 100 mg</i>	1	
<i>diclofenac sodium oral tablet delayed release 25 mg, 50 mg, 75 mg</i>	1	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>diflunisal oral tablet 500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG ( <i>naproxen</i> )	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG ( <i>naproxen</i> )	4	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>etodolac er oral tablet extended release 24 hour 400 mg, 500 mg, 600 mg</i>	1	
<i>etodolac oral capsule 200 mg, 300 mg</i>	1	
<i>etodolac oral tablet 400 mg, 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FELDENE ORAL CAPSULE 10 MG, 20 MG ( <i>piroxicam</i> )	4	
<i>flurbiprofen oral tablet 100 mg, 50 mg</i>	1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	1	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	1	
INDOCIN ORAL SUSPENSION 25 MG/5ML ( <i>indomethacin</i> )	3	
INDOCIN RECTAL SUPPOSITORY 50 MG ( <i>indomethacin</i> )	4	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % ( <i>ketoprofen-baclofen-gabap-lido</i> )	3	PA
<i>ketorolac tromethamine oral tablet 10 mg</i>	1	
<i>meclofenamate sodium oral capsule 100 mg, 50 mg</i>	1	
<i>mefenamic acid oral capsule 250 mg</i>	1	
MELOXICAM ORAL SUSPENSION 7.5 MG/5ML	4	
<i>meloxicam oral tablet 15 mg, 7.5 mg</i>	1	
<i>nabumetone oral tablet 500 mg, 750 mg</i>	1	
NAPROSYN ORAL SUSPENSION 125 MG/5ML ( <i>naproxen</i> )	4	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>oxaprozin oral tablet 600 mg</i>	1	
<i>piroxicam oral capsule 10 mg, 20 mg</i>	1	
SPRIX NASAL SOLUTION 15.75 MG/SPRAY ( <i>ketorolac tromethamine</i> )	4	ST
<i>sulindac oral tablet 150 mg, 200 mg</i>	1	
<i>tolmetin sodium oral capsule 400 mg</i>	1	
<i>tolmetin sodium oral tablet 600 mg</i>	1	
ZIPSOR ORAL CAPSULE 25 MG ( <i>diclofenac potassium</i> )	4	
ZORVOLEX ORAL CAPSULE 18 MG, 35 MG ( <i>diclofenac</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>PHENOTHIAZINES - Drugs for Depression &amp; Psychosis</b>		
<i>chlorpromazine hcl oral concentrate 100 mg/ml, 30 mg/ml</i>	1	
<i>chlorpromazine hcl oral tablet 10 mg, 25 mg</i>	1	SL (6 tablets per day.)
<i>chlorpromazine hcl oral tablet 100 mg, 50 mg</i>	1	SL (4 tablets per day.)
<i>chlorpromazine hcl oral tablet 200 mg</i>	1	SL (2 tablets per day.)
<i>compro rectal suppository 25 mg</i>	1	
<i>fluphenazine hcl oral concentrate 5 mg/ml</i>	1	
<i>fluphenazine hcl oral elixir 2.5 mg/5ml</i>	1	
<i>fluphenazine hcl oral tablet 1 mg, 10 mg, 2.5 mg, 5 mg</i>	1	
<i>perphenazine oral tablet 16 mg, 2 mg, 4 mg, 8 mg</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	
<i>thioridazine hcl oral tablet 10 mg, 100 mg, 25 mg, 50 mg</i>	1	
<i>trifluoperazine hcl oral tablet 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>RESPIRATORY AND CNS STIMULANTS - Drugs for the Nervous System</b>		
<i>apap-caff-dihydrocodeine oral capsule 320.5-30-16 mg</i>	1	
APTENSIO XR ORAL CAPSULE EXTENDED RELEASE 24 HOUR 10 MG, 15 MG, 20 MG, 30 MG, 40 MG, 50 MG, 60 MG ( <i>methylphenidate hcl</i> )	4	SL (1 capsule per day.)
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
AZSTARYS ORAL CAPSULE 26.1-5.2 MG, 39.2-7.8 MG, 52.3-10.4 MG ( <i>serdexmethylphen-dexmethylphen</i> )	2	SL (1 capsule per day.)
<i>bac oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
<i>butalbital-apap-caff-cod oral capsule 50-300-40-30 mg, 50-325-40-30 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-300-40 mg</i>	1	SL (6 capsules per day.)
<i>butalbital-apap-caffeine oral capsule 50-325-40 mg</i>	1	SL (6 capsules per day)
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	1	SL (6 tablets per day)
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>caffeine citrate oral solution 20 mg/ml, 60 mg/3ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
COTEMPLA XR-ODT ORAL TABLET EXTENDED RELEASE DISPERSIBLE 17.3 MG, 25.9 MG, 8.6 MG ( <i>methylphenidate</i> )	4	SL (1 tablet per day)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 25 mg, 5 mg</i>	1	SL (2 capsules per day.)
<i>dexmethylphenidate hcl er oral capsule extended release 24 hour 30 mg, 35 mg, 40 mg</i>	1	SL (31 capsules per 31 days.)
<i>dexmethylphenidate hcl oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
<i>ergotamine-caffeine oral tablet 1-100 mg</i>	1	
ESGIC ORAL CAPSULE 50-325-40 MG ( <i>butalbital-apap-caffeine</i> )	4	SL (6 capsules per day)
ESGIC ORAL TABLET 50-325-40 MG ( <i>butalbital-apap-caffeine</i> )	4	SL (6 tablets per day)
FIORICET ORAL CAPSULE 50-300-40 MG ( <i>butalbital-apap-caffeine</i> )	4	SL (6 capsules per day.)
FOCALIN ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>dexmethylphenidate hcl</i> )	4	
JORNAY PM ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 20 MG, 40 MG, 60 MG, 80 MG ( <i>methylphenidate hcl</i> )	2	SL (1 capsule per day.)
METHYLIN ORAL SOLUTION 10 MG/5ML, 5 MG/5ML ( <i>methylphenidate hcl</i> )	4	
<i>methylphenidate hcl er (cd) oral capsule extended release 10 mg, 20 mg, 30 mg, 40 mg, 50 mg</i>	1	SL (2 tablets per day.)
<i>methylphenidate hcl er (cd) oral capsule extended release 60 mg</i>	1	SL (31 capsules per 31 days.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 10 mg</i>	1	SL (5 capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 20 mg</i>	1	SL (5capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 30 mg</i>	1	SL (3 capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 40 mg</i>	1	SL (2 capsules per day.)
<i>methylphenidate hcl er (la) oral capsule extended release 24 hour 60 mg</i>	1	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 36 mg, 54 mg</i>	1	SL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methylphenidate hcl er (xr) oral capsule extended release 24 hour 10 mg, 15 mg, 20 mg, 30 mg, 40 mg, 50 mg, 60 mg</i>	1	SL (1 capsule per day.)
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	1	SL (10 tablets per day.)
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	1	SL (5 tablets per day.)
<i>methylphenidate hcl oral solution 10 mg/5ml, 5 mg/5ml</i>	1	
<i>methylphenidate hcl oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>methylphenidate hcl oral tablet chewable 10 mg, 2.5 mg, 5 mg</i>	1	
<i>methylphenidate transdermal patch 10 mg/9hr, 15 mg/9hr, 20 mg/9hr</i>	1	SL (1 patch per day)
<i>methylphenidate transdermal patch 30 mg/9hr</i>	1	SL (1 patch per day.)
MIGERGOT RECTAL SUPPOSITORY 2-100 MG ( <i>ergotamine-caffeine</i> )	3	
QUILLICHEW ER ORAL TABLET CHEWABLE EXTENDED RELEASE 20 MG, 30 MG, 40 MG ( <i>methylphenidate hcl</i> )	4	SL (1 tablet per day.)
QUILLIVANT XR ORAL SUSPENSION RECONSTITUTED ER 25 MG/5ML ( <i>methylphenidate hcl</i> )	4	SL (360 mL per month.)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
TREZIX ORAL CAPSULE 320.5-30-16 MG ( <i>apap-caff-dihydrocodeine</i> )	1	
<b>SALICYLATES - Drugs for Pain</b>		
<i>ascomp-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>aspirin 81 oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin adult low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin childrens oral tablet chewable 81 mg</i>	E	H
<i>aspirin ec low dose oral tablet delayed release 81 mg</i>	E	H
<i>aspirin ec low strength oral tablet delayed release 81 mg</i>	E	H
<i>aspirin low dose oral tablet chewable 81 mg</i>	E	H
<i>aspirin low dose oral tablet delayed release 81 mg</i>	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>aspirin oral tablet chewable 81 mg</i>	E	H
<i>aspirin oral tablet delayed release 81 mg</i>	E	H
<i>aspirin regimen oral tablet delayed release 81 mg</i>	E	H
<i>aspirin-dipyridamole er oral capsule extended release 12 hour 25-200 mg</i>	1	
<i>butalbital-asa-caff-codeine oral capsule 50-325-40-30 mg</i>	1	
<i>butalbital-aspirin-caffeine oral capsule 50-325-40 mg</i>	1	
<i>ft aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>goodsense aspirin low dose oral tablet delayed release 81 mg</i>	E	H
<i>mm aspirin oral tablet delayed release 81 mg</i>	E	H
<i>salsalate oral tablet 500 mg, 750 mg</i>	1	
ST JOSEPH LOW DOSE ORAL TABLET CHEWABLE 81 MG ( <i>aspirin</i> )	E	H
<b>SEL.SEROTONIN,NOREPI REUPTAKE INHIBITOR - Drugs for Depression &amp; Psychosis</b>		
DESVENLAFAXINE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 100 MG, 50 MG	4	
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 100 mg, 50 mg</i>	1	SL (1 tablet per day)
<i>desvenlafaxine succinate er oral tablet extended release 24 hour 25 mg</i>	1	SL (1 tablet per day.)
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 40 mg, 60 mg</i>	1	
FETZIMA ORAL CAPSULE EXTENDED RELEASE 24 HOUR 120 MG, 20 MG, 40 MG, 80 MG ( <i>levomilnacipran hcl</i> )	4	ST; SL (1 capsule per day.)
FETZIMA TITRATION ORAL CAPSULE ER 24 HOUR THERAPY PACK 20 & 40 MG ( <i>levomilnacipran hcl</i> )	4	ST; SL (28 capsules per year.)
SAVELLA ORAL TABLET 100 MG, 12.5 MG, 25 MG, 50 MG ( <i>milnacipran hcl</i> )	4	SL (2 tablets per day)
SAVELLA TITRATION PACK ORAL 12.5 & 25 & 50 MG ( <i>milnacipran hcl</i> )	4	SL (1 pack per 365 days.)
VENLAFAXINE BESYLATE ER ORAL TABLET EXTENDED RELEASE 24 HOUR 112.5 MG	4	
<i>venlafaxine hcl er oral capsule extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg</i>	1	SL (2 tablets per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg, 37.5 mg, 75 mg</i>	1	SL (1 tablet per day)
<i>venlafaxine hcl oral tablet 100 mg, 25 mg, 37.5 mg, 50 mg, 75 mg</i>	1	
<b>SELECTIVE SEROTONIN AGONISTS - Migraine Treatment</b>		
<i>almotriptan malate oral tablet 12.5 mg, 6.25 mg</i>	1	
<i>eletriptan hydrobromide oral tablet 20 mg, 40 mg</i>	1	
<i>frovatriptan succinate oral tablet 2.5 mg</i>	1	
IMITREX NASAL SOLUTION 20 MG/ACT, 5 MG/ACT ( <i>sumatriptan</i> )	4	
<i>naratriptan hcl oral tablet 1 mg, 2.5 mg</i>	1	
ONZETRA XSAIL NASAL EXHALER POWDER 11 MG/NOSEPC ( <i>sumatriptan succinate</i> )	4	
REYVOW ORAL TABLET 100 MG ( <i>lasmiditan succinate</i> )	4	PA; ST; SL (0.27 tablets per day. 8 tablets per prescription.)
REYVOW ORAL TABLET 50 MG ( <i>lasmiditan succinate</i> )	4	PA; ST; SL (0.14 tablets per day. Benefit maximum quantity 4 tablets per prescription.)
<i>rizatriptan benzoate oral tablet 10 mg, 5 mg</i>	1	
<i>rizatriptan benzoate oral tablet dispersible 10 mg, 5 mg</i>	1	
<i>sumatriptan nasal solution 20 mg/act, 5 mg/act</i>	1	
<i>sumatriptan succinate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>sumatriptan succinate refill subcutaneous solution cartridge subcutaneous solution cartridge 4 mg/0.5ml, 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	1	
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	1	
TOSYMRA NASAL SOLUTION 10 MG/ACT ( <i>sumatriptan</i> )	4	
ZEMBRACE SYMTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 3 MG/0.5ML ( <i>sumatriptan succinate</i> )	4	
<i>zolmitriptan oral tablet 2.5 mg, 5 mg</i>	1	
<i>zolmitriptan oral tablet dispersible 2.5 mg, 5 mg</i>	1	
ZOMIG NASAL SOLUTION 2.5 MG ( <i>zolmitriptan</i> )	2	
ZOMIG NASAL SOLUTION 5 MG ( <i>zolmitriptan</i> )	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>SELECTIVE-SEROTONIN REUPTAKE INHIBITORS - Drugs for Depression &amp; Psychosis</b>		
CITALOPRAM HYDROBROMIDE ORAL CAPSULE 30 MG	4	
<i>citalopram hydrobromide oral solution 10 mg/5ml</i>	1	
<i>citalopram hydrobromide oral tablet 10 mg, 20 mg, 40 mg</i>	1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	1	
<i>escitalopram oxalate oral tablet 10 mg, 20 mg, 5 mg</i>	1	
<i>fluoxetine hcl (pmdd) oral tablet 10 mg, 20 mg</i>	1	
<i>fluoxetine hcl oral capsule 10 mg, 20 mg, 40 mg</i>	1	
<i>fluoxetine hcl oral capsule delayed release 90 mg</i>	1	SL (4 capsules per 28 days.)
<i>fluoxetine hcl oral solution 20 mg/5ml</i>	1	
<i>fluoxetine hcl oral tablet 10 mg</i>	1	SL (1 tablet per day.)
<i>fluoxetine hcl oral tablet 20 mg, 60 mg</i>	1	
<i>fluvoxamine maleate er oral capsule extended release 24 hour 100 mg, 150 mg</i>	1	SL (2 capsules per day)
<i>fluvoxamine maleate oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>olanzapine-fluoxetine hcl oral capsule 12-25 mg, 12-50 mg, 3-25 mg, 6-25 mg, 6-50 mg</i>	1	SL (1 capsule per day)
<i>paroxetine hcl er oral tablet extended release 24 hour 12.5 mg</i>	1	SL (1 tablet per day)
<i>paroxetine hcl er oral tablet extended release 24 hour 25 mg, 37.5 mg</i>	1	SL (2 tablets per day)
<i>paroxetine hcl oral suspension 10 mg/5ml</i>	1	
<i>paroxetine hcl oral tablet 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>paroxetine mesylate oral capsule 7.5 mg</i>	1	SL (1 capsule per day.)
PAXIL ORAL SUSPENSION 10 MG/5ML ( <i>paroxetine hcl</i> )	4	
SERTRALINE HCL ORAL CAPSULE 150 MG, 200 MG	4	SL (1 capsule per day.)
<i>sertraline hcl oral concentrate 20 mg/ml</i>	1	
<i>sertraline hcl oral tablet 100 mg, 25 mg, 50 mg</i>	1	
SYMBYAX ORAL CAPSULE 3-25 MG, 6-25 MG ( <i>olanzapine-fluoxetine hcl</i> )	4	SL (1 capsule per day)
<b>SEROTONIN MODULATORS - Drugs for Depression &amp; Psychosis</b>		
<i>nefazodone hcl oral tablet 100 mg, 150 mg, 200 mg, 250 mg, 50 mg</i>	1	
<i>trazodone hcl oral tablet 100 mg, 150 mg, 300 mg, 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRINTELLIX ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>vortioxetine hbr</i> )	4	ST; SL (1 tablet per day.)
VIIBRYD STARTER PACK ORAL KIT 10 & 20 MG ( <i>vilazodone hcl</i> )	2	
<i>vilazodone hcl oral tablet 10 mg, 20 mg, 40 mg</i>	1	SL (1 tablet per day)
<b>SUCCINIMIDES - Drugs for Seizures</b>		
CELONTIN ORAL CAPSULE 300 MG ( <i>methsuximide</i> )	4	
<i>ethosuximide oral capsule 250 mg</i>	1	
<i>ethosuximide oral solution 250 mg/5ml</i>	1	
<i>methsuximide oral capsule 300 mg</i>	1	
ZARONTIN ORAL CAPSULE 250 MG ( <i>ethosuximide</i> )	4	
ZARONTIN ORAL SOLUTION 250 MG/5ML ( <i>ethosuximide</i> )	4	
<b>THIOXANTHENES - Drugs for Depression &amp; Psychosis</b>		
<i>thiothixene oral capsule 1 mg, 10 mg, 2 mg, 5 mg</i>	1	
<b>TRICYCLICS, OTHER NOREPI-RU INHIBITORS - Drugs for Depression &amp; Psychosis</b>		
<i>amitriptyline hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>amoxapine oral tablet 100 mg, 150 mg, 25 mg, 50 mg</i>	1	
<i>chlordiazepoxide-amitriptyline oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>clomipramine hcl oral capsule 25 mg, 50 mg, 75 mg</i>	1	
<i>desipramine hcl oral tablet 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral capsule 10 mg, 100 mg, 150 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>doxepin hcl oral concentrate 10 mg/ml</i>	1	
<i>doxepin hcl oral tablet 3 mg, 6 mg</i>	1	SL (1 tablet per day)
ENOVARX-AMITRIPTYLINE EXTERNAL KIT 2 %	3	PA
<i>imipramine hcl oral tablet 10 mg, 25 mg, 50 mg</i>	1	
<i>imipramine pamoate oral capsule 100 mg, 125 mg, 150 mg, 75 mg</i>	1	
NORPRAMIN ORAL TABLET 10 MG, 25 MG ( <i>desipramine hcl</i> )	4	
<i>nortriptyline hcl oral capsule 10 mg, 25 mg, 50 mg, 75 mg</i>	1	
<i>nortriptyline hcl oral solution 10 mg/5ml</i>	1	
<i>perphenazine-amitriptyline oral tablet 2-10 mg, 2-25 mg, 4-10 mg, 4-25 mg, 4-50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>protriptyline hcl oral tablet 10 mg, 5 mg</i>	1	
SILENOR ORAL TABLET 3 MG, 6 MG ( <i>doxepin hcl</i> )	4	SL (1 tablet per day)
<i>trimipramine maleate oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<b>VESICULAR MONOAMINE TRANSPORT2 INHIBITOR - Drugs for the Nervous System</b>		
AUSTEDO ORAL TABLET 12 MG, 9 MG ( <i>deutetrabenazine</i> )	2	PA; SL (4 tablets per day); SP
AUSTEDO ORAL TABLET 6 MG ( <i>deutetrabenazine</i> )	2	PA; SL (2 tablets per day); SP
AUSTEDO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12 MG, 24 MG, 6 MG ( <i>deutetrabenazine</i> )	2	SL (2 tablets per day.); SP
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 6 & 12 & 24 MG ( <i>deutetrabenazine</i> )	2	SL (42 tablets per 365 days.); SP
<i>tetrabenazine oral tablet 12.5 mg</i>	1	PA
<i>tetrabenazine oral tablet 25 mg</i>	1	PA; SP
<b>WAKEFULNESS-PROMOTING AGENTS - Drugs for the Nervous System</b>		
<i>armodafinil oral tablet 150 mg, 250 mg</i>	1	SL (1 tablet per day)
<i>armodafinil oral tablet 200 mg, 50 mg</i>	1	SL (1 tablet per day.)
<i>diclofenac sodium oral tablet delayed release 75 mg</i>	1	
<i>modafinil oral tablet 100 mg, 200 mg</i>	1	SL (1 tablet per day)
SUNOSI ORAL TABLET 150 MG, 75 MG ( <i>solriamfetol hcl</i> )	2	PA; SL (1 tablet per day.)
WAKIX ORAL TABLET 17.8 MG, 4.45 MG ( <i>pitolisant hcl</i> )	4	PA; SL (2 tablets per day.); SP
<b>DENTAL AGENTS - Oral Care</b>		
<b>DENTAL AGENTS - Oral Care</b>		
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % ( <i>sod fluoride-potassium nitrate</i> )	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % ( <i>sod fluoride-potassium nitrate</i> )	3	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % ( <i>sod fluoride-potassium nitrate</i> )	3	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % ( <i>sod fluoride-potassium nitrate</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>DEVICES - Medical Supplies and Durable Medical Equipment</b>		
<b>DEVICES - Medical Supplies and Durable Medical Equipment</b>		
ACCU-CHEK AVIVA IN VITRO SOLUTION ( <i>blood glucose calibration</i> )	1	
ACCU-CHEK FASTCLIX LANCET KIT KIT ( <i>lancets misc.</i> )	1	
ACCU-CHEK GUIDE CONTROL IN VITRO LIQUID ( <i>blood glucose calibration</i> )	1	
ACCU-CHEK GUIDE KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	3	
ACCU-CHEK GUIDE ME KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	3	
ACCU-CHEK SMARTVIEW CONTROL IN VITRO LIQUID ( <i>blood glucose calibration</i> )	1	
ACCU-CHEK SOFTCLIX LANCET DEVICE KIT KIT ( <i>lancets misc.</i> )	1	
AEROCHAMBER HOLDING CHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	2	
AEROCHAMBER PLS FLOVU MTHPIECE DEVICE ( <i>spacer/aero-holding chambers</i> )	2	
AEROCHAMBER PLUS FLO-VU ( <i>spacer/aero-holding chambers</i> )	2	
AEROCHAMBER PLUS FLO-VU INTERM DEVICE ( <i>spacer/aero-holding chambers</i> )	2	
AEROCHAMBER PLUS FLO-VU LARGE DEVICE ( <i>spacer/aero-holding chambers</i> )	2	
AEROCHAMBER PLUS FLO-VU MEDIUM DEVICE ( <i>spacer/aero-holding chambers</i> )	2	
AEROCHAMBER PLUS FLO-VU SMALL DEVICE ( <i>spacer/aero-holding chambers</i> )	2	
ALCOHOL PREP PADS SHEET 70 %	3	
AQ INSULIN SYRINGE 29G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	SL (10 syringes per day.)
AQINJECT PEN NEEDLE 31G X 5 MM , 32G X 4 MM	2	SL (10 pen needles per day.)
AUM INSULIN SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM	2	SL (10 pen needles per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUM MINI INSULIN PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	SL (10 pen needles per day.)
AUM PEN NEEDLE 32G X 4 MM , 32G X 5 MM , 32G X 6 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM	2	SL (10 pen needles per day.)
AUM READYGARD DUO PEN NEEDLE 32G X 4 MM ( <i>insulin pen needle</i> )	2	SL (10 pen needles per day.)
AUM SAFETY PEN NEEDLE 31G X 4 MM , 31G X 5 MM ( <i>insulin pen needle</i> )	2	SL (10 pen needles per day.)
AUTOLET LANCING DEVICE ( <i>lancet devices</i> )	3	
BD AUTOSHIELD DUO PEN NEEDLES 30G X 5 MM ( <i>insulin pen needle</i> )	2	SL (10 pen needles per day.)
BD ECLIPSE LUER-LOK NEEDLE 30G X 1/2" ( <i>needle (disp)</i> )	2	
BD ECLIPSE NEEDLE 23G X 1" , 25G X 1-1/2" , 25G X 5/8" ( <i>needle (disp)</i> )	2	
BD SHARPS COLLECTOR ( <i>sharps container</i> )	3	
BD ULTRA-FINE INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	2	SL (10 syringes per day.)
BD ULTRA-FINE INSULIN SYRINGES 31G X 6MM 0.5 ML ( <i>insulin syringe/needle u-500</i> )	2	SL (10 syringes per day.)
BD ULTRA-FINE PEN NEEDLES 29G X 12.7MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	2	SL (10 pen needles per day.)
BREATHE COMFORT CHAMBER/ADULT DEVICE	2	
BREATHE COMFORT CHAMBER/CHILD DEVICE	2	
CAREPOINT POLY HUB NEEDLE 18G X 1" , 20G X 1" , 21G X 1" , 22G X 1" , 23G X 1" , 25G X 1" , 25G X 5/8"	2	
CAREPOINT POLY HUB NEEDLE 18G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 21G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 22G X 1-1/2"	2	
CAREPOINT POLY HUB NEEDLE 27G X 1/2"	2	
CAREPOINT SAFETY 1ST NEEDLE 23G X 1" , 23G X 1-1/2" , 25G X 1" , 25G X 1-1/2" , 25G X 5/8"	2	
CARESENS CONTROL SOLUTION A/B IN VITRO SOLUTION ( <i>blood glucose calibration</i> )	2	
CARESENS LANCETS 30G ( <i>lancets</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CARETOUCH CONTROL SOL LEVEL 2 IN VITRO LIQUID (blood glucose calibration)	3	
CARETOUCH HYPODERMIC NEEDLE 22G X 1" , 27G X 1-1/2" (needle (disp))	2	
CARETOUCH LANCING/EJECTOR (lancet devices)	3	
CEQUR SIMPLICITY 2U DEVICE (injection device for insulin)	3	
CHEMSTRIP BG LOG BOOK (blood glucose monitoring suppl)	1	
CLEVER CHOICE COMFORT EZ (lancets)	3	
COMFORT EZ PRO PEN NEEDLES 30G X 8 MM , 31G X 4 MM , 31G X 5 MM (insulin pen needle)	2	SL (10 pen needles per day.)
CONTOUR CONTROL IN VITRO LIQUID HIGH (blood glucose calibration)	3	
CONTOUR CONTROL IN VITRO LIQUID LOW , NORMAL (blood glucose calibration)	2	
CONTOUR NEXT CONTROL IN VITRO SOLUTION LOW , NORMAL (blood glucose calibration)	2	
CONTOUR NEXT MONITOR KIT W/DEVICE (blood glucose monitoring suppl)	2	
CONTOUR NEXT ONE KIT (blood glucose monitoring suppl)	2	
DEXCOM G6 RECEIVER DEVICE (continuous blood gluc receiver)	3	PA; SL (1 kit per 999 days.)
DEXCOM G6 SENSOR (continuous blood gluc sensor)	3	PA; SL (3 sensors per month.)
DEXCOM G6 TRANSMITTER (continuous blood gluc transmit)	3	PA; SL (Benefit maximum quantity 1 transmitter per 3 months for Dexcom G6 Transmitter.)
DEXCOM G7 RECEIVER DEVICE (continuous blood gluc receiver)	3	PA; SL (1 kit per 999 days.)
DEXCOM G7 SENSOR (continuous blood gluc sensor)	3	PA; SL (3 sensors per month.)
DROPSAFE SAFETY SYRINGE/NEEDLE 29G X 1/2" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML, 31G X 15/64" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML (insulin syringe-needle u-100)	2	SL (10 syringes per day.)
EASIVENT (spacer/aero-holding chambers)	2	
EASYMAX 15 LEVEL 2-3 CONTROL IN VITRO LIQUID (blood glucose calibration)	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EASYMAX CONTROL IN VITRO SOLUTION NORMAL ( <i>blood glucose calibration</i> )	3	
EASYMAX CONTROL NORMAL/HIGH IN VITRO LIQUID ( <i>blood glucose calibration</i> )	3	
EMBRACE PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 6 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	2	SL (10 pen needles per day.)
ENLITE GLUCOSE SENSOR ( <i>continuous blood gluc sensor</i> )	3	PA
FLEXICHAMBER ADULT MASK/SMALL ( <i>spacer/aero-hold chamber mask</i> )	2	
FLEXICHAMBER CHILD MASK/LARGE ( <i>spacer/aero-hold chamber mask</i> )	2	
FLEXICHAMBER CHILD MASK/SMALL ( <i>spacer/aero-hold chamber mask</i> )	2	
FLEXICHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	2	
FORTISCARE CONTROL IN VITRO SOLUTION HIGH , LOW , NORMAL ( <i>blood glucose calibration</i> )	2	
FREESTYLE LIBRE 14 DAY READER DEVICE ( <i>continuous blood gluc receiver</i> )	3	PA; SL (1 receiver per 999 days.)
FREESTYLE LIBRE 14 DAY SENSOR ( <i>continuous blood gluc sensor</i> )	3	PA; SL (2 sensors per 21 days.)
FREESTYLE LIBRE 2 READER DEVICE ( <i>continuous blood gluc receiver</i> )	3	PA; SL (1 receiver per 999 days.)
FREESTYLE LIBRE 2 SENSOR ( <i>continuous blood gluc sensor</i> )	3	PA; SL (2 sensors per 21 days.)
FREESTYLE LIBRE 3 READER DEVICE ( <i>continuous blood gluc receiver</i> )	3	PA
FREESTYLE LIBRE 3 SENSOR ( <i>continuous blood gluc sensor</i> )	3	PA; SL (2 sensors per 21 days.)
FREESTYLE LIBRE READER DEVICE ( <i>continuous blood gluc receiver</i> )	3	PA; SL (1 kit per 999 days.)
GUARDIAN 4 GLUCOSE SENSOR ( <i>continuous blood gluc sensor</i> )	3	PA
GUARDIAN 4 TRANSMITTER ( <i>continuous blood gluc transmit</i> )	3	PA
GUARDIAN CONNECT TRANSMITTER ( <i>continuous blood gluc transmit</i> )	3	PA; SL (1 transmitter per 365 days.)
GUARDIAN LINK 3 TRANSMITTER ( <i>continuous blood gluc transmit</i> )	3	PA; SL (1 transmitter kit per 365 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
GUARDIAN SENSOR (3) ( <i>continuous blood gluc sensor</i> )	3	PA; SL (5 sensors per 24 days.)
GUARDIAN SENSOR 3	3	PA; SL (5 sensors per 24 days.)
INPEN 100-BLUE-LILLY-HUMALOG DEVICE ( <i>injection device for insulin</i> )	3	
INPEN 100-BLUE-NOVOLOG-FIASP DEVICE ( <i>injection device for insulin</i> )	3	
INPEN 100-GREY-LILLY-HUMALOG DEVICE ( <i>injection device for insulin</i> )	3	
INPEN 100-GREY-NOVOLOG-FIASP DEVICE ( <i>injection device for insulin</i> )	3	
INPEN 100-PINK-LILLY-HUMALOG DEVICE ( <i>injection device for insulin</i> )	3	
INPEN 100-PINK-NOVOLOG-FIASP DEVICE ( <i>injection device for insulin</i> )	3	
INSPIREASE RESERVOIR BAGS ( <i>spacer/aero-hold chamber bags</i> )	2	
INSULIN PEN NEEDLES 29G X 12.7MM , 29G X 12MM , 29G X 5MM , 29G X 8MM , 31G X 4 MM , 31G X 6 MM , 31G X 8 MM , 32G X 5 MM , 32G X 6 MM , 32G X 8 MM , 33G X 4 MM , 33G X 5 MM , 33G X 6 MM ( <i>insulin pen needle</i> )	2	SL (10 pen needles per day.)
INSULIN PEN NEEDLES 30G X 5 MM , 30G X 8 MM , 31G X 5 MM , 32G X 4 MM	2	SL (10 pen needles per day.)
INSULIN SYRINGES 27G X 1/2" 0.5 ML, 27G X 1/2" 1 ML, 28G X 1/2" 0.5 ML, 28G X 1/2" 1 ML, 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 30G X 1/2" 1 ML, 30G X 5/16" 0.5 ML, 31G X 1/2" 0.3 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML	2	SL (10 syringes per day.)
INSULIN SYRINGES 30G X 1/2" 0.3 ML, 30G X 1/2" 0.5 ML, 30G X 5/16" 0.3 ML, 30G X 5/16" 1 ML, 31G X 15/64" 0.3 ML, 31G X 15/64" 0.5 ML ( <i>insulin syringe-needle u-100</i> )	2	SL (10 syringes per day.)
LANCETS ( <i>lancets</i> )	1	
LANCETS ( <i>lancets</i> )	3	
MICROLET NEXT LANCING DEVICE ( <i>lancet devices</i> )	3	
NORDIPEN 5 INJECTION DEVICE ( <i>injection device</i> )	3	
NOVOFINE AUTOCOVER PEN NEEDLE 30G X 8 MM ( <i>insulin pen needle</i> )	2	SL (10 pen needles per day.)
NOVOFINE PEN NEEDLE 32G X 6 MM ( <i>insulin pen needle</i> )	2	SL (10 pen needles per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOVOFINE PLUS PEN NEEDLE 32G X 4 MM ( <i>insulin pen needle</i> )	2	SL (10 pen needles per day.)
NOVOPEN ECHO DEVICE ( <i>injection device for insulin</i> )	3	
OMNIPOD 5 G6 INTRO (GEN 5) KIT ( <i>insulin disposable pump</i> )	2	PA; SL (1 kit per 180 days.)
OMNIPOD 5 G6 POD (GEN 5) ( <i>insulin disposable pump</i> )	2	PA
ONETOUCH DELICA PLUS LANCING ( <i>lancet devices</i> )	1	
ONETOUCH DELICA SAFETY LANCING ( <i>lancet devices</i> )	1	
ONETOUCH ULTRA 2 KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	1	
ONETOUCH ULTRA IN VITRO LIQUID ( <i>blood glucose calibration</i> )	1	
ONETOUCH VERIO FLEX SYSTEM KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	1	
ONETOUCH VERIO IN VITRO LIQUID HIGH ( <i>blood glucose calibration</i> )	1	
ONETOUCH VERIO REFLECT KIT W/DEVICE ( <i>blood glucose monitoring suppl</i> )	1	
PARI VORTEX ADULT MASK ( <i>spacer/aero-hold chamber mask</i> )	2	
PIP GLUCOSE CONTROL SOLUTION IN VITRO LIQUID ( <i>blood glucose calibration</i> )	3	
PURE COMFORT SAFETY PEN NEEDLE 31G X 5 MM , 31G X 6 MM , 32G X 4 MM	2	SL (10 pen needles per day.)
RAYA SURE PEN NEEDLE 29G X 12MM , 31G X 4 MM , 31G X 5 MM , 31G X 6 MM , 31G X 8 MM	2	SL (10 pen needles per day.)
SAFETY PEN NEEDLES 30G X 5 MM , 30G X 8 MM	2	SL (10 pen needles per day.)
SHARPS COLLECTOR	3	
SHARPS CONTAINER	3	
TRUE METRIX LEVEL 1 IN VITRO SOLUTION LOW ( <i>blood glucose calibration</i> )	2	
TRUE METRIX LEVEL 2 IN VITRO SOLUTION NORMAL ( <i>blood glucose calibration</i> )	2	
TRUE METRIX LEVEL 3 IN VITRO SOLUTION HIGH ( <i>blood glucose calibration</i> )	2	
UNISTRIP CONTROL IN VITRO SOLUTION LOW ( <i>blood glucose calibration</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VERIFINE INSULIN PEN NEEDLE 29G X 12MM , 31G X 5 MM , 31G X 8 MM , 32G X 4 MM , 32G X 6 MM ( <i>insulin pen needle</i> )	2	SL (10 pen needles per day.)
VERIFINE INSULIN SYRINGE 29G X 1/2" 0.5 ML, 29G X 1/2" 1 ML, 31G X 5/16" 0.3 ML, 31G X 5/16" 0.5 ML, 31G X 5/16" 1 ML ( <i>insulin syringe-needle u-100</i> )	2	SL (10 syringes per day.)
VERIFINE PLUS PEN NEEDLE 31G X 5 MM , 31G X 8 MM , 32G X 4 MM ( <i>insulin pen needle</i> )	2	SL (10 pen needles per day.)
VERIFINE SAFE LANCET MINI 21G ( <i>lancets</i> )	3	
VERIFINE SAFE LANCET MINI 23G ( <i>lancets</i> )	3	
VERIFINE SAFE LANCET MINI 28G ( <i>lancets</i> )	3	
VERIFINE SAFE LANCET MINI 30G ( <i>lancets</i> )	3	
VORTEX VALVED HOLDING CHAMBER DEVICE ( <i>spacer/aero-holding chambers</i> )	2	
<b>DIAGNOSTIC AGENTS</b>		
<b>ADRENOCORTICAL INSUFFICIENCY</b>		
ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	4	PA; ST; SL (20 ml per 24 days.); SP
CORTROPHIN INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	4	PA; ST; SL (20 ml per 24 days.); SP
CORTROSYN INJECTION SOLUTION RECONSTITUTED 0.25 MG ( <i>cosyntropin</i> )	4	
<i>cosyntropin injection solution reconstituted 0.25 mg</i>	1	
<b>DIABETES MELLITUS</b>		
ACCU-CHEK GUIDE IN VITRO STRIP ( <i>glucose blood</i> )	3	SL (51 strips per prescription without history 204 strips per prescription with history.)
CONTOUR NEXT TEST IN VITRO STRIP ( <i>glucose blood</i> )	2	SL (51 strips per prescription without history 204 strips per prescription with history.)
FORA TEST N'GO ADV-VOICE-6 CON IN VITRO STRIP ( <i>ketone blood test</i> )	3	
ONETOUCH ULTRA IN VITRO STRIP ( <i>glucose blood</i> )	1	SL (51 strips per prescription without history 204 strips per prescription with history.)
ONETOUCH VERIO IN VITRO STRIP ( <i>glucose blood</i> )	1	SL (51 strips per prescription without history 204 strips per prescription with history.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>DIAGNOSTIC AGENTS</b>		
BINAXNOW COVID-19 AG HOME TEST IN VITRO KIT ( <i>covid-19 at home test</i> )	3	SM
CARESTART COVID-19 HOME TEST IN VITRO KIT ( <i>covid-19 at home test</i> )	3	SM
CLEARDETECT COVID-19 AG HOME IN VITRO KIT ( <i>covid-19 at home test</i> )	3	SM
CLINITEST RAPID COVID-19 TEST IN VITRO KIT ( <i>covid-19 at home test</i> )	3	SM
COVID-19 AT HOME ANTIGEN TEST IN VITRO KIT	3	SM
COVID-19 AT-HOME TEST IN VITRO KIT	3	SM
DIATRUST COVID-19 HOME TEST IN VITRO KIT ( <i>covid-19 at home test</i> )	3	SM
ELLUME COVID-19 HOME TEST IN VITRO KIT	3	SM
FASTEP COVID-19 ANTIGEN TEST IN VITRO KIT	3	SM
FLOWFLEX COVID-19 AG HOME TEST IN VITRO KIT ( <i>covid-19 at home test</i> )	3	SM
IHEALTH COVID-19 RAPID TEST IN VITRO KIT ( <i>covid-19 at home test</i> )	3	SM
INDICAID COVID-19 RAPID TEST IN VITRO KIT ( <i>covid-19 at home test</i> )	3	SM
INTELISWAB COVID-19 RAPID TEST IN VITRO KIT ( <i>covid-19 at home test</i> )	3	SM
ON/GO COVID-19 ANTIGEN TEST IN VITRO KIT ( <i>covid-19 at home test</i> )	3	SM
ON/GO ONE COVID-19 HOME TEST IN VITRO KIT ( <i>covid-19 at home test</i> )	3	SM
PILOT COVID-19 AT-HOME TEST IN VITRO KIT ( <i>covid-19 at home test</i> )	3	SM
QUICKVUE AT-HOME COVID-19 TEST IN VITRO KIT ( <i>covid-19 at home test</i> )	3	SM
SPEEDY SWAB COVID-19 ANTIGEN IN VITRO KIT ( <i>covid-19 at home test</i> )	3	SM
<b>KETONES</b>		
CHEMSTRIP K IN VITRO STRIP ( <i>acetone (urine) test</i> )	2	
KETONE TEST IN VITRO STRIP	2	
KETOSTIX IN VITRO STRIP ( <i>acetone (urine) test</i> )	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>URINE AND FECES CONTENTS</b>		
CHEMSTRIP UGK IN VITRO STRIP ( <i>urine glucose-ketones test</i> )	3	
CVS KETONE CARE IN VITRO STRIP ( <i>urine glucose-ketones test</i> )	2	
KETO-DIASTIX IN VITRO STRIP ( <i>urine glucose-ketones test</i> )	3	
<b>DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants</b>		
<b>DISINFECTANTS (FOR NON-DERMATOLOGIC USE) - Disinfectants</b>		
<i>formaldehyde external solution 10 %, 37 %</i>	1	
<i>glutaraldehyde external solution 25 %</i>	1	
<b>ELECTROLYTIC, CALORIC, AND WATER BALANCE</b>		
<b>ACIDIFYING AGENTS</b>		
K-PHOS NO 2 ORAL TABLET 305-700 MG ( <i>pot &amp; sod ac phosphates</i> )	2	
<b>ALKALINIZING AGENTS</b>		
<i>cytra k crystals oral packet 3300-1002 mg</i>	1	
ORACIT ORAL SOLUTION 490-640 MG/5ML ( <i>sod citrate-citric acid</i> )	2	
<i>potassium citrate er oral tablet extended release 10 meq (1080 mg), 15 meq (1620 mg), 5 meq (540 mg)</i>	1	
<i>potassium citrate-citric acid oral solution 1100-334 mg/5ml</i>	1	
<i>sod citrate-citric acid oral solution 500-334 mg/5ml</i>	1	
<i>tricitrates oral solution 550-500-334 mg/5ml</i>	1	
UROCIT-K 10 ORAL TABLET EXTENDED RELEASE 10 MEQ (1080 MG) ( <i>potassium citrate</i> )	4	
UROCIT-K 15 ORAL TABLET EXTENDED RELEASE 15 MEQ (1620 MG) ( <i>potassium citrate</i> )	4	
UROCIT-K 5 ORAL TABLET EXTENDED RELEASE 5 MEQ (540 MG) ( <i>potassium citrate</i> )	4	
<b>AMMONIA DETOXICANTS</b>		
<i>carglumic acid oral tablet soluble 200 mg</i>	1	PA; SP
<i>constulose oral solution 10 gm/15ml</i>	1	
<i>enulose oral solution 10 gm/15ml</i>	1	
<i>generlac oral solution 10 gm/15ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KRISTALOSE ORAL PACKET 10 GM, 20 GM ( <i>lactulose</i> )	3	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	1	
<i>lactulose oral solution 10 gm/15ml</i>	1	
LITHOSTAT ORAL TABLET 250 MG ( <i>acetohydroxamic acid</i> )	3	
RAVICTI ORAL LIQUID 1.1 GM/ML ( <i>glycerol phenylbutyrate</i> )	4	PA; ST; SL (17.5 ml per day.); SP
<i>sodium phenylbutyrate oral powder 3 gm/tsp</i>	1	PA
<i>sodium phenylbutyrate oral tablet 500 mg</i>	1	PA
<b>CALORIC AGENTS - Drugs for Nutrition</b>		
<i>aminoamrms oral capsule</i>	1	
<i>aminoreliefrms oral capsule</i>	1	
DOJOLVI ORAL LIQUID 100 % ( <i>triheptanoin</i> )	4	PA; SP
L-CYSTINE POWDER	3	
L-ISOLEUCINE POWDER	3	PA
<b>CARBONIC ANHYDRASE INHIBITORS - Drugs for Water Balance</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<b>DIURETICS, MISCELLANEOUS - Drugs for Water Balance</b>		
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
<b>LOOP DIURETICS - Drugs for Water Balance</b>		
<i>bumetanide oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
BUMEX ORAL TABLET 0.5 MG ( <i>bumetanide</i> )	3	
<i>ethacrynic acid oral tablet 25 mg</i>	1	
FUROSCIX SUBCUTANEOUS CARTRIDGE KIT 80 MG/10ML ( <i>furosemide</i> )	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	1	
<i>furosemide oral tablet 20 mg, 40 mg, 80 mg</i>	1	
LASIX ORAL TABLET 20 MG, 40 MG, 80 MG ( <i>furosemide</i> )	4	
SOAANZ ORAL TABLET 20 MG ( <i>torseamide</i> )	4	SL (1 tablet per day.)
SOAANZ ORAL TABLET 40 MG, 60 MG ( <i>torseamide</i> )	4	SL (2 tablets per day.)
<i>torseamide oral tablet 10 mg, 100 mg, 20 mg, 5 mg</i>	1	
<b>OTHER ION-REMOVING AGENTS</b>		
RADIOGARDASE ORAL CAPSULE 0.5 GM ( <i>prussian blue insoluble</i> )	3	
<b>PHOSPHATE-REMOVING AGENTS</b>		
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
FOSRENOL ORAL PACKET 1000 MG, 750 MG ( <i>lanthanum carbonate</i> )	3	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
VELPHORO ORAL TABLET CHEWABLE 500 MG ( <i>sucroferric oxyhydroxide</i> )	2	
XPHOZAH ORAL TABLET 20 MG, 30 MG ( <i>tenapanor hcl (ckd)</i> )	4	PA
<b>POTASSIUM-REMOVING AGENTS</b>		
LOKELMA ORAL PACKET 10 GM ( <i>sodium zirconium cyclosilicate</i> )	3	SL (1 packet per day.)
LOKELMA ORAL PACKET 5 GM ( <i>sodium zirconium cyclosilicate</i> )	3	SL (3 packets per day.)
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps oral suspension 15 gm/60ml</i>	1	
VELTASSA ORAL PACKET 16.8 GM, 25.2 GM, 8.4 GM ( <i>patiromer sorbitex calcium</i> )	3	SL (1 Packet per day.)
XPHOZAH ORAL TABLET 30 MG ( <i>tenapanor hcl (ckd)</i> )	4	PA
<b>POTASSIUM-SPARING DIURETICS - Drugs for Water Balance</b>		
<i>amiloride hcl oral tablet 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
CAROSPIR ORAL SUSPENSION 25 MG/5ML ( <i>spironolactone</i> )	4	
<i>eplerenone oral tablet 25 mg, 50 mg</i>	1	
MAXZIDE ORAL TABLET 75-50 MG ( <i>triamterene-hctz</i> )	4	
MAXZIDE-25 ORAL TABLET 37.5-25 MG ( <i>triamterene-hctz</i> )	4	
<i>spironolactone oral suspension 25 mg/5ml</i>	1	
<i>spironolactone oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>triamterene oral capsule 100 mg, 50 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<b>REPLACEMENT PREPARATIONS</b>		
CALCIFOL ORAL WAFER 1342-1.6 MG ( <i>ca carb-fa-d-b6-b12-boron-mg</i> )	3	
<i>calcium acetate (phos binder) oral capsule 667 mg</i>	1	
<i>calcium acetate (phos binder) oral tablet 667 mg</i>	1	
<i>calcium acetate oral tablet 667 mg</i>	1	
EFFER-K ORAL TABLET EFFERVESCENT 10 MEQ, 20 MEQ ( <i>potassium bicarb-citric acid</i> )	2	
<i>effe-k oral tablet effervescent 25 meq</i>	1	
GALZIN ORAL CAPSULE 25 MG, 50 MG ( <i>zinc acetate (oral)</i> )	3	
<i>klor-con 10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m10 oral tablet extended release 10 meq</i>	1	
<i>klor-con m15 oral tablet extended release 15 meq</i>	1	
<i>klor-con m20 oral tablet extended release 20 meq</i>	1	
<i>klor-con oral packet 20 meq</i>	1	
<i>klor-con oral tablet extended release 8 meq</i>	1	
<i>klor-con/ef oral tablet effervescent 25 meq</i>	1	
K-PHOS ORAL TABLET 500 MG ( <i>potassium phosphate monobasic</i> )	2	
K-PHOS-NEUTRAL ORAL TABLET 155-852-130 MG ( <i>k phos mono-sod phos di &amp; mono</i> )	2	
<i>k-prime oral tablet effervescent 25 meq</i>	1	
K-TAB ORAL TABLET EXTENDED RELEASE 20 MEQ ( <i>potassium chloride</i> )	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PHOSPHA 250 NEUTRAL ORAL TABLET 155-852-130 MG ( <i>k phos mono-sod phos di &amp; mono</i> )	2	
<i>phosphorous oral tablet 155-852-130 mg</i>	1	
<i>phospho-trin 250 neutral oral tablet 155-852-130 mg</i>	1	
PHOXILLUM B22K4/0 EXTRACORPOREAL SOLUTION 22-4-1 MEQ-MMOL/L	3	
PHOXILLUM BK4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5-1 MEQ-MMOL/L	3	
<i>potassium chloride crys er oral tablet extended release 10 meq, 15 meq, 20 meq</i>	1	
<i>potassium chloride er oral capsule extended release 10 meq, 8 meq</i>	1	
<i>potassium chloride er oral tablet extended release 10 meq, 15 meq, 20 meq, 8 meq</i>	1	
<i>potassium chloride oral packet 20 meq</i>	1	
<i>potassium chloride oral solution 10 %, 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	1	
PREMESISRX ORAL TABLET 1 MG ( <i>prenatal ca-b6-b12-fa-ginger</i> )	3	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG ( <i>prenat-fechn-feasp-meth-fa-dha</i> )	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG ( <i>prenat mv-min-methylfolate-fa</i> )	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRISMASOL B22GK 4/0 EXTRACORPOREAL SOLUTION 22-4 MEQ/L ( <i>bicarb-dextrose-k (crrt)</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRISMASOL BGK 0/2.5 EXTRACORPOREAL SOLUTION 32-2.5 MEQ/L ( <i>bicarb-dextrose-ca (crrt)</i> )	3	
PRISMASOL BGK 2/0 EXTRACORPOREAL SOLUTION 32-2 MEQ/L ( <i>bicarb-dextrose-k (crrt)</i> )	3	
PRISMASOL BGK 2/3.5 EXTRACORPOREAL SOLUTION 32-2-3.5 MEQ/L ( <i>bicarb-dextrose-k-ca (crrt)</i> )	3	
PRISMASOL BGK 4/0/1.2 EXTRACORPOREAL SOLUTION 32-4-1.2 MEQ/L ( <i>bicarb-dextrose-k-mg (crrt)</i> )	3	
PRISMASOL BGK 4/2.5 EXTRACORPOREAL SOLUTION 32-4-2.5 MEQ/L ( <i>bicarb-dextrose-k-ca (crrt)</i> )	3	
PRISMASOL BK 0/0/1.2 EXTRACORPOREAL SOLUTION 32-1.2 MEQ/L ( <i>bicarb-mg (crrt)</i> )	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG ( <i>prenat-fe poly-methfol-fa-dha</i> )	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG ( <i>prenatal mv-min-fe fum-fa-dha</i> )	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
<i>wes-phos 250 neutral oral tablet 155-852-130 mg</i>	1	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
<b>THIAZIDE DIURETICS - Drugs for Water Balance</b>		
ACCURETIC ORAL TABLET 10-12.5 MG, 20-12.5 MG ( <i>quinapril-hydrochlorothiazide</i> )	4	
<i>amiloride-hydrochlorothiazide oral tablet 5-50 mg</i>	1	
<i>amlodipine-valsartan-hctz oral tablet 10-160-12.5 mg, 10-160-25 mg, 10-320-25 mg, 5-160-12.5 mg, 5-160-25 mg</i>	1	
<i>benazepril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg, 5-6.25 mg</i>	1	
<i>bisoprolol-hydrochlorothiazide oral tablet 10-6.25 mg, 2.5-6.25 mg, 5-6.25 mg</i>	1	
<i>candesartan cilexetil-hctz oral tablet 16-12.5 mg, 32-12.5 mg, 32-25 mg</i>	1	
<i>captopril-hydrochlorothiazide oral tablet 25-15 mg, 25-25 mg, 50-15 mg, 50-25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DIURIL ORAL SUSPENSION 250 MG/5ML ( <i>chlorothiazide</i> )	2	
EDARBYCLOR ORAL TABLET 40-12.5 MG, 40-25 MG ( <i>azilsartan-chlorthalidone</i> )	4	
<i>enalapril-hydrochlorothiazide oral tablet 10-25 mg, 5-12.5 mg</i>	1	
<i>fosinopril sodium-hctz oral tablet 10-12.5 mg, 20-12.5 mg</i>	1	
<i>hydrochlorothiazide oral capsule 12.5 mg</i>	1	
<i>hydrochlorothiazide oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>irbesartan-hydrochlorothiazide oral tablet 150-12.5 mg, 300-12.5 mg</i>	1	
<i>lisinopril-hydrochlorothiazide oral tablet 10-12.5 mg, 20-12.5 mg, 20-25 mg</i>	1	
<i>losartan potassium-hctz oral tablet 100-12.5 mg, 100-25 mg, 50-12.5 mg</i>	1	
LOTENSIN HCT ORAL TABLET 10-12.5 MG, 20-12.5 MG, 20-25 MG ( <i>benazepril-hydrochlorothiazide</i> )	4	
MAXZIDE ORAL TABLET 75-50 MG ( <i>triamterene-hctz</i> )	4	
MAXZIDE-25 ORAL TABLET 37.5-25 MG ( <i>triamterene-hctz</i> )	4	
<i>metoprolol-hydrochlorothiazide oral tablet 100-25 mg, 100-50 mg, 50-25 mg</i>	1	
<i>olmesartan medoxomil-hctz oral tablet 20-12.5 mg, 40-12.5 mg, 40-25 mg</i>	1	
<i>olmesartan-amlodipine-hctz oral tablet 20-5-12.5 mg, 40-10-12.5 mg, 40-10-25 mg, 40-5-12.5 mg, 40-5-25 mg</i>	1	
<i>quinapril-hydrochlorothiazide oral tablet 20-12.5 mg, 20-25 mg</i>	1	
<i>spironolactone-hctz oral tablet 25-25 mg</i>	1	
<i>telmisartan-hctz oral tablet 40-12.5 mg, 80-12.5 mg, 80-25 mg</i>	1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	1	
<i>triamterene-hctz oral tablet 37.5-25 mg, 75-50 mg</i>	1	
<i>valsartan-hydrochlorothiazide oral tablet 160-12.5 mg, 160-25 mg, 320-12.5 mg, 320-25 mg, 80-12.5 mg</i>	1	
<b>THIAZIDE-LIKE DIURETICS - Drugs for Water Balance</b>		
<i>atenolol-chlorthalidone oral tablet 100-25 mg, 50-25 mg</i>	1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	1	
<i>indapamide oral tablet 1.25 mg, 2.5 mg</i>	1	
<i>metolazone oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
THALITONE ORAL TABLET 15 MG ( <i>chlorthalidone</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>URICOSURIC AGENTS</b>		
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
<b>VASOPRESSIN ANTAGONISTS - Drugs for Water Balance</b>		
JYNARQUE ORAL TABLET 15 MG, 30 MG ( <i>tolvaptan</i> )	2	PA; SL (2 tablets per day.); SP
JYNARQUE ORAL TABLET THERAPY PACK 15 MG ( <i>tolvaptan</i> )	2	PA; SL (2 tablets per day.); SP
JYNARQUE ORAL TABLET THERAPY PACK 30 & 15 MG ( <i>tolvaptan</i> )	2	PA; SL (2 tablets per day.)
JYNARQUE ORAL TABLET THERAPY PACK 45 & 15 MG, 60 & 30 MG, 90 & 30 MG ( <i>tolvaptan</i> )	2	PA; SL (2 tablets per day); SP
SAMSCA ORAL TABLET 15 MG ( <i>tolvaptan</i> )	4	PA; SL (90 tablets per 365 days.); SP
SAMSCA ORAL TABLET 30 MG ( <i>tolvaptan</i> )	4	PA; SL (60 tablets per 365 days.); SP
<i>tolvaptan oral tablet 15 mg</i>	1	PA; SP
<i>tolvaptan oral tablet 30 mg</i>	1	PA; SL (2 tablets per day.); SP
<b>ENZYMES</b>		
<b>ENZYMES</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	2	
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.5ML ( <i>pegvaliase-pqpz</i> )	3	PA; ST; SL (7 mL per year.); SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2.5 MG/0.5ML ( <i>pegvaliase-pqpz</i> )	3	PA; ST; SL (6 syringes per 365 days.); SP
PALYNZIQ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/ML ( <i>pegvaliase-pqpz</i> )	3	PA; ST; SL (1 ml per day.); SP
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	3	ST
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	4	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ( <i>dornase alfa</i> )	2	PA; SL (5 ml per day.); SP
SANTYL EXTERNAL OINTMENT 250 UNIT/GM ( <i>collagenase</i> )	3	
STRENSIQ SUBCUTANEOUS SOLUTION 18 MG/0.45ML ( <i>asfotase alfa</i> )	2	PA; SL (5.4 ml per month.); SP
STRENSIQ SUBCUTANEOUS SOLUTION 28 MG/0.7ML ( <i>asfotase alfa</i> )	2	PA; SL (8.4 ml per month.); SP
STRENSIQ SUBCUTANEOUS SOLUTION 40 MG/ML ( <i>asfotase alfa</i> )	2	PA; SL (12 ml tablets per month.); SP
STRENSIQ SUBCUTANEOUS SOLUTION 80 MG/0.8ML ( <i>asfotase alfa</i> )	2	PA; SL (9.6 ml (12 vials) per month.); SP
SUCRAID ORAL SOLUTION 8500 UNIT/ML ( <i>sacrosidase</i> )	2	PA; SP
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	4	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	2	
<b>EYE, EAR, NOSE AND THROAT (EENT) PREPS.</b>		
<b>ALPHA-ADRENERGIC AGONISTS (EENT) - Drugs for the Eye</b>		
ALPHAGAN P OPHTHALMIC SOLUTION 0.1 % ( <i>brimonidine tartrate</i> )	1	
ALPHAGAN P OPHTHALMIC SOLUTION 0.15 % ( <i>brimonidine tartrate</i> )	4	
<i>brimonidine tartrate ophthalmic solution 0.15 %, 0.2 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % ( <i>brimonidine tartrate-timolol</i> )	2	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % ( <i>brinzolamide-brimonidine</i> )	4	
<b>ANTIALLERGIC AGENTS - Drugs for Allergy</b>		
ALOCRIAL OPHTHALMIC SOLUTION 2 % ( <i>nedocromil sodium</i> )	3	
ALOMIDE OPHTHALMIC SOLUTION 0.1 % ( <i>lodoxamide tromethamine</i> )	3	
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>bepotastine besilate ophthalmic solution 1.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>epinastine hcl ophthalmic solution 0.05 %</i>	1	
<i>olopatadine hcl nasal solution 0.6 %</i>	1	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT ( <i>olopatadine-mometasone</i> )	4	
<b>ANTIBACTERIALS (EENT) - Drugs for Infections</b>		
AZASITE OPHTHALMIC SOLUTION 1 % ( <i>azithromycin</i> )	3	
<i>bacitracin ophthalmic ointment 500 unit/gm</i>	1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BESIVANCE OPHTHALMIC SUSPENSION 0.6 % ( <i>besifloxacin hcl</i> )	3	
CETRAXAL OTIC SOLUTION 0.2 % ( <i>ciprofloxacin hcl</i> )	3	
CILOXAN OPHTHALMIC OINTMENT 0.3 % ( <i>ciprofloxacin hcl</i> )	3	
CIPRO HC OTIC SUSPENSION 0.2-1 % ( <i>ciprofloxacin-hydrocortisone</i> )	3	
<i>ciprofloxacin hcl ophthalmic solution 0.3 %</i>	1	
<i>ciprofloxacin hcl otic solution 0.2 %</i>	1	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML ( <i>neomycin-colist-hc-thonzonium</i> )	3	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA
<i>erythromycin ophthalmic ointment 5 mg/gm</i>	1	H
<i>gatifloxacin ophthalmic solution 0.5 %</i>	1	
<i>gentamicin sulfate ophthalmic solution 0.3 %</i>	1	
<i>levofloxacin ophthalmic solution 1.5 %</i>	1	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 ( <i>neomycin-polymyxin-dexameth</i> )	4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % ( <i>neomycin-polymyxin-dexameth</i> )	4	
MITOSOL OPHTHALMIC KIT 0.2 MG ( <i>mitomycin</i> )	3	
<i>moxifloxacin hcl (2x day) ophthalmic solution 0.5 %</i>	1	
<i>moxifloxacin hcl ophthalmic solution 0.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 3.5-400-10000 , 5-400-10000</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1</i>	1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	1	
<i>neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1</i>	1	
<i>neomycin-polymyxin-hc otic suspension 3.5-10000-1</i>	1	
<i>neo-polycin hc ophthalmic ointment 1 %</i>	1	
<i>neo-polycin ophthalmic ointment 3.5-400-10000</i>	1	
OCUFLOX OPHTHALMIC SOLUTION 0.3 % ( <i>ofloxacin</i> )	4	
<i>ofloxacin ophthalmic solution 0.3 %</i>	1	
<i>ofloxacin otic solution 0.3 %</i>	1	
<i>polycin ophthalmic ointment 500-10000 unit/gm</i>	1	
<i>polymyxin b-trimethoprim ophthalmic solution 10000-0.1 unit/ml-%</i>	1	
<i>sulfacetamide sodium ophthalmic ointment 10 %</i>	1	
<i>sulfacetamide sodium ophthalmic solution 10 %</i>	1	
<i>sulfacetamide-prednisolone ophthalmic solution 10-0.23 %</i>	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % ( <i>tobramycin-dexamethasone</i> )	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % ( <i>tobramycin-dexamethasone</i> )	4	
<i>tobramycin ophthalmic solution 0.3 %</i>	1	
<i>tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %</i>	1	
TOBEX OPHTHALMIC OINTMENT 0.3 % ( <i>tobramycin</i> )	3	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
VIGAMOX OPHTHALMIC SOLUTION 0.5 % ( <i>moxifloxacin hcl</i> )	4	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % ( <i>loteprednol-tobramycin</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZYMAXID OPHTHALMIC SOLUTION 0.5 % ( <i>gatifloxacin</i> )	4	
<b>ANTIFUNGALS (EENT) - Drugs for Infections</b>		
NATACYN OPHTHALMIC SUSPENSION 5 % ( <i>natamycin</i> )	3	
<b>ANTIVIRALS (EENT) - Drugs for Infections</b>		
<i>trifluridine ophthalmic solution 1 %</i>	1	
ZIRGAN OPHTHALMIC GEL 0.15 % ( <i>ganciclovir</i> )	3	
<b>BETA-ADRENERGIC BLOCKING AGENTS (EENT) - Drugs for the Eye</b>		
<i>betaxolol hcl ophthalmic solution 0.5 %</i>	1	
BETIMOL OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol hemihydrate</i> )	2	
BETOPTIC-S OPHTHALMIC SUSPENSION 0.25 % ( <i>betaxolol hcl</i> )	3	
<i>carteolol hcl ophthalmic solution 1 %</i>	1	
COMBIGAN OPHTHALMIC SOLUTION 0.2-0.5 % ( <i>brimonidine tartrate-timolol</i> )	2	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % ( <i>dorzolamide hcl-timolol mal</i> )	4	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
ISTALOL OPHTHALMIC SOLUTION 0.5 % ( <i>timolol maleate</i> )	4	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate (once-daily) ophthalmic solution 0.5 %</i>	1	
<i>timolol maleate ophthalmic gel forming solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate ophthalmic solution 0.25 %, 0.5 %</i>	1	
<i>timolol maleate pf ophthalmic solution 0.25 %, 0.5 %</i>	1	
TIMOPTIC OCUDOSE OPHTHALMIC SOLUTION 0.25 %, 0.5 % ( <i>timolol maleate</i> )	4	
<b>CARBONIC ANHYDRASE INHIBITORS (EENT) - Drugs for the Eye</b>		
<i>acetazolamide er oral capsule extended release 12 hour 500 mg</i>	1	
<i>acetazolamide oral tablet 125 mg, 250 mg</i>	1	
<i>brinzolamide ophthalmic suspension 1 %</i>	1	
COSOPT OPHTHALMIC SOLUTION 2-0.5 % ( <i>dorzolamide hcl-timolol mal</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DORZOLAMIDE HCL SOLUTION 2 % OPHTHALMIC	4	
<i>dorzolamide hcl solution 2 % ophthalmic</i>	1	
<i>dorzolamide hcl-timolol mal ophthalmic solution 2-0.5 %</i>	1	
<i>dorzolamide hcl-timolol mal pf ophthalmic solution 2-0.5 %</i>	1	
<i>methazolamide oral tablet 25 mg, 50 mg</i>	1	
SIMBRINZA OPHTHALMIC SUSPENSION 1-0.2 % ( <i>brinzolamide-brimonidine</i> )	4	
<b>CORTICOSTEROIDS (EENT) - Drugs for Inflammation</b>		
AIRSUPRA INHALATION AEROSOL 90-80 MCG/ACT ( <i>albuterol-budesonide</i> )	3	
ALREX OPHTHALMIC SUSPENSION 0.2 % ( <i>loteprednol etabonate</i> )	4	
<i>bacitra-neomycin-polymyxin-hc ophthalmic ointment 1 %</i>	1	
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY ( <i>beclomethasone diprop monohyd</i> )	4	
CIPRO HC OTIC SUSPENSION 0.2-1 % ( <i>ciprofloxacin-hydrocortisone</i> )	3	
<i>ciprofloxacin-dexamethasone otic suspension 0.3-0.1 %</i>	1	
CORTISPORIN-TC OTIC SUSPENSION 3.3-3-10-0.5 MG/ML ( <i>neomycin-colist-hc-thonzonium</i> )	3	
DERMOTIC OTIC OIL 0.01 % ( <i>fluocinolone acetonide</i> )	4	
<i>dexamethasone sodium phosphate ophthalmic solution 0.1 %</i>	1	
<i>difluprednate ophthalmic emulsion 0.05 %</i>	1	
DOUBLE PM OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5 %	3	PA
DUREZOL OPHTHALMIC EMULSION 0.05 % ( <i>difluprednate</i> )	4	
<i>flac otic oil 0.01 %</i>	1	
FLAREX OPHTHALMIC SUSPENSION 0.1 % ( <i>fluorometholone acetate</i> )	2	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluocinolone acetonide otic oil 0.01 %</i>	1	
<i>fluorometholone ophthalmic suspension 0.1 %</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
FML FORTE OPHTHALMIC SUSPENSION 0.25 % ( <i>fluorometholone</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FML LIQUIFILM OPHTHALMIC SUSPENSION 0.1 % (fluorometholone)	4	
hydrocortisone-acetic acid otic solution 1-2 %	1	
INVELTYS OPHTHALMIC SUSPENSION 1 % (loteprednol etabonate)	3	
LOTEMAX OPHTHALMIC GEL 0.5 % (loteprednol etabonate)	4	
LOTEMAX OPHTHALMIC OINTMENT 0.5 % (loteprednol etabonate)	3	
LOTEMAX SM OPHTHALMIC GEL 0.38 % (loteprednol etabonate)	3	
loteprednol etabonate ophthalmic gel 0.5 %	1	
loteprednol etabonate ophthalmic suspension 0.5 %	1	
MAXIDEX OPHTHALMIC SUSPENSION 0.1 % (dexamethasone)	2	
MAXITROL OPHTHALMIC OINTMENT 3.5-10000-0.1 (neomycin-polymyxin-dexameth)	4	
MAXITROL OPHTHALMIC SUSPENSION 0.1 % (neomycin-polymyxin-dexameth)	4	
mometasone furoate nasal suspension 50 mcg/act	1	
neomycin-polymyxin-dexameth ophthalmic ointment 3.5-10000-0.1	1	
neomycin-polymyxin-dexameth ophthalmic suspension 3.5-10000-0.1	1	
neomycin-polymyxin-hc ophthalmic suspension 3.5-10000-1	1	
neomycin-polymyxin-hc otic solution 1 %, 3.5-10000-1	1	
neomycin-polymyxin-hc otic suspension 3.5-10000-1	1	
neo-polycin hc ophthalmic ointment 1 %	1	
OMNARIS NASAL SUSPENSION 50 MCG/ACT (ciclesonide)	4	
PRED MILD OPHTHALMIC SUSPENSION 0.12 % (prednisolone acetate)	3	
prednisolone acetate ophthalmic suspension 1 %	1	
prednisolone sodium phosphate ophthalmic solution 1 %	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT (beclomethasone diprop (nasal))	4	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT (beclomethasone diprop (nasal))	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT (olopatadine-mometasone)	4	
sulfacetamide-prednisolone ophthalmic solution 10-0.23 %	1	
TOBRADEX OPHTHALMIC OINTMENT 0.3-0.1 % (tobramycin-dexamethasone)	3	
TOBRADEX ST OPHTHALMIC SUSPENSION 0.3-0.05 % (tobramycin-dexamethasone)	4	
tobramycin-dexamethasone ophthalmic suspension 0.3-0.1 %	1	
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
ZETONNA NASAL AEROSOL SOLUTION 37 MCG/ACT (ciclesonide)	3	
ZYLET OPHTHALMIC SUSPENSION 0.5-0.3 % (loteprednol-tobramycin)	3	
<b>EENT ANTI-INFECTIVES, MISCELLANEOUS - Drugs for Infections</b>		
ARZOL SILVER NIT APPLICATORS EXTERNAL 75-25 % (silver nitrate-pot nitrate)	1	
BETADINE OPHTHALMIC PREP OPHTHALMIC SOLUTION 5 % (povidone-iodine)	3	
chlorhexidine gluconate mouth/throat solution 0.12 %	1	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % (chlorhexidine gluconate)	4	
periogard mouth/throat solution 0.12 %	1	
PRAMOTIC OTIC LIQUID 1-0.1 % (pramoxine-chloroxylonol)	3	
silver nitrate external solution 0.5 %	1	
<b>EENT ANTI-INFLAMMATORY AGENTS, MISC. - Drugs for Inflammation</b>		
RESTASIS MULTIDOSE OPHTHALMIC EMULSION 0.05 % (cyclosporine)	4	PA; SL (5.5 mL (1 bottle) per month.)
RESTASIS OPHTHALMIC EMULSION 0.05 % (cyclosporine)	1	PA
XIIDRA OPHTHALMIC SOLUTION 5 % (lifitegrast)	2	PA
<b>EENT DRUGS, MISCELLANEOUS</b>		
acetic acid otic solution 2 %	1	
apraclonidine hcl ophthalmic solution 0.5 %	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AQUORAL MOUTH/THROAT SOLUTION ( <i>artificial saliva</i> )	3	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
CYSTADROPS OPHTHALMIC SOLUTION 0.37 % ( <i>cysteamine hcl</i> )	4	PA; SL (20 mL per 21 days)
CYSTARAN OPHTHALMIC SOLUTION 0.44 % ( <i>cysteamine hcl</i> )	2	PA; SL (60 ml (4 bottles) per month.); SP
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % ( <i>sulfuric acid-sulf phenolics</i> )	2	
<i>hydrocortisone-acetic acid otic solution 1-2 %</i>	1	
IOPIDINE OPHTHALMIC SOLUTION 1 % ( <i>apraclonidine hcl</i> )	3	
LACRISERT OPHTHALMIC INSERT 5 MG ( <i>artificial tear insert</i> )	2	
MUCOSITISRX MOUTH/THROAT PACKET ( <i>artificial saliva</i> )	3	
OXERVATE OPHTHALMIC SOLUTION 0.002 % ( <i>cenegermin-bkbj</i> )	4	PA; SL (1 ml per day and 56 ml per 365 days.); SP
SALIVAMAX MOUTH/THROAT PACKET ( <i>artificial saliva</i> )	4	
TYRVAYA NASAL SOLUTION 0.03 MG/ACT ( <i>varenicline tartrate</i> )	4	PA; SL (0.28 ml per day.)
<b>EENT NONSTEROIDAL ANTI-INFLAM. AGENTS - Drugs for Inflammation</b>		
ACULAR LS OPHTHALMIC SOLUTION 0.4 % ( <i>ketorolac tromethamine</i> )	4	
ACULAR OPHTHALMIC SOLUTION 0.5 % ( <i>ketorolac tromethamine</i> )	4	
ACUVAIL OPHTHALMIC SOLUTION 0.45 % ( <i>ketorolac tromethamine</i> )	4	
<i>bromfenac sodium (once-daily) ophthalmic solution 0.09 %</i>	1	
BROMSITE OPHTHALMIC SOLUTION 0.075 % ( <i>bromfenac sodium</i> )	4	
<i>diclofenac sodium ophthalmic solution 0.1 %</i>	1	
<i>flurbiprofen sodium ophthalmic solution 0.03 %</i>	1	
ILEVRO OPHTHALMIC SUSPENSION 0.3 % ( <i>nepafenac</i> )	4	
<i>ketorolac tromethamine ophthalmic solution 0.4 %, 0.5 %</i>	1	
NEVANAC OPHTHALMIC SUSPENSION 0.1 % ( <i>nepafenac</i> )	4	
PROLENSA OPHTHALMIC SOLUTION 0.07 % ( <i>bromfenac sodium</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIPLE PMB OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.09 %	3	PA
TRIPLE PMK OPHTHALMIC SOLUTION RECONSTITUTED 1-0.5-0.5 %	3	PA
<b>LOCAL ANESTHETICS (EENT) - Drugs for Numbing</b>		
AKTEN OPHTHALMIC GEL 3.5 % ( <i>lidocaine hcl</i> )	3	
ALCAINE OPHTHALMIC SOLUTION 0.5 % ( <i>proparacaine hcl</i> )	3	
ALTACAIN OPHTHALMIC SOLUTION 0.5 % ( <i>tetracaine hcl</i> )	3	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION ( <i>dph-lido-alhydr-mghydr-simeth</i> )	3	PA
<i>lidocaine hcl mouth/throat solution 4 %</i>	1	
<i>lidocaine viscous hcl mouth/throat solution 2 %</i>	1	
PRAMOTIC OTIC LIQUID 1-0.1 % ( <i>pramoxine-chloroxylonol</i> )	3	
<i>proparacaine hcl ophthalmic solution 0.5 %</i>	1	
<i>tetracaine hcl ophthalmic solution 0.5 %</i>	1	
<b>MIOTICS - Drugs for the Eye</b>		
PHOSPHOLINE IODIDE OPHTHALMIC SOLUTION RECONSTITUTED 0.125 % ( <i>echothiophate iodide</i> )	2	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	1	
<b>MYDRIATICS - Drugs for the Eye</b>		
<i>altafrin ophthalmic solution 10 %, 2.5 %</i>	1	
<i>atropine sulfate ophthalmic ointment 1 %</i>	1	
<i>atropine sulfate ophthalmic solution 1 %</i>	1	
CYCLOGYL OPHTHALMIC SOLUTION 0.5 %, 1 %, 2 % ( <i>cyclopentolate hcl</i> )	4	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % ( <i>cyclopentolate-phenylephrine</i> )	3	
<i>cyclopentolate hcl ophthalmic solution 1 %</i>	1	
<i>phenylephrine hcl ophthalmic solution 10 %, 2.5 %</i>	1	
<b>PROSTAGLANDIN ANALOGS - Drugs for the Eye</b>		
<i>bimatoprost ophthalmic solution 0.03 %</i>	1	
LATANOPROST OIL	3	PA
<i>latanoprost ophthalmic solution 0.005 %</i>	1	
LUMIGAN OPHTHALMIC SOLUTION 0.01 % ( <i>bimatoprost</i> )	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost)	3	
tafluprost (pf) ophthalmic solution 0.0015 %	1	ST
travoprost (bak free) ophthalmic solution 0.004 %	1	
XELPROS OPHTHALMIC EMULSION 0.005 % (latanoprost)	3	
ZIOPTAN OPHTHALMIC SOLUTION 0.0015 % (tafluprost)	3	ST
<b>RHO KINASE INHIBITORS - Drugs for the Eye</b>		
RHOPRESSA OPHTHALMIC SOLUTION 0.02 % (netarsudil dimesylate)	3	
ROCKLATAN OPHTHALMIC SOLUTION 0.02-0.005 % (netarsudil-latanoprost)	3	
<b>VASOCONSTRICTORS</b>		
ADRENALIN NASAL SOLUTION 0.1 % (epinephrine hcl (nasal))	2	
altafrin ophthalmic solution 10 %, 2.5 %	1	
CYCLOMYDRIL OPHTHALMIC SOLUTION 0.2-1 % (cyclopentolate-phenylephrine)	3	
epinephrine hcl (nasal) nasal solution 0.1 %	1	
phenylephrine hcl ophthalmic solution 10 %, 2.5 %	1	
UPNEEQ OPHTHALMIC SOLUTION 0.1 % (oxymetazoline hcl)	4	PA
<b>GASTROINTESTINAL DRUGS</b>		
<b>ANTACIDS AND ADSORBENTS</b>		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION (dph-lido-alhydr-mghydr-simeth)	3	PA
<b>GASTROINTESTINAL DRUGS - Drugs for the Stomach</b>		
<b>5-HT3 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea</b>		
AKYNZEO ORAL CAPSULE 300-0.5 MG (netupitant-palonosetron)	4	
ANZEMET ORAL TABLET 50 MG (dolasetron mesylate)	3	
granisetron hcl oral tablet 1 mg	1	
ondansetron hcl oral solution 4 mg/5ml	1	
ondansetron hcl oral tablet 24 mg, 4 mg, 8 mg	1	
ondansetron odt oral tablet dispersible 4 mg, 8 mg	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ANTIDIARRHEA AGENTS - Drugs for Diarrhea</b>		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>diphenoxylate-atropine oral liquid 2.5-0.025 mg/5ml</i>	1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	1	
LOMOTIL ORAL TABLET 2.5-0.025 MG ( <i>diphenoxylate-atropine</i> )	4	
MOTOFEN ORAL TABLET 1-0.025 MG ( <i>difenoxin-atropine</i> )	4	
MYTESI ORAL TABLET DELAYED RELEASE 125 MG ( <i>crofelemer</i> )	4	PA; SL (2 tablets per day.)
<i>opium oral tincture 10 mg/ml (1%)</i>	1	
PYLERA ORAL CAPSULE 140-125-125 MG ( <i>bis subcit-metronid-tetracyc</i> )	4	SL (120 capsules per 180 days.)
XERMELO ORAL TABLET 250 MG ( <i>telotristat etiprate</i> )	3	PA; SL (3 tablets per day); SP
<b>ANTIEMETICS, MISCELLANEOUS - Drugs for Vomiting and Nausea</b>		
<i>dronabinol oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	
MARINOL ORAL CAPSULE 2.5 MG ( <i>dronabinol</i> )	4	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<i>scopolamine transdermal patch 72 hour 1 mg/3days</i>	1	
SYNDROS ORAL SOLUTION 5 MG/ML ( <i>dronabinol</i> )	4	SL (4 ml per day)
<b>ANTIFLATULENTS - Drugs for Gas</b>		
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION ( <i>dph-lido-alhydr-mghydr-simeth</i> )	3	PA
<b>ANTI-HISTAMINES (GI DRUGS) - Drugs for Vomiting and Nausea</b>		
<i>compro rectal suppository 25 mg</i>	1	
<i>prochlorperazine maleate oral tablet 10 mg, 5 mg</i>	1	
<i>prochlorperazine rectal suppository 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>trimethobenzamide hcl oral capsule 300 mg</i>	1	
<b>ANTI-INFLAMMATORY AGENTS (GI DRUGS) - Drugs for Inflammation</b>		
<i>alosetron hcl oral tablet 0.5 mg, 1 mg</i>	1	PA; SL (2 tablets per day)
APRISO ORAL CAPSULE EXTENDED RELEASE 24 HOUR 0.375 GM ( <i>mesalamine</i> )	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG ( <i>sulfasalazine</i> )	4	
AZULFIDINE ORAL TABLET 500 MG ( <i>sulfasalazine</i> )	4	
<i>balsalazide disodium oral capsule 750 mg</i>	1	
DIPENTUM ORAL CAPSULE 250 MG ( <i>olsalazine sodium</i> )	3	
<i>mesalamine oral capsule delayed release 400 mg</i>	1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	1	
<i>mesalamine rectal enema 4 gm</i>	1	
<i>mesalamine rectal suppository 1000 mg</i>	1	SL (1 suppository per day.)
<i>mesalamine-cleanser rectal kit 4 gm</i>	1	SL (4 grams per month.)
ROWASA RECTAL KIT 4 GM ( <i>mesalamine-cleanser</i> )	4	SL (4 grams per month.)
SFROWASA RECTAL ENEMA 4 GM/60ML ( <i>mesalamine</i> )	4	
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<b>ANTIULCER AGENTS AND ACID SUPPRESS.,MISC - Drugs for Ulcers and Stomach Acid</b>		
<i>bis subcit-metronid-tetracyc oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
<i>bismuth/metronidaz/tetracyclin oral capsule 140-125-125 mg</i>	1	SL (120 capsules per 180 days.)
PYLERA ORAL CAPSULE 140-125-125 MG ( <i>bis subcit-metronid-tetracyc</i> )	4	SL (120 capsules per 180 days.)
<b>ANTIULCER AGENTS AND ACID SUPPRESSANTS - Drugs for Ulcers and Stomach Acid</b>		
<i>amoxicillin oral capsule 250 mg, 500 mg</i>	1	
<i>amoxicillin oral suspension reconstituted 125 mg/5ml, 200 mg/5ml, 250 mg/5ml, 400 mg/5ml</i>	1	
<i>amoxicillin oral tablet 500 mg, 875 mg</i>	1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	1	
<i>clarithromycin er oral tablet extended release 24 hour 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clarithromycin oral suspension reconstituted 125 mg/5ml, 250 mg/5ml</i>	1	
<i>clarithromycin oral tablet 250 mg, 500 mg</i>	1	
FIRST-METRONIDAZOLE ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> )	3	PA
FLAGYL ORAL CAPSULE 375 MG ( <i>metronidazole</i> )	4	
METRONIDAZOLE BENZO+SYRSPEND ORAL SUSPENSION RECONSTITUTED 50 MG/ML ( <i>metronidazole benzoate</i> )	3	PA
<i>metronidazole oral capsule 375 mg</i>	1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	1	
<i>tetracycline hcl oral capsule 250 mg, 500 mg</i>	1	
<b>CATHARTICS AND LAXATIVES - Drugs for Constipation</b>		
<i>bisacodyl ec oral tablet delayed release 5 mg</i>	E	H
<i>bisacodyl oral tablet delayed release 5 mg</i>	E	H
<i>citroma oral solution 1.745 gm/30ml</i>	E	H
<i>clearlax oral powder 17 gm/scoop</i>	E	H
CLENPIQ ORAL SOLUTION 10-3.5-12 MG-GM -GM/160ML, 10-3.5-12 MG-GM -GM/175ML ( <i>sod picosulfate-mag ox-cit acd</i> )	2	
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION ( <i>dph-lido-alhydr-mghydr-simeth</i> )	3	PA
<i>ft clearlax oral powder 17 gm/scoop</i>	E	H
<i>ft laxative oral tablet delayed release 5 mg</i>	E	H
<i>ft magnesium citrate oral solution 1.745 gm/30ml</i>	E	H
<i>gavilax oral powder 17 gm/scoop</i>	E	H
<i>gavilyte-c oral solution reconstituted 240 gm</i>	1	H
<i>gavilyte-g oral solution reconstituted 236 gm</i>	1	H
<i>gentle laxative oral tablet delayed release 5 mg</i>	E	H
<i>gentlelax oral powder 17 gm/scoop</i>	E	H
<i>glycolax oral powder 17 gm/scoop</i>	E	H
GOLYTELY ORAL SOLUTION RECONSTITUTED 236 GM ( <i>peg 3350-kcl-nabcb-nacl-nasulf</i> )	4	
<i>magnesium citrate oral solution 1.745 gm/30ml</i>	E	H
<i>mineral oil heavy oral oil</i>	1	
<i>mm clearlax oral powder 17 gm/scoop</i>	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	2	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	1	
<i>peg 3350-kcl-na bicarb-nacl oral solution reconstituted 420 gm</i>	1	H
<i>peg-3350/electrolytes oral solution reconstituted 236 gm</i>	1	H
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	1	
PEG-PREP ORAL KIT 5-210 MG-GM ( <i>bisacodyl-peg-kcl-nabicar-nacl</i> )	4	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	2	
<i>polyethylene glycol 3350 oral powder 17 gm/scoop</i>	E	H
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
<i>qc magnesium citrate oral solution 1.745 gm/30ml</i>	E	H
SUFLAVE ORAL SOLUTION RECONSTITUTED 178.7 GM ( <i>peg 3350-kcl-nacl-nasulf-mgsul</i> )	3	
SUPREP BOWEL PREP KIT ORAL SOLUTION 17.5-3.13-1.6 GM/177ML ( <i>na sulfate-k sulfate-mg sulf</i> )	3	
SUTAB ORAL TABLET 1479-225-188 MG ( <i>sodium sulfate-mag sulfate-kcl</i> )	2	H
<b>CHOLELITHOLYTIC AGENTS - Drugs for the Stomach</b>		
CHENODAL ORAL TABLET 250 MG ( <i>chenodiol</i> )	3	ST; SP
<i>ursodiol oral capsule 300 mg</i>	1	
<i>ursodiol oral tablet 250 mg, 500 mg</i>	1	
URSODIOL+SYRSPEND SF ORAL SUSPENSION 30 MG/ML ( <i>ursodiol</i> )	3	PA
<b>DIGESTANTS - Drugs for the Stomach</b>		
CREON ORAL CAPSULE DELAYED RELEASE PARTICLES 12000-38000 UNIT, 24000-76000 UNIT, 3000-9500 UNIT, 36000-114000 UNIT, 6000-19000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	2	
PANCREAZE ORAL CAPSULE DELAYED RELEASE PARTICLES 10500-35500 UNIT, 16800-56800 UNIT, 21000-54700 UNIT, 2600-8800 UNIT, 37000-97300 UNIT, 4200-14200 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	3	ST

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PERTZYE ORAL CAPSULE DELAYED RELEASE PARTICLES 16000-57500 UNIT, 24000-86250 UNIT, 4000-14375 UNIT, 8000-28750 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	4	ST
VIOKACE ORAL TABLET 10440-39150 UNIT, 20880-78300 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	4	ST
ZENPEP ORAL CAPSULE DELAYED RELEASE PARTICLES 10000-32000 UNIT, 15000-47000 UNIT, 20000-63000 UNIT, 25000-79000 UNIT, 3000-10000 UNIT, 40000-126000 UNIT, 5000-24000 UNIT ( <i>pancrelipase (lip-prot-amyl)</i> )	2	
<b>GI DRUGS, MISCELLANEOUS - Drugs for the Stomach</b>		
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
<i>alvimopan oral capsule 12 mg</i>	1	
AMITIZA ORAL CAPSULE 24 MCG, 8 MCG ( <i>lubiprostone</i> )	4	PA; SL (2 capsules per day.)
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-atto</i> )	2	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	PA; SL (0.06 ml per day.); SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML ( <i>adalimumab-atto</i> )	2	PA; SL (0.4 ml per day.); SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab-atto</i> )	2	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	PA; SL (0.06 ml per day.); SP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 200 MCG ( <i>odevixibat</i> )	4	PA; SL (2 capsules per day.); SP
BYLVAY (PELLETS) ORAL CAPSULE SPRINKLE 600 MCG ( <i>odevixibat</i> )	4	PA; SL (1 capsule per day.); SP
BYLVAY ORAL CAPSULE 1200 MCG, 400 MCG ( <i>odevixibat</i> )	4	PA; SL (2 capsules per day.); SP
CHOLBAM ORAL CAPSULE 250 MG ( <i>cholic acid</i> )	2	PA; SL (4 capsules per day.); SP
CHOLBAM ORAL CAPSULE 50 MG ( <i>cholic acid</i> )	2	PA; SP
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML ( <i>certolizumab pegol</i> )	2	PA; SL (6 mL per 365 days.); SP

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CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML ( <i>certolizumab pegol</i> )	2	PA; SL (1 kit per 21 days.); SP
CYLTEZO SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	2	PA; SL (0.08 syringe per day.); SP
ENTEREG ORAL CAPSULE 12 MG ( <i>alvimopan</i> )	4	
GATTEX SUBCUTANEOUS KIT 5 MG ( <i>teduglutide (rdna)</i> )	2	PA; SL (1 vial per day.); SP
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML ( <i>adalimumab-bwwd</i> )	2	PA; SL (0.03 ml per day.); SP
HADLIMA PUSH TOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	2	PA; SL (0.06 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>adalimumab-bwwd</i> )	2	PA; SL (0.03 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	2	PA; SL (0.06 ml per day.); SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (3 syringes per year.); SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	2	PA; SL (2 kits per year.); SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (2 pens per month.); SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (2 syringes per month.); SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (6 pens (1 kit) per year.); SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (4 pens per 365 days.); SP
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (4 pens per 365 days.); SP
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (4 pens (1 kit) per year.); SP
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	2	PA; SL (3 pens per year.); SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab</i> )	2	PA; SL (2 syringes per month.); SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (2 syringes per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
LINZESS ORAL CAPSULE 145 MCG, 290 MCG, 72 MCG ( <i>linaclotide</i> )	2	PA; SL (1 capsule per day.)
LIVMARLI ORAL SOLUTION 9.5 MG/ML ( <i>maralixibat chloride</i> )	4	PA; SL (3 mL per day.); SP
<i>lubiprostone oral capsule 24 mcg, 8 mcg</i>	1	PA; SL (2 capsules per day.)
MOTEGRITY ORAL TABLET 1 MG, 2 MG ( <i>prucalopride succinate</i> )	3	PA; SL (1 tablet per day.)
OCALIVA ORAL TABLET 10 MG, 5 MG ( <i>obeticholic acid</i> )	4	PA; ST; SL (1 tablet per day.); SP
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
ORLISTAT ORAL CAPSULE 120 MG	3	PA
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML ( <i>methylnaltrexone bromide</i> )	4	SL (0.6 ml per day.)
RELISTOR SUBCUTANEOUS SOLUTION 8 MG/0.4ML ( <i>methylnaltrexone bromide</i> )	4	SL (0.4 ml per day.)
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> )	4	PA
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>golimumab</i> )	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML ( <i>golimumab</i> )	2	PA; SL (0.5 ml (1 syringe) per month); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>golimumab</i> )	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML ( <i>golimumab</i> )	2	PA; SL (0.5 ml (1 syringe) per month); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 180 MG/1.2ML ( <i>risankizumab-rzaa</i> )	2	PA; SL (1.2 ml per 42 days.); SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE 360 MG/2.4ML ( <i>risankizumab-rzaa</i> )	2	PA; SL (2.4 mL per 42 days.); SP
SYMPROIC ORAL TABLET 0.2 MG ( <i>naldemedine tosylate</i> )	2	PA; SL (1 tablet per day)
TRULANCE ORAL TABLET 3 MG ( <i>plecanatide</i> )	4	PA; ST; SL (1 tablet per day)
VIBERZI ORAL TABLET 100 MG, 75 MG ( <i>eluxadoline</i> )	3	SL (2 tablets per day.)
XENICAL ORAL CAPSULE 120 MG ( <i>orlistat</i> )	3	PA
XPHOZAH ORAL TABLET 30 MG ( <i>tenapanor hcl (ckd)</i> )	4	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>HISTAMINE H2-ANTAGONISTS - Drugs for Ulcers and Stomach Acid</b>		
<i>cimetidine oral tablet 200 mg, 300 mg, 400 mg, 800 mg</i>	1	
<i>famotidine oral suspension reconstituted 40 mg/5ml</i>	1	
<b>NEUROKININ-1 RECEPTOR ANTAGONISTS - Drugs for Vomiting and Nausea</b>		
AKYNZEO ORAL CAPSULE 300-0.5 MG ( <i>netupitant-palonosetron</i> )	4	
<i>aprepitant oral 80 &amp; 125 mg</i>	1	
<i>aprepitant oral capsule 125 mg, 40 mg, 80 &amp; 125 mg, 80 mg</i>	1	
EMEND ORAL SUSPENSION RECONSTITUTED 125 MG/5ML ( <i>aprepitant</i> )	2	
<b>PROKINETIC AGENTS - Drugs for the Stomach</b>		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	1	
<i>metoclopramide hcl oral tablet 10 mg, 5 mg</i>	1	
<i>metoclopramide hcl oral tablet dispersible 5 mg</i>	1	
REGLAN ORAL TABLET 10 MG, 5 MG ( <i>metoclopramide hcl</i> )	4	
<b>PROSTAGLANDINS - Drugs for Ulcers and Stomach Acid</b>		
CYTOTEC ORAL TABLET 100 MCG, 200 MCG ( <i>misoprostol</i> )	4	
<i>diclofenac-misoprostol oral tablet delayed release 50-0.2 mg, 75-0.2 mg</i>	1	
<i>misoprostol oral tablet 100 mcg, 200 mcg</i>	1	
<b>PROTECTANTS - Drugs for Ulcers and Stomach Acid</b>		
<i>sucralfate oral suspension 1 gm/10ml</i>	1	
<i>sucralfate oral tablet 1 gm</i>	1	
<b>PROTON-PUMP INHIBITORS - Drugs for Ulcers and Stomach Acid</b>		
<i>amoxicill-clarithro-lansopraz oral therapy pack 500 &amp; 500 &amp; 30 mg</i>	1	SL (112 capsules and tablets (1 Package) per 180 days.)
<i>esomeprazole magnesium oral packet 10 mg, 20 mg, 40 mg</i>	1	SL (1 packet per day)
FIRST PANTOPRAZOLE ORAL SUSPENSION 4 MG/ML ( <i>pantoprazole sodium</i> )	3	
FIRST-LANSOPRAZOLE ORAL SUSPENSION 3 MG/ML ( <i>lansoprazole</i> )	3	PA
<i>lansoprazole oral tablet delayed release dispersible 15 mg, 30 mg</i>	1	SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NEXIUM ORAL PACKET 10 MG, 20 MG, 40 MG (esomeprazole magnesium)	4	SL (1 packet per day)
NEXIUM ORAL PACKET 2.5 MG, 5 MG (esomeprazole magnesium)	4	SL (1 packet per day.)
OMECLAMOX-PAK ORAL 500-500-20 MG (amoxicill-clarithro-omeprazole)	3	SL (1 carton (10 administrative cards, 80 tablets) per 6 months.)
omeprazole oral capsule delayed release 10 mg, 20 mg, 40 mg	1	
OMEPRAZOLE+SYRSPEND SF ALKA ORAL SUSPENSION 2 MG/ML (omeprazole)	3	PA
pantoprazole sodium oral packet 40 mg	1	
pantoprazole sodium oral tablet delayed release 20 mg, 40 mg	1	
PRILOSEC ORAL PACKET 10 MG, 2.5 MG (omeprazole magnesium)	4	
PROTONIX ORAL PACKET 40 MG (pantoprazole sodium)	4	
RABEPRAZOLE SODIUM ORAL CAPSULE SPRINKLE 10 MG	4	SL (1 capsule per day.)
rabeprazole sodium oral tablet delayed release 20 mg	1	SL (1 tablet per day)
<b>GOLD COMPOUNDS</b>		
<b>GOLD COMPOUNDS</b>		
RIDAURA ORAL CAPSULE 3 MG (auranofin)	3	SP
<b>HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron</b>		
<b>HEAVY METAL ANTAGONISTS - Drugs to Reduce Iron</b>		
CHEMET ORAL CAPSULE 100 MG (succimer)	2	
deferasirox granules oral packet 180 mg, 360 mg, 90 mg	1	SP
deferasirox oral packet 180 mg, 360 mg, 90 mg	1	SP
deferasirox oral tablet 180 mg, 360 mg, 90 mg	1	PA; SP
deferasirox oral tablet soluble 125 mg, 250 mg, 500 mg	1	PA; SP
deferiprone oral tablet 1000 mg	1	PA
deferiprone oral tablet 500 mg	1	PA; SP
DEPEN TITRATABS ORAL TABLET 250 MG (penicillamine)	2	SP
FERRIPROX ORAL SOLUTION 100 MG/ML (deferiprone)	2	PA; SP
FERRIPROX ORAL TABLET 1000 MG (deferiprone)	4	PA
FERRIPROX ORAL TABLET 500 MG (deferiprone)	4	PA; SP
penicillamine oral tablet 250 mg	1	SP
trientine hcl oral capsule 250 mg	1	PA; SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>trientine hcl oral capsule 500 mg</i>	4	PA
<b>HORMONES AND SYNTHETIC SUBSTITUTES</b>		
<b>MELANOCORTIN RECEPTOR ANTAGONISTS</b>		
IMCIVREE SUBCUTANEOUS SOLUTION 10 MG/ML ( <i>setmelanotide acetate</i> )	3	PA; SP
VYLEESI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1.75 MG/0.3ML ( <i>bremelanotide acetate</i> )	4	SL (4 autoinjector pens (1.2mls) per month.)
<b>HORMONES AND SYNTHETIC SUBSTITUTES - Hormones</b>		
<b>ADRENALS - Hormones</b>		
ADVAIR HFA INHALATION AEROSOL 115-21 MCG/ACT, 230- 21 MCG/ACT, 45-21 MCG/ACT ( <i>fluticasone-salmeterol</i> )	2	SL (0.4 grams per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT ( <i>fluticasone furoate</i> )	1	SL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT ( <i>fluticasone furoate</i> )	1	SL (1 packet per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT ( <i>fluticasone furoate-vilanterol</i> )	2	SL (2 blisters per day.)
BREO ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50-25 MCG/INH ( <i>fluticasone furoate-vilanterol</i> )	2	
BREZTRI AEROSPHERE INHALATION AEROSOL 160-9-4.8 MCG/ACT ( <i>budeson-glycopyrrol-formoterol</i> )	3	SL (0.36 grams per day.)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	SL (120 ml (2 boxes) per 30 days.)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	SL (60 ml (1 box) per 30 days.)
<i>budesonide oral capsule delayed release particles 3 mg</i>	1	
CORTEF ORAL TABLET 10 MG, 20 MG, 5 MG ( <i>hydrocortisone</i> )	4	
CORTISONE ACETATE ORAL TABLET 25 MG	4	
<i>dexamethasone intensol oral concentrate 1 mg/ml</i>	1	
<i>dexamethasone oral elixir 0.5 mg/5ml</i>	1	
<i>dexamethasone oral solution 0.5 mg/5ml</i>	1	
<i>dexamethasone oral tablet 0.5 mg, 0.75 mg, 1 mg, 1.5 mg, 2 mg, 4 mg, 6 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dexamethasone oral tablet therapy pack 1.5 mg (21), 1.5 mg (35), 1.5 mg (51)</i>	1	
DULERA INHALATION AEROSOL 100-5 MCG/ACT, 200-5 MCG/ACT ( <i>mometasone furo-formoterol fum</i> )	4	ST; SL (0.44 grams per day.)
DULERA INHALATION AEROSOL 50-5 MCG/ACT ( <i>mometasone furo-formoterol fum</i> )	4	ST; SL (0.44 mcg per day.)
<i>fludrocortisone acetate oral tablet 0.1 mg</i>	1	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
FLUTICASONE FUROATE-VILANTEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 100-25 MCG/ACT, 200-25 MCG/ACT	2	SL (2 blisters per day.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT	4	SL (1 inhaler per month)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	4	SL (2 inhalers per month)
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
FLUTICASONE-SALMETEROL INHALATION AEROSOL 115-21 MCG/ACT, 230-21 MCG/ACT, 45-21 MCG/ACT	4	SL (0.4 grams per day.)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	SL (2 blisters per day)
FLUTICASONE-SALMETEROL INHALATION AEROSOL POWDER BREATH ACTIVATED 113-14 MCG/ACT, 232-14 MCG/ACT, 55-14 MCG/ACT	2	SL (0.04 mcg per day.)
<i>hydrocortisone oral tablet 10 mg, 20 mg, 5 mg</i>	1	
INTRAROSA VAGINAL INSERT 6.5 MG ( <i>prasterone</i> )	4	PA; SL (1 insert per day)
MEDROL ORAL TABLET 16 MG, 4 MG, 8 MG ( <i>methylprednisolone</i> )	4	
MEDROL ORAL TABLET 2 MG ( <i>methylprednisolone</i> )	2	
MEDROL ORAL TABLET THERAPY PACK 4 MG ( <i>methylprednisolone</i> )	4	
<i>methylprednisolone oral tablet 16 mg, 32 mg, 4 mg, 8 mg</i>	1	
<i>methylprednisolone oral tablet therapy pack 4 mg</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	
ORAPRED ODT ORAL TABLET DISPERSIBLE 10 MG, 15 MG, 30 MG ( <i>prednisolone sodium phosphate</i> )	4	
PEDIAPRED ORAL SOLUTION 6.7 (5 BASE) MG/5ML ( <i>prednisolone sodium phosphate</i> )	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>prednisolone oral solution 15 mg/5ml</i>	1	
<i>prednisolone oral tablet 5 mg</i>	1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml</i>	1	
<i>prednisolone sodium phosphate oral tablet dispersible 10 mg, 15 mg, 30 mg</i>	1	
<i>prednisone intensol oral concentrate 5 mg/ml</i>	1	
<i>prednisone oral solution 5 mg/5ml</i>	1	
<i>prednisone oral tablet 1 mg, 10 mg, 2.5 mg, 20 mg, 5 mg, 50 mg</i>	1	
<i>prednisone oral tablet therapy pack 10 mg (21), 10 mg (48), 5 mg (21), 5 mg (48)</i>	1	
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT ( <i>beclomethasone diprop hfa</i> )	1	SL (10.6 grams per month.)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT ( <i>beclomethasone diprop hfa</i> )	1	SL (42.4 grams per month.)
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT ( <i>olopatadine-mometasone</i> )	4	
SYMBICORT INHALATION AEROSOL 160-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )	1	SL (0.34 grams per day.)
SYMBICORT INHALATION AEROSOL 80-4.5 MCG/ACT ( <i>budesonide-formoterol fumarate</i> )	1	SL (0.35 grams per day.)
TAPERDEX 12-DAY ORAL TABLET THERAPY PACK 1.5 MG (49) ( <i>dexamethasone</i> )	3	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG ( <i>dexamethasone</i> )	4	
TAPERDEX 6-DAY ORAL TABLET THERAPY PACK 1.5 MG (21) ( <i>dexamethasone</i> )	3	
TAPERDEX 7-DAY ORAL TABLET THERAPY PACK 1.5 MG (27) ( <i>dexamethasone</i> )	3	
TARPEYO ORAL CAPSULE DELAYED RELEASE 4 MG ( <i>budesonide</i> )	4	PA; SL (4 capsules per day.); SP
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT ( <i>fluticasone-umeclidin-vilant</i> )	3	SL (2 blisters per day)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT ( <i>fluticasone-umeclidin-vilant</i> )	3	SL (2 blisters per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UCERIS ORAL TABLET EXTENDED RELEASE 24 HOUR 9 MG ( <i>budesonide</i> )	1	
<i>wixela inhub inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	1	SL (2 blisters per day)
<b>ALPHA-GLUCOSIDASE INHIBITORS - Drugs for Diabetes</b>		
<i>acarbose oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<i>miglitol oral tablet 100 mg, 25 mg, 50 mg</i>	1	
<b>AMYLINOMIMETICS - Drugs for Diabetes</b>		
SYMLINPEN 120 SUBCUTANEOUS SOLUTION PEN-INJECTOR 2700 MCG/2.7ML ( <i>pramlintide acetate</i> )	3	SL (4 pens (10.8 ml) per month.)
SYMLINPEN 60 SUBCUTANEOUS SOLUTION PEN-INJECTOR 1500 MCG/1.5ML ( <i>pramlintide acetate</i> )	3	SL (4 pens (6 ml) per month.)
<b>ANDROGENS - Hormones</b>		
ANDRODERM TRANSDERMAL PATCH 24 HOUR 2 MG/24HR, 4 MG/24HR ( <i>testosterone</i> )	2	SL (1 patch per day)
COVARYX HS ORAL TABLET 0.625-1.25 MG ( <i>est estrogens-methyltest</i> )	3	
COVARYX ORAL TABLET 1.25-2.5 MG ( <i>est estrogens-methyltest</i> )	2	
<i>danazol oral capsule 100 mg, 200 mg, 50 mg</i>	1	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 100 MG/ML ( <i>testosterone cypionate</i> )	3	
DEPO-TESTOSTERONE INTRAMUSCULAR SOLUTION 200 MG/ML ( <i>testosterone cypionate</i> )	4	
EC-RX TESTOSTERONE TRANSDERMAL CREAM 0.2 %, 0.4 %, 10 %, 20 %	3	PA
EEMT HS ORAL TABLET 0.625-1.25 MG ( <i>est estrogens-methyltest</i> )	3	
EEMT ORAL TABLET 1.25-2.5 MG ( <i>est estrogens-methyltest</i> )	2	
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	1	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	1	
KYZATREX ORAL CAPSULE 100 MG ( <i>testosterone undecanoate</i> )	4	SL (2 capsules per day.)
KYZATREX ORAL CAPSULE 150 MG, 200 MG ( <i>testosterone undecanoate</i> )	4	SL (4 capsules per day.)
METHITEST ORAL TABLET 10 MG	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methyltestosterone oral capsule 10 mg</i>	1	
TESTIM TRANSDERMAL GEL 50 MG/5GM (1%) ( <i>testosterone</i> )	1	SL (100 mg Testosterone (2 X 5 grams tubes = 10 grams) per day)
<i>testosterone cypionate intramuscular solution 100 mg/ml, 200 mg/ml</i>	1	
<i>testosterone enanthate intramuscular solution 200 mg/ml</i>	1	
<i>testosterone transdermal gel 1.62 %, 20.25 mg/act (1.62%)</i>	1	SL (31 packets per month)
<b>ANTIDIABETIC AGENTS, MISCELLANEOUS - Drugs for Diabetes</b>		
<i>colesevelam hcl oral packet 3.75 gm</i>	1	
<i>colesevelam hcl oral tablet 625 mg</i>	1	
CYCLOSET ORAL TABLET 0.8 MG ( <i>bromocriptine mesylate</i> )	3	
KORLYM ORAL TABLET 300 MG ( <i>mifepristone</i> )	3	PA; SL (4 tablets per day.); SP
<b>ANTIESTROGENS - Drugs for Women</b>		
<i>anastrozole oral tablet 1 mg</i>	1	H
<i>exemestane oral tablet 25 mg</i>	1	H
KISQALI FEMARA ORAL TABLET THERAPY PACK 200 & 2.5 MG ( <i>ribociclib-letrozole</i> )	4	PA; CM
<i>letrozole oral tablet 2.5 mg</i>	1	H
<b>ANTIGONADTROPINS - Hormones</b>		
FIRMAGON (240 MG DOSE) SUBCUTANEOUS SOLUTION RECONSTITUTED 120 MG/VIAL ( <i>degarelix acetate</i> )	3	SP
FIRMAGON SUBCUTANEOUS SOLUTION RECONSTITUTED 80 MG ( <i>degarelix acetate</i> )	3	SP
MYFEMBREE ORAL TABLET 40-1-0.5 MG ( <i>relugolix-estradiol-norethind</i> )	2	SL (1 tablet day.)
ORGOVYX ORAL TABLET 120 MG ( <i>relugolix</i> )	3	PA; SL (1 tablet per day); SP; CM
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ( <i>elagolix-estradiol-norethind</i> )	2	PA; SL (2 capsules per day.)
ORLISSA ORAL TABLET 150 MG ( <i>elagolix sodium</i> )	2	SL (1 tablet per day.)
ORLISSA ORAL TABLET 200 MG ( <i>elagolix sodium</i> )	2	SL (2 tablets per day.)
<b>ANTIHYPOGLYCEMIC AGENTS, MISCELLANEOUS - Hormones</b>		
<i>diazoxide oral suspension 50 mg/ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PROGLYCEM ORAL SUSPENSION 50 MG/ML ( <i>diazoxide</i> )	4	
<b>ANTIPARATHYROID AGENTS - Drugs for Bones</b>		
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
<i>cinacalcet hcl oral tablet 30 mg, 60 mg, 90 mg</i>	1	PA
MIACALCIN INJECTION SOLUTION 200 UNIT/ML ( <i>calcitonin (salmon)</i> )	3	
<b>ANTITHYROID AGENTS - Drugs for the Thyroid</b>		
<i>methimazole oral tablet 10 mg, 5 mg</i>	1	
<i>propylthiouracil oral tablet 50 mg</i>	1	
<b>BIGUANIDES - Drugs for Diabetes</b>		
ACTOPLUS MET ORAL TABLET 15-850 MG ( <i>pioglitazone hcl-metformin hcl</i> )	4	SL (3 tablets per day)
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG ( <i>linagliptin-metformin hcl</i> )	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ( <i>linagliptin-metformin hcl</i> )	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ( <i>linagliptin-metformin hcl</i> )	2	SL (1 tablet per day.)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG ( <i>alogliptin-metformin hcl</i> )	2	SL (2 tablets per day.)
<i>metformin hcl er oral tablet extended release 24 hour 500 mg, 750 mg</i>	1	
<i>metformin hcl oral solution 500 mg/5ml</i>	1	
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	1	
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	SL (3 tablets per day)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	1	SL (62 tablets per month.)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	1	SL (31 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG ( <i>empagliflozin-metformin hcl</i> )	2	SL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG ( <i>empagliflozin-metformin hcl</i> )	2	SL (1 tablet per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG ( <i>empagliflozin-metformin hcl</i> )	2	SL (2 tablets per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG ( <i>empagliflozin-linagliptin-metformin</i> )	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG ( <i>empagliflozin-linagliptin-metformin</i> )	2	SL (2 tablets per day.)
<b>CONTRACEPTIVES - Drugs for Women</b>		
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	H
<i>aftera oral tablet 1.5 mg</i>	1	H
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	H
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>amethia oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
<i>amethyst oral tablet 90-20 mcg</i>	1	H
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )	3	SL (1 vaginal ring per 327 days); H
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	H
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>ashlyna oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	H
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	H
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	H
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) ( <i>levonorgest-eth estrad-fe bisg</i> )	4	H
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	H
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	H
<i>camila oral tablet 0.35 mg</i>	1	H
<i>camrese lo oral tablet 0.1-0.02 &amp; 0.01 mg</i>	1	H
<i>camrese oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	H
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	H
<i>curae oral tablet 1.5 mg</i>	1	H
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	H
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>daysee oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
<i>deblitane oral tablet 0.35 mg</i>	1	H
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML ( <i>medroxyprogesterone acetate</i> )	4	SL (5 ml per year.)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML ( <i>medroxyprogesterone acetate</i> )	4	SL (5 mL per 365 days.)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> )	2	SL (3.25 ml per year.); H
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>dolishale oral tablet 90-20 mcg</i>	1	H
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	H
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	H
<i>econtra one-step oral tablet 1.5 mg</i>	1	H
<i>elinest oral tablet 0.3-30 mg-mcg</i>	1	H
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	1	SL (1 tablet per 21 days.); H
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	H
<i>errin oral tablet 0.35 mg</i>	1	H
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	H
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	H
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>heather oral tablet 0.35 mg</i>	1	H
<i>her style oral tablet 1.5 mg</i>	1	H
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	H
<i>incassia oral tablet 0.35 mg</i>	1	H
<i>introvale oral tablet 0.15-0.03 mg</i>	1	H
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	H
<i>jaimiess oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
<i>jasmiel oral tablet 3-0.02 mg</i>	1	H
<i>jencycla oral tablet 0.35 mg</i>	1	H
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	H
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	H
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	H
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	H
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	H
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	H
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>	1	H
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	1	H
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	H
<i>levonorgestrel oral tablet 1.5 mg</i>	1	H
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	H
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	H
<b>LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphas)</b>	1	H
<i>lojaimiess oral tablet 0.1-0.02 &amp; 0.01 mg</i>	1	H
<i>loryna oral tablet 3-0.02 mg</i>	1	H
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	H
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	H
<i>lutra oral tablet 0.1-20 mg-mcg</i>	1	H
<i>lyleq oral tablet 0.35 mg</i>	1	H
<i>lyza oral tablet 0.35 mg</i>	1	H
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	H
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	SL (5 ml per year.); H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	SL (5 mL per 365 days.); H
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	H
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	H
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	H
<i>my choice oral tablet 1.5 mg</i>	1	H
<i>my way oral tablet 1.5 mg</i>	1	H
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>estradiol valerate-dienogest</i> )	1	H
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>new day oral tablet 1.5 mg</i>	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG ( <i>drospirenone-estetrol</i> )	4	H
<i>nikki oral tablet 3-0.02 mg</i>	1	H
<i>nora-be oral tablet 0.35 mg</i>	1	H
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethindrone oral tablet 0.35 mg</i>	1	H
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	H
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	H
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>norlyroc oral tablet 0.35 mg</i>	1	H
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	H
<i>ocella oral tablet 3-0.03 mg</i>	1	H
<i>opcicon one-step oral tablet 1.5 mg</i>	1	H
<i>option 2 oral tablet 1.5 mg</i>	1	H
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	H
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	1	H
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	H
<i>react oral tablet 1.5 mg</i>	1	H
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	H
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	H
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	H
<i>sharobel oral tablet 0.35 mg</i>	1	H
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>simpesse oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
SLYND ORAL TABLET 4 MG ( <i>drospirenone</i> )	4	H
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	H
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	H
<i>syeda oral tablet 3-0.03 mg</i>	1	H
<i>take action oral tablet 1.5 mg</i>	1	H
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	H
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR ( <i>levonorgestrel-eth estradiol</i> )	4	H
<i>tyblume oral tablet chewable 0.1-20 mg-mcg</i>	1	H
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	H
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	H
<i>vestura oral tablet 3-0.02 mg</i>	1	H
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	H
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	H
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	H
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	H
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG ( <i>drospirenone-ethinyl estradiol</i> )	3	
YAZ ORAL TABLET 3-0.02 MG ( <i>drospirenone-ethinyl estradiol</i> )	3	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	H
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>zumandimine oral tablet 3-0.03 mg</i>	1	H
<b>DIPEPTIDYL PEPTIDASE-4(DPP-4) INHIBITORS - Drugs for Diabetes</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin-linagliptin</i> )	2	ST; SL (1 tablet per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
JENTADUETO ORAL TABLET 2.5-1000 MG, 2.5-500 MG, 2.5-850 MG ( <i>linagliptin-metformin hcl</i> )	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG ( <i>linagliptin-metformin hcl</i> )	2	SL (2 tablets per day.)
JENTADUETO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 5-1000 MG ( <i>linagliptin-metformin hcl</i> )	2	SL (1 tablet per day.)
KAZANO ORAL TABLET 12.5-1000 MG, 12.5-500 MG ( <i>alogliptin-metformin hcl</i> )	2	SL (2 tablets per day.)
NESINA ORAL TABLET 12.5 MG, 25 MG, 6.25 MG ( <i>alogliptin benzoate</i> )	2	SL (1 tablet per day.)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG ( <i>alogliptin-pioglitazone</i> )	2	SL (1 tablet per day.)
<i>saxagliptin hcl oral tablet 2.5 mg, 5 mg</i>	1	SL (1 tablet per day)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 2.5-1000 mg</i>	1	SL (62 tablets per month.)
<i>saxagliptin-metformin er oral tablet extended release 24 hour 5-1000 mg, 5-500 mg</i>	1	SL (31 tablets per month.)
TRADJENTA ORAL TABLET 5 MG ( <i>linagliptin</i> )	2	SL (1 tablet per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG ( <i>empagliflozin-linagliptin-metformin</i> )	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG ( <i>empagliflozin-linagliptin-metformin</i> )	2	SL (2 tablets per day.)
<b>ESTROGEN AGONIST-ANTAGONISTS - Drugs for Women</b>		
DUAVEE ORAL TABLET 0.45-20 MG ( <i>conj estrogens-bazedoxifene</i> )	3	SL (1 tablet per day)
OSPHENA ORAL TABLET 60 MG ( <i>ospemifene</i> )	2	PA; SL (1 tablet per day.)
<i>raloxifene hcl oral tablet 60 mg</i>	1	H
SOLTAMOX ORAL SOLUTION 10 MG/5ML ( <i>tamoxifen citrate</i> )	4	
<i>tamoxifen citrate oral tablet 10 mg</i>	1	
<i>tamoxifen citrate oral tablet 20 mg</i>	1	H
<i>toremifene citrate oral tablet 60 mg</i>	1	CM
<b>ESTROGENS - Drugs for Women</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG ( <i>estradiol-norethindrone acet</i> )	4	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	3	SL (8 patches (1 box) per 28 days.)
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	H
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>amethia oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
<i>amethyst oral tablet 90-20 mcg</i>	1	H
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG ( <i>drospirenone-estradiol</i> )	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )	3	SL (1 vaginal ring per 327 days); H
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	H
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>ashlyna oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	H
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	H
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	H
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) ( <i>levonorgest-eth estrad-fe bisg</i> )	4	H
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	H
BIJUVA ORAL CAPSULE 1-100 MG ( <i>estradiol-progesterone</i> )	3	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	H
<i>camrese lo oral tablet 0.1-0.02 &amp; 0.01 mg</i>	1	H
<i>camrese oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY ( <i>estradiol-levonorgestrel</i> )	2	SL (4 patches per month.)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY ( <i>estradiol-norethindrone acet</i> )	2	SL (8 patches per 28 days.)
COVARYX HS ORAL TABLET 0.625-1.25 MG ( <i>est estrogens-methyltest</i> )	3	
COVARYX ORAL TABLET 1.25-2.5 MG ( <i>est estrogens-methyltest</i> )	2	
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	H
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	H
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>daysee oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML ( <i>estradiol valerate</i> )	4	
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	H
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML ( <i>estradiol cypionate</i> )	3	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM ( <i>estradiol</i> )	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM ( <i>estradiol</i> )	2	
<i>dolishale oral tablet 90-20 mcg</i>	1	H
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	SL (8 patches (1 box) per 28 days.)
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	H
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	H
DUAVEE ORAL TABLET 0.45-20 MG ( <i>conj estrogens-bazedoxifene</i> )	3	SL (1 tablet per day)
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	PA
EEMT HS ORAL TABLET 0.625-1.25 MG ( <i>est estrogens-methyltest</i> )	3	
EEMT ORAL TABLET 1.25-2.5 MG ( <i>est estrogens-methyltest</i> )	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) (estradiol)	3	
<i>elimest oral tablet 0.3-30 mg-mcg</i>	1	H
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	H
<i>est estrogens-methyltest ds oral tablet 1.25-2.5 mg</i>	1	
<i>est estrogens-methyltest hs oral tablet 0.625-1.25 mg</i>	1	
<i>est estrogens-methyltest oral tablet 1.25-2.5 mg</i>	1	
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	H
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.075 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.075 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.1 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.1 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	1	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	SL (4 patches (1 carton) per 28 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
ESTRING VAGINAL RING 7.5 MCG/24HR ( <i>estradiol</i> )	2	SL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) ( <i>estradiol</i> )	3	SL (50 grams (1 box) per month.)
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	H
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	H
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY ( <i>estradiol</i> )	2	
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	H
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR ( <i>estradiol acetate</i> )	3	SL (1 ring per 3 months.)
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	H
IMVEXXY MAINTENANCE PACK VAGINAL INSERT 10 MCG, 4 MCG ( <i>estradiol</i> )	2	SL (0.29 vaginal insert per day.)
IMVEXXY STARTER PACK VAGINAL INSERT 10 MCG, 4 MCG ( <i>estradiol</i> )	2	SL (18 inserts per year.)
<i>introvale oral tablet 0.15-0.03 mg</i>	1	H
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	H
<i>jaimiess oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
<i>jasmiel oral tablet 3-0.02 mg</i>	1	H
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	H
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	H
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	H
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	H
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	H
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>	1	H
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	1	H
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	H
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	H
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	H
<b>LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG (norethin-eth estrad-fe biphase)</b>	1	H
<i>lojaimiess oral tablet 0.1-0.02 &amp; 0.01 mg</i>	1	H
<i>loryna oral tablet 3-0.02 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	H
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	H
<i>lutera oral tablet 0.1-20 mg-mcg</i>	1	H
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	SL (8 patches (1 box) per 28 days.)
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	H
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG (esterified estrogens)	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR (estradiol)	3	SL (4 patches (1 carton) per 28 days.)
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	H
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	H
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>mono-lynyah oral tablet 0.25-35 mg-mcg</i>	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG (relugolix-estradiol-norethind)	2	SL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG (estradiol valerate-dienogest)	1	H
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG (drospirenone-estetrol)	4	H
<i>nikki oral tablet 3-0.02 mg</i>	1	H
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	H
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	H
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	H
<i>ocella oral tablet 3-0.03 mg</i>	1	H
<b>ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 &amp; 300 MG (elagolix-estradiol-norethind)</b>	2	PA; SL (2 capsules per day.)
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	H
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	H
<b>PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG (estrogens conjugated)</b>	2	
<b>PREMARIN VAGINAL CREAM 0.625 MG/GM (estrogens, conjugated)</b>	3	
<b>PREMPHASE ORAL TABLET 0.625-5 MG (conj estrog-medroxyprogest ace)</b>	2	
<b>PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG (conj estrog-medroxyprogest ace)</b>	2	
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	H
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	H
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	H
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>simpesse oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	H
<i>syeda oral tablet 3-0.03 mg</i>	1	H
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	H
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR (levonorgestrel-eth estradiol)	4	H
<i>tyblume oral tablet chewable 0.1-20 mg-mcg</i>	1	H
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	H
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	H
<i>vestura oral tablet 3-0.02 mg</i>	1	H
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	H
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	H
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	H
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	H
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
YASMIN 28 ORAL TABLET 3-0.03 MG ( <i>drospirenone-ethinyl estradiol</i> )	3	
YAZ ORAL TABLET 3-0.02 MG ( <i>drospirenone-ethinyl estradiol</i> )	3	
<i>yuvaferm vaginal tablet 10 mcg</i>	1	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	H
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>zumandimine oral tablet 3-0.03 mg</i>	1	H
<b>GLYCOGENOLYTIC AGENTS - Hormones</b>		
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	2	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	4	
<i>glucagon emergency kit 1 mg injection</i>	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	4	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	2	
GVOKE HYOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	2	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML ( <i>glucagon</i> )	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )	2	
<b>GONADOTROPINS - Hormones</b>		
<i>leuprolide acetate injection kit 1 mg/0.2ml</i>	1	PA
SYNAREL NASAL SOLUTION 2 MG/ML ( <i>nafarelin acetate</i> )	2	
<b>INCRETIN MIMETICS - Drugs for Diabetes</b>		
BYDUREON BCISE AUTOINJECTOR SUBCUTANEOUS AUTO-INJECTOR 2 MG/0.85ML ( <i>exenatide</i> )	2	PA; ST; SL (3.4 mL per month)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
BYETTA 10 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MCG/0.04ML ( <i>exenatide</i> )	2	PA; ST; SL (2.4 mL (one pen) per prescription)
BYETTA 5 MCG PEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MCG/0.02ML ( <i>exenatide</i> )	2	PA; ST; SL (1.2 mL (one pen) per prescription)
MOUNJARO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/0.5ML, 12.5 MG/0.5ML, 15 MG/0.5ML, 2.5 MG/0.5ML, 5 MG/0.5ML, 7.5 MG/0.5ML ( <i>tirzepatide</i> )	2	PA; ST; SL (0.08 ml per day.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML ( <i>semaglutide</i> )	2	PA; ST; SL (6 ml per month.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML ( <i>semaglutide</i> )	2	PA; ST; SL (9 ml per 3 months.)
OZEMPIC SUBCUTANEOUS SOLUTION PEN-INJECTOR 8 MG/3ML ( <i>semaglutide</i> )	2	PA; ST; SL (3 ml per 21 days.)
RYBELSUS ORAL TABLET 14 MG, 3 MG, 7 MG ( <i>semaglutide</i> )	2	PA; ST; SL (1 tablet per day.)
SAXENDA SUBCUTANEOUS SOLUTION PEN-INJECTOR 18 MG/3ML ( <i>liraglutide -weight management</i> )	3	PA; SL (0.5 mL per day.)
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML ( <i>insulin glargine-lixisenatide</i> )	2	SL (18 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 0.75 MG/0.5ML, 1.5 MG/0.5ML ( <i>dulaglutide</i> )	2	PA; ST; SL (2 ml per month.)
TRULICITY SUBCUTANEOUS SOLUTION PEN-INJECTOR 3 MG/0.5ML, 4.5 MG/0.5ML ( <i>dulaglutide</i> )	2	PA; ST; SL (2 mL per 21 days)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS ( <i>liraglutide</i> )	2	PA; ST; SL (6 ml (2 pens) per month.)
VICTOZA SOLUTION PEN-INJECTOR 18 MG/3ML SUBCUTANEOUS ( <i>liraglutide</i> )	3	PA; ST; SL (6 ml (2 pens) per month.)
WEGOVY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.25 MG/0.5ML, 0.5 MG/0.5ML, 1 MG/0.5ML, 1.7 MG/0.75ML, 2.4 MG/0.75ML ( <i>semaglutide-weight management</i> )	3	PA
<b>INTERMEDIATE-ACTING INSULINS - Drugs for Diabetes</b>		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	1	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	2	
HUMULIN N VIAL SUBCUTANEOUS SUSPENSION 100 UNIT/ML ( <i>insulin nph human (isophane)</i> )	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>LEPTINS - Hormones</b>		
MYALEPT SUBCUTANEOUS SOLUTION RECONSTITUTED 11.3 MG ( <i>metreleptin</i> )	3	PA; SL (0.9 vial per day.); SP
<b>LONG-ACTING INSULINS - Drugs for Diabetes</b>		
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin glargine</i> )	1	
LANTUS U-100 VIAL SUBCUTANEOUS SOLUTION 100 UNIT/ML ( <i>insulin glargine</i> )	1	
SOLIQUA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100-33 UNT-MCG/ML ( <i>insulin glargine-lixisenatide</i> )	2	SL (18 ml per month.)
TOUJEO MAX SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )	2	
TOUJEO SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNIT/ML ( <i>insulin glargine</i> )	2	
<b>MEGLITINIDES - Drugs for Diabetes</b>		
<i>nateglinide oral tablet 120 mg, 60 mg</i>	1	SL (3 tablets per day)
<i>repaglinide oral tablet 0.5 mg, 1 mg</i>	1	SL (4 tablets per day)
<i>repaglinide oral tablet 2 mg</i>	1	SL (8 tablets per day)
<b>PARATHYROID AGENTS - Drugs for Bones</b>		
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	1	PA; SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	3	PA; SP
<b>PITUITARY - Hormones</b>		
ACTHAR INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	4	PA; ST; SL (20 ml per 24 days.); SP
CORTROPHIN INJECTION GEL 80 UNIT/ML ( <i>corticotropin</i> )	4	PA; ST; SL (20 ml per 24 days.); SP
<i>desmopressin ace spray refrig nasal solution 0.01 %</i>	1	
<i>desmopressin acetate injection solution 4 mcg/ml</i>	1	
DESMOPRESSIN ACETATE NASAL SOLUTION 1.5 MG/ML	3	
<i>desmopressin acetate oral tablet 0.1 mg, 0.2 mg</i>	1	
<i>desmopressin acetate pf injection solution 4 mcg/ml</i>	1	
<i>desmopressin acetate spray nasal solution 0.01 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NOCDURNA SUBLINGUAL TABLET SUBLINGUAL 27.7 MCG, 55.3 MCG ( <i>desmopressin acetate</i> )	3	SL (1 tablet per day.)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML ( <i>somatropin</i> )	2	PA; SL (13.5 mL (9 pens) per month.)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML ( <i>somatropin</i> )	2	PA; SL (9 mL (6 pens) per month.); SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 30 MG/3ML ( <i>somatropin</i> )	2	PA; SL (9 mL (3 pens) per month.); SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML ( <i>somatropin</i> )	2	PA; SL (27 mL (18 pens) per month.)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML ( <i>somatropin</i> )	2	PA; SL (18 ml (9 cartridges) per month.); SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML ( <i>somatropin</i> )	2	PA; SL (10 ml (5 cartridges) per month.); SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML ( <i>somatropin</i> )	2	PA; SL (36 ml (18 cartridges) per month.); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG ( <i>somatropin (non-refrigerated)</i> )	4	PA; SL (1 tablet per day); SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	3	PA; SL (1 tablet per day); SP
<b>PROGESTINS - Drugs for Women</b>		
ACTIVELLA ORAL TABLET 1-0.5 MG ( <i>estradiol-norethindrone acet</i> )	4	
<i>afirmelle oral tablet 0.1-20 mg-mcg</i>	1	H
<i>aftera oral tablet 1.5 mg</i>	1	H
<i>altavera oral tablet 0.15-30 mg-mcg</i>	1	H
<i>alyacen 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>alyacen 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>amabelz oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>amethia oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
<i>amethyst oral tablet 90-20 mcg</i>	1	H
ANGELIQ ORAL TABLET 0.25-0.5 MG, 0.5-1 MG ( <i>drospirenone-estradiol</i> )	3	
ANNOVERA VAGINAL RING 0.013-0.15 MG/24HR ( <i>segesterone-ethinyl estradiol</i> )	3	SL (1 vaginal ring per 327 days); H
<i>apri oral tablet 0.15-30 mg-mcg</i>	1	H
<i>aranelle oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>ashlyna oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
<i>aubra eq oral tablet 0.1-20 mg-mcg</i>	1	H
<i>aurovela 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>aurovela 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>aurovela 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>aurovela fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>aurovela fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>aviane oral tablet 0.1-20 mg-mcg</i>	1	H
<i>ayuna oral tablet 0.15-30 mg-mcg</i>	1	H
<i>azurette oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
BALCOLTRA ORAL TABLET 0.1-20 MG-MCG(21) ( <i>levonorgest-eth estrad-fe bisg</i> )	4	H
<i>balziva oral tablet 0.4-35 mg-mcg</i>	1	H
BIJUVA ORAL CAPSULE 1-100 MG ( <i>estradiol-progesterone</i> )	3	
<i>blisovi 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>blisovi fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>blisovi fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>briellyn oral tablet 0.4-35 mg-mcg</i>	1	H
<i>camila oral tablet 0.35 mg</i>	1	H
<i>camrese lo oral tablet 0.1-0.02 &amp; 0.01 mg</i>	1	H
<i>camrese oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
<i>charlotte 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>chateal eq oral tablet 0.15-30 mg-mcg</i>	1	H
CLIMARA PRO TRANSDERMAL PATCH WEEKLY 0.045-0.015 MG/DAY ( <i>estradiol-levonorgestrel</i> )	2	SL (4 patches per month.)
COMBIPATCH TRANSDERMAL PATCH TWICE WEEKLY 0.05-0.14 MG/DAY, 0.05-0.25 MG/DAY ( <i>estradiol-norethindrone acet</i> )	2	SL (8 patches per 28 days.)
CRINONE VAGINAL GEL 4 %, 8 % ( <i>progesterone</i> )	4	ST
<i>cryselle-28 oral tablet 0.3-30 mg-mcg</i>	1	H
<i>curae oral tablet 1.5 mg</i>	1	H
<i>cyred eq oral tablet 0.15-30 mg-mcg</i>	1	H
<i>dasetta 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>dasetta 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>daysee oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>deblitane oral tablet 0.35 mg</i>	1	H
<i>delyla oral tablet 0.1-20 mg-mcg</i>	1	H
DEPO-PROVERA INTRAMUSCULAR SUSPENSION 150 MG/ML ( <i>medroxyprogesterone acetate</i> )	4	SL (5 ml per year.)
DEPO-PROVERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 150 MG/ML ( <i>medroxyprogesterone acetate</i> )	4	SL (5 mL per 365 days.)
DEPO-SUBQ PROVERA 104 SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 104 MG/0.65ML ( <i>medroxyprogesterone acetate</i> )	2	SL (3.25 ml per year.); H
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>dolishale oral tablet 90-20 mcg</i>	1	H
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	H
<i>drospirenone-ethinyl estradiol oral tablet 3-0.02 mg, 3-0.03 mg</i>	1	H
<i>econtra one-step oral tablet 1.5 mg</i>	1	H
EC-RX PROGESTERONE TRANSDERMAL CREAM 10 %, 20 %	3	PA
<i>elimest oral tablet 0.3-30 mg-mcg</i>	1	H
ELLA ORAL TABLET 30 MG ( <i>ulipristal acetate</i> )	1	SL (1 tablet per 21 days.); H
<i>eluryng vaginal ring 0.12-0.015 mg/24hr</i>	1	H
ENDOMETRIN VAGINAL INSERT 100 MG ( <i>progesterone</i> )	2	
<i>enilloring vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>enpresse-28 oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>enskyce oral tablet 0.15-30 mg-mcg</i>	1	H
<i>errin oral tablet 0.35 mg</i>	1	H
<i>estarylla oral tablet 0.25-35 mg-mcg</i>	1	H
<i>estradiol-norethindrone acet oral tablet 0.5-0.1 mg, 1-0.5 mg</i>	1	
<i>ethynodiol diac-eth estradiol oral tablet 1-35 mg-mcg, 1-50 mg-mcg</i>	1	H
<i>etonogestrel-ethinyl estradiol vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>falmina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>finzala oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
FIRST-PROGESTERONE VGS VAGINAL SUPPOSITORY 100 MG, 200 MG ( <i>progesterone</i> )	3	PA
<i>fyavolv oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>gemmily oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>hailey 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>hailey fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>hailey fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>haloette vaginal ring 0.12-0.015 mg/24hr</i>	1	H
<i>heather oral tablet 0.35 mg</i>	1	H
<i>her style oral tablet 1.5 mg</i>	1	H
<i>iclevia oral tablet 0.15-0.03 mg</i>	1	H
<i>incassia oral tablet 0.35 mg</i>	1	H
<i>introvale oral tablet 0.15-0.03 mg</i>	1	H
<i>isibloom oral tablet 0.15-30 mg-mcg</i>	1	H
<i>jaimiess oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
<i>jasmiel oral tablet 3-0.02 mg</i>	1	H
<i>jencycla oral tablet 0.35 mg</i>	1	H
<i>jinteli oral tablet 1-5 mg-mcg</i>	1	
<i>jolessa oral tablet 0.15-0.03 mg</i>	1	H
<i>joyeaux oral tablet 0.1-20 mg-mcg(21)</i>	1	H
<i>juleber oral tablet 0.15-30 mg-mcg</i>	1	H
<i>junel 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>junel fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>junel fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>junel fe 24 oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>kaitlib fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>kalliga oral tablet 0.15-30 mg-mcg</i>	1	H
<i>kariva oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>kelnor 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>kelnor 1/50 oral tablet 1-50 mg-mcg</i>	1	H
<i>kurvelo oral tablet 0.15-30 mg-mcg</i>	1	H
<i>larin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>larin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>larin 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>larin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>larin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>layolis fe oral tablet chewable 0.8-25 mg-mcg</i>	1	H
<i>leena oral tablet 0.5/1/0.5-35 mg-mcg</i>	1	H
<i>lessina oral tablet 0.1-20 mg-mcg</i>	1	H
<i>levonest oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levonorgest-eth est &amp; eth est oral tablet 42-21-21-7 days</i>	1	H
<i>levonorgest-eth estrad 91-day oral tablet 0.1-0.02 &amp; 0.01 mg, 0.15-0.03 &amp; 0.01 mg, 0.15-0.03 mg</i>	1	H
<i>levonorgest-eth estradiol-iron oral tablet 0.1-20 mg-mcg(21)</i>	1	H
<i>levonorgestrel oral tablet 1.5 mg</i>	1	H
<i>levonorgestrel-ethinyl estrad oral tablet 0.1-20 mg-mcg, 0.15-30 mg-mcg, 90-20 mcg</i>	1	H
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>levora 0.15/30 (28) oral tablet 0.15-30 mg-mcg</i>	1	H
LO LOESTRIN FE ORAL TABLET 1 MG-10 MCG / 10 MCG ( <i>norethin-eth estrad-fe biphas</i> )	1	H
<i>lojaimiess oral tablet 0.1-0.02 &amp; 0.01 mg</i>	1	H
<i>loryna oral tablet 3-0.02 mg</i>	1	H
<i>low-ogestrel oral tablet 0.3-30 mg-mcg</i>	1	H
<i>lo-zumandimine oral tablet 3-0.02 mg</i>	1	H
<i>lutra oral tablet 0.1-20 mg-mcg</i>	1	H
<i>lyleq oral tablet 0.35 mg</i>	1	H
<i>lyza oral tablet 0.35 mg</i>	1	H
<i>marlissa oral tablet 0.15-30 mg-mcg</i>	1	H
<i>medroxyprogesterone acetate intramuscular suspension 150 mg/ml</i>	1	SL (5 ml per year.); H
<i>medroxyprogesterone acetate intramuscular suspension prefilled syringe 150 mg/ml</i>	1	SL (5 mL per 365 days.); H
<i>medroxyprogesterone acetate oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>megestrol acetate oral suspension 40 mg/ml, 625 mg/5ml</i>	1	
<i>megestrol acetate oral tablet 20 mg, 40 mg</i>	1	
<i>merzee oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>mibelas 24 fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>microgestin 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>microgestin 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>microgestin 24 fe oral tablet 1-20 mg-mcg</i>	1	H
<i>microgestin fe 1.5/30 oral tablet 1.5-30 mg-mcg</i>	1	H
<i>microgestin fe 1/20 oral tablet 1-20 mg-mcg</i>	1	H
<i>mili oral tablet 0.25-35 mg-mcg</i>	1	H
<i>mimvey oral tablet 1-0.5 mg</i>	1	
<i>mono-linyah oral tablet 0.25-35 mg-mcg</i>	1	H
<i>my choice oral tablet 1.5 mg</i>	1	H
<i>my way oral tablet 1.5 mg</i>	1	H
MYFEMBREE ORAL TABLET 40-1-0.5 MG ( <i>relugolix-estradiol-norethind</i> )	2	SL (1 tablet day.)
NATAZIA ORAL TABLET 3/2-2/2-3/1 MG ( <i>estradiol valerate-dienogest</i> )	1	H
<i>necon 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>new day oral tablet 1.5 mg</i>	1	H
NEXTSTELLIS ORAL TABLET 3-14.2 MG ( <i>drospirenone-estetrol</i> )	4	H
<i>nikki oral tablet 3-0.02 mg</i>	1	H
<i>nora-be oral tablet 0.35 mg</i>	1	H
<i>norethin ace-eth estrad-fe oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethin ace-eth estrad-fe oral tablet chewable 1-20 mg-mcg(24)</i>	1	H
<i>norethindrone acetate oral tablet 5 mg</i>	1	
<i>norethindrone acet-ethinyl est oral tablet 1-20 mg-mcg, 1.5-30 mg-mcg</i>	1	H
<i>norethindrone oral tablet 0.35 mg</i>	1	H
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg, 1-5 mg-mcg</i>	1	
<i>norethindron-ethinyl estrad-fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>norethin-eth estradiol-fe oral tablet chewable 0.4-35 mg-mcg, 0.8-25 mg-mcg</i>	1	H
<i>norgestimate-eth estradiol oral tablet 0.25-35 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>norgestimate-ethinyl estradiol triphasic oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>norlyroc oral tablet 0.35 mg</i>	1	H
<i>nortrel 0.5/35 (28) oral tablet 0.5-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (21) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>nortrel 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nylia 1/35 oral tablet 1-35 mg-mcg</i>	1	H
<i>nylia 7/7/7 oral tablet 0.5/0.75/1-35 mg-mcg</i>	1	H
<i>nymyo oral tablet 0.25-35 mg-mcg</i>	1	H
<i>ocella oral tablet 3-0.03 mg</i>	1	H
<i>opcicon one-step oral tablet 1.5 mg</i>	1	H
<i>option 2 oral tablet 1.5 mg</i>	1	H
ORIAHNN ORAL CAPSULE THERAPY PACK 300-1-0.5 & 300 MG ( <i>elagolix-estradiol-norethind</i> )	2	PA; SL (2 capsules per day.)
<i>philith oral tablet 0.4-35 mg-mcg</i>	1	H
<i>pimtrea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
PLAN B ONE-STEP ORAL TABLET 1.5 MG ( <i>levonorgestrel</i> )	1	H
<i>portia-28 oral tablet 0.15-30 mg-mcg</i>	1	H
PREMPHASE ORAL TABLET 0.625-5 MG ( <i>conj estrog-medroxyprogest ace</i> )	2	
PREMPRO ORAL TABLET 0.3-1.5 MG, 0.45-1.5 MG, 0.625-2.5 MG, 0.625-5 MG ( <i>conj estrog-medroxyprogest ace</i> )	2	
<i>progesterone intramuscular oil 50 mg/ml</i>	1	
PROGESTERONE MICRONIZED TRANSDERMAL CREAM 10 %	3	PA
<i>progesterone oral capsule 100 mg, 200 mg</i>	1	
PROVERA ORAL TABLET 10 MG, 2.5 MG, 5 MG ( <i>medroxyprogesterone acetate</i> )	4	
<i>react oral tablet 1.5 mg</i>	1	H
<i>reclipsen oral tablet 0.15-30 mg-mcg</i>	1	H
<i>rivelsa oral tablet 42-21-21-7 days</i>	1	H
<i>setlakin oral tablet 0.15-0.03 mg</i>	1	H
<i>sharobel oral tablet 0.35 mg</i>	1	H
<i>simliya oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>simpesse oral tablet 0.15-0.03 &amp; 0.01 mg</i>	1	H
SLYND ORAL TABLET 4 MG ( <i>drospirenone</i> )	4	H
<i>sprintec 28 oral tablet 0.25-35 mg-mcg</i>	1	H
<i>sronyx oral tablet 0.1-20 mg-mcg</i>	1	H
<i>syeda oral tablet 3-0.03 mg</i>	1	H
<i>take action oral tablet 1.5 mg</i>	1	H
<i>tarina 24 fe oral tablet 1-20 mg-mcg(24)</i>	1	H
<i>tarina fe 1/20 eq oral tablet 1-20 mg-mcg</i>	1	H
<i>taysofy oral capsule 1-20 mg-mcg(24)</i>	1	H
<i>tilia fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-estarylla oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-legest fe oral tablet 1-20/1-30/1-35 mg-mcg</i>	1	H
<i>tri-linyah oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-lo-estarylla oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-marzia oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-mili oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-lo-sprintec oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-mili oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-nymyo oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>tri-sprintec oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>trivora (28) oral tablet 50-30/75-40/ 125-30 mcg</i>	1	H
<i>tri-vylibra lo oral tablet 0.18/0.215/0.25 mg-25 mcg</i>	1	H
<i>tri-vylibra oral tablet 0.18/0.215/0.25 mg-35 mcg</i>	1	H
<i>turqoz oral tablet 0.3-30 mg-mcg</i>	1	H
TWIRLA TRANSDERMAL PATCH WEEKLY 120-30 MCG/24HR ( <i>levonorgestrel-eth estradiol</i> )	4	H
<i>tyblume oral tablet chewable 0.1-20 mg-mcg</i>	1	H
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	H
<i>velivet oral tablet 0.1/0.125/0.15 -0.025 mg</i>	1	H
<i>vestura oral tablet 3-0.02 mg</i>	1	H
<i>vienva oral tablet 0.1-20 mg-mcg</i>	1	H
<i>viorele oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>volnea oral tablet 0.15-0.02/0.01 mg (21/5)</i>	1	H
<i>vyfemla oral tablet 0.4-35 mg-mcg</i>	1	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>vylibra oral tablet 0.25-35 mg-mcg</i>	1	H
<i>wera oral tablet 0.5-35 mg-mcg</i>	1	H
<i>wymzya fe oral tablet chewable 0.4-35 mg-mcg</i>	1	H
<i>xulane transdermal patch weekly 150-35 mcg/24hr</i>	1	H
YASMIN 28 ORAL TABLET 3-0.03 MG ( <i>drospirenone-ethinyl estradiol</i> )	3	
YAZ ORAL TABLET 3-0.02 MG ( <i>drospirenone-ethinyl estradiol</i> )	3	
<i>zafemy transdermal patch weekly 150-35 mcg/24hr</i>	1	H
<i>zovia 1/35 (28) oral tablet 1-35 mg-mcg</i>	1	H
<i>zumandimine oral tablet 3-0.03 mg</i>	1	H
<b>RAPID-ACTING INSULINS - Drugs for Diabetes</b>		
AFREZZA INHALATION POWDER 12 UNIT, 4 UNIT, 60X4 & 60X8 & 60X12 UNIT, 8 UNIT, 90 X 4 UNIT & 90X8 UNIT, 90 X 8 UNIT & 90X12 UNIT ( <i>insulin regular human</i> )	4	
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin lispro</i> )	2	
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	2	
HUMALOG MIX 50/50 VIAL SUBCUTANEOUS SUSPENSION (50-50) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	1	
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	2	
HUMALOG MIX 75/25 VIAL SUBCUTANEOUS SUSPENSION (75-25) 100 UNIT/ML ( <i>insulin lispro prot &amp; lispro</i> )	1	
HUMALOG SOLUTION 100 UNIT/ML INJECTION ( <i>insulin lispro</i> )	1	
HUMALOG SOLUTION 100 UNIT/ML INJECTION ( <i>insulin lispro</i> )	4	
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE 100 UNIT/ML ( <i>insulin lispro</i> )	2	
HUMALOG U-100 JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML ( <i>insulin lispro</i> )	2	
INSULIN LISPRO (1 UNIT DIAL) SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
INSULIN LISPRO INJECTION SOLUTION 100 UNIT/ML	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
INSULIN LISPRO JUNIOR KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML	2	
INSULIN LISPRO PROT & LISPRO SUBCUTANEOUS SUSPENSION PEN-INJECTOR (75-25) 100 UNIT/ML	2	
LYUMJEV KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 UNIT/ML, 200 UNIT/ML ( <i>insulin lispro-aabc</i> )	2	
LYUMJEV VIAL INJECTION SOLUTION 100 UNIT/ML ( <i>insulin lispro-aabc</i> )	1	
<b>SHORT-ACTING INSULINS - Drugs for Diabetes</b>		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	2	
HUMULIN 70/30 VIAL SUBCUTANEOUS SUSPENSION (70-30) 100 UNIT/ML ( <i>insulin nph isophane &amp; regular</i> )	1	
HUMULIN R SOLUTION 100 UNIT/ML INJECTION ( <i>insulin regular human</i> )	3	
HUMULIN R SOLUTION 100 UNIT/ML INJECTION ( <i>insulin regular human</i> )	1	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 500 UNIT/ML ( <i>insulin regular human</i> )	2	
HUMULIN R U-500 VIAL SUBCUTANEOUS SOLUTION 500 UNIT/ML ( <i>insulin regular human</i> )	1	
<b>SODIUM-GLUC COTRANSPORT 2 (SGLT2) INHIB - Drugs for Diabetes</b>		
GLYXAMBI ORAL TABLET 10-5 MG, 25-5 MG ( <i>empagliflozin-linagliptin</i> )	2	ST; SL (1 tablet per day.)
JARDIANCE ORAL TABLET 10 MG, 25 MG ( <i>empagliflozin</i> )	2	SL (30 tablets per month.)
SYNJARDY ORAL TABLET 12.5-1000 MG, 12.5-500 MG, 5-1000 MG, 5-500 MG ( <i>empagliflozin-metformin hcl</i> )	2	SL (2 tablets per day.)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG ( <i>empagliflozin-metformin hcl</i> )	2	SL (1 tablet per day)
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG ( <i>empagliflozin-metformin hcl</i> )	2	SL (2 tablets per day)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG ( <i>empagliflozin-linagliptin-metformin</i> )	2	SL (1 tablet per day.)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG ( <i>empagliflozin-linagliptin-metformin</i> )	2	SL (2 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>SOMATOSTATIN AGONISTS - Hormones</b>		
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
<i>octreotide acetate subcutaneous solution prefilled syringe 100 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	1	PA
SANDOSTATIN INJECTION SOLUTION 100 MCG/ML, 50 MCG/ML, 500 MCG/ML ( <i>octreotide acetate</i> )	4	PA
SIGNIFOR SUBCUTANEOUS SOLUTION 0.3 MG/ML, 0.6 MG/ML, 0.9 MG/ML ( <i>pasireotide diaspertate</i> )	4	PA; SL (2 ampules per day.); SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 120 MG/0.5ML, 60 MG/0.2ML, 90 MG/0.3ML ( <i>lanreotide acetate</i> )	4	SP
<b>SOMATOTROPIN AGONISTS - Hormones</b>		
EGRIFTA SV SUBCUTANEOUS SOLUTION RECONSTITUTED 2 MG ( <i>tesamorelin acetate</i> )	4	PA; SL (1 vial per day.)
INCRELEX SUBCUTANEOUS SOLUTION 40 MG/4ML ( <i>mecasermin</i> )	2	PA; SL (52 vials per month.); SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/1.5ML ( <i>somatropin</i> )	2	PA; SL (13.5 mL (9 pens) per month.)
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 15 MG/1.5ML ( <i>somatropin</i> )	2	PA; SL (9 mL (6 pens) per month.); SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 30 MG/3ML ( <i>somatropin</i> )	2	PA; SL (9 mL (3 pens) per month.); SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/1.5ML ( <i>somatropin</i> )	2	PA; SL (27 mL (18 pens) per month.)
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR 10 MG/2ML ( <i>somatropin</i> )	2	PA; SL (18 ml (9 cartridges) per month.); SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR 20 MG/2ML ( <i>somatropin</i> )	2	PA; SL (10 ml (5 cartridges) per month.); SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR 5 MG/2ML ( <i>somatropin</i> )	2	PA; SL (36 ml (18 cartridges) per month.); SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG ( <i>somatropin (non-refrigerated)</i> )	4	PA; SL (1 tablet per day); SP
ZORBTIVE SUBCUTANEOUS SOLUTION RECONSTITUTED 8.8 MG ( <i>somatropin (non-refrigerated)</i> )	3	PA; SL (1 tablet per day); SP
<b>SOMATOTROPIN ANTAGONISTS - Hormones</b>		
SOMAVERT SUBCUTANEOUS SOLUTION RECONSTITUTED 10 MG, 15 MG, 20 MG, 25 MG, 30 MG ( <i>pegvisomant</i> )	4	PA; SL (1 vial per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>SULFONYLUREAS - Drugs for Diabetes</b>		
DUETACT ORAL TABLET 30-2 MG, 30-4 MG ( <i>pioglitazone hcl-glimepiride</i> )	3	SL (1 tablet per day)
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	1	
<i>glipizide er oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide oral tablet 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide xl oral tablet extended release 24 hour 10 mg, 2.5 mg, 5 mg</i>	1	
<i>glipizide-metformin hcl oral tablet 2.5-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLUCOTROL XL ORAL TABLET EXTENDED RELEASE 24 HOUR 10 MG, 2.5 MG, 5 MG ( <i>glipizide</i> )	4	
<i>glyburide micronized oral tablet 1.5 mg, 3 mg, 6 mg</i>	1	
<i>glyburide oral tablet 1.25 mg, 2.5 mg, 5 mg</i>	1	
<i>glyburide-metformin oral tablet 1.25-250 mg, 2.5-500 mg, 5-500 mg</i>	1	
GLYNASE ORAL TABLET 1.5 MG ( <i>glyburide micronized</i> )	3	
GLYNASE ORAL TABLET 3 MG, 6 MG ( <i>glyburide micronized</i> )	4	
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	SL (1 tablet per day)
<b>THIAZOLIDINEDIONES - Drugs for Diabetes</b>		
ACTOPLUS MET ORAL TABLET 15-850 MG ( <i>pioglitazone hcl-metformin hcl</i> )	4	SL (3 tablets per day)
DUETACT ORAL TABLET 30-2 MG, 30-4 MG ( <i>pioglitazone hcl-glimepiride</i> )	3	SL (1 tablet per day)
OSENI ORAL TABLET 12.5-30 MG, 25-15 MG, 25-30 MG, 25-45 MG ( <i>alogliptin-pioglitazone</i> )	2	SL (1 tablet per day.)
<i>pioglitazone hcl oral tablet 15 mg, 30 mg, 45 mg</i>	1	SL (1 tablet per day)
<i>pioglitazone hcl-glimepiride oral tablet 30-2 mg, 30-4 mg</i>	1	SL (1 tablet per day)
<i>pioglitazone hcl-metformin hcl oral tablet 15-500 mg, 15-850 mg</i>	1	SL (3 tablets per day)
<b>THYROID AGENTS - Drugs for the Thyroid</b>		
ARMOUR THYROID ORAL TABLET 120 MG, 15 MG, 180 MG, 240 MG, 30 MG, 300 MG, 60 MG, 90 MG ( <i>thyroid</i> )	2	
ERMEZA ORAL SOLUTION 150 MCG/5ML ( <i>levothyroxine sodium</i> )	2	PA
<i>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</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>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</i>	1	
LEVOTHYROXINE SODIUM 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	4	
<i>levothyroxine sodium oral tablet 100 mcg, 112 mcg, 125 mcg, 137 mcg, 150 mcg, 175 mcg, 200 mcg, 25 mcg, 300 mcg, 50 mcg, 75 mcg, 88 mcg</i>	1	
<i>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</i>	1	
<i>liothyronine sodium oral tablet 25 mcg, 5 mcg, 50 mcg</i>	1	
NIVA THYROID ORAL TABLET 120 MG, 15 MG, 30 MG, 60 MG, 90 MG	3	
<i>np thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
THYQUIDITY ORAL SOLUTION 100 MCG/5ML ( <i>levothyroxine sodium</i> )	4	
<i>thyroid oral tablet 120 mg, 15 mg, 30 mg, 60 mg, 90 mg</i>	1	
TIROSINT ORAL CAPSULE 100 MCG, 112 MCG, 125 MCG, 13 MCG, 137 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 37.5 MCG, 44 MCG, 50 MCG, 62.5 MCG, 75 MCG, 88 MCG ( <i>levothyroxine sodium</i> )	4	
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, 37.5 MCG/ML, 44 MCG/ML, 50 MCG/ML, 62.5 MCG/ML, 75 MCG/ML, 88 MCG/ML ( <i>levothyroxine sodium</i> )	2	
<i>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</i>	1	
<b>LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing</b>		
<b>LOCAL ANESTHETICS (PARENTERAL) - Drugs for Numbing</b>		
LETS KIT	3	PA
ZTLIDO EXTERNAL PATCH 1.8 % ( <i>lidocaine</i> )	3	PA; SL (3 patches per day.)
<b>MISCELLANEOUS THERAPEUTIC AGENTS</b>		
<b>5-ALPHA-REDUCTASE INHIBITORS</b>		
<i>dutasteride oral capsule 0.5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>dutasteride-tamsulosin hcl oral capsule 0.5-0.4 mg</i>	1	
ENTADFI ORAL CAPSULE 5-5 MG ( <i>finasteride-tadalafil</i> )	4	SL (1 capsule per day.)
<i>finasteride oral tablet 5 mg</i>	1	
<b>ALCOHOL DETERRENTS - Drugs for Alcohol Dependence</b>		
<i>disulfiram oral tablet 250 mg, 500 mg</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	
<b>ANTIDOTES - Drugs for Overdose or Poisoning</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
BAQSIMI ONE PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	2	
BAQSIMI TWO PACK NASAL POWDER 3 MG/DOSE ( <i>glucagon</i> )	2	
CHEMET ORAL CAPSULE 100 MG ( <i>succimer</i> )	2	
FOSRENOL ORAL PACKET 1000 MG, 750 MG ( <i>lanthanum carbonate</i> )	3	
GLUCAGEN HYPOKIT INJECTION SOLUTION RECONSTITUTED 1 MG ( <i>glucagon hcl (rdna)</i> )	4	
<i>glucagon emergency kit 1 mg injection</i>	1	
GLUCAGON EMERGENCY KIT 1 MG INJECTION	4	
GLUCAGON EMERGENCY KIT INJECTION SOLUTION RECONSTITUTED 1 MG/ML	2	
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	2	
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	2	
GVOKE KIT SUBCUTANEOUS SOLUTION 1 MG/0.2ML ( <i>glucagon</i> )	2	
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.5 MG/0.1ML, 1 MG/0.2ML ( <i>glucagon</i> )	2	
<i>lanthanum carbonate oral tablet chewable 1000 mg, 500 mg, 750 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
<i>naloxone hcl injection solution 0.4 mg/ml, 4 mg/10ml</i>	1	
<i>naloxone hcl injection solution cartridge 0.4 mg/ml</i>	1	
<i>naloxone hcl injection solution prefilled syringe 2 mg/2ml</i>	1	
<i>naltrexone hcl oral tablet 50 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>phytonadione oral tablet 5 mg</i>	1	
RADIOGARDASE ORAL CAPSULE 0.5 GM ( <i>prussian blue insoluble</i> )	3	
<i>sevelamer carbonate oral packet 0.8 gm, 2.4 gm</i>	1	
<i>sevelamer carbonate oral tablet 800 mg</i>	1	
<i>sevelamer hcl oral tablet 400 mg, 800 mg</i>	1	
<i>sodium polystyrene sulfonate oral powder</i>	1	
<i>sps oral suspension 15 gm/60ml</i>	1	
VISTOGARD ORAL PACKET 10 GM ( <i>uridine triacetate</i> )	2	PA
ZEGALOGUE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )	2	
ZEGALOGUE SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 0.6 MG/0.6ML ( <i>dasiglucagon hcl</i> )	2	
ZIMHI INJECTION SOLUTION PREFILLED SYRINGE 5 MG/0.5ML ( <i>naloxone hcl</i> )	2	
<b>ANTIGOUT AGENTS - Drugs for Gout</b>		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	1	
ALLOPURINOL ORAL TABLET 200 MG	4	
<i>colchicine oral capsule 0.6 mg</i>	1	
<i>colchicine oral tablet 0.6 mg</i>	1	
<i>colchicine-probenecid oral tablet 0.5-500 mg</i>	1	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 375 MG ( <i>naproxen</i> )	3	
EC-NAPROSYN ORAL TABLET DELAYED RELEASE 500 MG ( <i>naproxen</i> )	4	
<i>ec-naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>febuxostat oral tablet 40 mg, 80 mg</i>	1	
INDOCIN ORAL SUSPENSION 25 MG/5ML ( <i>indomethacin</i> )	3	
INDOCIN RECTAL SUPPOSITORY 50 MG ( <i>indomethacin</i> )	4	
<i>indomethacin er oral capsule extended release 75 mg</i>	1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	1	
<i>indomethacin rectal suppository 50 mg</i>	1	
MITIGARE ORAL CAPSULE 0.6 MG ( <i>colchicine</i> )	2	
NAPROSYN ORAL SUSPENSION 125 MG/5ML ( <i>naproxen</i> )	4	
<i>naproxen dr oral tablet delayed release 500 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>naproxen oral tablet 250 mg, 375 mg, 500 mg</i>	1	
<i>naproxen oral tablet delayed release 375 mg, 500 mg</i>	1	
<i>naproxen sodium er oral tablet extended release 24 hour 375 mg, 500 mg, 750 mg</i>	1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	1	
<i>probenecid oral tablet 500 mg</i>	1	
<b>ANTISENSE OLIGONUCLEOTIDES</b>		
TEGSEDI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 284 MG/1.5ML ( <i>inotersen sodium</i> )	2	PA; SL (0.22 ml per day.); SP
<b>BONE ANABOLIC AGENTS</b>		
<i>teriparatide (recombinant) subcutaneous solution pen-injector 600 mcg/2.4ml</i>	1	PA; SP
TERIPARATIDE (RECOMBINANT) SUBCUTANEOUS SOLUTION PEN-INJECTOR 620 MCG/2.48ML	3	PA; SP
TYMLOS SUBCUTANEOUS SOLUTION PEN-INJECTOR 3120 MCG/1.56ML ( <i>abaloparatide</i> )	3	PA; SP
<b>BONE RESORPTION INHIBITORS - Drugs for Bone Loss</b>		
<i>alendronate sodium oral solution 70 mg/75ml</i>	1	
<i>alendronate sodium oral tablet 10 mg, 35 mg, 5 mg, 70 mg</i>	1	
ALORA TRANSDERMAL PATCH TWICE WEEKLY 0.025 MG/24HR, 0.075 MG/24HR, 0.1 MG/24HR ( <i>estradiol</i> )	3	SL (8 patches (1 box) per 28 days.)
BINOSTO ORAL TABLET EFFERVESCENT 70 MG ( <i>alendronate sodium</i> )	4	SL (4 tablets per month.)
<i>calcitonin (salmon) injection solution 200 unit/ml</i>	1	
<i>calcitonin (salmon) nasal solution 200 unit/act</i>	1	
DELESTROGEN INTRAMUSCULAR OIL 10 MG/ML, 20 MG/ML, 40 MG/ML ( <i>estradiol valerate</i> )	4	
DEPO-ESTRADIOL INTRAMUSCULAR OIL 5 MG/ML ( <i>estradiol cypionate</i> )	3	
DIVIGEL TRANSDERMAL GEL 0.25 MG/0.25GM, 0.5 MG/0.5GM, 1 MG/GM, 1.25 MG/1.25GM ( <i>estradiol</i> )	3	
DIVIGEL TRANSDERMAL GEL 0.75 MG/0.75GM ( <i>estradiol</i> )	2	
<i>dotti transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	SL (8 patches (1 box) per 28 days.)
EC-RX ESTRADIOL TRANSDERMAL CREAM 0.4 %, 0.6 %	3	PA
ELESTRIN TRANSDERMAL GEL 0.52 MG/0.87 GM (0.06%) ( <i>estradiol</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>estradiol oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.025 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.0375 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.05 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.075 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.075 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.1 mg/24hr transdermal</i>	1	SL (8 patches (1 box) per 28 days.)
<i>estradiol patch twice weekly 0.1 mg/24hr transdermal</i>	4	SL (8 patches (1 box) per 28 days.)
<i>estradiol transdermal gel 0.25 mg/0.25gm, 0.5 mg/0.5gm, 0.75 mg/0.75gm, 1 mg/gm, 1.25 mg/1.25gm</i>	1	
<i>estradiol transdermal patch weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.06 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	SL (4 patches (1 carton) per 28 days.)
<i>estradiol vaginal cream 0.1 mg/gm</i>	1	
<i>estradiol vaginal tablet 10 mcg</i>	1	
<i>estradiol valerate intramuscular oil 10 mg/ml, 20 mg/ml, 40 mg/ml</i>	1	
ESTRING VAGINAL RING 7.5 MCG/24HR ( <i>estradiol</i> )	2	SL (1 ring per 90 days.)
ESTROGEL TRANSDERMAL GEL 0.75 MG/1.25 GM (0.06%) ( <i>estradiol</i> )	3	SL (50 grams (1 box) per month.)
EVAMIST TRANSDERMAL SOLUTION 1.53 MG/SPRAY ( <i>estradiol</i> )	2	
FEMRING VAGINAL RING 0.05 MG/24HR, 0.1 MG/24HR ( <i>estradiol acetate</i> )	3	SL (1 ring per 3 months.)
FOSAMAX ORAL TABLET 70 MG ( <i>alendronate sodium</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT ( <i>alendronate-cholecalciferol</i> )	3	
<i>ibandronate sodium oral tablet 150 mg</i>	1	
<i>lyllana transdermal patch twice weekly 0.025 mg/24hr, 0.0375 mg/24hr, 0.05 mg/24hr, 0.075 mg/24hr, 0.1 mg/24hr</i>	1	SL (8 patches (1 box) per 28 days.)
MENEST ORAL TABLET 0.3 MG, 0.625 MG, 1.25 MG, 2.5 MG ( <i>esterified estrogens</i> )	3	
MENOSTAR TRANSDERMAL PATCH WEEKLY 14 MCG/24HR ( <i>estradiol</i> )	3	SL (4 patches (1 carton) per 28 days.)
MIACALCIN INJECTION SOLUTION 200 UNIT/ML ( <i>calcitonin (salmon)</i> )	3	
PREMARIN ORAL TABLET 0.3 MG, 0.45 MG, 0.625 MG, 0.9 MG, 1.25 MG ( <i>estrogens conjugated</i> )	2	
PREMARIN VAGINAL CREAM 0.625 MG/GM ( <i>estrogens, conjugated</i> )	3	
<i>raloxifene hcl oral tablet 60 mg</i>	1	H
<i>risedronate sodium oral tablet 150 mg</i>	1	SL (1 tablet per month)
<i>risedronate sodium oral tablet 30 mg, 5 mg</i>	1	
<i>risedronate sodium oral tablet 35 mg</i>	1	SL (4 tablets per 28 days.)
<i>risedronate sodium oral tablet delayed release 35 mg</i>	1	SL (4 tablets per month)
<i>yuvafem vaginal tablet 10 mcg</i>	1	
<b>BRADYKININ RECEPTOR ANTAGONISTS</b>		
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; SL (0.6 ml per day.); SP
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; SL (0.6 ml per day.); SP
<b>CARBONIC ANHYDRASE INHIBITORS (MISC.)</b>		
<i>dichlorphenamide oral tablet 50 mg</i>	1	PA; SL (4 tablets per day.); SP
KEVEYIS ORAL TABLET 50 MG ( <i>dichlorphenamide</i> )	4	PA; SL (4 tablets per day.); SP
<b>CARIOSTATIC AGENTS - Vitamins and Fluoride</b>		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	
CLINPRO 5000 DENTAL PASTE 1.1 % ( <i>sodium fluoride</i> )	3	
DENTA 5000 PLUS DENTAL CREAM 1.1 % ( <i>sodium fluoride</i> )	4	
DENTAGEL DENTAL GEL 1.1 % ( <i>sodium fluoride</i> )	4	
<i>easygel dental gel 0.4 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML ( <i>sodium fluoride-vitamin d</i> )	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML ( <i>pediatric multivitamins-fl</i> )	3	
<i>fluoridex daily renewal mouth/throat concentrate 0.63 %</i>	1	
FLUORIDEX DENTAL PASTE 1.1 % ( <i>sodium fluoride</i> )	3	
FLUORIDEX ENHANCED WHITENING DENTAL PASTE 1.1 % ( <i>sodium fluoride</i> )	3	
FLUORIDEX SENSITIVITY RELIEF DENTAL PASTE 1.1-5 % ( <i>sod fluoride-potassium nitrate</i> )	3	
FLUORIMAX 5000 DENTAL PASTE 1.1 % ( <i>sodium fluoride</i> )	3	
FLUORIMAX 5000 SENSITIVE DENTAL PASTE 1.1-5 % ( <i>sod fluoride-potassium nitrate</i> )	3	
JUST RIGHT 5000 DENTAL PASTE 1.1 % ( <i>sodium fluoride</i> )	3	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> )	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>pediatric multivitamins-fl</i> )	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> )	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML ( <i>ped multivitamins-fl-iron</i> )	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG ( <i>ped multivitamins-fl-iron</i> )	3	
PREVIDENT 5000 BOOSTER PLUS DENTAL PASTE 1.1 % ( <i>sodium fluoride</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PREVIDENT 5000 DRY MOUTH DENTAL GEL 1.1 % ( <i>sodium fluoride</i> )	4	
PREVIDENT 5000 ENAMEL PROTECT DENTAL GEL 1.1-5 % ( <i>sod fluoride-potassium nitrate</i> )	3	
PREVIDENT 5000 ORTHO DEFENSE DENTAL PASTE 1.1 % ( <i>sodium fluoride</i> )	3	
PREVIDENT 5000 PLUS DENTAL CREAM 1.1 % ( <i>sodium fluoride</i> )	4	
PREVIDENT 5000 SENSITIVE DENTAL GEL 1.1-5 % ( <i>sod fluoride-potassium nitrate</i> )	3	
PREVIDENT DENTAL GEL 1.1 % ( <i>sodium fluoride</i> )	4	
PREVIDENT MOUTH/THROAT SOLUTION 0.2 % ( <i>sodium fluoride</i> )	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML ( <i>pediatric multivitamins-fl</i> )	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> )	3	
<i>sf 5000 plus dental cream 1.1 %</i>	1	
<i>sf dental gel 1.1 %</i>	1	
<i>sodium fluoride 5000 plus dental cream 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental cream 1.1 %</i>	1	
<i>sodium fluoride 5000 ppm dental paste 1.1 %</i>	1	
<i>sodium fluoride dental cream 1.1 %</i>	1	
<i>sodium fluoride dental gel 1.1 %</i>	1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	1	H
<i>sodium fluoride oral tablet 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	
<i>sodium fluoride oral tablet chewable 0.55 (0.25 f) mg, 1.1 (0.5 f) mg, 2.2 (1 f) mg</i>	1	H
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>ped vit a-c-d-methylfolate-fl</i> )	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
<b>COMPLEMENT INHIBITORS</b>		
BERINERT INTRAVENOUS KIT 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	4	PA; ST; SL (0.4 boxes per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML ( <i>pegcetacoplan</i> )	2	PA; SL (5.8 ml per day. 2,100 ml per 360 days.); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	2	PA; SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT ( <i>c1 esterase inhibitor (recomb)</i> )	4	PA; SL (0.27 vials per day.); SP
TAVNEOS ORAL CAPSULE 10 MG ( <i>avacopan</i> )	4	PA; SL (6 capsules per day.); SP
<b>DISEASE-MODIFYING ANTIRHEUMATIC AGENTS - Drugs for Arthritis</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO- INJECTOR 162 MG/0.9ML ( <i>tocilizumab</i> )	3	PA; ST; SL (3.6 ml per 21 days.); SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML ( <i>tocilizumab</i> )	3	PA; ST; SL (4 syringes (36 mL) per month); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO- INJECTOR 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-atto</i> )	2	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	PA; SL (0.06 ml per day.); SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML ( <i>adalimumab-atto</i> )	2	PA; SL (0.4 ml per day.); SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab-atto</i> )	2	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	PA; SL (0.06 ml per day.); SP
AZASAN ORAL TABLET 100 MG, 75 MG ( <i>azathioprine</i> )	4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG ( <i>sulfasalazine</i> )	4	
AZULFIDINE ORAL TABLET 500 MG ( <i>sulfasalazine</i> )	4	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG ( <i>abrocitinib</i> )	2	PA; SL (1 tablet per day.); SP; CM
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML ( <i>certolizumab pegol</i> )	2	PA; SL (6 mL per 365 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML ( <i>certolizumab pegol</i> )	2	PA; SL (1 kit per 21 days.); SP
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	3	PA; ST; SL (0.072 mL per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	3	PA; ST; SL (0.036 mL per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>secukinumab</i> )	3	PA; ST; SL (0.018 ml per day.)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	3	PA; ST; SL (0.072 mL per day.); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	3	PA; ST; SL (0.036 mL per day.); SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>secukinumab</i> )	3	PA; ST; SL (0.0715 ml per day.); SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
CYLTEZO SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	2	PA; SL (0.08 syringe per day.); SP
CYLTEZO SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	2	PA; SL (0.08 syringe per day.); SP
CYLTEZO-CD/UC/HS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	2	PA; SL (6 auto-injector per 365 days.); SP
CYLTEZO-PSORIASIS STARTER SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	2	PA; SL (4 auto-injector per 365 days.); SP
DEPEN TITRATABS ORAL TABLET 250 MG ( <i>penicillamine</i> )	2	SP
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	2	PA; SL (0.15 ml per day.); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	2	PA; SL (0.15 ml per day.); SP
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML ( <i>adalimumab-bwwd</i> )	2	PA; SL (0.03 ml per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	2	PA; SL (0.06 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>adalimumab-bwwd</i> )	2	PA; SL (0.03 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	2	PA; SL (0.06 ml per day.); SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (3 syringes per year); SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	2	PA; SL (2 kits per year); SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (2 pens per month.); SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (2 syringes per month.); SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (6 pens (1 kit) per year.); SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (4 pens per 365 days.); SP
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (4 pens per 365 days.); SP
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (4 pens (1 kit) per year.); SP
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	2	PA; SL (3 pens per year.); SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab</i> )	2	PA; SL (2 syringes per month.); SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (2 syringes per month.)
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
KEVZARA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	4	PA; ST; SL (2.28 ml per month.); SP
KEVZARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/1.14ML, 200 MG/1.14ML ( <i>sarilumab</i> )	4	PA; ST; SL (2.28 mL per month); SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML ( <i>anakinra</i> )	3	PA; ST; SL (0.67 ml (1 syringe) per day.); SP
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
OLUMIANT ORAL TABLET 1 MG, 4 MG ( <i>baricitinib</i> )	2	PA; ST; SL (1 tablet per day.)
OLUMIANT ORAL TABLET 2 MG ( <i>baricitinib</i> )	2	PA; ST; SL (1 tablet per day.); SP
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )	3	PA; ST; SL (4 auto-injectors per month.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML ( <i>abatacept</i> )	3	PA; ST; SL (4 syringes per month); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML ( <i>abatacept</i> )	3	PA; SL (0.06 ml per day.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML ( <i>abatacept</i> )	3	PA; SL (0.1 ml per day.); SP
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	2	PA; SL (2 tablets per day.); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	2	PA; SL (55 tablets (one starter pack) per year.); SP
<i>penicillamine oral tablet 250 mg</i>	1	SP
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 10 MG/0.2ML ( <i>methotrexate (anti-rheumatic)</i> )	2	SL (0.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 12.5 MG/0.25ML ( <i>methotrexate (anti-rheumatic)</i> )	2	SL (1 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 15 MG/0.3ML ( <i>methotrexate (anti-rheumatic)</i> )	2	SL (1.2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 17.5 MG/0.35ML ( <i>methotrexate (anti-rheumatic)</i> )	2	SL (1.4 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML ( <i>methotrexate (anti-rheumatic)</i> )	2	SL (1.6 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 22.5 MG/0.45ML ( <i>methotrexate (anti-rheumatic)</i> )	2	SL (1.8 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 25 MG/0.5ML ( <i>methotrexate (anti-rheumatic)</i> )	2	SL (2 ml (4 auto-injectors) per month.)
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/0.6ML ( <i>methotrexate (anti-rheumatic)</i> )	2	SL (2.4 ml (4 auto-injectors) per month.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RASUVO SUBCUTANEOUS SOLUTION AUTO-INJECTOR 7.5 MG/0.15ML ( <i>methotrexate (anti-rheumatic)</i> )	2	SL (0.6 ml (4 auto-injectors) per month.)
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	3	SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 15 MG, 30 MG ( <i>upadacitinib</i> )	2	PA; SL (1 tablet per day.); SP
RINVOQ ORAL TABLET EXTENDED RELEASE 24 HOUR 45 MG ( <i>upadacitinib</i> )	2	PA; SL (84 tablets per 365 days.); SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	4	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>golimumab</i> )	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML ( <i>golimumab</i> )	2	PA; SL (0.5 ml (1 syringe) per month); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>golimumab</i> )	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML ( <i>golimumab</i> )	2	PA; SL (0.5 ml (1 syringe) per month); SP
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML ( <i>methotrexate</i> )	4	SL (4 ml per day); CM
XELJANZ ORAL SOLUTION 1 MG/ML ( <i>tofacitinib citrate</i> )	2	PA; SL (8 mL per day.); SP
XELJANZ ORAL TABLET 10 MG ( <i>tofacitinib citrate</i> )	2	PA; SL (2 tablets per day); SP
XELJANZ ORAL TABLET 5 MG ( <i>tofacitinib citrate</i> )	2	PA; SL (2 tablets per day.); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 11 MG ( <i>tofacitinib citrate</i> )	2	PA; SL (1 tablet per day.); SP
XELJANZ XR ORAL TABLET EXTENDED RELEASE 24 HOUR 22 MG ( <i>tofacitinib citrate</i> )	2	PA; SL (1 tablet per day.)
<b>IMMUNOMODULATORY AGENTS - DRUGS FOR THE IMMUNE SYSTEM</b>		
ACTEMRA ACTPEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 162 MG/0.9ML ( <i>tocilizumab</i> )	3	PA; ST; SL (3.6 ml per 21 days.); SP
ACTEMRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 162 MG/0.9ML ( <i>tocilizumab</i> )	3	PA; ST; SL (4 syringes (36 mL) per month); SP
ACTIMMUNE SUBCUTANEOUS SOLUTION 2000000 UNIT/0.5ML ( <i>interferon gamma-1b</i> )	2	PA; SL (8.5 mls per month.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ADALIMUMAB-ADAZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML	2	PA; SL (0.03 ml per day.); SP
ALFERON N INJECTION SOLUTION 5000000 UNIT/ML ( <i>interferon alfa-n3</i> )	2	
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab-atto</i> )	2	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	PA; SL (0.06 ml per day.); SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10 MG/0.2ML ( <i>adalimumab-atto</i> )	2	PA; SL (0.4 ml per day.); SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab-atto</i> )	2	PA; SP
AMJEVITA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-atto</i> )	2	PA; SL (0.06 ml per day.); SP
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	2	PA; SL (4 pens (1 box) per month.); SP
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT 30 MCG/0.5ML ( <i>interferon beta-1a</i> )	2	PA; SL (4 syringes (1 box) per month.); SP
AZASAN ORAL TABLET 100 MG, 75 MG ( <i>azathioprine</i> )	4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
AZULFIDINE EN-TABS ORAL TABLET DELAYED RELEASE 500 MG ( <i>sulfasalazine</i> )	4	
AZULFIDINE ORAL TABLET 500 MG ( <i>sulfasalazine</i> )	4	
BAFIERTAM ORAL CAPSULE DELAYED RELEASE 95 MG ( <i>monomethyl fumarate</i> )	2	PA; SL (4 capsules per day.); SP
BESREMI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 500 MCG/ML ( <i>ropeginterferon alfa-2b-njft</i> )	4	PA; ST; SL (0.08 ml per day.)
BETASERON SUBCUTANEOUS KIT 0.3 MG ( <i>interferon beta-1b</i> )	2	PA; SL (15 vials per month)
CIMZIA STARTER KIT SUBCUTANEOUS PREFILLED SYRINGE KIT 6 X 200 MG/ML ( <i>certolizumab pegol</i> )	2	PA; SL (6 mL per 365 days.); SP
CIMZIA SUBCUTANEOUS PREFILLED SYRINGE KIT 2 X 200 MG/ML ( <i>certolizumab pegol</i> )	2	PA; SL (1 kit per 21 days.); SP
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
CYLTEZO SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.2ML, 20 MG/0.4ML, 40 MG/0.8ML ( <i>adalimumab-adbm</i> )	2	PA; SL (0.08 syringe per day.); SP
<i>dimethyl fumarate oral capsule delayed release 120 mg</i>	1	PA; SL (56 capsules per year.)
<i>dimethyl fumarate oral capsule delayed release 240 mg</i>	1	PA; SL (2 capsules per day.)
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack 120 &amp; 240 mg</i>	1	PA; SL (60 capsules (1 starter pack) per 365 days.)
ENBREL MINI SUBCUTANEOUS SOLUTION CARTRIDGE 50 MG/ML ( <i>etanercept</i> )	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML ( <i>etanercept</i> )	2	PA; SL (0.15 ml per day.); SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 25 MG/0.5ML, 50 MG/ML ( <i>etanercept</i> )	2	PA; SL (0.15 ml per day.); SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/ML ( <i>etanercept</i> )	2	PA; SL (0.15 ml per day.); SP
ENSPRYNG SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 120 MG/ML ( <i>satralizumab-mwge</i> )	4	PA; SL (0.04 ml per day.); SP
<i> fingolimod hcl oral capsule 0.5 mg</i>	1	PA; SL (1 capsule per day)
<i> gengraf oral capsule 100 mg, 25 mg</i>	1	
<i> gengraf oral solution 100 mg/ml</i>	1	
GILENYA ORAL CAPSULE 0.25 MG ( <i>fingolimod hcl</i> )	4	PA; SL (1 capsule per day.)
<i> glatiramer acetate subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SL (30 ml per month.)
<i> glatiramer acetate subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SL (12 ml per 21 days.)
<i> glatopa subcutaneous solution prefilled syringe 20 mg/ml</i>	1	PA; SL (30 ml per month.)
<i> glatopa subcutaneous solution prefilled syringe 40 mg/ml</i>	1	PA; SL (12 ml per 21 days.)
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.4ML ( <i>adalimumab-bwwd</i> )	2	PA; SL (0.03 ml per day.); SP
HADLIMA PUSHTOUCH SUBCUTANEOUS SOLUTION AUTO-INJECTOR 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	2	PA; SL (0.06 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>adalimumab-bwwd</i> )	2	PA; SL (0.03 ml per day.); SP
HADLIMA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.8ML ( <i>adalimumab-bwwd</i> )	2	PA; SL (0.06 ml per day.); SP
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (3 syringes per year); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
HUMIRA PEDIATRIC CROHNS START SUBCUTANEOUS PREFILLED SYRINGE KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	2	PA; SL (2 kits per year); SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.4ML, 80 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (2 pens per month.); SP
HUMIRA PEN SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (2 syringes per month.); SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (6 pens (1 kit) per year.); SP
HUMIRA PEN-CD/UC/HS STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (4 pens per 365 days.); SP
HUMIRA PEN-PEDIATRIC UC START SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (4 pens per 365 days.); SP
HUMIRA PEN-PS/UV/ADOL HS START SUBCUTANEOUS PEN-INJECTOR KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (4 pens (1 kit) per year.); SP
HUMIRA PEN-PSOR/UEIT STARTER SUBCUTANEOUS PEN-INJECTOR KIT 80 MG/0.8ML & 40MG/0.4ML ( <i>adalimumab</i> )	2	PA; SL (3 pens per year.); SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 10 MG/0.1ML, 20 MG/0.2ML, 40 MG/0.4ML ( <i>adalimumab</i> )	2	PA; SL (2 syringes per month.); SP
HUMIRA SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.8ML ( <i>adalimumab</i> )	2	PA; SL (2 syringes per month.)
<i>hydroxychloroquine sulfate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	1	
JOENJA ORAL TABLET 70 MG ( <i>leniolisib phosphate</i> )	2	PA; SL (2 tablets per day.); SP
KESIMPTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 20 MG/0.4ML ( <i>ofatumumab</i> )	2	PA; SL (0.02 ml per day.); SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/0.67ML ( <i>anakinra</i> )	3	PA; ST; SL (0.67 ml (1 syringe) per day.); SP
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
<i>lenalidomide oral capsule 10 mg, 2.5 mg, 5 mg</i>	1	PA; SL (28 capsules per 21 days.); SP; CM
<i>lenalidomide oral capsule 15 mg, 20 mg, 25 mg</i>	1	PA; SL (21 capsules per 21 days.); SP; CM
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	3	PA; ST; SL (40 tablets per 720 days.)
MAYZENT ORAL TABLET 0.25 MG ( <i>siponimod fumarate</i> )	3	PA; SL (4 tablets per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MAYZENT ORAL TABLET 1 MG ( <i>siponimod fumarate</i> )	4	PA; SL (1 tablet per day.)
MAYZENT ORAL TABLET 2 MG ( <i>siponimod fumarate</i> )	3	PA; SL (1 tablet per day.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 12 X 0.25 MG ( <i>siponimod fumarate</i> )	3	PA; SL (12 tablets per 365 days.)
MAYZENT STARTER PACK ORAL TABLET THERAPY PACK 7 X 0.25 MG ( <i>siponimod fumarate</i> )	4	PA; SL (7 tablets per 365 days.)
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
ORENCIA CLICKJECT SUBCUTANEOUS SOLUTION AUTO-INJECTOR 125 MG/ML ( <i>abatacept</i> )	3	PA; ST; SL (4 auto-injectors per month.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MG/ML ( <i>abatacept</i> )	3	PA; ST; SL (4 syringes per month); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.4ML ( <i>abatacept</i> )	3	PA; SL (0.06 ml per day.); SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 87.5 MG/0.7ML ( <i>abatacept</i> )	3	PA; SL (0.1 ml per day.); SP
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	2	PA; SL (2 tablets per day.); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	2	PA; SL (55 tablets (one starter pack) per year.); SP
PLEGRIDY INTRAMUSCULAR SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	3	PA; SL (1 ml per month.)
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PEN-INJECTOR 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	3	PA; SL (1 ml per year.); SP
PLEGRIDY STARTER PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 63 & 94 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	3	PA; SL (1 ml per year.); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PEN-INJECTOR 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	3	PA; SL (1 ml per month.); SP
PLEGRIDY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 125 MCG/0.5ML ( <i>peginterferon beta-1a</i> )	3	PA; SL (1 ml per month.); SP
POMALYST ORAL CAPSULE 1 MG, 2 MG, 3 MG, 4 MG ( <i>pomalidomide</i> )	3	PA; SP; CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
REVLIMID ORAL CAPSULE 10 MG, 2.5 MG, 5 MG ( <i>lenalidomide</i> )	2	PA; SL (28 capsules per 21 days.); SP; CM
REVLIMID ORAL CAPSULE 15 MG, 20 MG, 25 MG ( <i>lenalidomide</i> )	2	PA; SL (21 capsules per 21 days.); SP; CM
RIDAURA ORAL CAPSULE 3 MG ( <i>auranofin</i> )	3	SP
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	4	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>golimumab</i> )	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR 50 MG/0.5ML ( <i>golimumab</i> )	2	PA; SL (0.5 ml (1 syringe) per month); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>golimumab</i> )	2	PA; SL (1 syringe per 21 days.); SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 50 MG/0.5ML ( <i>golimumab</i> )	2	PA; SL (0.5 ml (1 syringe) per month); SP
<i>sulfasalazine oral tablet 500 mg</i>	1	
<i>sulfasalazine oral tablet delayed release 500 mg</i>	1	
<i>teriflunomide oral tablet 14 mg, 7 mg</i>	1	PA; SL (1 tablet per day.)
THALOMID ORAL CAPSULE 100 MG, 150 MG, 200 MG, 50 MG ( <i>thalidomide</i> )	2	PA; SP; CM
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML ( <i>methotrexate</i> )	4	SL (4 ml per day); CM
ZEPOSIA 7-DAY STARTER PACK ORAL CAPSULE THERAPY PACK 4 X 0.23MG & 3 X 0.46MG ( <i>ozanimod hcl</i> )	3	PA; ST; SL (7 capsules per year.)
ZEPOSIA ORAL CAPSULE 0.92 MG ( <i>ozanimod hcl</i> )	3	PA; ST; SL (1 capsule per day.)
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG & 0.46MG 0.92MG(21) ( <i>ozanimod hcl</i> )	3	PA; ST
<b>IMMUNOSUPPRESSIVE AGENTS - Drugs for Transplant</b>		
AZASAN ORAL TABLET 100 MG, 75 MG ( <i>azathioprine</i> )	4	
<i>azathioprine oral tablet 100 mg, 50 mg, 75 mg</i>	1	
BENLYSTA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 200 MG/ML ( <i>belimumab</i> )	2	PA; SL (4 ml per month.); SP
BENLYSTA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/ML ( <i>belimumab</i> )	2	PA; SL (4 ml per month.); SP
<i>cyclophosphamide oral capsule 25 mg, 50 mg</i>	1	CM
CYCLOPHOSPHAMIDE ORAL TABLET 25 MG, 50 MG	2	CM

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>cyclosporine modified oral capsule 100 mg, 25 mg, 50 mg</i>	1	
<i>cyclosporine modified oral solution 100 mg/ml</i>	1	
<i>cyclosporine oral capsule 100 mg, 25 mg</i>	1	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	1	
<i>gengraf oral capsule 100 mg, 25 mg</i>	1	
<i>gengraf oral solution 100 mg/ml</i>	1	
HYFTOR EXTERNAL GEL 0.2 % ( <i>sirolimus</i> )	4	PA; SL (10 g per 23 days.)
<i>leflunomide oral tablet 10 mg, 20 mg</i>	1	
LUPKYNIS ORAL CAPSULE 7.9 MG ( <i>voclosporin</i> )	4	PA; SL (6 capsules per day.)
MAVENCLAD ORAL TABLET THERAPY PACK 10 MG ( <i>cladribine</i> )	3	PA; ST; SL (40 tablets per 720 days.)
<i>mercaptopurine oral tablet 50 mg</i>	1	CM
<i>methotrexate sodium (pf) injection solution 1 gm/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution 1000 mg/40ml, 250 mg/10ml, 50 mg/2ml</i>	1	
<i>methotrexate sodium injection solution reconstituted 1 gm</i>	1	
<i>methotrexate sodium oral tablet 2.5 mg</i>	1	CM
<i>mycophenolate mofetil oral capsule 250 mg</i>	1	
<i>mycophenolate mofetil oral suspension reconstituted 200 mg/ml</i>	1	
<i>mycophenolate mofetil oral tablet 500 mg</i>	1	
<i>mycophenolate sodium oral tablet delayed release 180 mg, 360 mg</i>	1	
NUJO EXTERNAL SOLUTION 0.1 %	3	
<i>pimecrolimus external cream 1 %</i>	1	
PROGRAF ORAL CAPSULE 0.5 MG, 1 MG, 5 MG ( <i>tacrolimus</i> )	4	
PROGRAF ORAL PACKET 0.2 MG, 1 MG ( <i>tacrolimus</i> )	4	
PURIXAN ORAL SUSPENSION 2000 MG/100ML ( <i>mercaptopurine</i> )	4	SP; CM
RAPAMUNE ORAL SOLUTION 1 MG/ML ( <i>sirolimus</i> )	4	
SANDIMMUNE ORAL SOLUTION 100 MG/ML ( <i>cyclosporine</i> )	4	
<i>sirolimus oral solution 1 mg/ml</i>	1	
<i>sirolimus oral tablet 0.5 mg, 1 mg, 2 mg</i>	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
<i>tacrolimus oral capsule 0.5 mg, 1 mg, 5 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TREXALL ORAL TABLET 10 MG, 15 MG, 5 MG, 7.5 MG ( <i>methotrexate sodium</i> )	2	CM
XATMEP ORAL SOLUTION 2.5 MG/ML ( <i>methotrexate</i> )	4	SL (4 ml per day); CM
<b>KALLIKREIN INHIBITORS</b>		
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ( <i>lanadelumab-flyo</i> )	2	PA; SL (0.075 ml per day.); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>lanadelumab-flyo</i> )	2	PA; SL (0.0375 ml per day.); SP
TAKHZYRO SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>lanadelumab-flyo</i> )	2	PA; SL (0.075 ml per day.); SP
<b>KALLIKREIN-KININ SYSTEM INHIBITORS</b>		
BERINERT INTRAVENOUS KIT 500 UNIT ( <i>c1 esterase inhibitor (human)</i> )	4	PA; ST; SL (0.4 boxes per day.); SP
EMPAVELI SUBCUTANEOUS SOLUTION 1080 MG/20ML ( <i>pegcetacoplan</i> )	2	PA; SL (5.8 ml per day. 2,100 ml per 360 days.); SP
HAEGARDA SUBCUTANEOUS SOLUTION RECONSTITUTED 2000 UNIT, 3000 UNIT ( <i>c1 esterase inhibitor (human)</i> )	2	PA; SP
<i>icatibant acetate subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; SL (0.6 ml per day.); SP
RUCONEST INTRAVENOUS SOLUTION RECONSTITUTED 2100 UNIT ( <i>c1 esterase inhibitor (recomb)</i> )	4	PA; SL (0.27 vials per day.); SP
<i>sajazir subcutaneous solution prefilled syringe 30 mg/3ml</i>	1	PA; SL (0.6 ml per day.); SP
TAKHZYRO SUBCUTANEOUS SOLUTION 300 MG/2ML ( <i>lanadelumab-flyo</i> )	2	PA; SL (0.075 ml per day.); SP
TAVNEOS ORAL CAPSULE 10 MG ( <i>avacopan</i> )	4	PA; SL (6 capsules per day.); SP
<b>OTHER MISCELLANEOUS THERAPEUTIC AGENTS</b>		
ARCALYST SUBCUTANEOUS SOLUTION RECONSTITUTED 220 MG ( <i>rilonacept</i> )	2	PA; SP
<i>betaine oral powder</i>	1	SP
CARNITOR ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )	4	
CARNITOR ORAL TABLET 330 MG ( <i>levocarnitine</i> )	4	
CARNITOR SF ORAL SOLUTION 1 GM/10ML ( <i>levocarnitine</i> )	4	
CERDELGA ORAL CAPSULE 84 MG ( <i>eliglustat tartrate</i> )	2	PA; SP
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG ( <i>prenat-fecb-fefum-fa-dha w/o a</i> )	3	
CYSTADANE ORAL POWDER ( <i>betaine</i> )	4	SP

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CYSTAGON ORAL CAPSULE 150 MG, 50 MG ( <i>cysteamine bitartrate</i> )	2	SP
<i>dalfampridine er oral tablet extended release 12 hour 10 mg</i>	1	PA; SL (2 tablets per day)
DEMSEER ORAL CAPSULE 250 MG ( <i>metyrosine</i> )	4	
EC-RX DHEA EXTERNAL CREAM 10 %, 4 % ( <i>prasterone (dhea)</i> )	3	
ELMIRON ORAL CAPSULE 100 MG ( <i>pentosan polysulfate sodium</i> )	4	ST
ENBRACE HR ORAL CAPSULE ( <i>prenat vit-fe gly cys-fa-omega</i> )	3	
ENDARI ORAL PACKET 5 GM ( <i>glutamine (sickle cell)</i> )	4	SL (6 packets per day)
EVOTAZ ORAL TABLET 300-150 MG ( <i>atazanavir-cobicistat</i> )	2	
EVRYSDI ORAL SOLUTION RECONSTITUTED 0.75 MG/ML ( <i>risdiplam</i> )	2	PA; SL (6.7 ml per day, 1280 ml per 180 days.); SP
FILSPARI ORAL TABLET 200 MG, 400 MG ( <i>sparsentan</i> )	4	PA; SL (1 tablet per day.); SP
FIRDAPSE ORAL TABLET 10 MG ( <i>amifampridine phosphate</i> )	2	PA; SL (8 tablets per day.); SP
GALAFOLD ORAL CAPSULE 123 MG ( <i>migalastat hcl</i> )	4	PA; SL (14 capsules per 21 days.); SP
ISTURISA ORAL TABLET 1 MG ( <i>osilodrostat phosphate</i> )	4	PA; SL (8 tablets per day.); SP
ISTURISA ORAL TABLET 5 MG ( <i>osilodrostat phosphate</i> )	4	PA; SL (2 tablets per day.); SP
JAVYGTOR ORAL PACKET 100 MG ( <i>sapropterin dihydrochloride</i> )	4	PA; SL (16 packets per day.); SP
JAVYGTOR ORAL PACKET 500 MG ( <i>sapropterin dihydrochloride</i> )	4	PA; SL (4 packets per day.); SP
JAVYGTOR ORAL TABLET 100 MG ( <i>sapropterin dihydrochloride</i> )	4	PA; SL (16 tablets per day.); SP
<i>levocarnitine oral solution 1 gm/10ml</i>	1	
<i>levocarnitine sf oral solution 1 gm/10ml</i>	1	
<i>me/naphos/mb/hyo1 oral tablet 81.6 mg</i>	1	
<i>metyrosine oral capsule 250 mg</i>	1	
<i>miglustat oral capsule 100 mg</i>	1	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
NESTABS ONE ORAL CAPSULE 38-1-225 MG ( <i>prenat-fe-methylfol-dha w/o a</i> )	3	
ORFADIN ORAL CAPSULE 10 MG, 2 MG, 20 MG, 5 MG ( <i>nitisinone</i> )	1	PA; SP
ORFADIN ORAL SUSPENSION 4 MG/ML ( <i>nitisinone</i> )	2	PA; SP
PREMESISRX ORAL TABLET 1 MG ( <i>prenatal ca-b6-b12-fa- ginger</i> )	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG ( <i>prenat-fecbn-feasp-meth-fa-dha</i> )	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	
PREZCOBIX ORAL TABLET 800-150 MG ( <i>darunavir-cobicistat</i> )	2	
PRIMACARE ORAL CAPSULE 30-1-470 MG ( <i>pren-fe-meth-fa-omeg w/o a</i> )	3	
PROCYSBI ORAL CAPSULE DELAYED RELEASE 25 MG, 75 MG ( <i>cysteamine bitartrate</i> )	4	PA; ST; SP
PROCYSBI ORAL PACKET 300 MG, 75 MG ( <i>cysteamine bitartrate</i> )	4	SP
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
REZUROCK ORAL TABLET 200 MG ( <i>belumosudil mesylate</i> )	4	PA; SL (1 tablet per day.); SP
<i>sapropterin dihydrochloride oral packet 100 mg</i>	1	PA; SL (16 packets per day.); SP
<i>sapropterin dihydrochloride oral packet 500 mg</i>	1	PA; SL (4 packets per day.); SP
<i>sapropterin dihydrochloride oral tablet 100 mg</i>	1	PA; SL (16 tablets per day); SP
SKYCLARYS ORAL CAPSULE 50 MG ( <i>omaveloxolone</i> )	2	PA; SL (3 capsules per day.); SP

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SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID 10 %	3	
SOHONOS ORAL CAPSULE 1 MG, 1.5 MG, 10 MG, 2.5 MG, 5 MG ( <i>palovarotene</i> )	4	PA; SL (1 capsule per day.); SP
STRIBILD ORAL TABLET 150-150-200-300 MG ( <i>elviteg-cobic-emtricit-tenofdf</i> )	2	SL (1 tablet per day.)
SYMTUZA ORAL TABLET 800-150-200-10 MG ( <i>darun-cobic-emtricit-tenofaf</i> )	3	SL (1 tablet per day.)
THIOLA EC ORAL TABLET DELAYED RELEASE 100 MG, 300 MG ( <i>tiopronin</i> )	3	SP
THIOLA ORAL TABLET 100 MG ( <i>tiopronin</i> )	4	SP
<i>tiopronin oral tablet 100 mg</i>	1	SP
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TYBOST ORAL TABLET 150 MG ( <i>cobicistat</i> )	2	
URELLE ORAL TABLET 81 MG ( <i>meth-hyo-m bl-na phos-ph sa</i> )	3	
<i>uretron d/s oral tablet 81.6 mg</i>	1	
URIMAR-T ORAL CAPSULE 120 MG ( <i>meth-hyo-m bl-na phos-ph sa</i> )	4	
URIMAR-T ORAL TABLET 120 MG ( <i>meth-hyo-m bl-na phos-ph sa</i> )	2	
<i>urin ds oral tablet 81.6 mg</i>	1	
URO-458 ORAL TABLET 81 MG	3	
UROGESIC-BLUE ORAL TABLET 81.6 MG ( <i>methen-hyosc-meth blue-na phos</i> )	2	
VIJOICE ORAL TABLET THERAPY PACK 125 MG, 50 MG ( <i>alpelisib</i> )	4	PA; SL (84 tablets per 72 days.); SP
VIJOICE ORAL TABLET THERAPY PACK 200 & 50 MG ( <i>alpelisib</i> )	4	PA; SL (168 tablets per 72 days.); SP
VILEVEV MB ORAL TABLET 81 MG ( <i>meth-hyo-m bl-na phos-ph sa</i> )	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG ( <i>prenat-fe poly-methfol-fa-dha</i> )	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG ( <i>prenatal mv-min-fe fum-fa-dha</i> )	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG ( <i>prenat-fefum-fered-fa-dha w/oa</i> )	3	
VOXZOGO SUBCUTANEOUS SOLUTION RECONSTITUTED 0.4 MG, 0.56 MG, 1.2 MG ( <i>vosoritide</i> )	4	PA; SL (1 vial per day.); SP
VYNDAMAX ORAL CAPSULE 61 MG ( <i>tafamidis</i> )	2	PA; SL (1 capsule per day.); SP
VYNDAQEL ORAL CAPSULE 20 MG ( <i>tafamidis meglumine (cardiac)</i> )	2	PA; SL (4 capsules per day.); SP
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
XURIDEN ORAL PACKET 2 GM ( <i>uridine triacetate</i> )	2	PA; SP
ZOKINVY ORAL CAPSULE 50 MG ( <i>lonafarnib</i> )	2	PA; SL (5 capsules per day.); SP
ZOKINVY ORAL CAPSULE 75 MG ( <i>lonafarnib</i> )	2	PA; SL (1 tablet per day.); SP
<b>PROTECTIVE AGENTS</b>		
MESNEX ORAL TABLET 400 MG ( <i>mesna</i> )	3	SP; CM
<b>NONHORMONAL CONTRACEPTIVES - Drugs for Women</b>		
<b>NONHORMONAL CONTRACEPTIVES - Drugs for Women</b>		
CAYA VAGINAL DIAPHRAGM ( <i>diaphragm arc-spring</i> )	3	H
CONDOMS	3	H
DUREX EXTRA SENSITIVE THIN DEVICE ( <i>condoms latex lubricated</i> )	3	H
ENCARE VAGINAL SUPPOSITORY 100 MG ( <i>nonoxynol-9</i> )	E	H
FC2 FEMALE CONDOM ( <i>condoms - female</i> )	E	H
FEMCAP VAGINAL DEVICE 22 MM, 26 MM, 30 MM ( <i>cervical caps</i> )	3	H
OPTIONS GYNOL II CONTRACEPTIVE VAGINAL GEL 3 % ( <i>nonoxynol-9</i> )	E	H
PHEXXI VAGINAL GEL 1.8-1-0.4 % ( <i>lactic ac-citric ac-pot bitart</i> )	4	H
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM 28 % ( <i>nonoxynol-9</i> )	E	H

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>vcf vaginal contraceptive vaginal gel 4 %</i>	E	H
WIDE-SEAL DIAPHRAGM 60 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	2	H
WIDE-SEAL DIAPHRAGM 65 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	2	H
WIDE-SEAL DIAPHRAGM 70 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	2	H
WIDE-SEAL DIAPHRAGM 75 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	2	H
WIDE-SEAL DIAPHRAGM 80 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	2	H
WIDE-SEAL DIAPHRAGM 85 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	2	H
WIDE-SEAL DIAPHRAGM 90 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	2	H
WIDE-SEAL DIAPHRAGM 95 VAGINAL DIAPHRAGM 2 % ( <i>diaphragm wide seal</i> )	2	H
<b>OXYTOCICS - Drugs for Women</b>		
<b>OXYTOCICS - Drugs for Women</b>		
CERVIDIL VAGINAL INSERT 10 MG ( <i>dinoprostone</i> )	3	
<i>methergine oral tablet 0.2 mg</i>	1	SL (28 tablets per year.)
<i>methylergonovine maleate oral tablet 0.2 mg</i>	1	SL (28 tablets per year.)
MIFEPREX ORAL TABLET 200 MG ( <i>mifepristone</i> )	3	
<i>mifepristone oral tablet 200 mg</i>	1	
PREPIDIL VAGINAL GEL 0.5 MG/3GM ( <i>dinoprostone</i> )	3	
<b>PHARMACEUTICAL AIDS</b>		
<b>PHARMACEUTICAL AIDS</b>		
KERAMATRIX REPLICINE 2CMX3CM EXTERNAL SHEET ( <i>wound dressings</i> )	3	
KERAMATRIX REPLICINE 5CMX5CM EXTERNAL SHEET ( <i>wound dressings</i> )	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
<b>RESPIRATORY TRACT AGENTS - Drugs for the Lungs</b>		
<b>ALPHA AND BETA ADRENERGIC AGONIST(RESPR) - Drugs for Asthma/COPD</b>		
ADRENALIN NASAL SOLUTION 0.1 % ( <i>epinephrine hcl</i> ( <i>nasal</i> ))	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AUVI-Q INJECTION SOLUTION AUTO-INJECTOR 0.1 MG/0.1ML, 0.15 MG/0.15ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )	2	
<i>epinephrine hcl (nasal) nasal solution 0.1 %</i>	1	
<i>epinephrine injection solution auto-injector 0.15 mg/0.15ml, 0.15 mg/0.3ml, 0.3 mg/0.3ml</i>	1	
SYMJEPI INJECTION SOLUTION PREFILLED SYRINGE 0.15 MG/0.3ML, 0.3 MG/0.3ML ( <i>epinephrine</i> )	2	
<b>ANTICHOLINERGIC AGENTS (RESPIR.TRACT) - Drugs for Asthma/COPD</b>		
ATROVENT HFA INHALATION AEROSOL SOLUTION 17 MCG/ACT ( <i>ipratropium bromide hfa</i> )	2	SL (0.87 grams per day.)
COMBIVENT RESPIMAT INHALATION AEROSOL SOLUTION 20-100 MCG/ACT ( <i>ipratropium-albuterol</i> )	2	SL (0.28 grams per day.)
<i>ipratropium bromide inhalation solution 0.02 %</i>	1	
<i>ipratropium bromide nasal solution 0.03 %, 0.06 %</i>	1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	1	
SPIRIVA HANDIHALER INHALATION CAPSULE 18 MCG ( <i>tiotropium bromide monohydrate</i> )	1	SL (1 capsule per day)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT ( <i>tiotropium bromide monohydrate</i> )	2	SL (0.15 grams per day.)
<b>ANTIFIBROTIC AGENTS - Drugs for the Lungs</b>		
OFEV ORAL CAPSULE 100 MG, 150 MG ( <i>nintedanib esylate</i> )	4	PA; SL (2 capsules per day.); SP
<i>pirfenidone oral capsule 267 mg</i>	1	PA; SL (9 capsules per day.); SP
<i>pirfenidone oral tablet 267 mg</i>	1	PA; SL (9 tablets per day.); SP
<i>pirfenidone oral tablet 534 mg</i>	1	PA
<i>pirfenidone oral tablet 801 mg</i>	1	PA; SL (3 tablets per day.); SP
<b>ANTI-INFLAMMATORY AGENTS (RESPIRATORY) - Drugs for Inflammation</b>		
NUCALA SUBCUTANEOUS SOLUTION AUTO-INJECTOR 100 MG/ML ( <i>mepolizumab</i> )	4	PA; SL (0.04 mL per day.); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>mepolizumab</i> )	4	PA; SL (0.04 mL per day.); SP
NUCALA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 40 MG/0.4ML ( <i>mepolizumab</i> )	4	PA; SL (0.015 ml per day.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ANTITUSSIVES - Drugs for Cough and Cold</b>		
<i>benzonatate oral capsule 100 mg, 150 mg, 200 mg</i>	1	
BROMFED DM ORAL SYRUP 2-30-10 MG/5ML ( <i>pseudoeph-bromphen-dm</i> )	3	
<i>codeine sulfate oral tablet 30 mg, 60 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML ( <i>diphenhydramine hcl</i> )	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	1	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	1	
<i>hydrocod poli-chlorphe poli er oral suspension extended release 10-8 mg/5ml</i>	1	PA
<i>hydrocodone bit-homatrop mbr oral solution 5-1.5 mg/5ml</i>	1	PA
<i>hydrocodone bit-homatrop mbr oral tablet 5-1.5 mg</i>	1	PA
<i>hydromet oral solution 5-1.5 mg/5ml</i>	1	PA
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	
<i>promethazine vc/codeine oral syrup 6.25-5-10 mg/5ml</i>	1	PA
<i>promethazine-codeine oral solution 6.25-10 mg/5ml</i>	1	PA
<i>promethazine-codeine oral syrup 6.25-10 mg/5ml</i>	1	PA
<i>promethazine-dm oral syrup 6.25-15 mg/5ml</i>	1	
<i>pseudoephedrine-bromphen-dm oral syrup 30-2-10 mg/5ml</i>	1	
TUXARIN ER ORAL TABLET EXTENDED RELEASE 12 HOUR 54.3-8 MG ( <i>chlorpheniramine-codeine</i> )	3	
<b>CYSTIC FIBROSIS (CFTR) CORRECTORS - Drugs for the Lungs</b>		
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG ( <i>lumacaftor-ivacaftor</i> )	2	PA; SL (728 packets per 356 days.); SP
ORKAMBI ORAL PACKET 75-94 MG ( <i>lumacaftor-ivacaftor</i> )	2	PA; SL (2 packets per day and 56 packets per 21 days.)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG ( <i>lumacaftor-ivacaftor</i> )	2	PA; SL (1456 tablets per 356 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG ( <i>tezacaftor-ivacaftor</i> )	2	PA; SL (728 tablets per 356 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG ( <i>tezacaftor-ivacaftor</i> )	2	PA; SL (728 tablets per 356 days.)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG ( <i>elexacaftor-tezacaftor-ivacaft</i> )	2	PA; SL (1092 tablets per 356 days.); SP
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG ( <i>elexacaftor-tezacaftor-ivacaft</i> )	2	PA; SL (3 tablets per day. 1092 tablets per 364 days.); SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG ( <i>elexacaftor-tezacaftor-ivacaft</i> )	2	PA; SL (2 packets per day. 728 packets per 356 days.); SP
<b>CYSTIC FIBROSIS (CFTR) POTENTIATORS - Drugs for the Lungs</b>		
KALYDECO ORAL PACKET 13.4 MG ( <i>ivacaftor</i> )	2	PA; SL (2 packets per day. 728 packets per 356 days.)
KALYDECO ORAL PACKET 25 MG, 50 MG, 75 MG ( <i>ivacaftor</i> )	2	PA; SL (728 packets per 356 days.); SP
KALYDECO ORAL PACKET 5.8 MG ( <i>ivacaftor</i> )	2	PA; SL (2 packets per day and 728 packets per 365 days.)
KALYDECO ORAL TABLET 150 MG ( <i>ivacaftor</i> )	2	PA; SL (780 tablets per 356 days.); SP
ORKAMBI ORAL PACKET 100-125 MG, 150-188 MG ( <i>lumacaftor-ivacaftor</i> )	2	PA; SL (728 packets per 356 days.); SP
ORKAMBI ORAL PACKET 75-94 MG ( <i>lumacaftor-ivacaftor</i> )	2	PA; SL (2 packets per day and 56 packets per 21 days.)
ORKAMBI ORAL TABLET 100-125 MG, 200-125 MG ( <i>lumacaftor-ivacaftor</i> )	2	PA; SL (1456 tablets per 356 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 100-150 & 150 MG ( <i>tezacaftor-ivacaftor</i> )	2	PA; SL (728 tablets per 356 days.); SP
SYMDEKO ORAL TABLET THERAPY PACK 50-75 & 75 MG ( <i>tezacaftor-ivacaftor</i> )	2	PA; SL (728 tablets per 356 days.)
TRIKAFTA ORAL TABLET THERAPY PACK 100-50-75 & 150 MG ( <i>elexacaftor-tezacaftor-ivacaft</i> )	2	PA; SL (1092 tablets per 356 days.); SP
TRIKAFTA ORAL TABLET THERAPY PACK 50-25-37.5 & 75 MG ( <i>elexacaftor-tezacaftor-ivacaft</i> )	2	PA; SL (3 tablets per day. 1092 tablets per 364 days.); SP
TRIKAFTA ORAL THERAPY PACK 100-50-75 & 75 MG, 80-40-60 & 59.5 MG ( <i>elexacaftor-tezacaftor-ivacaft</i> )	2	PA; SL (2 packets per day. 728 packets per 356 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>ENDOTHELIN RECEPTOR ANTAGONISTS - Drugs for the Lungs</b>		
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; SL (1 tablet per day.); SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; SL (2 tablets per day.); SP
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	2	PA; SL (1 tablet per day.); SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG ( <i>bosentan</i> )	2	PA; SL (2 tablets per day.); SP
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	2	PA; SL (4 tablets per day.); SP
<b>EXPECTORANTS - Drugs for the Lungs</b>		
GILPHEX TR ORAL TABLET 10-388 MG ( <i>phenylephrine-guaifenesin</i> )	3	
<i>guaifenesin ac oral syrup 100-10 mg/5ml</i>	1	
<i>guaifenesin-codeine oral solution 100-10 mg/5ml</i>	1	
<i>iodine strong oral solution 5 %</i>	1	
<i>maxi-tuss ac oral solution 100-10 mg/5ml</i>	1	
<i>potassium iodide oral solution 1 gm/ml</i>	1	
SSKI ORAL SOLUTION 1 GM/ML ( <i>potassium iodide (expectorant)</i> )	3	
<b>FIRST GENERATION ANTIHIST.(RESPIR TRACT) - Drugs for Allergy</b>		
<i>carbinoxamine maleate oral solution 4 mg/5ml</i>	1	
<i>carbinoxamine maleate oral tablet 4 mg</i>	1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	1	
<i>cyproheptadine hcl oral syrup 2 mg/5ml</i>	1	
<i>cyproheptadine hcl oral tablet 4 mg</i>	1	
DICOPANOL FUSEPAQ ORAL SUSPENSION RECONSTITUTED 5 MG/ML ( <i>diphenhydramine hcl</i> )	3	PA
<i>diphenhydramine hcl oral elixir 12.5 mg/5ml</i>	1	
KARBINAL ER ORAL SUSPENSION EXTENDED RELEASE 4 MG/5ML ( <i>carbinoxamine maleate</i> )	4	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	1	
<i>promethazine hcl oral syrup 6.25 mg/5ml</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>promethazine hcl oral tablet 12.5 mg, 25 mg, 50 mg</i>	1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	1	
<i>promethegan rectal suppository 12.5 mg, 25 mg, 50 mg</i>	1	
<b>INTERLEUKIN ANTAGONISTS - Drugs for Inflammation</b>		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML ( <i>dupilumab</i> )	2	PA; SL (0.09 ml per day.); SP
FASENRA PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 30 MG/ML ( <i>benralizumab</i> )	4	PA; SL (1 pen per 56 days.)
<b>LEUKOTRIENE MODIFIERS - Drugs for Inflammation</b>		
ACCOLATE ORAL TABLET 10 MG, 20 MG ( <i>zafirlukast</i> )	4	
<i>montelukast sodium oral packet 4 mg</i>	1	
<i>montelukast sodium oral tablet 10 mg</i>	1	
<i>montelukast sodium oral tablet chewable 4 mg, 5 mg</i>	1	
SINGULAIR ORAL PACKET 4 MG ( <i>montelukast sodium</i> )	3	
<i>zafirlukast oral tablet 10 mg, 20 mg</i>	1	
<i>zileuton er oral tablet extended release 12 hour 600 mg</i>	1	ST
ZYFLO ORAL TABLET 600 MG ( <i>zileuton</i> )	4	ST
<b>MAST-CELL STABILIZERS - Drugs for Inflammation</b>		
ALOCRILOPHthalmic SOLUTION 2 % ( <i>nedocromil sodium</i> )	3	
<i>cromolyn sodium inhalation nebulization solution 20 mg/2ml</i>	1	
<i>cromolyn sodium ophthalmic solution 4 %</i>	1	
<i>cromolyn sodium oral concentrate 100 mg/5ml</i>	1	
<b>MUCOLYTIC AGENTS - Drugs for the Lungs</b>		
<i>acetylcysteine inhalation solution 10 %, 20 %</i>	1	
HYPERSAL INHALATION NEBULIZATION SOLUTION 3.5 %, 7 % ( <i>sodium chloride</i> )	2	
<i>nebusal inhalation nebulization solution 3 %</i>	1	
NEBUSAL INHALATION NEBULIZATION SOLUTION 6 % ( <i>sodium chloride</i> )	3	
<i>pulmosal inhalation nebulization solution 7 %</i>	1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML ( <i>dornase alfa</i> )	2	PA; SL (5 ml per day.); SP
<i>sodium chloride inhalation nebulization solution 0.9 %, 10 %, 3 %, 7 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>NASAL PREPARATIONS (STEROIDS) - Drugs for Inflammation</b>		
BECONASE AQ NASAL SUSPENSION 42 MCG/SPRAY ( <i>beclomethasone diprop monohyd</i> )	4	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	1	
<i>fluticasone propionate nasal suspension 50 mcg/act</i>	1	
<i>mometasone furoate nasal suspension 50 mcg/act</i>	1	
QNASL CHILDRENS NASAL AEROSOL SOLUTION 40 MCG/ACT ( <i>beclomethasone diprop (nasal)</i> )	4	
QNASL NASAL AEROSOL SOLUTION 80 MCG/ACT ( <i>beclomethasone diprop (nasal)</i> )	4	
RYALTRIS NASAL SUSPENSION 665-25 MCG/ACT ( <i>olopatadine-mometasone</i> )	4	
<b>ORALLY INHALED PREPARATIONS (STEROIDS) - Drugs for Inflammation</b>		
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100 MCG/ACT, 200 MCG/ACT ( <i>fluticasone furoate</i> )	1	SL (1 blister per day.)
ARNUITY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT ( <i>fluticasone furoate</i> )	1	SL (1 packet per day.)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	1	SL (120 ml (2 boxes) per 30 days.)
<i>budesonide inhalation suspension 1 mg/2ml</i>	1	SL (60 ml (1 box) per 30 days.)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 110 MCG/ACT, 44 MCG/ACT	4	SL (1 inhaler per month)
FLUTICASONE PROPIONATE HFA INHALATION AEROSOL 220 MCG/ACT	4	SL (2 inhalers per month)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 40 MCG/ACT ( <i>beclomethasone diprop hfa</i> )	1	SL (10.6 grams per month.)
QVAR REDHALER INHALATION AEROSOL BREATH ACTIVATED 80 MCG/ACT ( <i>beclomethasone diprop hfa</i> )	1	SL (42.4 grams per month.)
<b>PHOSPHODIESTERASE TYPE 4 INHIBITORS - Drugs for the Lungs</b>		
DALIRESP ORAL TABLET 250 MCG ( <i>roflumilast</i> )	4	PA; SL (31 tablets per year.)
DALIRESP ORAL TABLET 500 MCG ( <i>roflumilast</i> )	4	PA; SL (1 tablet per day)
<i>roflumilast oral tablet 250 mcg</i>	1	PA; SL (31 tablets per year.)
<i>roflumilast oral tablet 500 mcg</i>	1	PA; SL (1 tablet per day)

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>PHOSPHODIESTERASE-5 INHIBITORS (RESPIR) - Drugs for the Lungs</b>		
<i>alyq oral tablet 20 mg</i>	1	PA; SL (2 tablets per day); SP
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; SL (186 ml per month.); SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	SL (6 tablets per month)
<i>sildenafil citrate oral tablet 20 mg</i>	1	SL (0.5 tablet per day.)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; SL (2 tablets per day); SP
<i>tadalafil oral tablet 10 mg, 2.5 mg, 20 mg, 5 mg</i>	1	SL (6 tablets per month)
TADLIQ ORAL SUSPENSION 20 MG/5ML ( <i>tadalafil (pah)</i> )	3	PA; SL (10 ml per day.); SP
<b>PROSTACYCLIN &amp; PROSTACYCLIN DERIVATIVES - Drugs for the Lungs</b>		
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (168 tablets per year.); SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (336 tablets per year.); SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (252 tablets per year.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (6 tablets per day.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (6 tablets per day); SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG ( <i>treprostinil</i> )	2	PA; SL (112 cartridges per 23 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG ( <i>treprostinil</i> )	2	PA; SL (196 cartridges per 365 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG ( <i>treprostinil</i> )	2	PA; SL (252 cartridges per 365 days.); SP
TYVASO INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	PA
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	PA
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	PA

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML ( <i>iloprost</i> )	2	PA; SP
<b>RESPIRATORY TRACT AGENTS, MISCELLANEOUS - Drugs for the Lungs</b>		
BRONCHITOL INHALATION CAPSULE 40 MG ( <i>mannitol (cystic fibrosis)</i> )	3	PA; ST; SL (20 capsules per day.); SP; CM
BRONCHITOL TOLERANCE TEST INHALATION CAPSULE 40 MG ( <i>mannitol (cystic fibrosis)</i> )	3	PA; ST; SL (20 capsules per day.); SP; CM
<i>pirfenidone oral capsule 267 mg</i>	1	PA; SL (9 capsules per day.); SP
<i>pirfenidone oral tablet 267 mg</i>	1	PA; SL (9 tablets per day.); SP
<i>pirfenidone oral tablet 534 mg</i>	1	PA
<i>pirfenidone oral tablet 801 mg</i>	1	PA; SL (3 tablets per day.); SP
TEZSPIRE SUBCUTANEOUS SOLUTION AUTO-INJECTOR 210 MG/1.91ML ( <i>tezepelumab-ekko</i> )	4	PA
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>omalizumab</i> )	2	PA; SL (0.15 ml per day.); SP
XOLAIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>omalizumab</i> )	2	PA; SL (0.04 ml per day.); SP
<b>SECOND GENERATION ANTIHIST(RESPIR TRACT) - Drugs for Allergy</b>		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	1	
<i>azelastine hcl ophthalmic solution 0.05 %</i>	1	
<i>desloratadine oral tablet 5 mg</i>	1	
<i>desloratadine oral tablet dispersible 5 mg</i>	1	
<b>SELECT.BETA-2-ADRENERGIC AGONIST(RESPIR) - Drugs for Asthma/COPD</b>		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	1	
<i>albuterol sulfate inhalation nebulization solution (2.5 mg/3ml) 0.083%, 0.63 mg/3ml, 1.25 mg/3ml, 2.5 mg/0.5ml</i>	1	
ALBUTEROL SULFATE NEBULIZATION SOLUTION (5 MG/ML) 0.5% INHALATION	3	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	1	
<i>albuterol sulfate oral tablet 2 mg, 4 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>formoterol fumarate inhalation nebulization solution 20 mcg/2ml</i>	1	SL (2 vials per day)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/0.5ml, 1.25 mg/3ml</i>	1	
LEVALBUTEROL HFA INHALATION AEROSOL 45 MCG/ACT	3	
PERFOROMIST INHALATION NEBULIZATION SOLUTION 20 MCG/2ML ( <i>formoterol fumarate</i> )	4	SL (2 vials per day)
SEREVENT DISKUS INHALATION AEROSOL POWDER BREATH ACTIVATED 50 MCG/ACT ( <i>salmeterol xinafoate</i> )	2	SL (2 blisters per day.)
STRIVERDI RESPIMAT INHALATION AEROSOL SOLUTION 2.5 MCG/ACT ( <i>olodaterol hcl</i> )	2	SL (0.14 grams per day.)
<i>terbutaline sulfate oral tablet 2.5 mg, 5 mg</i>	1	
XOPENEX HFA INHALATION AEROSOL 45 MCG/ACT ( <i>levalbuterol tartrate</i> )	3	
<b>VASODILATING AGENTS (RESPIRATORY TRACT) - Drugs for the Lungs</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	2	PA; SL (3 tablets per day.); SP
<i>alyq oral tablet 20 mg</i>	1	PA; SL (2 tablets per day); SP
<i>ambrisentan oral tablet 10 mg, 5 mg</i>	1	PA; SL (1 tablet per day.); SP
<i>bosentan oral tablet 125 mg, 62.5 mg</i>	1	PA; SL (2 tablets per day.); SP
OPSUMIT ORAL TABLET 10 MG ( <i>macitentan</i> )	2	PA; SL (1 tablet per day.); SP
ORENITRAM MONTH 1 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (168 tablets per year.); SP
ORENITRAM MONTH 2 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (336 tablets per year.); SP
ORENITRAM MONTH 3 ORAL TABLET EXTENDED RELEASE THERAPY PACK 0.125 & 0.25 & 1 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (252 tablets per year.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.125 MG, 5 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (6 tablets per day.); SP
ORENITRAM ORAL TABLET EXTENDED RELEASE 0.25 MG, 1 MG, 2.5 MG ( <i>treprostinil diolamine</i> )	4	PA; SL (6 tablets per day); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; SL (186 ml per month.); SP
<i>sildenafil citrate oral tablet 100 mg, 25 mg, 50 mg</i>	1	SL (6 tablets per month)
<i>sildenafil citrate oral tablet 20 mg</i>	1	SL (0.5 tablet per day.)
<i>tadalafil (pah) oral tablet 20 mg</i>	1	PA; SL (2 tablets per day.); SP
TADLIQ ORAL SUSPENSION 20 MG/5ML ( <i>tadalafil (pah)</i> )	3	PA; SL (10 ml per day.); SP
TRACLEER ORAL TABLET 125 MG, 62.5 MG ( <i>bosentan</i> )	2	PA; SL (2 tablets per day.); SP
TRACLEER ORAL TABLET SOLUBLE 32 MG ( <i>bosentan</i> )	2	PA; SL (4 tablets per day.); SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG ( <i>treprostinil</i> )	2	PA; SL (112 cartridges per 23 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 112 X 16MCG & 84 X 32MCG ( <i>treprostinil</i> )	2	PA; SL (196 cartridges per 365 days.); SP
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG ( <i>treprostinil</i> )	2	PA; SL (252 cartridges per 365 days.); SP
TYVASO INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	PA
TYVASO REFILL INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	PA
TYVASO STARTER INHALATION SOLUTION 0.6 MG/ML ( <i>treprostinil</i> )	2	PA
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	4	PA; SL (2 tablets per day.); SP
UPTRAVI TABLET 200 MCG ORAL ( <i>selexipag</i> )	4	PA; SL (140 tablets per 365 days.); SP
UPTRAVI TABLET 200 MCG ORAL ( <i>selexipag</i> )	4	PA; SL (2 tablets per day.); SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )	4	PA; SL (200 tablets per year.); SP
VENTAVIS INHALATION SOLUTION 10 MCG/ML, 20 MCG/ML ( <i>iloprost</i> )	2	PA; SP
<b>VASODILATING AGENTS, MISC - Drugs for the Lungs</b>		
ADEMPAS ORAL TABLET 0.5 MG, 1 MG, 1.5 MG, 2 MG, 2.5 MG ( <i>riociguat</i> )	2	PA; SL (3 tablets per day.); SP
UPTRAVI ORAL TABLET 1000 MCG, 1200 MCG, 1400 MCG, 1600 MCG, 400 MCG, 600 MCG, 800 MCG ( <i>selexipag</i> )	4	PA; SL (2 tablets per day.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
UPTRAVI TABLET 200 MCG ORAL ( <i>selexipag</i> )	4	PA; SL (140 tablets per 365 days.); SP
UPTRAVI TABLET 200 MCG ORAL ( <i>selexipag</i> )	4	PA; SL (2 tablets per day.); SP
UPTRAVI TITRATION ORAL TABLET THERAPY PACK 200 & 800 MCG ( <i>selexipag</i> )	4	PA; SL (200 tablets per year.); SP
<b>XANTHINE DERIVATIVES - Drugs for Asthma/COPD</b>		
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
<b>SKIN AND MUCOUS MEMBRANE AGENTS - Drugs for the Skin</b>		
<b>ALLYLAMINES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>naftifine hcl external cream 1 %, 2 %</i>	1	
<i>naftifine hcl external gel 2 %</i>	1	
NAFTIN EXTERNAL GEL 1 %, 2 % ( <i>naftifine hcl</i> )	4	
<b>ANTIBACTERIALS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin</b>		
ACANYA EXTERNAL GEL 1.2-2.5 % ( <i>clindamycin phosphazone benzoyl perox</i> )	4	
ALTABAX EXTERNAL OINTMENT 1 % ( <i>retapamulin</i> )	3	
AMZEEQ EXTERNAL FOAM 4 % ( <i>minocycline hcl micronized</i> )	4	
AVAR CLEANSER EXTERNAL LIQUID 10-5 % ( <i>sulfacetamide sodium-sulfur</i> )	4	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % ( <i>sulfacetamide sodium-sulfur</i> )	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % ( <i>sulfacetamide sodium-sulfur</i> )	3	
AVAR-E GREEN EXTERNAL CREAM 10-5 % ( <i>sulfacetamide sodium-sulfur</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVAR-E LS EXTERNAL CREAM 10-2 % ( <i>sulfacetamide sodium-sulfur</i> )	3	
AVEIDA EXTERNAL GEL 1-1 %	3	
BENZAMYCIN EXTERNAL GEL 5-3 % ( <i>benzoyl peroxide-erythromycin</i> )	2	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>bp 10-1 external emulsion 10-1 %</i>	1	
CLEOCIN VAGINAL CREAM 2 % ( <i>clindamycin phosphate</i> )	4	
CLEOCIN VAGINAL SUPPOSITORY 100 MG ( <i>clindamycin phosphate</i> )	2	
CLEOCIN-T EXTERNAL LOTION 1 % ( <i>clindamycin phosphate</i> )	4	
CLINDACIN ETZ EXTERNAL KIT 1 % ( <i>clindamycin phos &amp; cleanser</i> )	4	
<i>clindacin etz external swab 1 %</i>	1	
<i>clindacin external foam 1 %</i>	1	
CLINDACIN PAC EXTERNAL KIT 1 % ( <i>clindamycin phos &amp; cleanser</i> )	4	
<i>clindacin-p external swab 1 %</i>	1	
CLINDAGEL EXTERNAL GEL 1 % ( <i>clindamycin phosphate</i> )	4	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1	SL (1 bottle (45 grams) per month.)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %</i>	1	
<i>clindamycin phosphate external foam 1 %</i>	1	
<i>clindamycin phosphate external gel 1 %</i>	1	
<i>clindamycin phosphate external lotion 1 %</i>	1	
<i>clindamycin phosphate external solution 1 %</i>	1	
<i>clindamycin phosphate external swab 1 %</i>	1	
<i>clindamycin phosphate vaginal cream 2 %</i>	1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
CLINDESSE VAGINAL CREAM 2 % ( <i>clindamycin phosphate (1 dose)</i> )	2	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % ( <i>clindamycin-tretinoin-cholesty</i> )	3	PA
<i>dapsone external gel 5 %, 7.5 %</i>	1	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	
<i>ery external pad 2 %</i>	1	
ERYGEL EXTERNAL GEL 2 % ( <i>erythromycin</i> )	3	
<i>erythromycin external gel 2 %</i>	1	
<i>erythromycin external solution 2 %</i>	1	
<i>gentamicin sulfate external cream 0.1 %</i>	1	
<i>gentamicin sulfate external ointment 0.1 %</i>	1	
IDARAN EXTERNAL OINTMENT 1-2 %	3	
KLARON EXTERNAL LOTION 10 % ( <i>sulfacetamide sodium (acne)</i> )	4	
METROCREAM EXTERNAL CREAM 0.75 % ( <i>metronidazole</i> )	4	
METROLOTION EXTERNAL LOTION 0.75 % ( <i>metronidazole</i> )	4	
<i>metronidazole external cream 0.75 %</i>	1	
<i>metronidazole external gel 0.75 %, 1 %</i>	1	
<i>metronidazole external lotion 0.75 %</i>	1	
<i>metronidazole vaginal gel 0.75 %</i>	1	
<i>mupirocin calcium external cream 2 %</i>	1	
<i>mupirocin external ointment 2 %</i>	1	
NANRAN EXTERNAL OINTMENT 2-2 %	3	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % ( <i>neomycin-fluocinolone</i> )	4	
NEO-SYNALAR EXTERNAL KIT 0.5-0.025 % ( <i>neo-fluocinolone &amp; emollient</i> )	4	
<i>neuac external gel 1.2-5 %</i>	1	SL (1 bottle (45 grams) per month.)
NUVESSA VAGINAL GEL 1.3 % ( <i>metronidazole</i> )	4	
ONEXTON EXTERNAL GEL 1.2-3.75 % ( <i>clindamycin phos-benzoyl perox</i> )	4	
OVACE PLUS EXTERNAL CREAM 10 % ( <i>sulfacetamide sodium</i> )	3	
OVACE PLUS EXTERNAL LOTION 9.8 % ( <i>sulfacetamide sodium</i> )	4	
OVACE PLUS EXTERNAL SHAMPOO 10 % ( <i>sulfacetamide sodium</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
OVACE PLUS WASH EXTERNAL GEL 10 % ( <i>sulfacetamide sodium</i> )	3	
OVACE PLUS WASH EXTERNAL LIQUID 10 % ( <i>sulfacetamide sodium</i> )	4	
OVACE WASH EXTERNAL LIQUID 10 % ( <i>sulfacetamide sodium</i> )	4	
OXIAICE EXTERNAL LOTION 4-15 %	3	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % ( <i>sulfacetamide sodium-sulfur</i> )	4	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % ( <i>sulfacetamide sodium-sulfur</i> )	4	
PLEXION EXTERNAL CREAM 9.8-4.8 % ( <i>sulfacetamide sodium-sulfur</i> )	4	
PLEXION EXTERNAL LOTION 9.8-4.8 % ( <i>sulfacetamide sodium-sulfur</i> )	4	
<i>sodium sulfacetamide external shampoo 10 %</i>	1	
<i>sodium sulfacetamide wash external liquid 10 %</i>	1	
SODIUM SULFACETAMIDE-BAKUCHIOL EXTERNAL LIQUID 10 %	3	
<i>sss 10-5 external cream 10-5 %</i>	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	
<i>sulfacetamide sodium (acne) external lotion 10 %</i>	1	
<i>sulfacetamide sodium (cleans) external gel 10 %</i>	1	
<i>sulfacetamide sodium external liquid 10 %</i>	1	
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %</i>	1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % ( <i>sulfacetamide sodium-sulfur</i> )	3	
<i>sulfamez wash external emulsion 10-1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SUMADAN XLT EXTERNAL KIT 9-4.5 % ( <i>sulfacetamide-sulfur-sunscreen</i> )	4	
SUMAXIN CP EXTERNAL KIT 10-4 % ( <i>sulfacetamide-sulfur-cleanser</i> )	4	
SUMAXIN EXTERNAL PAD 10-4 % ( <i>sulfacetamide sodium-sulfur</i> )	4	
VELTIN EXTERNAL GEL 1.2-0.025 % ( <i>clindamycin-tretinoin</i> )	4	
XEPI EXTERNAL CREAM 1 % ( <i>ozenoxacin</i> )	3	
ZILXI EXTERNAL FOAM 1.5 % ( <i>minocycline hcl micronized</i> )	4	PA; ST
<b>ANTIFULGALS (SKIN, MUCOUS MEMBRANE),MISC - Drugs for the Skin</b>		
EXODERM EXTERNAL LOTION 25-1 % ( <i>sod thiosulfate-salicylic acid</i> )	3	
<b>ANTI-INFLAMMATORY AGENTS, MISC (SKIN) - Drugs for the Skin</b>		
EUCRISA EXTERNAL OINTMENT 2 % ( <i>crisaborole</i> )	3	ST
VTAMA EXTERNAL CREAM 1 % ( <i>tapinarof</i> )	4	PA
<b>ANTIPRURITICS AND LOCAL ANESTHETICS - Drugs for the Skin</b>		
7T LIDO EXTERNAL GEL 2 % ( <i>lidocaine hcl</i> )	4	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % ( <i>hydrocortisone ace-pramoxine</i> )	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % ( <i>hydrocortisone ace-pramoxine</i> )	4	
ANALPRAM-HC EXTERNAL CREAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )	4	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % ( <i>hydrocortisone ace-pramoxine</i> )	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML ( <i>hc-pramoxine-chloroxyleneol</i> )	4	
<i>doxepin hcl external cream 5 %</i>	1	PA
ENOVARX-LIDOCAINE HCL EXTERNAL CREAM 10 %, 5 %	3	PA
EPIFOAM EXTERNAL FOAM 1-1 % ( <i>pramoxine-hc</i> )	2	
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FIRST-MOUTHWASH BLM MOUTH/THROAT SUSPENSION ( <i>dph-lido-alhydr-mghydr-simeth</i> )	3	PA
<i>glydo external prefilled syringe 2 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %</i>	1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % ( <i>ketoprofen-baclofen-gabap-lido</i> )	3	PA
<i>lidocaine external ointment 5 %</i>	1	SL (1.19 grams per day.)
<i>lidocaine external patch 5 %</i>	1	PA; SL (3 patches per day)
<i>lidocaine hcl external solution 4 %</i>	1	
<i>lidocaine hcl urethral/mucosal external prefilled syringe 2 %</i>	1	
<i>lidocaine-prilocaine external cream 2.5-2.5 %</i>	1	
LIDTOPIC MAX EXTERNAL CREAM 10 % ( <i>lidocaine hcl</i> )	3	PA
NANRAN EXTERNAL OINTMENT 2-2 %	3	
<i>phenazo oral tablet 200 mg</i>	1	
<i>phenazopyridine hcl oral tablet 100 mg, 200 mg</i>	1	
PRAMOSONE EXTERNAL CREAM 1-1 % ( <i>pramoxine-hc</i> )	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 % ( <i>pramoxine-hc</i> )	4	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % ( <i>pramoxine-hc</i> )	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 % ( <i>pramoxine-hc</i> )	2	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 % ( <i>pramoxine-hc</i> )	4	
<i>premium lidocaine external ointment 5 %</i>	1	SL (1.19 grams per day.)
PROCORT EXTERNAL CREAM 1.85-1.15 % ( <i>hydrocortisone ace-pramoxine</i> )	4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )	2	
PYRIDIDIUM ORAL TABLET 100 MG, 200 MG ( <i>phenazopyridine hcl</i> )	3	
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
<b>ANTIVIRALS (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>acyclovir external cream 5 %</i>	1	
<i>acyclovir external ointment 5 %</i>	1	
DENAVIR EXTERNAL CREAM 1 % ( <i>penciclovir</i> )	4	
<i>penciclovir external cream 1 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ZOVIRAX EXTERNAL CREAM 5 % ( <i>acyclovir</i> )	4	
<b>ASTRINGENTS - Drugs for the Skin</b>		
DRYSOL EXTERNAL SOLUTION 20 % ( <i>aluminum chloride</i> )	2	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	4	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % ( <i>miconazole-zinc oxide-petrolat</i> )	4	
<b>AZOLES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>clotrimazole mouth/throat troche 10 mg</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
<i>econazole nitrate external cream 1 %</i>	1	
ECOZA EXTERNAL FOAM 1 % ( <i>econazole nitrate</i> )	4	
EXELDERM EXTERNAL CREAM 1 % ( <i>sulconazole nitrate</i> )	3	
EXELDERM EXTERNAL SOLUTION 1 % ( <i>sulconazole nitrate</i> )	3	
GYNAZOLE-1 VAGINAL CREAM 2 % ( <i>butoconazole nitrate (1 dose)</i> )	3	
JUBLIA EXTERNAL SOLUTION 10 % ( <i>efinaconazole</i> )	4	SL (4 ml per month.)
<i>ketoconazole external cream 2 %</i>	1	
<i>ketoconazole external foam 2 %</i>	1	
<i>ketoconazole external shampoo 2 %</i>	1	
<i>ketodan external foam 2 %</i>	1	
LULICONAZOLE EXTERNAL CREAM 1 %	4	
LUZU EXTERNAL CREAM 1 % ( <i>luliconazole</i> )	4	
<i>miconazole 3 vaginal suppository 200 mg</i>	1	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	4	
ORAVIG BUCCAL TABLET 50 MG ( <i>miconazole</i> )	3	
<i>oxiconazole nitrate external cream 1 %</i>	1	
OXISTAT EXTERNAL CREAM 1 % ( <i>oxiconazole nitrate</i> )	4	
OXISTAT EXTERNAL LOTION 1 % ( <i>oxiconazole nitrate</i> )	4	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PHEOXIA EXTERNAL CREAM 2-4 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % (ketoconazole-urea)	3	
SULCONAZOLE NITRATE EXTERNAL CREAM 1 %	3	
SULCONAZOLE NITRATE EXTERNAL SOLUTION 1 %	3	
terconazole vaginal cream 0.4 %, 0.8 %	1	
terconazole vaginal suppository 80 mg	1	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % (miconazole-zinc oxide-petrolat)	4	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % (ketoconazole- hydrocortisone)	3	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % (ketoconazole & pyrithione zinc)	3	
<b>BASIC LOTIONS AND LINIMENTS - Drugs for the Skin</b>		
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % (salicylic acid-lactic acid)	2	
methyl salicylate external liquid	1	
PRONAL EXTERNAL GEL 40-10 % (urea-lactic acid)	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % (salicylic acid- urea in lactac)	3	
turpentine external spirit	1	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % (benzoyl peroxide-hyaluronate)	3	
<b>BASIC OINTMENTS AND PROTECTANTS - Drugs for the Skin</b>		
NEO-SYNALAR EXTERNAL KIT 0.5-0.025 % (neo-fluocinolone & emollient)	4	
SYNALAR (CREAM) EXTERNAL KIT 0.025 % (fluocinolone- emollient)	4	
SYNALAR (OINTMENT) EXTERNAL KIT 0.025 % (fluocinolone-emollient)	4	
<b>BASIC POWDERS AND DEMULCENTS - Drugs for the Skin</b>		
benzoin compound external tincture	1	
benzoin external tincture	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>CELL STIMULANTS AND PROLIFERANTS - Drugs for the Skin</b>		
ALTRENO EXTERNAL LOTION 0.05 % ( <i>tretinoin</i> )	4	PA
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % ( <i>clindamycin-tretinoin-cholesty</i> )	3	PA
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
RETIN-A MICRO PUMP EXTERNAL GEL 0.06 %, 0.08 % ( <i>tretinoin microsphere</i> )	4	PA
<i>tretinoin external cream 0.025 %, 0.05 %, 0.1 %</i>	1	
<i>tretinoin external gel 0.01 %</i>	1	
<i>tretinoin external gel 0.05 %</i>	1	PA
<i>tretinoin microsphere external gel 0.04 %, 0.1 %</i>	1	PA
<i>tretinoin microsphere pump external gel 0.04 %, 0.08 %, 0.1 %</i>	1	PA
TWYNEO EXTERNAL CREAM 0.1-3 % ( <i>tretinoin-benzoyl peroxide</i> )	4	
VELTIN EXTERNAL GEL 1.2-0.025 % ( <i>clindamycin-tretinoin</i> )	4	
<b>CORTICOSTEROIDS (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin</b>		
ALA SCALP EXTERNAL LOTION 2 % ( <i>hydrocortisone</i> )	4	
<i>alclometasone dipropionate external cream 0.05 %</i>	1	
<i>alclometasone dipropionate external ointment 0.05 %</i>	1	
<i>amcinonide external lotion 0.1 %</i>	1	
<i>amcinonide external ointment 0.1 %</i>	1	
ANALPRAM HC EXTERNAL CREAM 2.5-1 % ( <i>hydrocortisone ace-pramoxine</i> )	4	
ANALPRAM HC SINGLES EXTERNAL CREAM 2.5-1 % ( <i>hydrocortisone ace-pramoxine</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
ANALPRAM-HC EXTERNAL CREAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )	4	
ANALPRAM-HC EXTERNAL LOTION 2.5-1 % ( <i>hydrocortisone ace-pramoxine</i> )	3	
<i>anucort-hc rectal suppository 25 mg</i>	1	
ANUSOL-HC EXTERNAL CREAM 2.5 % ( <i>hydrocortisone</i> )	4	
ANUSOL-HC RECTAL SUPPOSITORY 25 MG ( <i>hydrocortisone acetate</i> )	4	
APEXICON E EXTERNAL CREAM 0.05 % ( <i>diflorasone diacet emoll base</i> )	2	
<i>betamethasone dipropionate aug external cream 0.05 %</i>	1	
<i>betamethasone dipropionate aug external gel 0.05 %</i>	1	
<i>betamethasone dipropionate aug external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate aug external ointment 0.05 %</i>	1	
<i>betamethasone dipropionate external cream 0.05 %</i>	1	
<i>betamethasone dipropionate external lotion 0.05 %</i>	1	
<i>betamethasone dipropionate external ointment 0.05 %</i>	1	
<i>betamethasone valerate external cream 0.1 %</i>	1	
<i>betamethasone valerate external foam 0.12 %</i>	1	
<i>betamethasone valerate external lotion 0.1 %</i>	1	
<i>betamethasone valerate external ointment 0.1 %</i>	1	
BRYHALI EXTERNAL LOTION 0.01 % ( <i>halobetasol propionate</i> )	4	ST
<i>budesonide rectal foam 2 mg</i>	1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	1	
CAPEX EXTERNAL SHAMPOO 0.01 % ( <i>fluocinolone acetonide</i> )	2	
<i>clobetasol prop emollient base external cream 0.05 %</i>	1	
<i>clobetasol propionate e external cream 0.05 %</i>	1	
<i>clobetasol propionate emulsion external foam 0.05 %</i>	1	
<i>clobetasol propionate external cream 0.05 %</i>	1	
<i>clobetasol propionate external foam 0.05 %</i>	1	
<i>clobetasol propionate external gel 0.05 %</i>	1	
<i>clobetasol propionate external liquid 0.05 %</i>	1	
<i>clobetasol propionate external lotion 0.05 %</i>	1	
<i>clobetasol propionate external ointment 0.05 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>clobetasol propionate external shampoo 0.05 %</i>	1	
<i>clobetasol propionate external solution 0.05 %</i>	1	
CLOBETAVIX EXTERNAL KIT 0.05 %	3	
<i>clocortolone pivalate external cream 0.1 %</i>	1	
CLODAN EXTERNAL KIT 0.05 % ( <i>clobetasol prop &amp; cleanser</i> )	4	
<i>clodan external shampoo 0.05 %</i>	1	
<i>clotrimazole-betamethasone external cream 1-0.05 %</i>	1	
<i>clotrimazole-betamethasone external lotion 1-0.05 %</i>	1	
CORDRAN EXTERNAL CREAM 0.05 % ( <i>flurandrenolide</i> )	4	
CORDRAN EXTERNAL LOTION 0.05 % ( <i>flurandrenolide</i> )	4	
CORDRAN EXTERNAL TAPE 4 MCG/SQCM ( <i>flurandrenolide</i> )	3	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML ( <i>hc-pramoxine-chloroxylenol</i> )	4	
CORTENEMA RECTAL ENEMA 100 MG/60ML ( <i>hydrocortisone</i> )	4	
CORTIFOAM EXTERNAL FOAM 10 % ( <i>hydrocortisone acetate</i> )	2	
DERMA-SMOOTH/FS BODY EXTERNAL OIL 0.01 % ( <i>fluocinolone acetonide</i> )	4	
DERMA-SMOOTH/FS SCALP EXTERNAL OIL 0.01 % ( <i>fluocinolone acetonide</i> )	4	
<i>desonide external cream 0.05 %</i>	1	
<i>desonide external gel 0.05 %</i>	1	
<i>desonide external lotion 0.05 %</i>	1	
<i>desonide external ointment 0.05 %</i>	1	
DESOWEN EXTERNAL CREAM 0.05 % ( <i>desonide</i> )	3	
<i>desoximetasone external cream 0.05 %, 0.25 %</i>	1	
<i>desoximetasone external gel 0.05 %</i>	1	
<i>desoximetasone external liquid 0.25 %</i>	1	
<i>desoximetasone external ointment 0.05 %, 0.25 %</i>	1	
<i>diflorasone diacetate external cream 0.05 %</i>	1	
<i>diflorasone diacetate external ointment 0.05 %</i>	1	
DIPROLENE EXTERNAL OINTMENT 0.05 % ( <i>betamethasone dipropionate aug</i> )	4	
ENSTILAR EXTERNAL FOAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	4	

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EPIFOAM EXTERNAL FOAM 1-1 % ( <i>pramoxine-hc</i> )	2	
<i>fluocinolone acetonide body external oil 0.01 %</i>	1	
<i>fluocinolone acetonide external cream 0.01 %, 0.025 %</i>	1	
<i>fluocinolone acetonide external ointment 0.025 %</i>	1	
<i>fluocinolone acetonide external solution 0.01 %</i>	1	
<i>fluocinolone acetonide scalp external oil 0.01 %</i>	1	
<i>fluocinonide emulsified base external cream 0.05 %</i>	1	
<i>fluocinonide external cream 0.05 %, 0.1 %</i>	1	
<i>fluocinonide external gel 0.05 %</i>	1	
<i>fluocinonide external ointment 0.05 %</i>	1	
<i>fluocinonide external solution 0.05 %</i>	1	
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
<i>flurandrenolide external cream 0.05 %</i>	1	
<i>flurandrenolide external lotion 0.05 %</i>	1	
<i>fluticasone propionate external cream 0.05 %</i>	1	
<i>fluticasone propionate external lotion 0.05 %</i>	1	
<i>fluticasone propionate external ointment 0.005 %</i>	1	
<i>halcinonide external cream 0.1 %</i>	1	
<i>halobetasol propionate external cream 0.05 %</i>	1	
<i>halobetasol propionate external ointment 0.05 %</i>	1	
HALOG EXTERNAL OINTMENT 0.1 % ( <i>halcinonide</i> )	3	
HEMMOREX-HC RECTAL SUPPOSITORY 25 MG, 30 MG ( <i>hydrocortisone acetate</i> )	4	
HYDROCORT LOTION COMPLETE KIT EXTERNAL KIT 2 %	4	
<i>hydrocortisone (perianal) external cream 1 %, 2.5 %</i>	1	
<i>hydrocortisone ace-pramoxine external cream 1-1 %, 2.5-1 %</i>	1	
<i>hydrocortisone acetate rectal suppository 25 mg, 30 mg</i>	1	
<i>hydrocortisone butyr lipo base external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external cream 0.1 %</i>	1	
<i>hydrocortisone butyrate external ointment 0.1 %</i>	1	
<i>hydrocortisone butyrate external solution 0.1 %</i>	1	
<i>hydrocortisone external cream 2.5 %</i>	1	
<i>hydrocortisone external lotion 2.5 %</i>	1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	1	

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<i>hydrocortisone rectal enema 100 mg/60ml</i>	1	
<i>hydrocortisone valerate external cream 0.2 %</i>	1	
<i>hydrocortisone valerate external ointment 0.2 %</i>	1	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
<i>hydrocort-pramoxine (perianal) external cream 2.5-1 %</i>	1	
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
<i>kourzeq mouth/throat paste 0.1 %</i>	1	
<i>mometasone furoate external cream 0.1 %</i>	1	
<i>mometasone furoate external ointment 0.1 %</i>	1	
<i>mometasone furoate external solution 0.1 %</i>	1	
NEO-SYNALAR EXTERNAL CREAM 0.5-0.025 % ( <i>neomycin-fluocinolone</i> )	4	
NEO-SYNALAR EXTERNAL KIT 0.5-0.025 % ( <i>neo-fluocinolone &amp; emollient</i> )	4	
NUCORT EXTERNAL LOTION 2 % ( <i>hydrocortisone acetate</i> )	3	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>oralone mouth/throat paste 0.1 %</i>	1	
PANDEL EXTERNAL CREAM 0.1 % ( <i>hydrocortisone probutate</i> )	3	
PRAMOSONE EXTERNAL CREAM 1-1 % ( <i>pramoxine-hc</i> )	2	
PRAMOSONE EXTERNAL CREAM 1-2.5 % ( <i>pramoxine-hc</i> )	4	
PRAMOSONE EXTERNAL LOTION 1-1 %, 1-2.5 % ( <i>pramoxine-hc</i> )	2	
PRAMOSONE EXTERNAL OINTMENT 1-1 % ( <i>pramoxine-hc</i> )	2	
PRAMOSONE EXTERNAL OINTMENT 1-2.5 % ( <i>pramoxine-hc</i> )	4	
PROCORT EXTERNAL CREAM 1.85-1.15 % ( <i>hydrocortisone ace-pramoxine</i> )	4	
PROCTOCORT RECTAL SUPPOSITORY 30 MG ( <i>hydrocortisone acetate</i> )	4	
PROCTOFOAM HC EXTERNAL FOAM 1-1 % ( <i>hydrocortisone ace-pramoxine</i> )	2	
<i>procto-med hc external cream 2.5 %</i>	1	
<i>proctosol hc external cream 2.5 %</i>	1	

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<i>proctozone-hc external cream 2.5 %</i>	1	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % ( <i>hc &amp; sal acid-sulfur &amp; shampoo</i> )	3	
SERNIVO EXTERNAL EMULSION 0.05 % ( <i>betamethasone dipropionate</i> )	4	
SYNALAR (CREAM) EXTERNAL KIT 0.025 % ( <i>fluocinolone-emollient</i> )	4	
SYNALAR (OINTMENT) EXTERNAL KIT 0.025 % ( <i>fluocinolone-emollient</i> )	4	
SYNALAR EXTERNAL CREAM 0.025 % ( <i>fluocinolone acetonide</i> )	4	
SYNALAR EXTERNAL OINTMENT 0.025 % ( <i>fluocinolone acetonide</i> )	4	
SYNALAR EXTERNAL SOLUTION 0.01 % ( <i>fluocinolone acetonide</i> )	4	
SYNALAR TS EXTERNAL KIT 0.01 % ( <i>fluocinolone &amp; cleanser</i> )	4	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	1	
TEXACORT EXTERNAL SOLUTION 2.5 % ( <i>hydrocortisone</i> )	2	
TOPICORT EXTERNAL CREAM 0.05 %, 0.25 % ( <i>desoximetasone</i> )	4	
TOPICORT EXTERNAL GEL 0.05 % ( <i>desoximetasone</i> )	4	
TOPICORT EXTERNAL OINTMENT 0.05 %, 0.25 % ( <i>desoximetasone</i> )	4	
<i>tovet external foam 0.05 %</i>	1	
<i>triamcinolone acetonide external aerosol solution 0.147 mg/gm</i>	1	
<i>triamcinolone acetonide external cream 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide external lotion 0.025 %, 0.1 %</i>	1	
<i>triamcinolone acetonide external ointment 0.025 %, 0.1 %, 0.5 %</i>	1	
<i>triamcinolone acetonide mouth/throat paste 0.1 %</i>	1	
<i>triderm external cream 0.5 %</i>	1	
VERDESO EXTERNAL FOAM 0.05 % ( <i>desonide</i> )	4	
XOLEGEL COREPAK EXTERNAL KIT 2 & 1 % ( <i>ketconazole-hydrocortisone</i> )	3	
<b>DEPIGMENTING AGENTS - Drugs for the Skin</b>		
KATARAXAP EXTERNAL EMULSION 4-0.025-0.025 %	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
KEVARAXAP EXTERNAL EMULSION 6-0.05-0.025 %	3	
KEVARTIA EXTERNAL EMULSION 6-0.05 %	3	
KOTARAXAP EXTERNAL EMULSION 5-0.025-0.025 %	3	
KUTAR EXTERNAL EMULSION 8-0.025 %	3	
KUTARVIA EXTERNAL EMULSION 8-0.025 %	3	
<b>DETERGENTS - Drugs for the Skin</b>		
CLODAN EXTERNAL KIT 0.05 % ( <i>clobetasol prop &amp; cleanser</i> )	4	
<b>EMOLLIENTS, DEMULCENTS, AND PROTECTANTS - Drugs for the Skin</b>		
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % ( <i>benzoyl perox-salicyl ac-vit e</i> )	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % ( <i>benzoyl perox-salicyl ac-vit e</i> )	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % ( <i>benzoyl peroxide-vitamin e</i> )	3	
MICONAZOLE-ZINC OXIDE-PETROLAT EXTERNAL OINTMENT 0.25-15-81.35 %	4	
VUSION EXTERNAL OINTMENT 0.25-15-81.35 % ( <i>miconazole-zinc oxide-petrolat</i> )	4	
<b>HYDROXYPYRIDONES (SKIN, MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>ciclodan external solution 8 %</i>	1	
<i>ciclopirox external gel 0.77 %</i>	1	
<i>ciclopirox external shampoo 1 %</i>	1	
<i>ciclopirox external solution 8 %</i>	1	
<i>ciclopirox olamine external cream 0.77 %</i>	1	
<i>ciclopirox olamine external suspension 0.77 %</i>	1	
<i>ciclopirox treatment external kit 8 %</i>	1	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
<b>KERATOLYTIC AGENTS - Drugs for the Skin</b>		
AVAR CLEANSER EXTERNAL LIQUID 10-5 % ( <i>sulfacetamide sodium-sulfur</i> )	4	
AVAR LS CLEANSER EXTERNAL LIQUID 10-2 % ( <i>sulfacetamide sodium-sulfur</i> )	3	
AVAR-E EMOLLIENT EXTERNAL CREAM 10-5 % ( <i>sulfacetamide sodium-sulfur</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
AVAR-E GREEN EXTERNAL CREAM 10-5 % ( <i>sulfacetamide sodium-sulfur</i> )	3	
AVAR-E LS EXTERNAL CREAM 10-2 % ( <i>sulfacetamide sodium-sulfur</i> )	3	
AVIDOXY DK COMBINATION KIT 100 MG ( <i>doxycycline-sunscreen-sal acid</i> )	3	
<i>bp 10-1 external emulsion 10-1 %</i>	1	
<i>cerovel external lotion 40 %</i>	1	
DERMACINRX UREA EXTERNAL CREAM 41 % ( <i>urea</i> )	4	
EXODERM EXTERNAL LOTION 25-1 % ( <i>sod thiosulfate-salicylic acid</i> )	3	
GORDOFILM EXTERNAL SOLUTION 16.7-16.7 % ( <i>salicylic acid-lactic acid</i> )	2	
HEXIOUNYL EXTERNAL LOTION 3-5-20 %	3	
HYDRO 40 EXTERNAL FOAM 40 % ( <i>urea</i> )	3	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % ( <i>benzoyl perox-salicyl ac-vit e</i> )	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % ( <i>benzoyl perox-salicyl ac-vit e</i> )	3	
KERALYT SCALP EXTERNAL KIT 6 % ( <i>salicylic acid</i> )	4	
NUTRASEB EXTERNAL CREAM ( <i>antiseborrheic products, misc.</i> )	4	
PHEDRAX EXTERNAL SHAMPOO 2-2 %	3	
PLEXION CLEANSER EXTERNAL LIQUID 9.8-4.8 % ( <i>sulfacetamide sodium-sulfur</i> )	4	
PLEXION CLEANSING CLOTH EXTERNAL PAD 9.8-4.8 % ( <i>sulfacetamide sodium-sulfur</i> )	4	
PLEXION EXTERNAL CREAM 9.8-4.8 % ( <i>sulfacetamide sodium-sulfur</i> )	4	
PLEXION EXTERNAL LOTION 9.8-4.8 % ( <i>sulfacetamide sodium-sulfur</i> )	4	
PODIATROLE EXTERNAL THERAPY PACK 2 & 20 % ( <i>ketoconazole-urea</i> )	3	
PROMISEB EXTERNAL CREAM ( <i>antiseborrheic products, misc.</i> )	4	
PRONAL EXTERNAL GEL 40-10 % ( <i>urea-lactic acid</i> )	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
RAYASAL EXTERNAL CREAM 5.9 %	3	
SALICATE EXTERNAL LIQUID 10 % ( <i>salicylic acid</i> )	3	
<i>salicylic acid external solution 26 %</i>	1	
SALIMEZ EXTERNAL CREAM 6 %	3	
SALVAX DUO PLUS EXTERNAL KIT 6 & 35 % ( <i>salicylic acid-urea in lactac</i> )	3	
SCALACORT DK EXTERNAL KIT 2 & 2-2 % ( <i>hc &amp; sal acid-sulfur &amp; shampoo</i> )	3	
<i>sss 10-5 external cream 10-5 %</i>	1	
SSS 10-5 EXTERNAL FOAM 10-5 %	3	
<i>sulfacetamide sodium-sulfur external cream 10-2 %, 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external liquid 10-2 %, 10-5 %, 9-4 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external lotion 10-5 %, 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external pad 9.8-4.8 %</i>	1	
<i>sulfacetamide sodium-sulfur external suspension 10-5 %, 8-4 %</i>	1	
<i>sulfacetamide sod-sulfur wash external liquid 9-4 %</i>	1	
<i>sulfacetamide-sulfur in urea external emulsion 10-5 %</i>	1	
SULFACLEANSE 8/4 EXTERNAL SUSPENSION 8-4 % ( <i>sulfacetamide sodium-sulfur</i> )	3	
<i>sulfamez wash external emulsion 10-1 %</i>	1	
SUMADAN XLT EXTERNAL KIT 9-4.5 % ( <i>sulfacetamide-sulfur-sunscreen</i> )	4	
SUMAXIN CP EXTERNAL KIT 10-4 % ( <i>sulfacetamide-sulfur-cleanser</i> )	4	
SUMAXIN EXTERNAL PAD 10-4 % ( <i>sulfacetamide sodium-sulfur</i> )	4	
UMECTA MOUSSE EXTERNAL FOAM 40 % ( <i>urea</i> )	3	
URAMAXIN EXTERNAL GEL 45 % ( <i>urea</i> )	4	
<i>urea external cream 40 %, 41 %, 45 %</i>	1	
<i>urea external lotion 40 %</i>	1	
<i>urea nail external gel 45 %</i>	1	
UREMEZ-40 EXTERNAL CREAM 40 %	3	
<b>KERATOPLASTIC AGENTS - Drugs for the Skin</b>		
<i>coal tar external solution 20 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<b>LOCAL ANTI-INFECTIVES, MISCELLANEOUS - Drugs for the Skin</b>		
ACANYA EXTERNAL GEL 1.2-2.5 % ( <i>clindamycin phos-benzoyl perox</i> )	4	
<i>benzalkonium chloride external solution</i>	2	
<i>benzalkonium chloride external solution 50 %</i>	1	
BENZAMYCIN EXTERNAL GEL 5-3 % ( <i>benzoyl peroxide-erythromycin</i> )	2	
<i>benzoyl peroxide-erythromycin external gel 5-3 %</i>	1	
<i>chlorhexidine gluconate mouth/throat solution 0.12 %</i>	1	
<i>clindamycin phos-benzoyl perox external gel 1.2-5 %</i>	1	SL (1 bottle (45 grams) per month.)
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-3.75 %</i>	1	
CORTANE-B EXTERNAL LOTION 10-10-1 MG/ML ( <i>hc-pramoxine-chloroxyleneol</i> )	4	
DEBACTEROL MOUTH/THROAT SOLUTION 30-50 % ( <i>sulfuric acid-sulf phenolics</i> )	2	
FEM PH VAGINAL GEL 0.9-0.025 % ( <i>acetic acid-oxyquinoline</i> )	4	
<i>hydrocortisone-iodoquinol external cream 1-1 %</i>	1	
INOVA 4/1 ACNE CONTROL THERAPY EXTERNAL KIT 4 & 1 & 5 % ( <i>benzoyl perox-salicyl ac-vit e</i> )	3	
INOVA 8/2 ACNE CONTROL THERAPY EXTERNAL KIT 8 & 2 & 5 % ( <i>benzoyl perox-salicyl ac-vit e</i> )	3	
INOVA EXTERNAL KIT 4 & 5 %, 8 & 5 % ( <i>benzoyl peroxide-vitamin e</i> )	3	
<i>iodine tincture external tincture 2 %</i>	1	
LUGOLS STRONG IODINE EXTERNAL SOLUTION 5-10 %	3	
<i>mafenide acetate external packet 5 %</i>	1	
<i>neuac external gel 1.2-5 %</i>	1	SL (1 bottle (45 grams) per month.)
ONEXTON EXTERNAL GEL 1.2-3.75 % ( <i>clindamycin phos-benzoyl perox</i> )	4	
PERIDEX MOUTH/THROAT SOLUTION 0.12 % ( <i>chlorhexidine gluconate</i> )	4	
<i>periogard mouth/throat solution 0.12 %</i>	1	
<i>selenium sulfide external lotion 2.5 %</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SILVADENE EXTERNAL CREAM 1 % ( <i>silver sulfadiazine</i> )	4	
<i>silver sulfadiazine external cream 1 %</i>	1	
<i>ssd external cream 1 %</i>	1	
SULFAMYLON EXTERNAL CREAM 85 MG/GM ( <i>mafenide acetate</i> )	3	
SULFAMYLON EXTERNAL PACKET 5 % ( <i>mafenide acetate</i> )	4	
TWYNEO EXTERNAL CREAM 0.1-3 % ( <i>tretinoin-benzoyl peroxide</i> )	4	
XOLEGEL DUO/HEAD & SHOULDERS EXTERNAL KIT 2 & 1 % ( <i>ketoconazole &amp; pyrithione zinc</i> )	3	
XOLEGEL DUO/XOLEX EXTERNAL KIT 2 & 1 % ( <i>ketoconazole &amp; pyrithione zinc</i> )	3	
ZACARE EXTERNAL KIT 4 & 0.2 %, 8 & 0.2 % ( <i>benzoyl peroxide-hyaluronate</i> )	3	
ZACLIR CLEANSING EXTERNAL LOTION 8 %	3	
<b>NONSTEROIDAL ANTI-INFLAMMAT.AGENTS(SKIN) - Drugs for the Skin</b>		
<i>diclofenac sodium external gel 3 %</i>	1	PA
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
ENOVARX-IBUPROFEN EXTERNAL CREAM 10 %	3	PA
ENOVARX-NAPROXEN EXTERNAL CREAM 10 %	3	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FROTEK EXTERNAL CREAM 10 % ( <i>ketoprofen</i> )	3	PA
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % ( <i>ketoprofen-baclofen-gabap-lido</i> )	3	PA
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VP FC KIT EXTERNAL CREAM	3	PA
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
<b>OXABOROLES - Drugs for the Skin</b>		
<i>tavaborole external solution 5 %</i>	1	SL (4 ml per month.)
<b>PIGMENTING AGENTS - Drugs for the Skin</b>		
<i>methoxsalen rapid oral capsule 10 mg</i>	1	
<b>POLYENES (SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
<i>nyamyc external powder 100000 unit/gm</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>nystatin external cream 100000 unit/gm</i>	1	
<i>nystatin external ointment 100000 unit/gm</i>	1	
<i>nystatin external powder 100000 unit/gm</i>	1	
<i>nystatin-triamcinolone external cream 100000-0.1 unit/gm-%</i>	1	
<i>nystatin-triamcinolone external ointment 100000-0.1 unit/gm-%</i>	1	
<i>nystop external powder 100000 unit/gm</i>	1	
<b>SCABICIDES AND PEDICULICIDES - Drugs for the Skin</b>		
AVEIDA EXTERNAL GEL 1-1 %	3	
CROTAN EXTERNAL LOTION 10 % ( <i>crotamiton</i> )	3	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
<i>malathion external lotion 0.5 %</i>	1	
OVIDE EXTERNAL LOTION 0.5 % ( <i>malathion</i> )	4	
<i>permethrin external cream 5 %</i>	1	
SOOLANTRA EXTERNAL CREAM 1 % ( <i>ivermectin</i> )	1	
<i>spinosad external suspension 0.9 %</i>	1	
<i>sulfurated lime external solution</i>	1	
<b>SKIN AND MUCOUS MEMBRANE AGENTS, MISC. - Drugs for the Skin</b>		
A.A.G.C. KIT IN TERODERM EXTERNAL CREAM 8-4-10-4 % ( <i>amantad-amitrip-gabap-cycloben</i> )	3	PA
<i>accutane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>acitretin oral capsule 10 mg, 17.5 mg, 25 mg</i>	1	
ADBRY SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>tralokinumab-ldrm</i> )	2	PA; SL (0.15 ml per day.); SP
AKLIEF EXTERNAL CREAM 0.005 % ( <i>trifarotene</i> )	4	PA
ALEVAMAX EXTERNAL CREAM	3	
AMELUZ EXTERNAL GEL 10 % ( <i>aminolevulinic acid hcl</i> )	3	
<i>amnestem oral capsule 10 mg, 20 mg, 40 mg</i>	1	
ARTISS EXTERNAL KIT 10 ML, 2 ML, 4 ML ( <i>fibrin sealant component</i> )	3	
ARTISS EXTERNAL SOLUTION ( <i>fibrin sealant component</i> )	3	
<i>azelaic acid external gel 15 %</i>	1	
AZELEX EXTERNAL CREAM 20 % ( <i>azelaic acid</i> )	3	
B & C EXTERNAL OINTMENT	3	
<i>balsam peru-castor oil external ointment</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
<i>bexarotene external gel 1 %</i>	1	SP
BIMZELX SUBCUTANEOUS SOLUTION AUTO-INJECTOR 160 MG/ML ( <i>bimekizumab-bkzx</i> )	4	PA
<i>brimonidine tartrate external gel 0.33 %</i>	1	PA
<i>calcipotriene external cream 0.005 %</i>	1	
<i>calcipotriene external ointment 0.005 %</i>	1	
<i>calcipotriene external solution 0.005 %</i>	1	
<i>calcipotriene-betameth diprop external ointment 0.005-0.064 %</i>	1	
CALCITRENE EXTERNAL OINTMENT 0.005 % ( <i>calcipotriene</i> )	3	
<i>calcitriol external ointment 3 mcg/gm</i>	1	
CIBINQO ORAL TABLET 100 MG, 200 MG, 50 MG ( <i>abrocitinib</i> )	2	PA; SL (1 tablet per day.); SP; CM
<i>claravis oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
<i>clindamycin-tretinoin external gel 1.2-0.025 %</i>	1	
CLINOIN EXTERNAL CREAM 1.25-0.025-1 % ( <i>clindamycin-tretinoin-cholesty</i> )	3	PA
COLLANEX EXTERNAL POWDER ( <i>wound dressings</i> )	3	
CONDYLOX EXTERNAL GEL 0.5 % ( <i>podofilox</i> )	3	
COPASIL EXTERNAL GEL ( <i>scar treatment products</i> )	3	PA
COSENTYX (300 MG DOSE) SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	3	PA; ST; SL (0.072 mL per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>secukinumab</i> )	3	PA; ST; SL (0.036 mL per day.); SP
COSENTYX 150 MG/ML SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 75 MG/0.5ML ( <i>secukinumab</i> )	3	PA; ST; SL (0.018 ml per day.)
COSENTYX SENSOREADY (300 MG) SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	3	PA; ST; SL (0.072 mL per day.); SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>secukinumab</i> )	3	PA; ST; SL (0.036 mL per day.); SP
COSENTYX UNOREADY SUBCUTANEOUS SOLUTION AUTO-INJECTOR 300 MG/2ML ( <i>secukinumab</i> )	3	PA; ST; SL (0.0715 ml per day.); SP
<i>dapsone external gel 5 %, 7.5 %</i>	1	
DAZAVEIDAOXIA EXTERNAL GEL 0.25-1-1-4 %	3	
DEOXIATAR EXTERNAL SOLUTION 1-4-0.025 %	3	
DEXERYL EXTERNAL CREAM ( <i>dermatological products, misc.</i> )	3	

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DIASAXIATAR EXTERNAL GEL 8.5-2-0.025 %	3	
DIOOXIA EXTERNAL CREAM 0.005-4 %	3	
DUAL COMPLEX FORMULA 1 KIT EXTERNAL CREAM	3	PA
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 MG/1.14ML ( <i>dupilumab</i> )	2	PA; SL (0.09 ml per day.); SP
DUPIXENT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 MG/2ML ( <i>dupilumab</i> )	2	PA; SL (0.15 ml per day.); SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML ( <i>dupilumab</i> )	2	PA; SL (0.15 ml per day.); SP
EFUDEX EXTERNAL CREAM 5 % ( <i>fluorouracil</i> )	4	
ENOVARX-TRAMADOL EXTERNAL CREAM 5 %	3	PA
ENSTILAR EXTERNAL FOAM 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	4	
FABIOR EXTERNAL FOAM 0.1 % ( <i>tazarotene</i> )	4	PA
FBL KIT EXTERNAL CREAM 15-4-5 %	3	PA
FEM PH VAGINAL GEL 0.9-0.025 % ( <i>acetic acid-oxyquinoline</i> )	4	
FINACEA EXTERNAL FOAM 15 % ( <i>azelaic acid</i> )	2	
<i>fluorouracil external cream 5 %</i>	1	
<i>fluorouracil external solution 2 %, 5 %</i>	1	
FLUOXIA EXTERNAL CREAM 0.05-4 %	3	
HALUCORT EXTERNAL GEL ( <i>dermatological products, misc.</i> )	3	
HPR PLUS EXTERNAL CREAM ( <i>dermatological products, misc.</i> )	3	
HYDROCORT LOTION COMPLETE KIT EXTERNAL KIT 2 %	4	
HYFTOR EXTERNAL GEL 0.2 % ( <i>sirolimus</i> )	4	PA; SL (10 g per 23 days.)
HYLATOPIC PLUS EXTERNAL CREAM ( <i>dermatological products, misc.</i> )	3	
ILUMYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>tildrakizumab-asmn</i> )	4	PA; ST; SL (1 ml per 63 days.); SP
<i>imiquimod external cream 5 %</i>	1	
<i>isotretinoin oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
K.B.G.L IN TERODERM EXTERNAL CREAM 15-4-10-2 % ( <i>ketoprofen-baclofen-gabap-lido</i> )	3	PA
KLISYRI EXTERNAL OINTMENT 1 % ( <i>tirbanibulin</i> )	4	
LEVULAN KERASTICK EXTERNAL SOLUTION RECONSTITUTED 20 % ( <i>aminolevulinic acid hcl</i> )	3	

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LUXAMEND EXTERNAL CREAM ( <i>wound dressings</i> )	3	
MEDERMA SPF 30 EXTERNAL CREAM ( <i>scar treatment products</i> )	3	PA
<i>minocycline hcl er oral tablet extended release 24 hour 105 mg, 115 mg, 135 mg, 45 mg, 55 mg, 65 mg, 80 mg, 90 mg</i>	1	
MIRVASO EXTERNAL GEL 0.33 % ( <i>brimonidine tartrate</i> )	4	PA
NEOSALUS EXTERNAL CREAM ( <i>dermatological products, misc.</i> )	3	
NUJO EXTERNAL SOLUTION 0.1 %	3	
OPZELURA EXTERNAL CREAM 1.5 % ( <i>ruxolitinib phosphate</i> )	4	PA; SL (540 grams per 365 days.); SP
OTEZLA ORAL TABLET 30 MG ( <i>apremilast</i> )	2	PA; SL (2 tablets per day.); SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG ( <i>apremilast</i> )	2	PA; SL (55 tablets (one starter pack) per year.); SP
OXIAICE EXTERNAL LOTION 4-15 %	3	
PANRETIN EXTERNAL GEL 0.1 % ( <i>alitretinoin</i> )	3	
PHEOXIA EXTERNAL CREAM 2-4 %	3	
<i>pimecrolimus external cream 1 %</i>	1	
PODOCON-25 EXTERNAL SOLUTION 25 % ( <i>podophyllum resin</i> )	3	
<i>podofilox external solution 0.5 %</i>	1	
PRUCLAIR EXTERNAL CREAM ( <i>dermatological products, misc.</i> )	3	
PRUMYX EXTERNAL CREAM ( <i>dermatological products, misc.</i> )	3	
PYROGALLIC ACID EXTERNAL OINTMENT 25-2 %	2	
RECTIV RECTAL OINTMENT 0.4 % ( <i>nitroglycerin</i> )	3	SL (30 grams per month.)
REGRANEX EXTERNAL GEL 0.01 % ( <i>becaplermin</i> )	2	PA
REMIGEN EXTERNAL CREAM	3	
RHOFADE EXTERNAL CREAM 1 % ( <i>oxymetazoline hcl</i> )	4	PA
SANTYL EXTERNAL OINTMENT 250 UNIT/GM ( <i>collagenase</i> )	3	
SCARCIN EXTERNAL CREAM	3	PA
SILATRIX MOUTH/THROAT GEL 10 %	3	
SKYRIZI PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML ( <i>risankizumab-rzaa</i> )	2	PA; SL (1 ml per 63 days.); SP

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 150 MG/ML ( <i>risankizumab-rzaa</i> )	2	PA; SL (1 ml per 63 days.); SP
SOLODYN ORAL TABLET EXTENDED RELEASE 24 HOUR 105 MG, 115 MG, 55 MG, 65 MG, 80 MG ( <i>minocycline hcl</i> )	4	
SOTYKTU ORAL TABLET 6 MG ( <i>deucravacitinib</i> )	4	PA; ST; SL (1 tablet per day.); SP
STELARA SUBCUTANEOUS SOLUTION 45 MG/0.5ML ( <i>ustekinumab</i> )	2	PA; SL (0.006 ml per day.); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 45 MG/0.5ML ( <i>ustekinumab</i> )	2	PA; SL (0.006 ml per day.); SP
STELARA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 90 MG/ML ( <i>ustekinumab</i> )	2	PA; SL (0.012 ml per day.); SP
STRATA CTX EXTERNAL GEL ( <i>dermatological products, misc.</i> )	3	
STRATA XRT EXTERNAL GEL ( <i>dermatological products, misc.</i> )	3	
SYNALAR TS EXTERNAL KIT 0.01 % ( <i>fluocinolone &amp; cleanser</i> )	4	
TACLONEX EXTERNAL SUSPENSION 0.005-0.064 % ( <i>calcipotriene-betameth diprop</i> )	1	
<i>tacrolimus external ointment 0.03 %, 0.1 %</i>	1	
<i>tazarotene external cream 0.1 %</i>	1	PA
TAZAROTENE EXTERNAL FOAM 0.1 %	4	PA
<i>tazarotene external gel 0.05 %, 0.1 %</i>	1	PA
TAZORAC EXTERNAL CREAM 0.05 %, 0.1 % ( <i>tazarotene</i> )	4	PA
TAZORAC EXTERNAL GEL 0.05 %, 0.1 % ( <i>tazarotene</i> )	4	PA
TISSEEL EXTERNAL KIT 10 ML, 2 ML, 4 ML ( <i>fibrin sealant component</i> )	3	
TOLAK EXTERNAL CREAM 4 % ( <i>fluorouracil</i> )	4	
TREMFYA SUBCUTANEOUS SOLUTION PEN-INJECTOR 100 MG/ML ( <i>guselkumab</i> )	2	PA; SL (1 ml per 42 days.); SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML ( <i>guselkumab</i> )	2	PA; SL (2 ml per 2 months); SP
TRIPLE COMPLEX FORMULA 3 KIT EXTERNAL CREAM 20-2-10 %	3	
VALCHLOR EXTERNAL GEL 0.016 % ( <i>mechlorethamine hcl (topical)</i> )	2	PA; SP
VELTIN EXTERNAL GEL 1.2-0.025 % ( <i>clindamycin-tretinoin</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VENELEX EXTERNAL OINTMENT ( <i>balsam peru-castor oil</i> )	3	
VEREGEN EXTERNAL OINTMENT 15 % ( <i>sinecatechins</i> )	3	ST
VP FC KIT EXTERNAL CREAM	3	PA
VP GKL KIT EXTERNAL CREAM 20-2-10 %	3	PA
VTAMA EXTERNAL CREAM 1 % ( <i>tapinarof</i> )	4	PA
<i>zenatane oral capsule 10 mg, 20 mg, 30 mg, 40 mg</i>	1	
ZENPHOR WOUND PAD EXTERNAL PAD	3	
ZORYVE EXTERNAL CREAM 0.3 % ( <i>roflumilast</i> )	4	PA; SL (60 grams per 30 days.)
<b>SUNSCREEN AGENTS - Drugs for the Skin</b>		
AVIDOXY DK COMBINATION KIT 100 MG ( <i>doxycycline-sunscreen-sal acid</i> )	3	
SUMADAN XLT EXTERNAL KIT 9-4.5 % ( <i>sulfacetamide-sulfur-sunscreen</i> )	4	
<b>THIOCARBAMATES(SKIN AND MUCOUS MEMBRANE) - Drugs for the Skin</b>		
MYCOZYL AL EXTERNAL SOLUTION 1 % ( <i>tolnaftate</i> )	3	
<b>SMOOTH MUSCLE RELAXANTS - Drugs to Relax Muscles</b>		
<b>ANTIMUSCARINICS - Drugs for the Urinary System</b>		
<i>darifenacin hydrobromide er oral tablet extended release 24 hour 15 mg, 7.5 mg</i>	1	
<i>flavoxate hcl oral tablet 100 mg</i>	1	
GELNIQUE TRANSDERMAL GEL 10 % ( <i>oxybutynin chloride</i> )	4	
<i>oxybutynin chloride er oral tablet extended release 24 hour 10 mg, 15 mg, 5 mg</i>	1	
<i>oxybutynin chloride oral solution 5 mg/5ml</i>	1	
<i>oxybutynin chloride oral tablet 2.5 mg, 5 mg</i>	1	
<i>solifenacin succinate oral tablet 10 mg, 5 mg</i>	1	
<i>tolterodine tartrate er oral capsule extended release 24 hour 2 mg, 4 mg</i>	1	
<i>tolterodine tartrate oral tablet 1 mg, 2 mg</i>	1	
<i>tropium chloride er oral capsule extended release 24 hour 60 mg</i>	1	
<i>tropium chloride oral tablet 20 mg</i>	1	
VESICARE LS ORAL SUSPENSION 5 MG/5ML ( <i>solifenacin succinate</i> )	4	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VESICARE ORAL TABLET 10 MG, 5 MG ( <i>solifenacin succinate</i> )	4	
<b>RESPIRATORY SMOOTH MUSCLE RELAXANTS - Drugs for Lungs</b>		
<i>elixophyllin oral elixir 80 mg/15ml</i>	3	
<i>sildenafil citrate oral suspension reconstituted 10 mg/ml</i>	1	PA; SL (186 ml per month.); SP
<i>sildenafil citrate oral tablet 20 mg</i>	1	SL (0.5 tablet per day.)
THEO-24 ORAL CAPSULE EXTENDED RELEASE 24 HOUR 100 MG, 200 MG, 300 MG, 400 MG ( <i>theophylline</i> )	3	
<i>theophylline er oral tablet extended release 12 hour 100 mg, 200 mg, 300 mg, 450 mg</i>	1	
<i>theophylline er oral tablet extended release 24 hour 400 mg, 600 mg</i>	1	
<i>theophylline oral elixir 80 mg/15ml</i>	1	
<i>theophylline oral solution 80 mg/15ml</i>	1	
<b>SELECTIVE BETA-3-ADRENERGIC AGONISTS - Drugs for the Urinary System</b>		
GEMTESA ORAL TABLET 75 MG ( <i>vibegron</i> )	4	
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR 25 MG, 50 MG ( <i>mirabegron</i> )	4	
<b>VITAMINS</b>		
<b>MULTIVITAMIN PREPARATIONS</b>		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	
ATABEX OB ORAL TABLET 29-1 MG ( <i>prenatal vit w/ fe bisg-fa</i> )	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG ( <i>prenat-fecb-fefum-fa-dha w/o a</i> )	3	
ELITE-OB ORAL TABLET 50-1.25 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	3	
ENBRACE HR ORAL CAPSULE ( <i>prenat vit-fe gly cys-fa-omega</i> )	3	
FLORIVA PLUS ORAL SOLUTION 0.25 MG/ML ( <i>pediatric multivitamins-fl</i> )	3	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
<i>multi-vitamin/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
<i>multi-vitamin/fluoride/iron oral solution 0.25-10 mg/ml</i>	1	
MULTI-VIT-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> )	3	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL 19 ORAL TABLET 1 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG ( <i>prenat-fe-methylfol-dha w/o a</i> )	3	
NESTABS ORAL TABLET 32-1 MG ( <i>prenat-fe bisgly-fa-w/o vit a</i> )	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
POLY-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>pediatric multivitamins-fl</i> )	3	
POLY-VI-FLOR ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> )	3	
POLY-VI-FLOR/IRON ORAL SUSPENSION 0.25-7 MG/ML ( <i>ped multivitamins-fl-iron</i> )	3	
POLY-VI-FLOR/IRON ORAL TABLET CHEWABLE 0.5-10 MG ( <i>ped multivitamins-fl-iron</i> )	3	
PREMESISRX ORAL TABLET 1 MG ( <i>prenatal ca-b6-b12-fa-ginger</i> )	3	
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
<i>prenatal oral tablet 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG ( <i>prenatal-feaspgly-methylfol-fa</i> )	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG ( <i>prenat-fecbn-feasp-meth-fa-dha</i> )	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG ( <i>prenat mv-min-methylfolate-fa</i> )	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG ( <i>pren-fe-meth-fa-omeg w/o a</i> )	3	
QUFLORA PEDIATRIC ORAL SOLUTION 0.25 MG/ML, 0.5 MG/ML ( <i>pediatric multivitamins-fl</i> )	3	
QUFLORA PEDIATRIC ORAL TABLET CHEWABLE 0.25 MG, 0.5 MG, 1 MG ( <i>pediatric multivitamins-fl</i> )	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG ( <i>prenatal vit-fe psac cmplx-fa</i> )	4	
TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>ped vit a-c-d-methylfolate-fl</i> )	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML <i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
VINATE ONE ORAL TABLET 60-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG ( <i>prenat-fe poly-methfol-fa-dha</i> )	3	
VITAFOL STRIPS ORAL FILM 1 MG ( <i>prenatal-b6-b12-d3-folic acid</i> )	3	
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG ( <i>prenatal-fe fum-methf-fa w/o a</i> )	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG ( <i>prenatal mv-min-fe fum-fa-dha</i> )	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG ( <i>prenat-fefum-fered-fa-dha w/oa</i> )	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
<b>VITAMIN A</b>		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>ped vit a-c-d-methylfolate-fl</i> )	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
<b>VITAMIN B COMPLEX</b>		
ATABEX OB ORAL TABLET 29-1 MG ( <i>prenatal vit w/ fe bisg-fa</i> )	3	
CALCIFOL ORAL WAFER 1342-1.6 MG ( <i>ca carb-fa-d-b6-b12-boron-mg</i> )	3	
CITRANATAL MEDLEY ORAL CAPSULE 27-1-200 MG ( <i>prenat-fecb-fefum-fa-dha w/o a</i> )	3	
<i>cyanocobalamin injection solution 1000 mcg/ml</i>	1	
CYANOCOBALAMIN INJECTION SOLUTION 2000 MCG/ML	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DODEX INJECTION SOLUTION 1000 MCG/ML (cyanocobalamin)	4	
<i>drospiren-eth estrad-levomefol oral tablet 3-0.02-0.451 mg, 3-0.03-0.451 mg</i>	1	H
ELITE-OB ORAL TABLET 50-1.25 MG ( <i>prenatal vit-iron carbonyl-fa</i> )	3	
ENBRACE HR ORAL CAPSULE ( <i>prenat vit-fe gly cys-fa-omega</i> )	3	
<i>folic acid oral tablet 1 mg</i>	1	
<i>folic acid oral tablet 400 mcg, 800 mcg</i>	E	H
<i>hematinic/folic acid oral tablet 324-1 mg</i>	1	
<i>leucovorin calcium oral tablet 10 mg, 15 mg, 25 mg, 5 mg</i>	1	
M-NATAL PLUS ORAL TABLET 27-1 MG	3	
<i>multivitamin/fluoride tablet chewable 0.25 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.25 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 0.5 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 0.5 MG ORAL (RX)	3	
<i>multivitamin/fluoride tablet chewable 1 mg oral (rx)</i>	1	
MULTIVITAMIN/FLUORIDE TABLET CHEWABLE 1 MG ORAL (RX)	3	
NASCOBAL NASAL SOLUTION 500 MCG/0.1ML (cyanocobalamin)	3	
NATAL PNV ORAL TABLET 6-0.5 MG	3	
NEONATAL + DHA ORAL 29-1 & 200 MG	3	
NEONATAL COMPLETE ORAL TABLET 27-1 MG, 29-1 MG	3	
NEONATAL FE ORAL TABLET 90-1 MG	3	
NEONATAL PLUS ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	3	
NESTABS ONE ORAL CAPSULE 38-1-225 MG ( <i>prenat-fe-methylfol-dha w/o a</i> )	3	
NESTABS ORAL TABLET 32-1 MG ( <i>prenat-fe bisgly-fa-w/o vit a</i> )	3	
ONE VITE WOMENS PLUS ORAL TABLET 27-1 MG	3	
PREMESISRX ORAL TABLET 1 MG ( <i>prenatal ca-b6-b12-fa-ginger</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
PRENAISSANCE ORAL CAPSULE 29-1.25-325 MG	2	
<i>prenatal oral tablet 27-1 mg</i>	1	
<i>prenatal plus vitamin/mineral oral tablet 27-1 mg</i>	1	
PRENATE DHA ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE ELITE ORAL TABLET 20-0.6-0.4 MG ( <i>prenatal-feaspgly-methylfol-fa</i> )	3	
PRENATE ENHANCE ORAL CAPSULE 28-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	
PRENATE ESSENTIAL ORAL CAPSULE 18-0.6-0.4-300 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE MINI ORAL CAPSULE 18-0.6-0.4-350 MG ( <i>prenat-fecbn-feasp-meth-fa-dha</i> )	3	
PRENATE ORAL TABLET CHEWABLE 0.6-0.4 MG ( <i>prenat mv-min-methylfolate-fa</i> )	3	
PRENATE PIXIE ORAL CAPSULE 10-0.6-0.4-200 MG ( <i>prenat-feasp-meth-fa-dha w/o a</i> )	3	
PRENATE RESTORE ORAL CAPSULE 27-0.6-0.4-400 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	
PRENATVITE COMPLETE ORAL TABLET 1 MG	3	
PRENATVITE PLUS ORAL TABLET 1 MG	3	
PRENATVITE RX ORAL TABLET 0.8 MG	3	
PRIMACARE ORAL CAPSULE 30-1-470 MG ( <i>pren-fe-meth-fa-omeg w/o a</i> )	3	
RELNATE DHA ORAL CAPSULE 28-1-200 MG	3	
SELECT-OB ORAL TABLET CHEWABLE 29-1 MG ( <i>prenatal vit-fe psac cmplx-fa</i> )	4	
TRINATE ORAL TABLET ( <i>prenatal vit-fe fumarate-fa</i> )	3	
TRISTART DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>ped vit a-c-d-methylfolate-fl</i> )	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tydemy oral tablet 3-0.03-0.451 mg</i>	1	H
VINATE ONE ORAL TABLET 60-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	3	
VITAFOL FE+ ORAL CAPSULE 90-0.6-0.4-200 MG ( <i>prenat-fe poly-methfol-fa-dha</i> )	3	

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Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
VITAFOL-NANO ORAL TABLET 18-0.6-0.4 MG ( <i>prenatal-fe fum-methf-fa w/o a</i> )	3	
VITAFOL-OB+DHA ORAL 65-1 & 250 MG ( <i>prenatal mv-min-fe fum-fa-dha</i> )	3	
VITAMEDMD ONE RX/QUATREFOLIC ORAL CAPSULE 30-0.6-0.4-200 MG ( <i>prenat w/o a-fe-methfol-fa-dha</i> )	3	
VITAPEARL ORAL CAPSULE EXTENDED RELEASE 30-1.4-200 MG ( <i>prenat-fefum-fered-fa-dha w/oa</i> )	3	
VITATHELY WITH GINGER ORAL TABLET 27-1 MG ( <i>prenatal vit-fe fumarate-fa</i> )	3	
WESCAP-C DHA ORAL CAPSULE 53.5-38-1 MG	4	
WESCAP-PN DHA ORAL CAPSULE 27-0.6-0.4-300 MG	4	
WESNATAL DHA COMPLETE ORAL 29-1-200 & 200 MG	2	
WESNATE DHA ORAL CAPSULE 28-1-200 MG	3	
WESTGEL DHA ORAL CAPSULE 31-0.6-0.4-200 MG	3	
<b>VITAMIN C</b>		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	
MOVIPREP ORAL SOLUTION RECONSTITUTED 100 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	2	
<i>peg-3350/electrolytes/ascorbat oral solution reconstituted 100 gm</i>	1	
<i>peg-kcl-nacl-nasulf-na asc-c oral solution reconstituted 100 gm</i>	1	
PLENVU ORAL SOLUTION RECONSTITUTED 140 GM ( <i>peg-kcl-nacl-nasulf-na asc-c</i> )	2	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>ped vit a-c-d-methylfolate-fl</i> )	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
<b>VITAMIN D</b>		
<i>adc/f (0.5mg/ml) oral solution 0.5 mg/ml</i>	1	
CALCIFOL ORAL WAFER 1342-1.6 MG ( <i>ca carb-fa-d-b6-b12-boron-mg</i> )	3	
<i>calcitriol oral capsule 0.25 mcg, 0.5 mcg</i>	1	
<i>calcitriol oral solution 1 mcg/ml</i>	1	
<i>doxercalciferol oral capsule 0.5 mcg, 1 mcg, 2.5 mcg</i>	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate.

Prescription Drug Name	Drug Tier	Coverage Requirements & Limits
DRISDOL ORAL CAPSULE 1.25 MG (50000 UT) ( <i>ergocalciferol</i> )	4	
<i>ergocalciferol oral capsule 1.25 mg (50000 ut)</i>	1	
FLORIVA ORAL LIQUID 0.25-400 MG-UNIT/ML ( <i>sodium fluoride-vitamin d</i> )	3	
FOSAMAX PLUS D ORAL TABLET 70-2800 MG-UNIT, 70-5600 MG-UNIT ( <i>alendronate-cholecalciferol</i> )	3	
<i>paricalcitol oral capsule 1 mcg, 2 mcg, 4 mcg</i>	1	
ROCALTROL ORAL CAPSULE 0.25 MCG, 0.5 MCG ( <i>calcitriol</i> )	4	
ROCALTROL ORAL SOLUTION 1 MCG/ML ( <i>calcitriol</i> )	4	
TRI-VI-FLOR ORAL SUSPENSION 0.25 MG/ML ( <i>ped vit a-c-d-methylfolate-fl</i> )	3	
TRI-VI-FLORO ORAL SUSPENSION 0.25 MG/ML, 0.5 MG/ML	3	
<i>tri-vite/fluoride oral solution 0.25 mg/ml, 0.5 mg/ml</i>	1	
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut), 50000 unit</i>	1	
<i>vitamins acd-fluoride oral solution 0.25 mg/ml</i>	1	
ZEMPLAR ORAL CAPSULE 1 MCG, 2 MCG ( <i>paricalcitol</i> )	4	
<b>VITAMIN E</b>		
<i>wheat germ oil oral oil</i>	1	
<b>VITAMIN K ACTIVITY</b>		
<i>phytonadione oral tablet 5 mg</i>	1	

Drug Tier 1: Your lowest cost medications; Drug Tier 2: Your mid-range cost medications; Drug Tier 3: Your mid-range cost medications; Drug Tier 4: Your highest cost medications; PA: Prior authorization required; SL: Supply Limit; ST: Step Therapy; H: Part of health care reform preventive when age and/or condition appropriate; SP: Specialty medication; CM: Orally administered anticancer medication; E: Excluded from coverage unless covered as part of health care reform preventive; SM: \$0 cost-share by state mandate when condition appropriate.



## Index of Drugs

7T LIDO.....	243	ADIPEX-P.....	92	ALOMIDE.....	14, 148
A.A.G.C. KIT IN TERODERM.....	258	ADLARITY.....	55	ALORA.....	181, 207
<i>abacavir sulfate</i> .....	26	ADRENALIN.....	49, 157, 228	<i>alose tron hcl</i> .....	159
<i>abacavir sulfate-lamivudine</i> .....	26	ADVAIR HFA.....	56, 167	ALPHAGAN P.....	148
<i>abiraterone acetate</i> .....	34	ADVATE.....	63	ALPHANATE.....	63
ABRYSVO.....	45	ADYNOVATE.....	63	ALPHANINE SD.....	63
<i>acamprosate calcium</i> .....	112	ADZENYS XR-ODT.....	93	<i>alprazolam</i> .....	110
ACANYA.....	239, 256	AEMCOLO.....	31	<i>alprazolam er</i> .....	110
<i>acarbose</i> .....	170	AEROCHAMBER HOLDING		<i>alprazolam intensol</i> .....	110
ACCOLATE.....	233	CHAMBER.....	132	<i>alprazolam xr</i> .....	110
ACCU-CHEK AVIVA.....	132	AEROCHAMBER PLS FLOVU		ALPROLIX.....	63
ACCU-CHEK FASTCLIX		MTHPIECE.....	132	ALREX.....	152
LANCET KIT.....	132	AEROCHAMBER PLUS FLO-		ALTABAX.....	239
ACCU-CHEK GUIDE.....	132, 138	VU.....	132	ALTACAINE.....	156
ACCU-CHEK GUIDE		AEROCHAMBER PLUS FLO-		<i>altafrin</i> .....	156, 157
CONTROL.....	132	VU INTERM.....	132	<i>altavera</i> .....	173, 181, 192
ACCU-CHEK GUIDE ME.....	132	AEROCHAMBER PLUS FLO-		ALTOPREV.....	86
ACCU-CHEK SMARTVIEW		VU LARGE.....	132	ALTRENO.....	247
CONTROL.....	132	AEROCHAMBER PLUS FLO-		ALTUVIIIIO.....	63
ACCU-CHEK SOFTCLIX		VU MEDIUM.....	132	ALUNBRIG.....	34
LANCET DEVICE KIT.....	132	AEROCHAMBER PLUS FLO-		<i>alvimopan</i> .....	162
ACCURETIC.....	73, 145	VU SMALL.....	132	<i>alyacen 1/35</i> .....	173, 181, 192
<i>accutane</i> .....	258	<i>afirmelle</i> .....	173, 180, 192	<i>alyacen 7/7/7</i> .....	173, 181, 192
ACD-A NOCLOT-50.....	60	AFLURIA QUADRIVALENT.....	46	<i>alyq</i> .....	88, 235, 237
<i>acebutolol hcl</i> .....	58, 74, 75, 81	AFREZZA.....	200	<i>amabelz</i> .....	181, 192
<i>acetaminophen-codeine</i> .....	94, 116	AFSTYLA.....	63	<i>amantadine hcl</i> .....	15, 92
<i>acetazolamide</i> .....	79, 96, 141, 151	<i>aftera</i> .....	173, 192	<i>ambrisentan</i> .....	90, 232, 237
<i>acetazolamide er</i> .....	79, 96, 141, 151	AIMOVIG.....	111	<i>amcinonide</i> .....	247
<i>acetic acid</i> .....	154	AIRSUPRA.....	57, 152	AMELUZ.....	258
<i>acetylcysteine</i> .....	205, 233	AKLIEF.....	258	<i>amethia</i> .....	173, 181, 192
<i>acitretin</i> .....	258	AKTEN.....	156	<i>amethyst</i> .....	173, 181, 192
ACTEMRA.....	212, 216	AKYNZEO.....	157, 165	<i>amiloride hcl</i> .....	89, 142
ACTEMRA ACTPEN.....	212, 216	ALA SCALP.....	247	<i>amiloride-hydrochlorothiazide</i>	
ACTHAR.....	138, 191	<i>albendazole</i> .....	16	.....	143, 145
ACTHIB.....	45	<i>albuterol sulfate</i> .....	57, 236	<i>aminoamrms</i> .....	141
ACTIMMUNE.....	216	ALBUTEROL SULFATE ...	57, 236	<i>aminocaproic acid</i> .....	63
ACTIVELLA.....	180, 192	<i>albuterol sulfate hfa</i> .....	57, 236	<i>aminoreliefrms</i> .....	141
ACTOPLUS MET.....	172, 203	ALCAINE.....	156	<i>amiodarone hcl</i> .....	82
ACULAR.....	155	<i>alclometasone dipropionate</i> ...	247	AMITIZA.....	162
ACULAR LS.....	155	ALCOHOL PREP PADS.....	132	<i>amitriptyline hcl</i> .....	130
ACUVAIL.....	155	ALECENSA.....	34	AMJEVITA.....	162, 212, 217
<i>acyclovir</i> .....	29, 244	<i>alendronate sodium</i> .....	207	AMLODIPINE	
ADACEL.....	45, 46	ALEVAMAX.....	258	BES+SYRSPEND SF ...	83, 84, 90
ADALIMUMAB-ADAZ		ALFERON N.....	28, 34, 217	<i>amlodipine besylate</i> .....	83, 84, 90
.....	162, 212, 217	<i>alfuzosin hcl er</i> .....	56	<i>amlodipine besylate-benazepril</i>	
ADASUVE.....	105	ALINIA.....	18	<i>hcl</i> .....	73, 83
ADBRY.....	258	<i>aliskiren fumarate</i> .....	89	<i>amlodipine besylate-valsartan</i>	
<i>adc/f (0.5mg/ml)</i>		<i>allopurinol</i> .....	206	.....	71, 83
.....	209, 264, 267, 270	ALLOPURINOL.....	206	<i>amlodipine-atorvastatin</i> .....	83, 84, 86
ADDYI.....	112	ALLZITAL.....	94, 108	<i>amlodipine-olmesartan</i> .....	71, 84
<i>adefovir dipivoxil</i> .....	29	<i>almotriptan malate</i> .....	128		
ADEMPAS.....	237, 238	ALOCRILO.....	148, 233		

<i>amlodipine-valsartan-hctz</i>	ARAKODA.....	17	AUM MINI INSULIN PEN
..... 72, 84, 145	<i>aranelle</i> .....	173, 181, 192	NEEDLE.....
<i>amnesteam</i> .....	ARANESP (ALBUMIN FREE)		.....133
..... 258	.....	59, 61, 62	AUM PEN NEEDLE.....
<i>amoxapine</i> .....	ARCALYST.....	223	133
<i>amoxicill-clarithro-lansopraz</i>	AREXVY.....	46	NEEDLE.....
..... 15, 30, 165	<i>arformoterol tartrate</i> .....	57	133
<i>amoxicillin</i> .....	ARIKAYCE.....	15	AUM SAFETY PEN NEEDLE .
..... 15, 16, 159	<i>aripiprazole</i> .....	101, 107	133
<i>amoxicillin-potassium</i>	<i>armodafinil</i> .....	131	<i>aurovela 1.5/30</i> .....
<i>clavulanate</i> .....	ARMOUR THYROID.....	203	173, 181, 193
..... 16	ARNUITY ELLIPTA.....	167, 234	<i>aurovela 1/20</i> .....
<i>amoxicillin-potassium</i>	ARTISS.....	258	173, 181, 193
<i>clavulanate er</i> .....	ARZOL SILVER NIT		<i>aurovela 24 fe</i> .....
..... 16	APPLICATORS.....	154	173, 181, 193
<i>amphetamine sulfate</i> .....	<i>ascomp-codeine</i>		<i>aurovela fe 1.5/30</i> ...
..... 93	.....	108, 116, 124, 126	173, 181, 193
<i>amphetamine-</i>	<i>asenapine maleate</i> .....	101, 107	<i>aurovela fe 1/20</i> .....
<i>dextroamphetamine</i> .....	<i>ashlyna</i> .....	173, 181, 193	173, 181, 193
..... 93	<i>aspirin</i> .....	69, 70, 104, 127	<i>austedo</i> .....
<i>amphetamine-</i>	<i>aspirin 81</i> .....	69, 70, 103, 126	131
<i>dextroamphetamine er</i> .....	<i>aspirin adult low dose</i>		AUSTEDO XR.....
..... 93	.....	69, 70, 103, 126	131
<i>amphet-dextroamphet 3-bead</i>	<i>aspirin adult low strength</i>		AUSTEDO XR PATIENT
<i>er</i> .....	.....	69, 70, 103, 126	TITRATION.....
..... 93	<i>aspirin childrens</i> ..	69, 70, 103, 126	131
<i>ampicillin</i> .....	<i>aspirin ec low dose</i>		AUTOLET LANCING DEVICE
..... 16	.....	69, 70, 104, 126	133
AMZEEQ.....	<i>aspirin ec low strength</i>		AUVELITY.....
..... 239	.....	69, 70, 104, 126	100
<i>anagrelide hcl</i> .....	<i>aspirin low dose</i> ..	69, 70, 104, 126	AUVI-Q.....
..... 70	<i>aspirin regimen</i> ...	69, 70, 104, 127	49, 229
ANALPRAM HC.....	<i>aspirin-dipyridamole er</i> .....	69, 127	AVAR CLEANSER.....
..... 243, 247	ASPRUZYO SPRINKLE.....	79	239, 253
ANALPRAM HC SINGLES	ASTRINGYN.....	63	AVAR LS CLEANSER....
..... 243, 247	ATABEX OB.....	67, 264, 267	239, 253
ANALPRAM-HC.....	<i>atazanavir sulfate</i> .....	27	AVAR-E EMOLLIENT....
..... 243, 248	<i>atenolol</i> .....	58, 74, 75, 81	239, 253
ANASPAZ.....	ATENOLOL+SYRSPEND SF		AVAR-E GREEN.....
..... 50	.....	58, 74, 76, 81	239, 254
<i>anastrozole</i> .....	<i>atenolol-chlorthalidone</i> .....	74, 146	AVAR-E LS.....
..... 34, 171	<i>atomoxetine hcl</i> .....	112	240, 254
ANCOBON.....	ATORVALIQ.....	86	AVEIDA.....
..... 31	<i>atorvastatin calcium</i> .....	86	240, 258
ANDRODERM.....	<i>atovaquone</i> .....	18	<i>aviane</i> .....
..... 170	<i>atovaquone-proguanil hcl</i> .....	17	173, 181, 193
ANGELIQ.....	<i>atropine sulfate</i> .....	156	<i>avidoxy</i> .....
..... 181, 192	ATROVENT HFA.....	50, 229	17, 32
ANNOVERA.....	<i>aubra eq</i> .....	173, 181, 193	AVIDOXY DK.....
..... 173, 181, 192	AUGMENTIN.....	16	32, 254, 263
ANORO ELLIPTA.....	AUM INSULIN SAFETY PEN		AVONEX PEN.....
..... 50, 57	NEEDLE.....	132	217
ANTICOAGULANT SODIUM			AVONEX PREFILLED.....
CITRATE.....			217
..... 60			<i>ayuna</i> .....
<i>anucort-hc</i> .....			173, 181, 193
..... 248			AYVAKIT.....
ANUSOL-HC.....			34
..... 248			AZASAN.....
ANZEMET.....			212, 217, 221
..... 157			AZASITE.....
APADAZ.....			149
..... 94, 116			<i>azathioprine</i> .....
<i>apap-caff-dihydrocodeine</i>			212, 217, 221
..... 94, 116, 124			<i>azelaic acid</i> .....
APEXICON E.....			258
..... 248			<i>azelastine hcl</i> .....
APOKYN.....			148, 236
..... 116			AZELEX.....
<i>apomorphine hcl</i> .....			258
..... 116			AZILECT.....
<i>apraclonidine hcl</i> .....			115, 116
..... 154			<i>azithromycin</i> .....
<i>aprepitant</i> .....			30
..... 165			AZSTARYS.....
<i>apri</i> .....			124
..... 173, 181, 192			AZULFIDINE....
APRISO.....			32, 159, 212, 217
..... 159			..... 32, 159, 212, 217
APTENSIO XR.....			<i>azurette</i> .....
..... 124			173, 181, 193
APTIOM.....			B & C.....
..... 96			258
APTIVUS.....			<i>bac</i> .....
..... 27			94, 108, 124
AQ INSULIN SYRINGE.....			<i>bacitracin</i> .....
..... 132			149
AQINJECT PEN NEEDLE.....			<i>bacitracin-polymyxin b</i> .....
..... 132			149
AQUORAL.....			<i>bacitra-neomycin-polymyxin-hc</i>
..... 155			..... 149, 152

BACTRIM DS.....	18, 32, 33	<i>betamethasone dipropionate</i>	<i>bromfenac sodium (once-daily)</i>
BAFIERTAM.....	217	<i>aug.....</i>	155
BALCOLTRA.....	173, 181, 193	<i>betamethasone valerate.....</i>	114
<i>balsalazide disodium.....</i>	159	BETAPACE AF. 54, 74, 76, 81, 82	BROMSITE.....
<i>balsam peru-castor oil.....</i>	258	BETASERON.....	155
BALVERSA.....	34, 35	<i>betaxolol hcl....</i>	236
<i>balziva.....</i>	173, 181, 193	<i>bethanechol chloride.....</i>	BRONCHITOL TOLERANCE
BANZEL.....	97	BETIMOL.....	TEST.....
BAQSIMI ONE PACK.....	189, 205	BETOPTIC-S.....	236
BAQSIMI TWO PACK.....	189, 205	BEVESPI AEROSPHERE... 50, 57	BROVANA.....
BARACLUDGE.....	29	<i>bexarotene.....</i>	57
BAXDELA.....	31	BEXSERO.....	BRUKINSA.....
BD AUTOSHIELD DUO PEN		BEYFORTUS.....	35
NEEDLES.....	133	<i>bicalutamide.....</i>	BRYHALI.....
BD ECLIPSE LUER-LOK		BIJUVA.....	248
NEEDLE.....	133	BIKTARVY.....	<i>budesonide.....</i>
BD ECLIPSE NEEDLE.....	133	BILTRICIDE.....	167, 234, 248
BD SHARPS COLLECTOR....	133	<i>bimatoprost.....</i>	<i>bumetanide.....</i>
BD ULTRA-FINE INSULIN		BIMZELX.....	87, 141
SYRINGES.....	133	BINAXNOW COVID-19 AG	BUMEX.....
BD ULTRA-FINE PEN		HOME TEST.....	87, 141
NEEDLES.....	133	BINOSTO.....	<i>buprenorphine.....</i>
BECONASE AQ.....	152, 234	<i>bis subcit-metronid-tetracyc</i>	<i>buprenorphine hcl.....</i>
BELBUCA.....	121	.....	121
<i>belladonna alkaloids-opium</i>	50, 117	<i>bisacodyl.....</i>	<i>buprenorphine hcl-naloxone</i>
BELSOMRA.....	106, 122	<i>bisacodyl ec.....</i>	<i>hcl.....</i>
<i>benazepril hcl.....</i>	72, 73	<i>bismuth/metronidaz/tetracyclin</i>	<i>bupropion hcl.....</i>
<i>benazepril-hydrochlorothiazide</i>	73, 145	.....	101
BENEFIX.....	63	<i>bisoprolol fumarate. 59, 74, 76, 81</i>	<i>bupropion hcl er (smoking det)100</i>
BENLYSTA.....	221	<i>bisoprolol-hydrochlorothiazide</i>	<i>bupropion hcl er (sr).....</i>
<i>benzalkonium chloride.....</i>	256	.....	101
BENZAMYCIN.....	240, 256	<i>blisovi 24 fe.....</i>	<i>bupropion hcl er (xl).....</i>
BENZHYDROCODONE-		173, 181, 193	101
ACETAMINOPHEN.....	94, 117	<i>blisovi fe 1.5/30.....</i>	<i>bupropion hcl er (xl).....</i>
BENZNIDAZOLE.....	18	174, 181, 193	BUPROPION HCL ER (XL)....
<i>benzoin.....</i>	246	BOOSTRIX.....	101
<i>benzoin compound.....</i>	246	<i>bosentan.....</i>	<i>buspirone hcl.....</i>
<i>benzonatate.....</i>	230	BOSULIF.....	106
<i>benzoyl peroxide-erythromycin</i>	240, 256	<i>bp 10-1.....</i>	<i>butalbital-acetaminophen.. 94, 108</i>
<i>benzphetamine hcl.....</i>	93	BRAFTOVI.....	<i>butalbital-apap-caff-cod</i>
<i>benztropine mesylate.....</i>	52, 96	BREATHE COMFORT	.....
<i>bepotastine besilate.....</i>	148	CHAMBER/ADULT.....	94, 108, 117, 124
BERINERT.....	211, 223	BREATHE COMFORT	<i>butalbital-apap-caffeine</i>
BESIVANCE.....	149	CHAMBER/CHILD.....	.....
BESREMI.....	28, 35, 217	BREO ELLIPTA.....	109, 124, 127
BETADINE OPHTHALMIC		BREXAFEMME.....	<i>butorphanol tartrate.....</i>
PREP.....	154	BREZTRI AEROSPHERE	104, 121
<i>betaine.....</i>	223	.....	BYDUREON BCISE
<i>betamethasone dipropionate.. 248</i>		<i>briellyn.....</i>	AUTOINJECTOR.....
		174, 181, 193	189
		BRILINTA.....	BYETTA 10 MCG PEN.....
		<i>brimonidine tartrate.....</i>	190
		148, 259	BYETTA 5 MCG PEN.....
		<i>brinzolamide.....</i>	190
		151	BYLVAY.....
		BRIVIACT.....	162
		97	BYLVAY (PELLETS).....
		BROMFED DM.....	162
		13, 49, 230	<i>cabergoline.....</i>
			114
			CABLIVI.....
			60
			CABOMETYX.....
			35
			<i>caffeine citrate.....</i>
			104, 124
			CALCIFOL.....
			143, 267, 270
			<i>calcipotriene.....</i>
			259
			<i>calcipotriene-betameth diprop</i>
			.....
			248, 259
			<i>calcitonin (salmon).....</i>
			172, 207
			CALCITRENE.....
			259
			<i>calcitriol.....</i>
			259, 270
			<i>calcium acetate.....</i>
			142, 143

<i>calcium acetate (phos binder)</i>	<i>carvedilol phosphate er</i>	CIMZIA STARTER KIT
..... 142, 143	..... 54, 56, 70, 71, 75, 76, 81	..... 162, 212, 217
CALQUENCE.....35	CASODEX..... 35	<i>cinacalcet hcl</i> ..... 172
CAMBIA..... 104, 122	CAVERJECT.....90	CIPRO.....19, 31
<i>camila</i> .....174, 193	CAVERJECT IMPULSE.....90	CIPRO HC..... 149, 152
<i>camrese</i> ..... 174, 181, 193	CAYA.....227	<i>ciprofloxacin hcl</i> ..... 19, 31, 149
<i>camrese lo</i> ..... 174, 181, 193	CAYSTON.....29	<i>ciprofloxacin-dexamethasone</i>
CAMZYOS..... 79	<i>cefaclor</i> ..... 14	..... 149, 152
<i>candesartan cilexetil</i> ..... 71, 72	<i>cefaclor er</i> ..... 14	CITALOPRAM
<i>candesartan cilexetil-hctz</i> ..72, 145	<i>cefadroxil</i> .....14	HYDROBROMIDE..... 129
<i>capecitabine</i> .....35	<i>cefdinir</i> ..... 14	<i>citalopram hydrobromide</i> ..... 129
CAPEX.....248	<i>cefixime</i> ..... 14	CITRANATAL MEDLEY
CAPLYTA.....107	<i>cefpodoxime proxetil</i> ..... 15	..... 67, 223, 264, 267
CAPRELSA.....35	<i>cefprozil</i> .....14	<i>citroma</i> ..... 160
<i>captopril</i> ..... 72, 73	<i>cefuroxime axetil</i> ..... 14	<i>claravis</i> .....259
<i>captopril-hydrochlorothiazide</i>	<i>celecoxib</i> ..... 113	CLARINEX-D 12 HOUR..... 14, 49
..... 73, 145	CELONTIN..... 130	<i>clarithromycin</i> ..... 19, 30, 160
<i>carbamazepine</i> ..... 97, 101	<i>cephalexin</i> ..... 14	<i>clarithromycin er</i> ..... 19, 30, 159
<i>carbamazepine er</i> ..... 97, 101	CEQUR SIMPLICITY 2U..... 134	CLEARDETECT COVID-19
CARBATROL.....97, 101	CERDELGA..... 223	AG HOME..... 139
<i>carbidopa</i> ..... 113	<i>cerovel</i> ..... 254	<i>clearlax</i> .....160
<i>carbidopa-levodopa</i> ..... 114	CERVIDIL..... 228	<i>clemastine fumarate</i> .....12, 232
<i>carbidopa-levodopa er</i> ..... 114	CETRAXAL..... 149	CLENPIQ..... 160
<i>carbidopa-levodopa-</i>	<i>cevimeline hcl</i> ..... 55	CLEOCIN..... 28, 240
<i>entacapone</i> ..... 112, 114	<i>charlotte 24 fe</i> ..... 174, 181, 193	CLEOCIN-T.....240
<i>carbinoxamine maleate</i> ..... 12, 232	<i>chateal eq</i> ..... 174, 182, 193	CLEVER CHOICE COMFORT
CARDURA..... 55, 70, 71	CHEMET..... 166, 205	EZ..... 134
CARDURA XL.....55, 70, 71	CHEMSTRIP BG LOG BOOK.....134	CLIMARA PRO..... 182, 193
CAREPOINT POLY HUB	CHEMSTRIP K..... 139	<i>clindacin</i> ..... 240
NEEDLE.....133	CHEMSTRIP UGK..... 140	CLINDACIN ETZ..... 240
CAREPOINT SAFETY 1ST	CHENODAL..... 161	<i>clindacin etz</i> ..... 240
NEEDLE.....133	<i>chlordiazepoxide hcl</i> ..... 110	CLINDACIN PAC..... 240
CARESENS CONTROL	<i>chlordiazepoxide-amitriptyline</i>	<i>clindacin-p</i> ..... 240
SOLUTION A/B..... 133	..... 110, 130	CLINDAGEL.....240
CARESENS LANCETS 30G ... 133	<i>chlordiazepoxide-clidinium</i> 50, 110	<i>clindamycin hcl</i> .....28
CARESTART COVID-19	<i>chlorhexidine gluconate</i> .. 154, 256	<i>clindamycin palmitate hcl</i> ..... 28
HOME TEST..... 139	<i>chloroquine phosphate</i> ..... 17	<i>clindamycin phos-benzoyl</i>
CARETOUCH CONTROL SOL	<i>chlorpromazine hcl</i> ..... 124	<i>perox</i> .....240, 256
LEVEL 2.....134	<i>chlorthalidone</i> .....89, 146	<i>clindamycin phosphate</i> ..... 240
CARETOUCH HYPODERMIC	<i>chlorzoxazone</i> ..... 53	<i>clindamycin-tretinoin</i> 240, 247, 259
NEEDLE.....134	CHOLBAM..... 162	CLINDESSE.....240
CARETOUCH	<i>cholestyramine</i> ..... 77	CLINITEST RAPID COVID-19
LANCING/EJECTOR..... 134	<i>cholestyramine light</i> ..... 76	TEST..... 139
<i>carglumic acid</i> ..... 140	CIBINQO.....212, 259	CLINOIN..... 77, 240, 247, 259
<i>carisoprodol</i> ..... 53	<i>ciclodan</i> .....253	CLINPRO 5000..... 209
CARNITOR..... 223	<i>ciclopirox</i> ..... 253	<i>clobazam</i> .....109, 110
CARNITOR SF.....223	<i>ciclopirox olamine</i> ..... 253	<i>clobetasol prop emollient base</i> 248
CAROSPIR..... 87, 89, 143	<i>ciclopirox treatment</i> .....253	<i>clobetasol propionate</i> .....248, 249
<i>carteolol hcl</i> ..... 151	<i>cilostazol</i> ..... 69, 88	<i>clobetasol propionate e</i> .....248
<i>cartia xt</i> ..... 77, 78, 82, 90	CILOXAN..... 149	<i>clobetasol propionate emulsion</i>
<i>carvedilol</i>	CIMDUO..... 26	..... 248
..... 54, 56, 70, 71, 75, 76, 81	<i>cimetidine</i> ..... 13, 165	CLOBETAVIX..... 249
	CIMZIA.....163, 213, 217	<i>clocortolone pivalate</i> ..... 249

CLODAN.....	249, 253	CORIFACT.....	64	CYLTEZO-PSORIASIS	
<i>clodan</i> .....	249	CORLANOR.....	79, 90	STARTER.....	213
<i>clomipramine hcl</i> .....	130	CORTANE-B.....	243, 249, 256	<i>cyproheptadine hcl</i> .....	12, 232
<i>clonazepam</i> .....	109, 110	CORTEF.....	167	<i>cyred eq</i> .....	174, 182, 193
<i>clonidine</i> .....	50, 80	CORTENEMA.....	249	CYSTADANE.....	223
<i>clonidine hcl</i> .....	50, 80	CORTIFOAM.....	249	CYSTADROPS.....	155
<i>clonidine hcl er</i> .....	50, 80	CORTISONE ACETATE.....	167	CYSTAGON.....	224
<i>clopidogrel bisulfate</i> .....	69	CORTISPORIN-TC.....	149, 152	CYSTARAN.....	155
<i>clorazepate dipotassium</i> .....	109, 110	CORTROPHIN.....	138, 191	CYTOTEC.....	165
<i>clotrimazole</i> .....	245	CORTROSYN.....	138	<i>cytra k crystals</i> .....	140
<i>clotrimazole-betamethasone</i>		COSENTYX (300 MG DOSE)		<i>dabigatran etexilate mesylate</i> ...	61
.....	245, 249	.....	213, 259	<i>dalfampridine er</i> .....	224
<i>clozapine</i> .....	107	COSENTYX 150 MG/ML	213, 259	DALIRESP.....	234
CLOZARIL.....	107	COSENTYX SENSOREADY		<i>danazol</i> .....	170
COAGADDEX.....	63	(300 MG).....	213, 259	DANTRIUM.....	54
<i>coal tar</i> .....	255	COSENTYX SENSOREADY		<i>dantrolene sodium</i> .....	54
COARTEM.....	17	PEN.....	213, 259	<i>dapsone</i> .....	18, 240, 259
<i>codeine sulfate</i> .....	117, 230	COSENTYX UNOREADY		DAPTACEL.....	45, 46
<i>colchicine</i> .....	206	.....	213, 259	DARAPRIM.....	17
<i>colchicine-probenecid</i> .....	147, 206	COSOPT.....	151	<i>darifenacin hydrobromide er</i> ...	263
<i>colesevelam hcl</i> .....	77, 171	<i>cosyntropin</i> .....	138	<i>darunavir</i> .....	27
COLESTID.....	77	COTELLIC.....	35	<i>dasetta 1/35</i> .....	174, 182, 193
COLESTID FLAVORED.....	77	COTEMPLA XR-ODT.....	125	<i>dasetta 7/7/7</i> .....	174, 182, 193
<i>colestipol hcl</i> .....	77	COVARYX.....	170, 182	DAURISMO.....	36
<i>colistimethate sodium (cba)</i> .....	31	COVARYX HS.....	170, 182	DAYBUE.....	112
COLLANEX.....	259	COVID-19 AT HOME		DAYPRO.....	122
COLY-MYCIN M.....	31	ANTIGEN TEST.....	139	<i>daysee</i> .....	174, 182, 193
COMBIGAN.....	148, 151	COVID-19 AT-HOME TEST....	139	DAYVIGO.....	106, 122
COMBIPATCH.....	182, 193	CREON.....	147, 161	DAZAVEIDAOXIA... 240, 258, 259	
COMBIVENT RESPIMAT		CRESEMBA.....	20	DEBACTEROL.....	155, 256
.....	50, 57, 229	CRINONE.....	193	<i>deblitane</i> .....	174, 194
COMBIVIR.....	26	<i>cromolyn sodium</i> .....	149, 155, 233	<i>deferasirox</i> .....	166
COMETRIQ.....	35	CROTAN.....	258	<i>deferasirox granules</i> .....	166
COMFORT EZ PRO PEN		<i>cryselle-28</i> .....	174, 182, 193	<i>deferiprone</i> .....	166
NEEDLES.....	134	<i>curae</i> .....	174, 193	DELESTROGEN.....	182, 207
COMIRNATY.....	46	CUVPOSA.....	50	DELSTRIGO.....	25, 26
COMPLERA.....	25, 26	CVS KETONE CARE.....	140	<i>delyla</i> .....	174, 182, 194
<i>compro</i> .....	124, 158	<i>cyanocobalamin</i> .....	69, 267	<i>demeclocycline hcl</i> .....	32
COMTAN.....	112	CYANOCOBALAMIN.....	69, 267	DEMSEK.....	224
CONDOMS.....	227	<i>cyclobenzaprine hcl</i> .....	53	DENAVIR.....	244
CONDYLOX.....	259	CYCLOGYL.....	156	DENGVAXIA.....	46
<i>constulose</i> .....	140	CYCLOMYDRIL.....	156, 157	DENTA 5000 PLUS.....	209
CONTOUR CONTROL.....	134	<i>cyclopentolate hcl</i> .....	156	DENTAGEL.....	209
CONTOUR NEXT CONTROL.....	134	<i>cyclophosphamide</i> .....	35, 221	DEOXIATAR.....	241, 247, 259
CONTOUR NEXT MONITOR.....	134	CYCLOPHOSPHAMIDE... 35, 221		DEPAKOTE.....	97, 101, 104
CONTOUR NEXT ONE.....	134	<i>cycloserine</i> .....	19	DEPAKOTE ER.....	97, 101, 104
CONTOUR NEXT TEST.....	138	CYCLOSET.....	171	DEPAKOTE SPRINKLES	
CONTRAVE.....	96	<i>cyclosporine</i> .....	213, 217, 222	.....	97, 101, 104
CONZIP.....	117	<i>cyclosporine modified</i>		DEPEN TITRATABS.....	166, 213
COPASIL.....	259	.....	213, 217, 222	DEPO-ESTRADIOL.....	182, 207
COPIKTRA.....	35	CYLTEZO.....	163, 213, 218	DEPO-PROVERA.....	174, 194
CORDRAN.....	249	CYLTEZO-CD/UC/HS			
CORGARD.....	54, 75, 76	STARTER.....	213		

DEPO-SUBQ PROVERA 104	<i>diclofenac potassium(migraine)</i>	<i>dorzolamide hcl-timolol mal</i>
..... 174, 194	..... 104, 122	..... 151, 152
DEPO-TESTOSTERONE ..... 170	<i>diclofenac sodium</i>	<i>dorzolamide hcl-timolol mal pf</i>
DERMACINRX UREA.....254	..... 122, 131, 155, 257	..... 151, 152
DERMA-SMOOTH/FS BODY	<i>diclofenac sodium er</i> ..... 122	<i>dotti</i> ..... 182, 207
..... 249	<i>diclofenac-misoprostol</i> .... 122, 165	DOUBLE PM..... 149, 152
DERMA-SMOOTH/FS	<i>dicloxacillin sodium</i> ..... 30	DOVATO .....24, 26
SCALP ..... 249	DICOPANOL FUSEPAQ	<i>doxazosin mesylate</i> ..... 55, 70, 71
DERMOTIC ..... 152	..... 12, 52, 96, 106, 230, 232	<i>doxepin hcl</i> ..... 130, 243
DESCOVY ..... 26	<i>dicyclomine hcl</i> .....50	<i>doxercalciferol</i> .....270
<i>desipramine hcl</i> ..... 130	<i>diethylpropion hcl</i> ..... 92	<i>doxycycline hyclate</i> ..... 17, 32
<i>desloratadine</i> ..... 14, 236	<i>diethylpropion hcl er</i> .....92	DOXYCYCLINE HYCLATE .17, 32
<i>desmopressin ace spray refrig</i>	DIFICID.....30	<i>doxycycline monohydrate</i>
..... 64, 191	<i>diflorasone diacetate</i> .....249	..... 17, 32, 33
<i>desmopressin acetate</i> ..... 64, 191	<i>diflunisal</i> ..... 122	DRISDOL.....271
DESMOPRESSIN ACETATE	<i>difluprednate</i> ..... 152	<i>dronabinol</i> ..... 158
..... 64, 191	<i>digoxin</i> .....74, 80	DROPSAFE SAFETY
<i>desmopressin acetate pf</i> ...64, 191	<i>dihydroergotamine mesylate</i>	SYRINGE/NEEDLE ..... 134
<i>desmopressin acetate spray</i>	..... 55, 104	<i>drospiren-eth estrad-levomefol</i>
..... 64, 191	DILANTIN .....81, 115	..... 174, 182, 194, 268
<i>desogestrel-ethinyl estradiol</i>	DILANTIN INFATABS ..... 81, 115	<i>drospirenone-ethinyl estradiol</i>
..... 174, 182, 194	<i>diltiazem hcl</i> ..... 77, 78, 83, 90	..... 174, 182, 194
<i>desonide</i> ..... 249	<i>diltiazem hcl er</i> ..... 77, 78, 83, 90	DROXIA..... 36
DESOWEN..... 249	<i>diltiazem hcl er beads</i>	<i>droxidopa</i> ..... 49
<i>desoximetasone</i> .....249	..... 77, 78, 82, 90	DRYSOL..... 245
DESVENLAFAXINE ER..... 127	<i>diltiazem hcl er coated beads</i>	DUAL COMPLEX FORMULA 1
<i>desvenlafaxine succinate er</i> ...127	..... 77, 78, 82, 90	KIT ..... 53, 257, 260
<i>dexamethasone</i> ..... 167, 168	<i>dilt-xr</i> ..... 78, 83, 90	DUAVEE..... 180, 182
<i>dexamethasone intensol</i> ..... 167	<i>dimethyl fumarate</i> ..... 218	DUETACT..... 203
<i>dexamethasone sodium</i>	<i>dimethyl fumarate starter pack</i> 218	DULERA..... 57, 168
<i>phosphate</i> ..... 152	DIOOXIA.....260	<i>duloxetine hcl</i> ..... 114, 127
DEXCOM G6 RECEIVER..... 134	DIPENTUM..... 159	DUOPA..... 114
DEXCOM G6 SENSOR..... 134	<i>diphenhydramine hcl</i>	DUPIXENT.....233, 260
DEXCOM G6 TRANSMITTER 134	..... 12, 52, 96, 106, 230, 232	DUREX EXTRA SENSITIVE
DEXCOM G7 RECEIVER..... 134	<i>diphenoxylate-atropine</i> .....50, 158	THIN.....227
DEXCOM G7 SENSOR..... 134	DIPROLENE..... 249	DUREZOL..... 152
DEXERYL..... 259	<i>dipyridamole</i> .....69, 90	<i>dutasteride</i> ..... 204
<i>dexmethylphenidate hcl</i> ..... 125	<i>disopyramide phosphate</i> .....80	<i>dutasteride-tamsulosin hcl</i> 56, 205
<i>dexmethylphenidate hcl er</i> ..... 125	<i>disulfiram</i> .....205	DYANAVEL XR .....93
<i>dextroamphetamine sulfate</i> .....93	DIURIL..... 89, 146	E.E.S. GRANULES..... 21
<i>dextroamphetamine sulfate er</i> .. 93	<i>divalproex sodium</i> ..... 97, 102, 104	EASIVENT..... 134
DIACOMIT..... 97	<i>divalproex sodium er</i> .97, 102, 104	<i>easygel</i> .....209
DIASAXIATAR..... 241, 247, 260	DIVIGEL..... 182, 207	EASYMAX 15 LEVEL 2-3
DIASTAT ACUDIAL..... 109, 110	DODEX..... 69, 268	CONTROL ..... 134
DIASTAT PEDIATRIC..... 109, 110	<i>dofetilide</i> .....82	EASYMAX CONTROL ..... 135
DIATRUST COVID-19 HOME	DOJOLVI.....141	EASYMAX CONTROL
TEST ..... 139	<i>dolishale</i> ..... 174, 182, 194	NORMAL/HIGH ..... 135
<i>diazepam</i> ..... 109, 110	<i>donepezil hcl</i> ..... 56	EC-NAPROSYN..... 104, 122, 206
<i>diazepam intensol</i> ..... 109, 110	DOPTELET ..... 62	<i>ec-naproxen</i> ..... 104, 122, 206
<i>diazoxide</i> ..... 171	DORYX MPC..... 17, 32	<i>econazole nitrate</i> .....245
<i>dichlorphenamide</i> .....209	DORZOLAMIDE HCL..... 152	<i>econtra one-step</i> ..... 174, 194
<i>diclofenac potassium</i> ..... 122	<i>dorzolamide hcl</i> ..... 152	ECOZA.....245
		EC-RX DHEA.....224

EC-RX ESTRADIOL.....	182, 207	<i>endocet</i> .....	95, 117	<i>erythromycin ethylsuccinate</i> .....	21
EC-RX PROGESTERONE.....	194	ENDOMETRIN.....	194	<i>escitalopram oxalate</i> .....	129
EC-RX TESTOSTERONE.....	170	ENGERIX-B.....	46	ESGIC.....	95, 109, 125
EDARBI.....	71, 72	<i>enilloring</i> .....	174, 183, 194	<i>esomeprazole magnesium</i> .....	165
EDARBYCLOR.....	72, 146	ENLITE GLUCOSE SENSOR.....	135	<i>est estrogens-methyltest</i> .....	170, 183
EDEX.....	90	ENOVARX-AMITRIPTYLINE..	130	<i>est estrogens-methyltest ds</i>	
EDLUAR.....	106	ENOVARX-BACLOFEN.....	54	.....	170, 183
EDURANT.....	25	ENOVARX-		<i>est estrogens-methyltest hs</i>	
EEMT.....	170, 182	CYCLOBENZAPRINE HCL.....	53	.....	170, 183
EEMT HS.....	170, 182	ENOVARX-IBUPROFEN.....	257	<i>estarylla</i> .....	175, 183, 194
<i>efavirenz</i> .....	25	ENOVARX-LIDOCAINE HCL..	243	<i>estazolam</i> .....	110
<i>efavirenz-emtricitab-tenofo df</i>		ENOVARX-NAPROXEN.....	257	<i>estradiol</i> .....	183, 184, 208
.....	25, 26	ENOVARX-TRAMADOL.....	260	<i>estradiol valerate</i> .....	184, 208
<i>efavirenz-lamivudine-tenofovir</i>		<i>enoxaparin sodium</i> .....	66	<i>estradiol-norethindrone acet</i>	
.....	25, 26	<i>enpresse-28</i> .....	174, 183, 194	.....	184, 194
EFFER-K.....	143	<i>enskyce</i> .....	175, 183, 194	ESTRING.....	184, 208
<i>effe-k</i> .....	143	ENSPRYNG.....	218	ESTROGEL.....	184, 208
EFUDEX.....	260	ENSTILAR.....	249, 260	<i>eszopiclone</i> .....	106
EGATEN.....	16	<i>entacapone</i> .....	112	<i>ethacrynic acid</i> .....	87, 141
EGRIFTA SV.....	202	ENTADFI.....	88, 205	<i>ethambutol hcl</i> .....	19
ELESTRIN.....	183, 207	<i>entecavir</i> .....	29	<i>ethosuximide</i> .....	130
<i>eletriptan hydrobromide</i> .....	128	ENTEREG.....	163	<i>ethynodiol diac-eth estradiol</i>	
<i>elinest</i> .....	174, 183, 194	ENTRESTO.....	72, 89	.....	175, 184, 194
ELIQUIS.....	61	<i>enulose</i> .....	140	<i>etodolac</i> .....	122
ELIQUIS DVT/PE STARTER		EPANED.....	72, 73	<i>etodolac er</i> .....	122
PACK.....	61	EPCLUSA.....	22, 23	<i>etonogestrel-ethinyl estradiol</i>	
ELITE-OB.....	67, 264, 268	EPIDIOLEX.....	97	.....	175, 184, 194
<i>elixophyllin</i> .....	85, 125, 141, 239, 264	EPIFOAM.....	243, 250	<i>etoposide</i> .....	36
ELLA.....	174, 194	<i>epinastine hcl</i> .....	149	<i>etravirine</i> .....	25
ELLUME COVID-19 HOME		<i>epinephrine</i> .....	49, 229	EUCRISA.....	243
TEST.....	139	<i>epinephrine hcl (nasal)</i>		<i>euthyrox</i> .....	203
ELMIRON.....	224	.....	49, 157, 229	EVAMIST.....	184, 208
ELOCTATE.....	64	<i>epitol</i> .....	97, 102	EVEKEO.....	93
<i>eluryng</i> .....	174, 183, 194	EPIVIR.....	26	EVEKEO ODT.....	93
EMBRACE PEN NEEDLES ...	135	<i>eplerenone</i> .....	87, 88, 89, 143	<i>everolimus</i> .....	36, 222
EMCYT.....	36	EQUETRO.....	97, 102	EVOTAZ.....	27, 224
EMEND.....	165	<i>ergocalciferol</i> .....	271	EVRYSDI.....	224
EMGALITY.....	111	<i>ergoloid mesylates</i> .....	55	EXELDERM.....	245
EMPAVELI.....	212, 223	ERGOMAR.....	55, 104	<i>exemestane</i> .....	36, 171
EMSAM.....	115, 116	<i>ergotamine-caffeine</i> ..	55, 104, 125	EXKIVITY.....	36
<i>emtricitabine</i> .....	26	ERIVEDGE.....	36	EXODERM.....	243, 254
<i>emtricitabine-tenofovir df</i> .....	26	ERLEADA.....	36	EZALLOR SPRINKLE.....	86
EMTRIVA.....	26	<i>erlotinib hcl</i> .....	36	<i>ezetimibe</i> .....	80
EMVERM.....	16	ERMEZA.....	203	EZETIMIBE-ROSUVASTATIN	
<i>enalapril maleate</i> .....	72, 73	<i>errin</i> .....	175, 194	.....	80, 86
<i>enalapril-hydrochlorothiazide</i>		<i>ery</i> .....	241	<i>ezetimibe-simvastatin</i> .....	80, 86
.....	73, 146	ERYGEL.....	241	FABIOR.....	260
ENBRACE HR ..	67, 224, 264, 268	ERYPED 200.....	21	<i>falmina</i> .....	175, 184, 194
ENBREL.....	213, 218	ERYPED 400.....	21	<i>famciclovir</i> .....	29
ENBREL MINI.....	213, 218	ERY-TAB.....	21	<i>famotidine</i> .....	13, 165
ENBREL SURECLICK....	213, 218	ERYTHROCIN STEARATE.....	21	FANAPT.....	107
ENCARE.....	227	<i>erythromycin</i> .....	22, 149, 241	FANAPT TITRATION PACK...	107
ENDARI.....	224	<i>erythromycin base</i> .....	21	FANATREX FUSEPAQ.....	95, 97

FASENRA PEN.....	233	FLEXICHAMBER ADULT		FLUTICASONE-	
FASTEP COVID-19 ANTIGEN		MASK/SMALL.....	135	SALMETEROL.....	57, 58, 168
TEST.....	139	FLEXICHAMBER CHILD		<i>fluticasone-salmeterol</i> .....	57, 168
FBL KIT.....	54, 243, 257, 260	MASK/LARGE.....	135	<i>fluvastatin sodium</i> .....	86
FC2 FEMALE CONDOM.....	227	FLEXICHAMBER CHILD		<i>fluvastatin sodium er</i> .....	86
<i>febuxostat</i> .....	206	MASK/SMALL.....	135	<i>fluvoxamine maleate</i> .....	129
FEIBA.....	64	FLOLIPID.....	86	<i>fluvoxamine maleate er</i> .....	129
<i>felbamate</i> .....	97	FLORIVA.....	210, 271	FLUZONE HIGH-DOSE	
FELBATOL.....	97	FLORIVA PLUS.....	210, 264	QUADRIVALENT.....	47
FELDENE.....	123	FLOWFLEX COVID-19 AG		FLUZONE QUADRIVALENT....	47
<i>felodipine er</i> .....	84	HOME TEST.....	139	FML FORTE.....	152
FEM PH.....	256, 260	FLUAD QUADRIVALENT.....	46	FML LIQUIFILM.....	153
FEMCAP.....	227	FLUARIX QUADRIVALENT.....	46	FOCALIN.....	125
FEMRING.....	184, 208	FLUBLOK QUADRIVALENT....	46	<i>folic acid</i> .....	268
<i>fenofibrate</i> .....	85, 86	FLUCELVAX		<i>fondaparinux sodium</i> .....	60
<i>fenofibrate micronized</i> .....	85	QUADRIVALENT.....	46	FORA TEST N'GO ADV-	
<i>fenofibric acid</i> .....	86	<i>fluconazole</i> .....	20	VOICE-6 CON.....	138
<i>fentanyl</i> .....	117	<i>flucytosine</i> .....	31	FORANE.....	115
<i>fentanyl citrate</i> .....	117	<i>fludrocortisone acetate</i> .....	168	FORFIVO XL.....	101
FENTANYL CITRATE.....	117	FLULAVAL QUADRIVALENT..	47	<i>formaldehyde</i> .....	140
FENTORA.....	117	FLUMIST QUADRIVALENT.....	47	<i>formoterol fumarate</i> .....	58, 237
FERRIPROX.....	166	<i>flunisolide</i> .....	152, 168, 234	FORTISCARE CONTROL.....	135
FETZIMA.....	127	<i>fluocinolone acetonide</i> ....	152, 250	FOSAMAX.....	208
FETZIMA TITRATION.....	127	<i>fluocinolone acetonide body</i> ..	250	FOSAMAX PLUS D.....	209, 271
FIBRICOR.....	86	<i>fluocinolone acetonide scalp</i> ..	250	<i>fosamprenavir calcium</i> .....	28
FILSPARI.....	224	<i>fluocinonide</i> .....	250	<i>fosfomycin tromethamine</i> .....	33
FINACEA.....	260	<i>fluocinonide emulsified base</i> ..	250	<i>fosinopril sodium</i> .....	73
<i>finasteride</i> .....	205	FLUORIDEX.....	210	<i>fosinopril sodium-hctz</i> .....	73, 146
<i>ingolimod hcl</i> .....	218	<i>fluoridex daily renewal</i> .....	210	FOSRENOL.....	142, 205
FINTEPLA.....	98	FLUORIDEX ENHANCED		FOTIVDA.....	36
<i>finzala</i> .....	175, 184, 194	WHITENING.....	210	FRAGMIN.....	66
FIORICET.....	95, 109, 125	FLUORIDEX SENSITIVITY		FREESTYLE LIBRE 14 DAY	
FIRDAPSE.....	224	RELIEF.....	131, 210	READER.....	135
FIRMAGON.....	36, 171	FLUORIMAX 5000.....	210	FREESTYLE LIBRE 14 DAY	
FIRMAGON (240 MG DOSE)		FLUORIMAX 5000 SENSITIVE		SENSOR.....	135
.....	36, 171	.....	131, 210	FREESTYLE LIBRE 2	
FIRST PANTOPRAZOLE.....	165	<i>fluorometholone</i> .....	152	READER.....	135
FIRST-LANSOPRAZOLE.....	165	<i>fluorouracil</i> .....	260	FREESTYLE LIBRE 2	
FIRST-METRONIDAZOLE		<i>fluoxetine hcl</i> .....	129	SENSOR.....	135
.....	15, 18, 160	<i>fluoxetine hcl (pmd)</i> .....	129	FREESTYLE LIBRE 3	
FIRST-MOUTHWASH BLM		FLUOXIA.....	250, 260	READER.....	135
.....	12, 156, 157, 158, 160, 243	<i>fluphenazine hcl</i> .....	124	FREESTYLE LIBRE 3	
FIRST-PROGESTERONE		<i>flurandrenolide</i> .....	250	SENSOR.....	135
VGS.....	194	<i>flurazepam hcl</i> .....	110	FREESTYLE LIBRE READER	135
FIRVANQ.....	22	<i>flurbiprofen</i> .....	123	FROTEK.....	257
<i>flac</i> .....	152	<i>flurbiprofen sodium</i> .....	155	<i>frovatriptan succinate</i> .....	128
FLAGYL.....	15, 18, 160	FLUTICASONE FUROATE-		<i>ft aspirin low dose</i> 69, 70, 104, 127	
FLAREX.....	152	VILANTEROL.....	57, 168	<i>ft clearlax</i> .....	160
<i>flavoxate hcl</i> .....	263	<i>fluticasone propionate</i>		<i>ft laxative</i> .....	160
<i>flecainide acetate</i> .....	81	.....	152, 168, 234, 250	<i>ft magnesium citrate</i> .....	160
FLEQSUVY.....	54	FLUTICASONE PROPIONATE		FUROSCIX.....	87, 141
FLEXICHAMBER.....	135	HFA.....	168, 234	<i>furosemide</i> .....	87, 142
				FUZEON.....	24



<i>fyavolv</i> .....	184, 194	GLYXAMBI.....	179, 201	HEMMOREX-HC.....	250
FYCOMPA.....	98	GOLYTELY.....	160	HEMOPIL M.....	64
<i>gabapentin</i> .....	95, 98	<i>goodsense aspirin low dose</i>		<i>heparin na (pork) lock flsh pf</i> .....	66
GALAFOLD.....	224	.....	69, 70, 104, 127	<i>heparin sod (pork) lock flush</i> .....	67
<i>galantamine hydrobromide</i> .....	56	<i>goodsense nicotine</i> .....	52	<i>heparin sodium (porcine)</i> .....	67
<i>galantamine hydrobromide er</i> ...	56	GORDOFILM.....	246, 254	<i>heparin sodium (porcine) pf</i> .....	67
GALZIN.....	143	<i>granisetron hcl</i> .....	157	HEPLISAV-B.....	47
GARDASIL 9.....	47	GRASTEK.....	44	<i>her style</i> .....	175, 195
<i>gatifloxacin</i> .....	149	<i>griseofulvin microsize</i> .....	16	HETLIOZ.....	106
GATTEX.....	163	<i>griseofulvin ultramicrosize</i> .....	16	HETLIOZ LQ.....	106
<i>gavilax</i> .....	160	<i>guaifenesin ac</i> .....	230, 232	HEXIOUNYL.....	20, 253, 254
<i>gavilyte-c</i> .....	160	<i>guaifenesin-codeine</i> .....	230, 232	HIBERIX.....	47
<i>gavilyte-g</i> .....	160	<i>guanfacine hcl</i> .....	80, 112	HIPREX.....	33
GAVRETO.....	36	<i>guanfacine hcl er</i> .....	112	HPR PLUS.....	260
<i>gefitinib</i> .....	36	GUARDIAN 4 GLUCOSE		HUMALOG.....	200
GELFILM.....	64	SENSOR.....	135	HUMALOG KWIKPEN.....	200
GEL-FLOW.....	64	GUARDIAN 4 TRANSMITTER	135	HUMALOG MIX 50/50	
GELFOAM-JMI POWDER.....	64	GUARDIAN CONNECT		KWIKPEN.....	200
GELFOAM-JMI SPONGE.....	64	TRANSMITTER.....	135	HUMALOG MIX 50/50 VIAL....	200
GELNIQUE.....	263	GUARDIAN LINK 3		HUMALOG MIX 75/25	
<i>gemfibrozil</i> .....	86	TRANSMITTER.....	135	KWIKPEN.....	200
<i>gemmily</i> .....	175, 184, 195	GUARDIAN SENSOR (3).....	136	HUMALOG MIX 75/25 VIAL....	200
GEMTESA.....	264	GUARDIAN SENSOR 3.....	136	HUMALOG U-100 JUNIOR	
<i>generlac</i> .....	140	GVOKE HYPOPEN 1-PACK		KWIKPEN.....	200
<i>gengraf</i> .....	213, 218, 222	.....	189, 205	HUMATE-P.....	64
<i>gentamicin sulfate</i> .....	149, 241	GVOKE HYPOPEN 2-PACK		HUMIRA.....	163, 214, 219
<i>gentle laxative</i> .....	160	.....	189, 205	HUMIRA PEDIATRIC	
<i>gentlelax</i> .....	160	GVOKE KIT.....	189, 205	CROHNS START	
GENVOYA.....	24, 26	GVOKE PFS.....	189, 205	.....	163, 214, 218, 219
GILENYA.....	218	GYNAZOLE-1.....	245	HUMIRA PEN.....	163, 214, 219
GILOTRIF.....	36	<i>habitrol</i> .....	53	HUMIRA PEN-CD/UC/HS	
GILPHEX TR.....	50, 232	HADLIMA.....	163, 214, 218	STARTER.....	163, 214, 219
<i>glatiramer acetate</i> .....	218	HADLIMA PUSH TOUCH		HUMIRA PEN-PEDIATRIC UC	
<i>glatopa</i> .....	218	.....	163, 213, 214, 218	START.....	163, 214, 219
GLEOSTINE.....	37	HAEGARDA.....	212, 223	HUMIRA PEN-PS/UV/ADOL	
<i>glimepiride</i> .....	203	<i>hailey 1.5/30</i> .....	175, 184, 195	HS START.....	163, 214, 219
<i>glipizide</i> .....	203	<i>hailey 24 fe</i> .....	175, 184, 195	HUMIRA PEN-PSOR/UEVIT	
<i>glipizide er</i> .....	203	<i>hailey fe 1.5/30</i> .....	175, 184, 195	STARTER.....	163, 214, 219
<i>glipizide xl</i> .....	203	<i>hailey fe 1/20</i> .....	175, 184, 195	HUMULIN 70/30 KWIKPEN	
<i>glipizide-metformin hcl</i> ....	172, 203	<i>halcinonide</i> .....	250	.....	190, 201
GLUCAGEN HYPOKIT...	189, 205	HALCION.....	110	HUMULIN 70/30 VIAL....	190, 201
<i>glucagon emergency kit</i> ..	189, 205	<i>halobetasol propionate</i> .....	250	HUMULIN N KWIKPEN.....	190
GLUCAGON EMERGENCY		<i>haloette</i> .....	175, 184, 195	HUMULIN N VIAL.....	190
KIT.....	189, 205	HALOG.....	250	HUMULIN R U-500 KWIKPEN	201
GLUCOTROL XL.....	203	<i>haloperidol</i> .....	111	HUMULIN R U-500 VIAL.....	201
<i>glutaraldehyde</i> .....	140	<i>haloperidol lactate</i> .....	111	HUMULIN R VIAL.....	201
<i>glyburide</i> .....	203	HALUCORT.....	260	HYCANTIN.....	37
<i>glyburide micronized</i> .....	203	HARVONI.....	22, 23	<i>hydralazine hcl</i> .....	85
<i>glyburide-metformin</i> .....	172, 203	HAVRIX.....	47	HYDREA.....	37
<i>glycolax</i> .....	160	<i>heather</i> .....	175, 195	HYDRO 40.....	254
<i>glycopyrrolate</i> .....	51	HEMANGEOL. 54, 75, 76, 81, 104		<i>hydrochlorothiazide</i> .....	89, 146
<i>glydo</i> .....	243	<i>hematinic/folic acid</i> .....	67, 268		
GLYNASE.....	203	HEMLIBRA.....	64		

<i>hydrocod poli-chlorphe poli er</i>	IMBRUVICA.....	37	INTELISWAB COVID-19
..... 13, 230	IMCIVREE.....	96, 167	RAPID TEST.....
<i>hydrocodone bitartrate er</i> .....	<i>imipramine hcl</i> .....	130	INTRAROSA.....
117	<i>imipramine pamoate</i> .....	130	<i>introvale</i> .....
<i>hydrocodone bit-homatrop mbr</i>	<i>imiquimod</i> .....	260	175, 184, 195
.....	IMITREX.....	128	INVELTYS.....
51, 230	IMPAVIDO.....	18	153
<i>hydrocodone-acetaminophen</i>	IMVEXXY MAINTENANCE		<i>iodine strong</i> .....
.....	PACK.....	184	232
95, 117	IMVEXXY STARTER PACK... 184		<i>iodine tincture</i> .....
<i>hydrocodone-ibuprofen</i> ... 117, 123	INBRIJA.....	114	256
HYDROCORT LOTION	<i>incassia</i> .....	175, 195	IOPIDINE.....
COMPLETE KIT.....	INCRELEX.....	202	155
250, 260	<i>indapamide</i> .....	89, 146	IPOL.....
<i>hydrocortisone</i> .....	INDERAL LA... 54, 75, 76, 81, 105		47
168, 250, 251	INDICAID COVID-19 RAPID		<i>ipratropium bromide</i> .....
<i>hydrocortisone (perianal)</i> .....	TEST.....	139	51, 229
250	INDOCIN.....	123, 206	<i>ipratropium-albuterol</i> ... 51, 58, 229
<i>hydrocortisone ace-pramoxine</i>	<i>indomethacin</i> .....	123, 206	<i>irbesartan</i> .....
.....	<i>indomethacin er</i> .....	123, 206	71, 72
244, 250	INFANRIX.....	45, 47	<i>irbesartan-hydrochlorothiazide</i>
<i>hydrocortisone acetate</i> .....	INLYTA.....	37	.....
250	INOVA.....	253, 256	72, 146
<i>hydrocortisone butyr lipo base</i>	INOVA 4/1 ACNE CONTROL		IRESSA.....
250	THERAPY.....	253, 254, 256	38
<i>hydrocortisone butyrate</i> .....	INOVA 8/2 ACNE CONTROL		ISENTRESS.....
250	THERAPY.....	253, 254, 256	24
<i>hydrocortisone valerate</i> .....	INPEN 100-BLUE-LILLY-		ISENTRESS HD.....
251	HUMALOG.....	136	24
<i>hydrocortisone-acetic acid</i>	INPEN 100-BLUE-NOVOLOG-		<i>isibloom</i> .....
.....	FIASP.....	136	175, 184, 195
153, 155	INPEN 100-GREY-LILLY-		<i>isoflurane</i> .....
<i>hydrocortisone-iodoquinol</i>	HUMALOG.....	136	115
.....	INPEN 100-GREY-		<i>isoniazid</i> .....
251, 256	NOVOLOG-FIASP.....	136	19
<i>hydrocort-pramoxine (perianal)</i>	INPEN 100-PINK-LILLY-		<i>isosorb dinitrate-hydralazine</i>
.....	HUMALOG.....	136	.....
244, 251	INPEN 100-PINK-NOVOLOG-		85, 88
<i>hydromet</i> .....	FIASP.....	136	<i>isosorbide dinitrate</i> .....
51, 230	INQOVI.....	37	88
<i>hydromorphone hcl</i> .....	INREBIC.....	38	<i>isosorbide mononitrate</i> .....
118	INSPIREASE RESERVOIR		88
<i>hydromorphone hcl er</i> .....	BAGS.....	136	<i>isosorbide mononitrate er</i> .....
117	INSULIN LISPRO.....	200	88
<i>hydroxychloroquine sulfate</i>	INSULIN LISPRO (1 UNIT		<i>isotretinoin</i> .....
.....	DIAL).....	200	260
17, 214, 219	INSULIN LISPRO JUNIOR		<i>isradipine</i> .....
<i>hydroxyurea</i> .....	KWIKPEN.....	201	84
37	INSULIN LISPRO PROT &		ISTALOL.....
<i>hydroxyzine hcl</i> .....	LISPRO.....	201	151
12, 13, 106	INSULIN PEN NEEDLES.....	136	ISTURISA.....
<i>hydroxyzine pamoate</i> .. 12, 13, 106	INSULIN SYRINGES.....	136	224
HYFTOR.....	INTELENCE.....	25	<i>itraconazole</i> .....
222, 260			20, 21
HYLATOPIC PLUS.....			<i>ivermectin</i> .....
260			16
<i>hyoscyamine sulfate</i> .....			<i>jaimiess</i> .....
51			175, 184, 195
<i>hyoscyamine sulfate er</i> .....			JAKAFI.....
51			38
<i>hyoscyamine sulfate sl</i> .....			<i>jantoven</i> .....
51			60
<i>hyosyne</i> .....			JARDIANCE.....
51			201
HYPERSAL.....			<i>jasmiel</i> .....
233			175, 184, 195
<i>ibandronate sodium</i> .....			JAVYGTOR.....
209			224
IBRANCE.....			JAYPIRCA.....
37			38
<i>ibuprofen</i> .....			<i>jencycla</i> .....
105, 123			175, 195
<i>icatibant acetate</i> .....			JENTADUETO.....
209, 223			172, 180
<i>iclevia</i> .....			JENTADUETO XR.....
175, 184, 195			172, 180
ICLUSIG.....			<i>jinteli</i> .....
37			184, 195
IDARAN.....			JIVI.....
241			64
IDELVION.....			JOENJA.....
64			219
IDHIFA.....			<i>jolessa</i> .....
37			175, 184, 195
IHEALTH COVID-19 RAPID			JORNAY PM.....
TEST.....			125
139			<i>joyeaux</i> .....
ILEVRO.....			175, 185, 195
155			JUBLIA.....
ILUMYA.....			245
260			<i>juleber</i> .....
<i>imatinib mesylate</i> .....			175, 185, 195
37			JULUCA.....
			24, 25
			<i>junel 1.5/30</i> .....
			175, 185, 195
			<i>junel 1/20</i> .....
			175, 185, 195
			<i>junel fe 1.5/30</i> .....
			175, 185, 195

<i>junel fe 1/20</i> .....	175, 185, 195	KOGENATE FS.....	65	<i>layolis fe</i> .....	176, 185, 196
<i>junel fe 24</i> .....	175, 185, 195	KORLYM.....	171	L-CYSTINE.....	141
JUST RIGHT 5000.....	210	KOSELUGO.....	38	LEDIPASVIR-SOFOSBUVIR	
JUXTAPID.....	74	KOTARAXAP.....	247, 251, 253	.....	22, 23
JYNARQUE.....	147	<i>kourzeq</i> .....	251	<i>leena</i> .....	176, 185, 196
K.B.G.L IN TERODERM		KOVALTRY.....	65	<i>leflunomide</i> .....	214, 219, 222
.....	54, 123, 244, 257, 260	K-PHOS.....	143	<i>lenalidomide</i> .....	38, 219
<i>kaitlib fe</i> .....	175, 185, 195	K-PHOS NO 2.....	140	LENVIMA.....	38, 39
KALETRA.....	28	K-PHOS-NEUTRAL.....	143	<i>lessina</i> .....	176, 185, 196
<i>kalliga</i> .....	175, 185, 195	<i>k-prime</i> .....	143	<i>letrozole</i> .....	39, 171
KALYDECO.....	231	KRAZATI.....	38	LETS.....	49, 204
KAPSPARGO SPRINKLE		KRINTAFEL.....	17	<i>leucovorin calcium</i> .....	205, 268
.....	59, 75, 76, 81	KRISTALOSE.....	141	LEUKERAN.....	39
KARBINAL ER.....	12, 232	K-TAB.....	143	LEUKINE.....	62
<i>kariva</i> .....	175, 185, 195	<i>kurvelo</i> .....	176, 185, 195	<i>leuprolide acetate</i> .....	39, 189
KATARAXAP.....	247, 251, 252	KUTAR.....	247, 253	<i>levabuterol hcl</i> .....	58, 237
KATERZIA.....	84, 85, 90	KUTARVIA.....	247, 253	LEVALBUTEROL HFA.....	58, 237
KAZANO.....	172, 180	KYZATREX.....	170	LEVVID.....	51
<i>kelnor 1/35</i> .....	176, 185, 195	<i>labetalol hcl</i> .....	54, 56, 71, 75, 76, 82	<i>levetiracetam</i> .....	99
<i>kelnor 1/50</i> .....	176, 185, 195	<i>lacosamide</i> .....	98	<i>levetiracetam er</i> .....	99
KEPPRA.....	98	LACRISERT.....	155	<i>levobunolol hcl</i> .....	151
KEPPRA XR.....	98	<i>lactulose</i> .....	141	<i>levocarnitine</i> .....	224
KERALYT SCALP.....	254	<i>lactulose encephalopathy</i> .....	141	<i>levocarnitine sf</i> .....	224
KERAMATRIX REPLICINE		LAGEVRIO.....	29	<i>levocetirizine dihydrochloride</i> .....	14
2CMX3CM.....	228	LAMICTAL.....	98, 102	<i>levofloxacin</i> .....	20, 31, 149
KERAMATRIX REPLICINE		LAMICTAL ODT.....	98, 102	<i>levonest</i> .....	176, 185, 196
5CMX5CM.....	228	LAMICTAL STARTER.....	98, 102	<i>levonorgest-eth est &amp; eth est</i>	
KERENDIA.....	87	LAMICTAL XR.....	98, 102	.....	176, 185, 196
KESIMPTA.....	219	<i>lamivudine</i> .....	26	<i>levonorgest-eth estrad 91-day</i>	
<i>ketoconazole</i> .....	21, 245	<i>lamivudine-zidovudine</i> .....	27	.....	176, 185, 196
<i>ketodan</i> .....	245	<i>lamotrigine</i> .....	98, 102	<i>levonorgest-eth estradiol-iron</i>	
KETO-DIASTIX.....	140	<i>lamotrigine er</i> .....	98, 102	.....	176, 185, 196
KETONE TEST.....	139	<i>lamotrigine starter kit-blue</i> .....	99, 102	<i>levonorgestrel</i> .....	176, 196
<i>ketorolac tromethamine</i> ..	123, 155	<i>lamotrigine starter kit-green</i>		<i>levonorgestrel-ethinyl estrad</i>	
KETOSTIX.....	139	.....	99, 102	.....	176, 185, 196
KEVARAXAP.....	247, 251, 253	<i>lamotrigine starter kit-orange</i>		<i>levonorg-eth estrad triphasic</i>	
KEVARTIA.....	247, 253	.....	99, 102	.....	176, 185, 196
KEVEYIS.....	209	LAMPIT.....	18	<i>levora 0.15/30 (28)</i> ..	176, 185, 196
KEVZARA.....	214	LANCETS.....	136	<i>levorphanol tartrate</i> .....	118
KINERET.....	214, 219	LANOXIN.....	74, 80	<i>levo-t</i> .....	204
KISQALI.....	38	<i>lansoprazole</i> .....	165	LEVOTHYROXINE SODIUM..	204
KISQALI FEMARA.....	38, 171	<i>lanthanum carbonate</i> .....	142, 205	<i>levothyroxine sodium</i> .....	204
KLARON.....	241	LANTUS SOLOSTAR.....	191	<i>levoxyl</i> .....	204
KLISYRI.....	260	LANTUS U-100 VIAL.....	191	LEVSIN.....	51
<i>klor-con</i> .....	143	<i>lapatinib ditosylate</i> .....	38	LEVSIN/SL.....	51
<i>klor-con 10</i> .....	143	<i>larin 1.5/30</i> .....	176, 185, 195	LEVULAN KERASTICK.....	260
<i>klor-con m10</i> .....	143	<i>larin 1/20</i> .....	176, 185, 195	LEXIVA.....	28
<i>klor-con m15</i> .....	143	<i>larin 24 fe</i> .....	176, 185, 195	<i>lidocaine</i> .....	244
<i>klor-con m20</i> .....	143	<i>larin fe 1.5/30</i> .....	176, 185, 195	<i>lidocaine hcl</i> .....	156, 244
<i>klor-con/ef</i> .....	143	<i>larin fe 1/20</i> .....	176, 185, 196	<i>lidocaine hcl urethral/mucosal</i> .....	244
KLOXXADO.....	120	LASIX.....	87, 142	<i>lidocaine viscous hcl</i> .....	156
KOATE.....	64	LATANOPROST.....	156	<i>lidocaine-prilocaine</i> .....	244
KOATE-DVI.....	65	<i>latanoprost</i> .....	156	LIDTOPIC MAX.....	244

<i>linezolid</i> .....	30	LUXAMEND .....	261	MENACTRA .....	47
LINZESS .....	164	LUZU .....	245	MENEST .....	186, 209
<i>liothyronine sodium</i> .....	204	<i>lyleq</i> .....	176, 196	MENOSTAR .....	186, 209
LIPOFEN.....	86	<i>lyllana</i> .....	186, 209	MENQUADFI .....	47
<i>lisdexamfetamine dimesylate</i> .....	93, 94	LYNPARZA .....	39	MENVEO .....	47
<i>lisinopril</i> .....	73	LYRICA.....	99, 114	<i>meperidine hcl</i> .....	118
<i>lisinopril-hydrochlorothiazide</i> .....	73, 146	LYSODREN .....	39	<i>meprobamate</i> .....	106
L-ISOLEUCINE.....	141	LYTGObI (12 MG DAILY DOSE).....	39	<i>mercaptopurine</i> .....	39, 222
<i>lithium</i> .....	103	LYTGObI (16 MG DAILY DOSE).....	39	<i>merzee</i> .....	177, 186, 196
<i>lithium carbonate</i> .....	102, 103	LYTGObI (20 MG DAILY DOSE).....	39	<i>mesalamine</i> .....	159
<i>lithium carbonate er</i> .....	102	LYUMJEV KWIKPEN.....	201	<i>mesalamine-cleanser</i> .....	159
LITHOBID .....	103	LYUMJEV VIAL.....	201	MESNEX.....	227
LIVALO .....	86	<i>lyza</i> .....	176, 196	MESTINON .....	56
LIVMARLI .....	164	MACROBID .....	33	<i>metaxalone</i> .....	53
LIVTENCITY .....	20	MACRODANTIN .....	33	<i>metformin hcl</i> .....	172
LO LOESTRIN FE ...	176, 185, 196	<i>mafenide acetate</i> .....	256	<i>metformin hcl er</i> .....	172
<i>lojaimiess</i> .....	176, 185, 196	<i>magnesium citrate</i> .....	160	<i>methadone hcl</i> .....	118
LOKELMA .....	142	MALARONE .....	17	<i>methadone hcl intensol</i> .....	118
LOMAIRA.....	92	<i>malathion</i> .....	258	METHADOSE .....	118
LOMOTIL.....	51, 158	<i>maraviroc</i> .....	24	<i>methadose</i> .....	118
LONSURF .....	39	MARINOL.....	158	METHADOSE SUGAR-FREE.	118
LOPID.....	86	<i>marlissa</i> .....	176, 186, 196	<i>methamphetamine hcl</i> .....	94
<i>lopinavir-ritonavir</i> .....	28	MARPLAN .....	116	<i>methazolamide</i> .....	79, 152
LOPRESSOR.....	59, 75, 76, 82	MATULANE .....	39	<i>methenamine hippurate</i> .....	33
<i>lorazepam</i> .....	109, 111	<i>matzim la</i> .....	78, 79, 83, 90	<i>methenamine mandelate</i> .....	33
<i>lorazepam intensol</i> .....	109, 110	MAVENCLAD .....	219, 222	<i>methergine</i> .....	228
LORBRENA .....	39	MAVYRET .....	23, 24	<i>methimazole</i> .....	172
LOREEV XR.....	109, 111	MAXIDEX.....	153	METHITEST .....	170
<i>loryna</i> .....	176, 185, 196	MAXITROL.....	149, 153	<i>methocarbamol</i> .....	25, 53
LORZONE .....	53	<i>maxi-tuss ac</i> .....	230, 232	<i>methotrexate sodium</i> .....	40, 215, 220, 222
<i>losartan potassium</i> .....	71, 72	MAXZIDE .....	143, 146	<i>methotrexate sodium (pf)</i> .....	40, 215, 220, 222
<i>losartan potassium-hctz</i> ....	72, 146	MAXZIDE-25.....	143, 146	<i>methoxsalen rapid</i> .....	257
LOTEMAX .....	153	MAYZENT .....	219, 220	<i>methscopolamine bromide</i> .....	51
LOTEMAX SM .....	153	MAYZENT STARTER PACK ..	220	<i>methsuximide</i> .....	130
LOTENSIN .....	73	<i>me/naphos/mb/hyo1</i> ... 33, 51, 224		<i>methyl salicylate</i> .....	246
LOTENSIN HCT .....	73, 146	<i>meclofenamate sodium</i> .....	123	METHYLDOPA .....	50, 80
<i>loteprednol etabonate</i> .....	153	MEDERMA SPF 30 .....	261	<i>methylergonovine maleate</i> .....	228
<i>lovastatin</i> .....	86	MEDROL.....	168	METHYLIN .....	125
<i>low-ogestrel</i> .....	176, 186, 196	<i>medroxyprogesterone acetate</i> .....	176, 177, 196	<i>methylphenidate</i> .....	126
<i>loxapine succinate</i> .....	105	<i>mefenamic acid</i> .....	123	<i>methylphenidate hcl</i> .....	126
<i>lo-zumandimine</i> .....	176, 186, 196	<i>mefloquine hcl</i> .....	17	<i>methylphenidate hcl er</i> .....	126
<i>lubiprostone</i> .....	164	<i>megestrol acetate</i> .....	39, 196	<i>methylphenidate hcl er (cd)</i> ....	125
LUCEMYRA .....	50	MEKINIST .....	39	<i>methylphenidate hcl er (la)</i> ....	125
LUGOLS STRONG IODINE ....	256	MEKTOVI .....	39	<i>methylphenidate hcl er (osm)</i> ..	125
LULICONAZOLE .....	245	MELOXICAM.....	123	<i>methylphenidate hcl er (xr)</i> ....	126
LUMAKRAS .....	39	<i>meloxicam</i> .....	123	<i>methylprednisolone</i> .....	168
LUMIGAN.....	156	<i>melphalan</i> .....	39	<i>methyltestosterone</i> .....	171
LUPKYNIS.....	222	<i>memantine hcl</i> .....	112	<i>metoclopramide hcl</i> .....	165
<i>lurasidone hcl</i> .....	107	<i>memantine hcl er</i> .....	112	<i>metolazone</i> .....	89, 146
<i>lutra</i> .....	176, 186, 196				

<i>metoprolol succinate er</i>	<i>moexipril hcl</i> .....	<i>naloxone hcl</i> .....
..... 59, 75, 76, 82	73	120, 205
<i>metoprolol tartrate</i> ... 59, 75, 76, 82	<i>molindone hcl</i> .....	<i>naltrexone hcl</i> .....
<i>metoprolol-hydrochlorothiazide</i>	105	120, 205
..... 75, 146	<i>mometasone furoate</i>	NAMZARIC.....
METROCREAM.....	..... 153, 168, 234, 251	56, 113
METROLOTION.....	<i>mondoxyne nl</i> .....	NANRAN.....
241	17, 33	241, 244
<i>metronidazole</i> .....	<i>mono-lynyah</i> .....	NAPROSYN.....
15, 19, 160, 241	177, 186, 197	105, 123, 206
METRONIDAZOLE	MONSELS FERRIC	<i>naproxen</i> .....
BENZO+SYRSPEND..	SUBSULFATE.....	<i>naproxen dr</i> .....
15, 19, 160	65	105, 123, 206
<i>metyrosine</i> .....	<i>montelukast sodium</i> .....	<i>naproxen sodium</i> ....
224	233	105, 123, 207
<i>mexiletine hcl</i> .....	MONUROL.....	<i>naproxen sodium er</i>
81	33	105, 123, 207
MIACALCIN.....	<i>morphine sulfate</i> .....	<i>naratriptan hcl</i> .....
172, 209	118, 119	128
<i>mibelas 24 fe</i> .....	<i>morphine sulfate (concentrate)</i>	NARCAN.....
177, 186, 196	118	120
<i>miconazole 3</i> .....	<i>morphine sulfate er</i> .....	NARDIL.....
245	118	116
MICONAZOLE-ZINC OXIDE-	<i>morphine sulfate er beads</i> .....	NASCOBAL.....
PETROLAT.....	MOTTEGRITY.....	69, 268
245, 253	164	NATACYN.....
<i>microgestin 1.5/30</i> ...177, 186, 196	MOTOFEN.....	151
<i>microgestin 1/20</i> .....177, 186, 197	51, 158	NATAL PNV.....
<i>microgestin 24 fe</i> .....177, 186, 197	MOUNJARO.....	67, 265, 268
<i>microgestin fe 1.5/30</i>	MOVIPREP.....	NATAZIA.....
..... 177, 186, 197	161, 270	177, 186, 197
<i>microgestin fe 1/20</i> ..177, 186, 197	<i>moxifloxacin hcl</i> .....	<i>nateglinide</i> .....
MICROLET NEXT LANCING	20, 31, 149	191
DEVICE.....	<i>moxifloxacin hcl (2x day)</i> .....	NAYZILAM.....
136	149	109
<i>midazolam hcl</i> .....	MOZOBIL.....	<i>nebivolol hcl</i> .....
111	62	54, 75
MIDAZOLAM+SYRSPEND SF	MUCOSITISRX.....	NEBUPENT.....
..... 111	155	19
<i>midodrine hcl</i> .....	MULPLETA.....	<i>nebusal</i> .....
50	62	233
MIFEPREX.....	MULTAQ.....	NEBUSAL.....
228	82	233
<i>mifepristone</i> .....	<i>multivitamin/fluoride</i>	<i>necon 0.5/35 (28)</i> ....
228	..... 210, 264, 265, 268	177, 186, 197
MIGERGOT.....	MULTIVITAMIN/FLUORIDE	<i>nefazodone hcl</i> .....
55, 105, 126	..... 210, 265, 268	129
<i>miglitol</i> .....	<i>multi-vitamin/fluoride</i> .....	<i>neomycin sulfate</i> .....
170	210, 264	15
<i>miglustat</i> .....	<i>multi-vitamin/fluoride/iron</i>	<i>neomycin-bacitracin zn-</i>
224	..... 67, 210, 265	<i>polymyx</i> .....
<i>mili</i> .....	MULTI-VIT-FLOR.....	150, 153
177, 186, 197	210, 265	<i>neomycin-polymyxin-</i>
<i>mimvey</i> .....	<i>mupirocin</i> .....	<i>gramicidin</i> .....
186, 197	241	150
<i>mineral oil heavy</i> .....	<i>mupirocin calcium</i> .....	<i>neomycin-polymyxin-hc</i> ..
160	241	150, 153
MINIPRESS.....	MUSE.....	NEONATAL + DHA
55, 71	91	..... 67, 143, 224, 265, 268
<i>minocycline hcl</i> .....	<i>my choice</i> .....	NEONATAL 19.....
17, 33	177, 197	265
<i>minocycline hcl er</i> .....	<i>my way</i> .....	NEONATAL COMPLETE
33, 261	177, 197	..... 67, 265, 268
<i>minoxidil</i> .....	MYALEPT.....	NEONATAL FE.....
85	191	67, 265, 268
<i>mirtazapine</i> .....	MYAMBUTOL.....	NEONATAL PLUS....
101	20	67, 265, 268
MIRVASO.....	MYCOBUTIN.....	<i>neo-polycin</i> .....
261	20, 31	150
<i>misoprostol</i> .....	<i>mycophenolate mofetil</i> .....	<i>neo-polycin hc</i> .....
165	222	150, 153
MITIGARE.....	<i>mycophenolate sodium</i> .....	NEOSALUS.....
206	222	261
MITOSOL.....	MYCOZYL AL.....	NEO-SYNALAR.....
149	263	241, 246, 251
<i>mm aspirin</i> .....	MYFEMBREE.....	NERLYNX.....
69, 70, 105, 127	171, 186, 197	40
<i>mm clearlax</i> .....	MYLERAN.....	NESINA.....
160	40	180
M-M-R II.....	MYRBETRIQ.....	NESTABS.....
47	264	67, 265, 268
M-NATAL PLUS.....	MYSOLINE.....	NESTABS ONE 67, 225, 265, 268
67, 264, 268	108	<i>neuac</i> .....
<i>modafinil</i> .....	MYTESI.....	241, 256
131	158	NEULASTA.....
MODERNA COVID-19 VAC	<i>na sulfate-k sulfate-mg sulf</i> ....	62
6M-11Y.....	<i>nabumetone</i> .....	NEUPRO.....
47	123	116
	<i>nadolol</i> .....	NEURAPTINE.....
	54, 75, 76	95
	<i>naftifine hcl</i> .....	NEURONTIN.....
	239	95, 99
	NAFTIN.....	NEVANAC.....
	239	155

<i>nevirapine</i> .....	25	<i>norethindrone-eth estradiol</i>	187, 197	NUZYRA.....	15
<i>nevirapine er</i> .....	25	.....	177, 187, 197	<i>nyamyc</i> .....	257
<i>new day</i> .....	177, 197	<i>norethindron-ethinyl estrad-fe</i>	177, 187, 197	<i>nylia 1/35</i> .....	178, 187, 198
NEXIUM.....	166	.....	177, 187, 197	<i>nylia 7/7/7</i> .....	178, 187, 198
NEXLETOL.....	74	<i>norethin-eth estradiol-fe</i>	177, 187, 197	NYMALIZE.....	84, 85, 91
NEXLIZET.....	74, 80	.....	177, 187, 197	<i>nymyo</i> .....	178, 187, 198
NEXTSTELLIS.....	177, 186, 197	<i>norgestimate-eth estradiol</i>	177, 187, 197	<i>nystatin</i> .....	31, 258
<i>niacin er (antihyperlipidemic)</i> ....	74	.....	177, 187, 197	<i>nystatin-triamcinolone</i> ....	251, 258
<i>nicardipine hcl</i> .....	84, 85, 91	<i>norgestimate-ethinyl estradiol</i>	177, 187, 198	<i>nystop</i> .....	258
NICORETTE.....	53	<i>triphasic</i> .....	177, 187, 198	OCALIVA.....	164
NICORETTE MINI.....	53	NORLIQVA.....	84, 85, 91	<i>ocella</i> .....	178, 187, 198
<i>nicotine</i> .....	53	<i>norlyroc</i> .....	178, 198	<i>octreotide acetate</i> .....	164, 202
<i>nicotine mini</i> .....	53	NORPACE.....	80	OCUFLOX.....	150
<i>nicotine polacrilex</i> .....	53	NORPACE CR.....	80	ODACTRA.....	44
<i>nicotine polacrilex mini</i> .....	53	NORPRAMIN.....	130	ODEFSEY.....	25, 27
<i>nicotine step 1</i> .....	53	<i>nortrel 0.5/35 (28)</i> ... 178, 187, 198		ODOMZO.....	40
<i>nicotine step 2</i> .....	53	<i>nortrel 1/35 (21)</i> ..... 178, 187, 198		OFEV.....	229
<i>nicotine step 3</i> .....	53	<i>nortrel 1/35 (28)</i> ..... 178, 187, 198		<i>ofloxacin</i> .....	31, 150
NICOTROL.....	53	<i>nortrel 7/7/7</i> ..... 178, 187, 198		<i>olanzapine</i> .....	103, 107
NICOTROL NS.....	53	<i>nortriptyline hcl</i> .....	130	<i>olanzapine-fluoxetine hcl</i>	107, 129
<i>nifedipine</i> .....	84, 85, 91	NORVIR.....	28	<i>olmesartan medoxomil</i> .....	71, 72
<i>nifedipine er</i> .....	84, 85, 91	NOURIANZ.....	113	<i>olmesartan medoxomil-hctz</i>	72, 146
<i>nifedipine er osmotic release</i>	84, 85, 91	NOVAVAX COVID-19		<i>olmesartan-amlodipine-hctz</i>	72, 84, 146
<i>nikki</i> .....	177, 186, 197	VACCINE.....	48	<i>olopatadine hcl</i> .....	13, 149
<i>nimodipine</i> .....	84, 85, 91	NOVOEIGHT.....	65	OLUMIANT.....	215
NINLARO.....	40	NOVOFINE AUTOCOVER		OMECLAMOX-PAK....	16, 30, 166
<i>nisoldipine er</i> .....	84, 85	PEN NEEDLE.....	136	<i>omega-3-acid ethyl esters</i> .....	74
<i>nitazoxanide</i> .....	19	NOVOFINE PEN NEEDLE.....	136	<i>omeprazole</i> .....	166
NITRO-BID.....	88	NOVOFINE PLUS PEN		OMEPRAZOLE+SYRSPEND	
NITRO-DUR.....	88	NEEDLE.....	137	SF ALKA.....	166
<i>nitrofurantoin</i> .....	33	NOVOPEN ECHO.....	137	OMNARIS.....	153
<i>nitrofurantoin macrocrystal</i> .....	33	NOVOSEVEN RT.....	65	OMNIPOD 5 G6 INTRO (GEN	
<i>nitrofurantoin monohydrate</i>		NOXAFIL.....	21	5).....	137
<i>macrocrystals</i> .....	33	<i>np thyroid</i> .....	204	OMNIPOD 5 G6 POD (GEN 5)	
<i>nitroglycerin</i> .....	88	NUBEQA.....	40	.....	137
NITROSTAT.....	88	NUCALA.....	229	ON/GO COVID-19 ANTIGEN	
NITRO-TIME.....	88	NUCORT.....	251	TEST.....	139
NIVA THYROID.....	204	NUCYNTA.....	119	ON/GO ONE COVID-19	
NOCDURNA.....	65, 192	NUCYNTA ER.....	119	HOME TEST.....	139
<i>nora-be</i> .....	177, 197	NUDEXTA.....	113	<i>ondansetron hcl</i> .....	157
NORDIPEN 5 INJECTION		NUJO.....	222, 261	<i>ondansetron odt</i> .....	157
DEVICE.....	136	NULEV.....	51	ONE VITE WOMENS PLUS	
NORDITROPIN FLEXPRO		NUPLAZID.....	107	.....	67, 265, 268
.....	192, 202	NURTEC.....	111	ONETOUCH DELICA PLUS	
<i>norethin ace-eth estrad-fe</i>		NUTRASEB.....	254	LANCING.....	137
.....	177, 186, 197	NUTROPIN AQ NUSPIN 10		ONETOUCH DELICA SAFETY	
<i>norethindrone</i> .....	177, 197	.....	192, 202	LANCING.....	137
<i>norethindrone acetate</i> .....	197	NUTROPIN AQ NUSPIN 20		ONETOUCH ULTRA.....	137, 138
<i>norethindrone acet-ethinyl est</i>		.....	192, 202	ONETOUCH ULTRA 2.....	137
.....	177, 186, 197	NUTROPIN AQ NUSPIN 5		ONETOUCH VERIO.....	137, 138
		.....	192, 202		
		NUVESSA.....	15, 241		
		NUWIQ.....	65		

ONETOUCH VERIO FLEX SYSTEM.....	137	OXBRYTA.....	60	<i>pentazocine-naloxone hcl</i> .....	120, 121
ONETOUCH VERIO REFLECT.....	137	<i>oxcarbazepine</i> .....	99	<i>pentoxifylline er</i> .....	63
ONEXTON.....	241, 256	OXERVATE.....	155	PERFOROMIST.....	58, 237
ONFI.....	110, 111	OXIAICE.....	242, 261	PERIDEX.....	154, 256
ONGENTYS.....	112	<i>oxiconazole nitrate</i> .....	245	<i>perindopril erbumine</i> .....	73
ONUREG.....	40	OXISTAT.....	245	<i>perio gard</i> .....	154, 256
ONZETRA XSAIL.....	128	<i>oxybutynin chloride</i> .....	263	<i>permethrin</i> .....	258
<i>opcicon one-step</i> .....	178, 198	<i>oxybutynin chloride er</i> .....	263	<i>perphenazine</i> .....	124
<i>opium</i> .....	158	<i>oxycodone hcl</i> .....	119	<i>perphenazine-amitriptyline</i>	
OPSUMIT.....	91, 232, 237	<i>oxycodone-acetaminophen</i>		.....	124, 130
<i>option 2</i> .....	178, 198	.....	95, 119	PERTZYE.....	147, 162
OPTIONS GYNOL II CONTRACEPTIVE.....	227	OXYCODONE-ACETAMINOPHEN.....	95, 119	PFIZER COVID-19 VAC-TRIS 5-11Y.....	48
OPZELURA.....	261	<i>oxymorphone hcl</i> .....	119	PFIZER COVID-19 VAC-TRIS 6M-4Y.....	48
ORACIT.....	140	<i>oxymorphone hcl er</i> .....	119	PHEDRAX.....	245, 254
ORALAIR.....	44	OZEMPIC.....	190	<i>phenazo</i> .....	244
ORALAIR ADULT STARTER PACK.....	44	OZOBAX.....	54	<i>phenazopyridine hcl</i> .....	244
ORALAIR CHILDRENS STARTER PACK.....	44	OZOBAX DS.....	54	<i>phendimetrazine tartrate</i> .....	93
<i>oralone</i> .....	251	PACERONE.....	82	<i>phendimetrazine tartrate er</i> .....	92
ORAPRED ODT.....	168	PALFORZIA.....	44, 45	<i>phenelzine sulfate</i> .....	116
ORAVIG.....	245	<i>paliperidone er</i> .....	107	<i>phenobarbital</i> .....	108, 109
ORENCIA.....	215, 220	PALYNZIQ.....	147	<i>phenoxybenzamine hcl</i> .....	55, 87
ORENCIA CLICKJECT... ..	215, 220	PANCREAZE.....	147, 161	<i>phentermine hcl</i> .....	93
ORENITRAM.....	91, 235, 237	PANDEL.....	251	<i>phenylephrine hcl</i> .....	156, 157
ORENITRAM MONTH 1.....	91, 235, 237	PANRETIN.....	261	<i>phenytek</i> .....	81, 115
ORENITRAM MONTH 2.....	91, 235, 237	<i>pantoprazole sodium</i> .....	166	<i>phenytoin</i> .....	81, 115
ORENITRAM MONTH 3.....	91, 235, 237	PARI VORTEX ADULT MASK.....	137	<i>phenytoin infatabs</i> .....	81, 115
ORFADIN.....	225	<i>paricalcitol</i> .....	271	<i>phenytoin sodium extended</i>	
ORGOVYX.....	40, 171	PARNATE.....	116	.....	81, 115
ORIAHNN.....	171, 187, 198	<i>paroxetine hcl</i> .....	129	PHEOXIA.....	245, 261
ORLISSA.....	171	<i>paroxetine hcl er</i> .....	129	PHEXXI.....	227
ORKAMBI.....	230, 231	<i>paroxetine mesylate</i> .....	129	<i>philith</i> .....	178, 187, 198
ORLISTAT.....	164	PAXIL.....	129	PHOSPHA 250 NEUTRAL.....	144
<i>orphenadrine citrate er</i> .....	59, 96	PAXLOVID (150/100).....	20	PHOSPHOLINE IODIDE.....	156
ORSERDU.....	40	PAXLOVID (300/100).....	20	<i>phosphorous</i> .....	144
OSCIMIN.....	51	<i>pazopanib hcl</i> .....	40	<i>phospho-trin 250 neutral</i> .....	144
<i>oseltamivir phosphate</i> .....	29	PEDIAPRED.....	168	PHOXILLUM B22K4/0.....	144
OSENI.....	180, 203	PEDIARIX.....	45, 48	PHOXILLUM BK4/2.5.....	144
OSPHENA.....	180	PEDVAX HIB.....	48	<i>phytonadione</i> .....	206, 271
OTEZLA.....	215, 220, 261	<i>peg 3350-kcl-na bicarb-nacl</i> ....	161	PIFELTRO.....	25
OVACE PLUS.....	241	<i>peg-3350/electrolytes</i> .....	161	<i>pilocarpine hcl</i> .....	56, 156
OVACE PLUS WASH.....	242	<i>peg-3350/electrolytes/ascorbat</i>		PILOT COVID-19 AT-HOME TEST.....	139
OVACE WASH.....	242	.....	161, 270	<i>pimecrolimus</i> .....	222, 261
OVIDE.....	258	PEGASYS.....	28	<i>pimozide</i> .....	105
<i>oxaprozin</i> .....	123	<i>peg-kcl-nacl-nasulf-na asc-c</i>		<i>pimtrea</i> .....	178, 187, 198
<i>oxazepam</i> .....	111	.....	161, 270	<i>pindolol</i> .....	54, 75, 76, 82
		PEG-PREP.....	161	<i>pioglitazone hcl</i> .....	203
		PEMAZYRE.....	40	<i>pioglitazone hcl-glimepiride</i> ....	203
		<i>penciclovir</i> .....	244	<i>pioglitazone hcl-metformin hcl</i>	
		<i>penicillamine</i> .....	166, 215	.....	172, 203
		<i>penicillin v potassium</i> .....	29		
		PENTACEL.....	45, 48		
		<i>pentamidine isethionate</i> .....	19		

PIP GLUCOSE CONTROL SOLUTION.....	137	PREMESISRX 144, 225, 265, 268	<i>primidone</i> .....	108
PIQRAY.....	40	<i>premium lidocaine</i> .....	PRIORIX.....	48
<i>pirfenidone</i> .....	229, 236	PREMPHASE.....	PRISMASOL B22GK 4/0.....	144
<i>piroxicam</i> .....	123	PREMPRO.....	PRISMASOL BGK 0/2.5.....	145
<i>pitavastatin calcium</i> .....	86	PRENAISSANCE	PRISMASOL BGK 2/0.....	145
PLAN B ONE-STEP.....	178, 198	.....	PRISMASOL BGK 2/3.5.....	145
PLEGRIDY.....	220	<i>prenatal</i> .....	PRISMASOL BGK 4/0/1.2.....	145
PLEGRIDY STARTER PACK.....	220	<i>prenatal plus vitamin/mineral</i>	PRISMASOL BGK 4/2.5.....	145
PLENVU.....	161, 270	.....	PRISMASOL BK 0/0/1.2.....	145
<i>plerixafor</i> .....	62	PRENATE.....	<i>probenecid</i> .....	147, 207
PLEXION.....	242, 254	PRENATE DHA	PROCENTRA.....	94
PLEXION CLEANSER....	242, 254	.....	<i>prochlorperazine</i> .....	124, 158
PLEXION CLEANSING		PRENATE ELITE.....	<i>prochlorperazine maleate</i>	124, 158
CLOTH.....	242, 254	PRENATE ENHANCE	PROCORT.....	244, 251
PNEUMOVAX 23.....	48	.....	PROCTOCORT.....	251
PODIATROLE.....	246, 254	PRENATE ESSENTIAL	PROCTOFOAM HC.....	244, 251
PODOCON-25.....	261	.....	<i>procto-med hc</i> .....	251
<i>podofilox</i> .....	261	PRENATE MINI	<i>proctosol hc</i> .....	251
<i>polycin</i> .....	150	.....	<i>proctozone-hc</i> .....	252
<i>polyethylene glycol 3350</i> .....	161	PRENATE PIXIE	PROCYSBI.....	225
<i>polymyxin b-trimethoprim</i> .....	150	.....	PROFILNINE.....	65
POLY-VI-FLOR.....	210, 265	PRENATE RESTORE	<i>progesterone</i> .....	198
POLY-VI-FLOR/IRON		.....	PROGESTERONE	
.....	67, 210, 265	PRENATVITE COMPLETE	MICRONIZED.....	198
POMALYST.....	40, 220	.....	PROGLYCEM.....	172
<i>portia-28</i> .....	178, 187, 198	PRENATVITE PLUS	PROGRAF.....	222
<i>posaconazole</i> .....	21	.....	PROLATE.....	95, 119
<i>potassium chloride</i> .....	144	PRENATVITE RX	PROLENSA.....	155
<i>potassium chloride crys er</i> .....	144	.....	PROMACTA.....	62
<i>potassium chloride er</i> .....	144	PREPIDIL.....	<i>promethazine hcl</i>	
<i>potassium citrate er</i> .....	140	PRETOMANID.....	.....	12, 13, 106, 158, 232, 233
<i>potassium citrate-citric acid</i> .....	140	<i>prevalite</i> .....	<i>promethazine vc</i> .....	13, 50
<i>potassium iodide</i> .....	232	PREVIDENT.....	<i>promethazine vc/codeine</i>	
PRADAXA.....	61	PREVIDENT 5000 BOOSTER	.....	13, 50, 230
<i>pramipexole dihydrochloride</i> ...	116	PLUS.....	<i>promethazine-codeine</i> .....	13, 230
PRAMOSONE.....	244, 251	PREVIDENT 5000 DRY	<i>promethazine-dm</i> .....	13, 230
PRAMOTIC.....	154, 156	MOUTH.....	<i>promethegan</i> .....	13, 106, 158, 233
<i>prasugrel hcl</i> .....	70	PREVIDENT 5000 ENAMEL	PROMISEB.....	254
<i>pravastatin sodium</i> .....	86	PROTECT.....	PRONAL.....	246, 254
<i>praziquantel</i> .....	16	PREVIDENT 5000 ORTHO	<i>propafenone hcl</i> .....	81
<i>prazosin hcl</i> .....	55, 71	DEFENSE.....	<i>propafenone hcl er</i> .....	81
PRED MILD.....	153	PREVIDENT 5000 PLUS.....	<i>proparacaine hcl</i> .....	156
<i>prednisolone</i> .....	169	PREVIDENT 5000 SENSITIVE	<i>propranolol hcl</i> 55, 75, 76, 82, 105	
<i>prednisolone acetate</i> .....	153	.....	<i>propranolol hcl er</i>	
<i>prednisolone sodium</i>		PREVNAR 13.....	.....	55, 75, 76, 82, 105
<i>phosphate</i> .....	153, 169	PREVNAR 20.....	<i>propylthiouracil</i> .....	172
<i>prednisone</i> .....	169	PREVYMIS.....	PROQUAD.....	48
<i>prednisone intensol</i> .....	169	PREZCOBIX.....	PROTONIX.....	166
<i>pregabalin</i> .....	99, 115	PREZISTA.....	<i>protriptyline hcl</i> .....	131
<i>pregabalin er</i> .....	95	PRIFTIN.....	PROVERA.....	198
PREHEVBRIO.....	48	PRILOSEC.....	PRUCLAIR.....	261
PREMARIN.....	187, 209	PRIMACARE.....	PRUMYX.....	261
		<i>primaquine phosphate</i> .....		



<i>pseudoephedrine-bromphen- dm</i> .....	13, 49, 230	RASUVO.....	215, 216	<i>rizatriptan benzoate</i> .....	128
<i>pulmosal</i> .....	233	RAVICTI.....	141	ROCALTROL.....	271
PULMOZYME.....	148, 233	RAYA SURE PEN NEEDLE...	137	ROCKLATAN.....	157
PURE COMFORT SAFETY		RAYASAL.....	255	<i>roflumilast</i> .....	234
PEN NEEDLE.....	137	<i>react</i> .....	178, 198	<i>ropinirole hcl</i> .....	116
PURIXAN.....	40, 222	<i>reclipsen</i> .....	178, 187, 198	<i>ropinirole hcl er</i> .....	116
PYLERA.....	17, 19, 33, 158, 159	RECOMBINATE.....	65	<i>rosuvastatin calcium</i> .....	86
<i>pyrazinamide</i> .....	20	RECOMBIVAX HB.....	48	ROSZET.....	80, 87
PYRIDIDIUM.....	244	RECOTHROM.....	65	ROTARIX.....	48
<i>pyridostigmine bromide</i> .....	56	RECOTHROM SPRAY KIT.....	65	ROTATEQ.....	48
<i>pyridostigmine bromide er</i> .....	56	RECTIV.....	261	ROWASA.....	159
<i>pyrimethamine</i> .....	18	REGLAN.....	165	<i>roweepra</i> .....	99
PYROGALLIC ACID.....	228, 254, 261	REGRANEX.....	261	ROZLYTREK.....	41
PYRUKYND.....	60	RELENZA DISKHALER.....	29	RUBRACA.....	41
PYRUKYND TAPER PACK.....	60	RELISTOR.....	120, 164	RUCONEST.....	212, 223
QBRELIS.....	74	RELNATE DHA.....	68, 225, 266, 269	<i>rufinamide</i> .....	99
<i>qc magnesium citrate</i> .....	161	RELYVRIO.....	113	RUKOBIA.....	24
QINLOCK.....	40	REMIGEN.....	261	RYALTRIS.....	13, 149, 154, 169, 234
QNASL.....	153, 234	<i>repaglinide</i> .....	191	RYBELSUS.....	190
QNASL CHILDRENS.....	153, 234	REPATHA.....	88	RYCLOLA.....	13
QSYMIA.....	96	REPATHA PUSHTRONEX		RYDAPT.....	41
QUADRACEL.....	45, 48	SYSTEM.....	88	SABRIL.....	99
QUALAQUIN.....	18	REPATHA SURECLICK.....	88	SAFETY PEN NEEDLES.....	137
QUESTRAN.....	77	RESTASIS.....	154	<i>sajazir</i> .....	209, 223
QUESTRAN LIGHT.....	77	RESTASIS MULTIDOSE.....	154	SALAGEN.....	56
<i>quetiapine fumarate</i> .....	103, 108	RESTORIL.....	111	SALICATE.....	255
<i>quetiapine fumarate er</i> ....	103, 107	RETACRIT.....	59, 60, 62	<i>salicylic acid</i> .....	255
QUFLORA PEDIATRIC..	211, 266	RETEVMO.....	41	SALIMEZ.....	255
QUICKVUE AT-HOME		RETIN-A MICRO PUMP.....	247	SALIVAMAX.....	155
COVID-19 TEST.....	139	RETROVIR.....	27	<i>salsalate</i> .....	127
QUILLICHEW ER.....	126	REVLIMID.....	41, 221	SALVAX DUO PLUS.....	246, 255
QUILLIVANT XR.....	126	REXULTI.....	108	SAMSCA.....	147
<i>quinapril hcl</i> .....	73, 74	REYATAZ.....	28	SANDIMMUNE.....	216, 221, 222
<i>quinapril-hydrochlorothiazide</i>		REYVOW.....	128	SANDOSTATIN.....	164, 202
.....	74, 146	REZLIDHIA.....	41	SANTYL.....	148, 261
<i>quinidine gluconate er</i> .....	18, 80	REZUROCK.....	225	<i>sapropterin dihydrochloride</i> ....	225
<i>quinidine sulfate</i> .....	18, 80	RHOFADE.....	261	SAVAYSA.....	61
<i>quinine sulfate</i> .....	18	RHOPRESSA.....	157	SAVELLA.....	115, 127
QVAR REDIHALER.....	169, 234	<i>ribavirin</i> .....	29	SAVELLA TITRATION PACK	
RABEPRAZOLE SODIUM.....	166	RIDAURA.....	166, 216, 221	.....	115, 127
<i>rabeprazole sodium</i> .....	166	<i>rifabutin</i> .....	20, 31	<i>saxagliptin hcl</i> .....	180
RADICAVA ORS.....	113	<i>rifampin</i> .....	20, 31	<i>saxagliptin-metformin er</i> ..	172, 180
RADICAVA ORS STARTER		RIFAMPIN+SYRSPEND SF.....	20, 31	SAXENDA.....	190
KIT.....	113	<i>riluzole</i> .....	113	SCALACORT DK.....	252, 255
RADIOGARDASE.....	142, 206	<i>rimantadine hcl</i> .....	15	SCARCIN.....	261
RAGWITEK.....	45	RINVOQ.....	216	SCEMBLIX.....	41
<i>raloxifene hcl</i> .....	180, 209	<i>risedronate sodium</i> .....	209	<i>scopolamine</i> .....	51, 158
<i>ramelteon</i> .....	106	<i>risperidone</i> .....	103, 108	SELECT-OB.....	68, 266, 269
<i>ramipril</i> .....	73, 74	<i>ritonavir</i> .....	28	<i>selegiline hcl</i> .....	115, 116
<i>ranolazine er</i> .....	79	<i>rivastigmine</i> .....	56	<i>selenium sulfide</i> .....	256
RAPAMUNE.....	222	<i>rivastigmine tartrate</i> .....	56	SELZENTRY.....	24
<i>rasagiline mesylate</i> .....	115, 116	<i>rivelsa</i> .....	178, 187, 198	SEREVENT DISKUS.....	58, 237
		RIXUBIS.....	66	SERNIVO.....	252

SEROQUEL XR.....	103, 108	SOFOSBUVIR-VELPATASVIR	STRENSIQ .....	148
SEROSTIM.....	192, 202	.....	STRIBILD.....	25, 27, 226
SERTRALINE HCL.....	129	SOHONOS.....	STRIVERDI RESPIMAT... 58, 237	
<i>sertraline hcl</i> .....	129	<i>solifenacin succinate</i> .....	STROMECTOL.....	16
<i>setlakin</i> .....	178, 187, 198	SOLQUA.....	SUBOXONE.....	120, 121
<i>sevelamer carbonate</i> .....	142, 206	SOLODYN.....	<i>subvenite</i> .....	99, 103
<i>sevelamer hcl</i> .....	142, 206	SOLOSEC.....	<i>subvenite starter kit-blue</i> ... 99, 103	
SEVENFACT.....	66	SOLTAMOX.....	<i>subvenite starter kit-green</i> 99, 103	
<i>sevoflurane</i> .....	115	SOMATULINE DEPOT.....	<i>subvenite starter kit-orange</i>	
<i>sf</i> .....	211	SOMAVERT.....	.....	99, 103
<i>sf 5000 plus</i> .....	211	SOOLANTRA.....	SUCRAID.....	148
SFROWASA.....	159	<i>sorafenib tosylate</i> .....	<i>sucrafate</i> .....	165
<i>sharobel</i> .....	178, 198	<i>sotalol hcl</i> .....	SUFLAVE.....	161
SHARPS COLLECTOR.....	137	<i>sotalol hcl (af)</i> .....	SULAR.....	84, 85
SHARPS CONTAINER.....	137	SOTYKTU.....	SULCONAZOLE NITRATE.....	246
SHINGRIX.....	48	SOTYLIZE.....	<i>sulfacetamide sodium</i> .....	150, 242
SIGNIFOR.....	202	SOVALDI.....	<i>sulfacetamide sodium (acne)</i> ..	242
SILATRIX.....	261	SPEEDY SWAB COVID-19	<i>sulfacetamide sodium (cleans)</i>	242
<i>sildenafil citrate</i>		ANTIGEN.....	<i>sulfacetamide sodium-sulfur</i>	
.....	88, 89, 235, 238, 264	SPIKEVAX.....	.....	242, 255
SILENOR.....	131	<i>spinosad</i> .....	<i>sulfacetamide sod-sulfur wash</i>	
<i>silodosin</i> .....	56	SPIRIVA HANDIHALER... 51, 229	.....	242, 255
SILVADENE.....	257	SPIRIVA RESPIMAT.....	<i>sulfacetamide-prednisolone</i>	
<i>silver nitrate</i> .....	154	<i>spironolactone</i> .....	.....	150, 154
<i>silver sulfadiazine</i> .....	257	<i>spironolactone-hctz</i> .....	<i>sulfacetamide-sulfur in urea</i>	
SIMBRINZA.....	148, 152	SPORANOX.....	.....	242, 255
<i>simliya</i> .....	178, 187, 198	SPRAVATO (56 MG DOSE)... 101	SULFACLEANSE 8/4.....	242, 255
<i>simpesse</i> .....	178, 187, 199	SPRAVATO (84 MG DOSE)... 101	<i>sulfadiazine</i> .....	32
SIMPONI.....	164, 216, 221	<i>sprintec 28</i> .....	<i>sulfamethoxazole-trimethoprim</i>	
<i>simvastatin</i> .....	87	SPRITAM.....	.....	19, 32, 33
SINEMET.....	114	SPRIX.....	<i>sulfamez wash</i> .....	242, 255
SINGULAIR.....	233	SPRYCEL.....	SULFAMYLON.....	257
<i>sirolimus</i> .....	222	<i>sps</i> .....	<i>sulfasalazine</i> .....	32, 159, 216, 221
SIRTURO.....	20	<i>sronyx</i> .....	<i>sulfatrim pediatric</i> .....	19, 32, 34
SIVEXTRO.....	30	<i>ssd</i> .....	<i>sulfurated lime</i> .....	258
SKYCLARYS.....	225	SSKI.....	<i>sulindac</i> .....	123
SKYRIZI.....	164, 262	<i>sss 10-5</i> .....	SUMADAN XLT.....	243, 255, 263
SKYRIZI PEN.....	261	SSS 10-5.....	<i>sumatriptan</i> .....	128
SLYND.....	178, 199	ST JOSEPH LOW DOSE	<i>sumatriptan succinate</i> .....	128
SOAAZ.....	87, 142	.....	<i>sumatriptan succinate refill</i>	
<i>sod citrate-citric acid</i> .....	140	STALEVO 100.....	<i>subcutaneous solution</i>	
<i>sodium chloride</i> .....	233	STALEVO 125.....	<i>cartridge</i> .....	128
<i>sodium fluoride</i> .....	211	STALEVO 150.....	SUMAXIN.....	243, 255
<i>sodium fluoride 5000 plus</i> .....	211	STALEVO 200.....	SUMAXIN CP.....	243, 255
<i>sodium fluoride 5000 ppm</i> .....	211	STALEVO 50.....	<i>sunitinib malate</i> .....	41
SODIUM OXYBATE.....	113	STALEVO 75.....	SUNLENCA.....	19, 24
<i>sodium phenylbutyrate</i> .....	141	STELARA.....	SUNOSI.....	131
<i>sodium polystyrene sulfonate</i>		STENDRA.....	SUPREP BOWEL PREP KIT..	161
.....	142, 206	STIOLTO RESPIMAT.....	SUTAB.....	161
<i>sodium sulfacetamide</i> .....	242	STIVARGA.....	<i>syeda</i> .....	178, 188, 199
<i>sodium sulfacetamide wash</i> ....	242	STRATA CTX.....	SYMBICORT.....	58, 169
SODIUM SULFACETAMIDE-		STRATA XRT.....	SYMBYAX.....	108, 129
BAKUCHIOL.....	226, 242	STRATTERA.....	SYMDEKO.....	230, 231

SYMFI.....	26, 27	TEKTURNA.....	89	<i>timolol maleate</i>	55, 75, 76, 82, 105, 151
SYMFI LO.....	25, 27	<i>telmisartan</i> .....	71, 72	<i>timolol maleate (once-daily)</i> ....	151
SYMJEPI.....	49, 229	<i>telmisartan-amlodipine</i> .....	72, 84	<i>timolol maleate pf</i> .....	151
SYMLINPEN 120.....	170	<i>telmisartan-hctz</i> .....	72, 146	TIMOPTIC OCUDOSE.....	151
SYMLINPEN 60.....	170	<i>temazepam</i> .....	111	<i>tinidazole</i> .....	19
SYMPROIC.....	164	TEMBEXA.....	29	<i>tiopronin</i> .....	226
SYMTUZA.....	27, 28, 226	<i>temozolomide</i> .....	42	TIROSINT.....	204
SYNALAR.....	252	TENCON.....	95, 109	TIROSINT-SOL.....	204
SYNALAR (CREAM).....	246, 252	TENIVAC.....	45	TISSEEL.....	262
SYNALAR (OINTMENT).....	246, 252	<i>tenofovir disoproxil fumarate</i> ....	27	TIVICAY.....	25
SYNALAR TS.....	252, 262	TEPMETKO.....	42	TIVICAY PD.....	25
SYNAPRYN FUSEPAQ.....	119	<i>terazosin hcl</i> .....	55, 71	<i>tizanidine hcl</i> .....	53, 54
SYNAREL.....	189	<i>terbinafine hcl</i> .....	15	TOBI PODHALER.....	15
SYNDROS.....	158	<i>terbutaline sulfate</i> .....	58, 237	TOBRADEX.....	150, 154
SYNJARDY.....	172, 201	<i>terconazole</i> .....	246	TOBRADEX ST.....	150, 154
SYNJARDY XR.....	173, 201	<i>teriflunomide</i> .....	221	<i>tobramycin</i> .....	15, 150
TABLOID.....	41	<i>teriparatide (recombinant)</i>	191, 207	<i>tobramycin-dexamethasone</i>	150, 154
TABRADOL FUSEPAQ.....	53	TERIPARATIDE		TOBEX.....	150
TABRECTA.....	41	(RECOMBINANT).....	191, 207	TOLAK.....	262
TACLONEX.....	252, 262	<i>terrell</i> .....	115	<i>tolcapone</i> .....	112
<i>tacrolimus</i> .....	222, 262	TESTIM.....	171	<i>tolmetin sodium</i> .....	123
<i>tadalafil</i> .....	89, 235	<i>testosterone</i> .....	171	<i>tolterodine tartrate</i> .....	263
<i>tadalafil (pah)</i> .....	89, 235, 238	<i>testosterone cypionate</i> .....	171	<i>tolterodine tartrate er</i> .....	263
TADLIQ.....	89, 235, 238	<i>testosterone enanthate</i> .....	171	<i>tolvaptan</i> .....	147
TAFINLAR.....	41, 42	<i>tetrabenazine</i> .....	131	TOPAMAX.....	100, 105
<i>tafluprost (pf)</i> .....	157	<i>tetracaine hcl</i> .....	156	TOPAMAX SPRINKLE....	100, 105
TAGRISSE.....	42	<i>tetracycline hcl</i> .....	18, 33, 160	TOPICORT.....	252
<i>take action</i> .....	178, 199	TEXACORT.....	252	<i>topiramate</i> .....	100, 105
TAKHZYRO.....	223	TEZSPIRE.....	236	<i>toremifene citrate</i> .....	42, 180
TALZENNA.....	42	THALITONE.....	89, 146	<i>toremide</i> .....	87, 142
<i>tamoxifen citrate</i> .....	42, 180	THALOMID.....	221	TOSYMRA.....	128
<i>tamsulosin hcl</i> .....	56	THEO-24... 85, 126, 141, 239, 264		TOUJEO MAX SOLOSTAR... 191	
TAPERDEX 12-DAY.....	169	<i>theophylline</i>	85, 126, 141, 239, 264	TOUJEO SOLOSTAR.....	191
TAPERDEX 6-DAY.....	169	<i>theophylline er</i>	85, 126, 141, 239, 264	<i>tovet</i> .....	252
TAPERDEX 7-DAY.....	169	THIOLA.....	226	TPOXX.....	20
<i>tarina 24 fe</i> .....	178, 188, 199	THIOLA EC.....	226	TRACLEER.....	91, 232, 238
<i>tarina fe 1/20 eq</i> .....	178, 188, 199	<i>thioridazine hcl</i> .....	124	TRADJENTA.....	180
TARPEYO.....	169	<i>thiothixene</i> .....	130	<i>tramadol hcl</i> .....	119
TASIGNA.....	42	THROMBIN-JMI.....	66	TRAMADOL HCL (ER	
<i>tasimelteon</i> .....	106	THROMBIN-JMI EPISTAXIS....	66	BIPHASIC).....	119
<i>tavorole</i> .....	257	THROMBOGEN.....	66	<i>tramadol hcl (er biphasic)</i> .....	119
TAVALISSE.....	60	THYQUIDITY.....	204	<i>tramadol hcl er</i> .....	119
TAVNEOS.....	212, 223	<i>thyroid</i> .....	204	<i>tramadol-acetaminophen</i> ..	95, 119
<i>taysofy</i> .....	178, 188, 199	<i>tiadyt er</i> .....	78, 79, 83, 91	<i>trandolapril</i> .....	73, 74
<i>tazarotene</i> .....	262	<i>tiagabine hcl</i> .....	99	<i>trandolapril-verapamil hcl er</i>	74, 79
TAZAROTENE.....	262	TIAZAC.....	78, 79, 83, 91	<i>tranexamic acid</i> .....	66
TAZORAC.....	262	TIBSOVO.....	42	<i>tranylcypromine sulfate</i> .....	116
<i>taztia xt</i> .....	78, 79, 83, 91	TIGLUTIK.....	113	<i>travoprost (bak free)</i> .....	157
TAZVERIK.....	42	TIKOSYN.....	82	<i>trazodone hcl</i> .....	129
TDVAX.....	45	<i>tilia fe</i> .....	178, 188, 199	TRECTOR.....	20
TEGRETOL.....	99, 103			TRELEGY ELLIPTA....	52, 58, 169
TEGRETOL-XR.....	99, 103				
TEGSEDI.....	207				

TREMFYA.....	262	TRIZIVIR.....	27	UROGESIC-BLUE.....	34, 52, 226
<i>tretinoin</i> .....	42, 247	<i>trospium chloride</i> .....	263	<i>ursodiol</i> .....	161
<i>tretinoin microsphere</i> .....	247	<i>trospium chloride er</i> .....	263	URSODIOL+SYRSPEND SF..	161
<i>tretinoin microsphere pump</i> ....	247	TRUE METRIX LEVEL 1.....	137	<i>valacyclovir hcl</i> .....	29
TRETEN.....	66	TRUE METRIX LEVEL 2.....	137	VALCHLOR.....	262
TREXALL.....	42, 216, 221, 223	TRUE METRIX LEVEL 3.....	137	<i>valganciclovir hcl</i> .....	29, 30
TREZIX.....	95, 120, 126	TRULANCE.....	164	<i>valproic acid</i> .....	100, 103, 105
<i>triamcinolone acetonide</i> .....	252	TRULICITY.....	190	VALSARTAN.....	71, 72
<i>triamterene</i> .....	89, 143	TRUMENBA.....	49	<i>valsartan</i> .....	71, 72
<i>triamterene-hctz</i> .....	143, 146	TRUVADA.....	27	<i>valsartan-hydrochlorothiazide</i>	
<i>triazolam</i> .....	111	TUKYSA.....	42	.....	72, 146
TRICITRASOL.....	60	TURALIO.....	42	VALTOCO.....	110
<i>tricitrates</i> .....	140	<i>turpentine</i> .....	246	VANCOGIN.....	22
<i>triderm</i> .....	252	<i>turqoz</i> .....	179, 188, 199	<i>vancomycin hcl</i> .....	22
<i>trientine hcl</i> .....	166, 167	TUXARIN ER.....	13, 230	VANCOMYCIN+SYRSPEND	
<i>tri-estarylla</i> .....	178, 188, 199	TWINRIX.....	49	SF.....	22
<i>trifluoperazine hcl</i> .....	124	TWIRLA.....	179, 188, 199	VANFLYTA.....	42
<i>trifluridine</i> .....	151	TWYNEO.....	247, 257	VAQTA.....	49
<i>trihexyphenidyl hcl</i> .....	52, 96	<i>tyblume</i> .....	179, 188, 199	<i>vardenafil hcl</i> .....	89
TRIJARDY XR.....	173, 180, 201	TYBOST.....	226	<i>varenicline tartrate</i> .....	53
TRIKAFTA.....	231	<i>tydemy</i> .....	179, 188, 199, 269	<i>varenicline tartrate (starter)</i> .....	53
<i>tri-legest fe</i> .....	178, 188, 199	TYMLOS.....	191, 207	<i>varenicline tartrate(continue)</i> ....	53
TRILEPTAL.....	100	TYRVAYA.....	155	VARIVAX.....	49
<i>tri-linyah</i> .....	178, 188, 199	TYVASO.....	92, 235, 238	VAXELIS.....	45, 49
<i>tri-lo-estarylla</i> .....	179, 188, 199	TYVASO DPI MAINTENANCE		VAXNEUVANCE.....	49
<i>tri-lo-marzia</i> .....	179, 188, 199	KIT.....	92, 235, 238	VCF VAGINAL	
<i>tri-lo-mili</i> .....	179, 188, 199	TYVASO DPI TITRATION KIT		CONTRACEPTIVE.....	227
<i>tri-lo-sprintec</i> .....	179, 188, 199	.....	92, 235, 238	<i>vcf vaginal contraceptive</i> .....	228
<i>trimethobenzamide hcl</i> .....	159	TYVASO REFILL.....	92, 235, 238	VECAMYL.....	87
<i>trimethoprim</i> .....	34	TYVASO STARTER..	92, 235, 238	<i>velivet</i> .....	179, 188, 199
<i>tri-mili</i> .....	179, 188, 199	UBRELVY.....	111	VELPHORO.....	142
<i>trimipramine maleate</i> .....	131	UCERIS.....	170	VELTASSA.....	142
TRINATE.....	68, 266, 269	UDENYCA.....	63	VELTIN.....	243, 247, 262
TRINTELLIX.....	130	ULTANE.....	115	VENCLEXTA.....	42
<i>tri-nymyo</i> .....	179, 188, 199	UMECTA MOUSSE.....	255	VENCLEXTA STARTING	
TRIPLE COMPLEX FORMULA		UNISTRIP CONTROL.....	137	PACK.....	42
3 KIT.....	244, 257, 262	<i>unithroid</i> .....	204	VENELEX.....	263
TRIPLE PMB.....	150, 154, 156	UPNEEQ.....	157	VENLAFAXINE BESYLATE	
TRIPLE PMK.....	150, 154, 156	UPTRAVI.....	238, 239	ER.....	127
<i>tri-sprintec</i> .....	179, 188, 199	UPTRAVI TITRATION...	238, 239	<i>venlafaxine hcl</i> .....	128
TRISTART DHA		URAMAXIN.....	255	<i>venlafaxine hcl er</i> .....	127, 128
.....	68, 145, 226, 266, 269	<i>urea</i> .....	255	VENTAVIS.....	92, 236, 238
TRIUMEQ.....	25, 27	<i>urea nail</i> .....	255	VEOZAH.....	113
TRIUMEQ PD.....	25, 27	URELLE.....	34, 52, 95, 226	<i>verapamil hcl</i> .....	78, 79, 83, 92
TRI-VI-FLOR		UREMEZ-40.....	255	<i>verapamil hcl er</i> .....	78, 79, 83, 92
.....	211, 266, 267, 269, 270, 271	<i>uretron d/s</i> .....	34, 52, 95, 226	VERDESO.....	252
TRI-VI-FLORO		URIBEL.....	34, 52, 96	VEREGEN.....	263
.....	211, 266, 267, 269, 270, 271	URIMAR-T.....	34, 52, 96, 226	VERELAN.....	78, 79, 83, 92
<i>tri-vite/fluoride</i>		<i>urin ds</i> .....	34, 52, 96, 226	VERELAN PM.....	78, 79, 83, 92
.....	211, 266, 267, 270, 271	URO-458.....	34, 52, 96, 226	VERIFINE INSULIN PEN	
<i>trivora (28)</i> .....	179, 188, 199	UROCIT-K 10.....	140	NEEDLE.....	138
<i>tri-vylibra</i> .....	179, 188, 199	UROCIT-K 15.....	140		
<i>tri-vylibra lo</i> .....	179, 188, 199	UROCIT-K 5.....	140		

VERIFINE INSULIN SYRINGE .....	138	VITATHELY WITH GINGER .....	68, 267, 270	XARELTO .....	61
VERIFINE PLUS PEN NEEDLE .....	138	VITRAKVI .....	43	XARELTO STARTER PACK .....	61
VERIFINE SAFE LANCET MINI 21G .....	138	VIVJOA .....	21	XATMEP .....	43, 216, 221, 223
VERIFINE SAFE LANCET MINI 23G .....	138	VIZIMPRO .....	43	XCOPRI .....	100
VERIFINE SAFE LANCET MINI 28G .....	138	VOCABRIA .....	25	XELJANZ .....	216
VERIFINE SAFE LANCET MINI 30G .....	138	<i>volnea</i> .....	179, 188, 199	XELJANZ XR .....	216
VERQUVO .....	92	VONJO .....	43	XELPROS .....	157
VERSACLOZ .....	108	VONVENDI .....	66	XELSTRYM .....	94
VERZENIO .....	43	<i>voriconazole</i> .....	21	XENICAL .....	164
VESICARE .....	264	VORTEX VALVED HOLDING CHAMBER .....	138	XEPI .....	243
VESICARE LS .....	263	VOSEVI .....	23, 24	XERMELO .....	158
<i>vestura</i> .....	179, 188, 199	VOXZOGO .....	227	XIFAXAN .....	31
VFEND .....	21	VP FC KIT .....	54, 257, 263	XIIDRA .....	154
VIBERZI .....	164	VP GKL KIT .....	244, 257, 263	XOFLUZA (40 MG DOSE) .....	20
VIBRAMYCIN .....	18, 33	VRAYLAR .....	108	XOFLUZA (80 MG DOSE) .....	20
VICTOZA .....	190	VTAMA .....	243, 263	XOLAIR .....	236
<i>vienva</i> .....	179, 188, 199	VUSION .....	245, 246, 253	XOLEGEL COREPAK .....	246, 252
<i>vigabatin</i> .....	100	<i>vyfemla</i> .....	179, 188, 199	XOLEGEL DUO/HEAD & SHOULDERS .....	246, 257
<i>vigadrone</i> .....	100	VYLEESI .....	113, 167	XOLEGEL DUO/XOLEX .....	246, 257
VIGAMOX .....	150	<i>vylibra</i> .....	179, 188, 200	XOPENEX HFA .....	58, 237
VIIBRYD STARTER PACK .....	130	VYNDAMAX .....	79, 113, 227	XOSPATA .....	43
VIJOICE .....	226	VYNDAQEL .....	80, 227	XPHOZAH .....	142, 164
<i>vilazodone hcl</i> .....	130	VYTORIN .....	80, 87	XPOVIO (100 MG ONCE WEEKLY) .....	43
VILEVEV MB .....	34, 52, 96, 226	VYVANSE .....	94	XPOVIO (40 MG ONCE WEEKLY) .....	43
VIMPAT .....	100	WAKIX .....	131	XPOVIO (40 MG TWICE WEEKLY) .....	43
VINATE ONE .....	68, 266, 269	<i>warfarin sodium</i> .....	61	XPOVIO (60 MG ONCE WEEKLY) .....	43
VIOKACE .....	148, 162	WEGOVI .....	190	XPOVIO (60 MG TWICE WEEKLY) .....	43
<i>viorele</i> .....	179, 188, 199	WELIREG .....	43	XPOVIO (80 MG ONCE WEEKLY) .....	43
VIRACEPT .....	28	<i>wera</i> .....	179, 188, 200	XPOVIO (80 MG TWICE WEEKLY) .....	43
VIRAZOLE .....	30	WESCAP-C DHA .....	69, 227, 267, 270	XTAMPZA ER .....	120
VIREAD .....	27	WESCAP-PN DHA .....	69, 145, 227, 267, 270	XTANDI .....	43
VISTARIL .....	13, 106	WESNATAL DHA COMPLETE .....	69, 145, 227, 267, 270	<i>xulane</i> .....	179, 188, 200
VISTOGARD .....	206	WESNATE DHA 69, 227, 267, 270 <i>wes-phos 250 neutral</i> .....	145	XURIDEN .....	227
VITAFOL FE+ .....	68, 145, 226, 267, 269	WESTGEL DHA .....	69, 145, 227, 267, 270	XYNTHA .....	66
VITAFOL STRIPS .....	267	<i>wheat germ oil</i> .....	271	XYNTHA SOLOFUSE .....	66
VITAFOL-NANO .....	68, 267, 270	WIDE-SEAL DIAPHRAGM 60 228 WIDE-SEAL DIAPHRAGM 65 228 WIDE-SEAL DIAPHRAGM 70 228 WIDE-SEAL DIAPHRAGM 75 228 WIDE-SEAL DIAPHRAGM 80 228 WIDE-SEAL DIAPHRAGM 85 228 WIDE-SEAL DIAPHRAGM 90 228 WIDE-SEAL DIAPHRAGM 95 228		XYWAV .....	113
VITAFOL-OB+DHA .....	68, 145, 226, 267, 270	WILATE .....	66	YASMIN 28 .....	179, 189, 200
VITAMEDMD ONE RX/QUATREFOLIC .....	68, 145, 226, 267, 270	<i>wixela inhub</i> .....	58, 170	YAZ .....	179, 189, 200
<i>vitamin d (ergocalciferol)</i> .....	271	<i>wymzya fe</i> .....	179, 188, 200	YUPELRI .....	52
<i>vitamins acd-fluoride</i> .....	211, 267, 270, 271			<i>yuvafem</i> .....	189, 209
VITAPEARL .....	68, 227, 267, 270			ZACARE .....	246, 257
				ZACLIR CLEANSING .....	257
				<i>zafemy</i> .....	179, 189, 200
				<i>zafirlukast</i> .....	233

<i>zaleplon</i> .....	106	ZYLET.....	150, 154
ZANAFLEX.....	54	ZYMAXID.....	151
ZARONTIN.....	130	ZYPITAMAG.....	87
ZARXIO.....	63	ZYVOX.....	30
ZEGALOGUE.....	189, 206		
ZEJULA.....	44		
ZELAPAR.....	115, 116		
ZELBORAF.....	44		
ZEMBRACE SYMTOUCH.....	128		
ZEMPLAR.....	271		
<i>zenatane</i> .....	263		
ZENPEP.....	148, 162		
ZENPHOR WOUND PAD.....	263		
ZENZEDI.....	94		
ZEPATIER.....	23, 24		
ZEPOSIA.....	221		
ZEPOSIA 7-DAY STARTER PACK.....	221		
ZEPOSIA STARTER KIT.....	221		
ZETONNA.....	154		
ZIAGEN.....	27		
<i>zidovudine</i> .....	27		
<i>zileuton er</i> .....	233		
ZILXI.....	243		
ZIMHI.....	120, 206		
ZIOPTAN.....	157		
<i>ziprasidone hcl</i> .....	103, 108		
ZIPSOR.....	123		
ZIRGAN.....	151		
ZITHROMAX.....	30		
ZITHROMAX TRI-PAK.....	30		
ZITHROMAX Z-PAK.....	30		
ZOKINVY.....	227		
ZOLINZA.....	44		
<i>zolmitriptan</i> .....	128		
<i>zolpidem tartrate</i> .....	106		
<i>zolpidem tartrate er</i> .....	106		
ZOMIG.....	128		
ZONEGRAN.....	100		
ZONISADE.....	100		
<i>zonisamide</i> .....	100		
ZONTIVITY.....	70		
ZORBTIVE.....	192, 202		
ZORVOLEX.....	123		
ZORYVE.....	263		
<i>zovia 1/35 (28)</i> .....	179, 189, 200		
ZOVIRAX.....	245		
ZTALMY.....	100		
ZTLIDO.....	204		
ZUBSOLV.....	121, 122		
<i>zumandimine</i> .....	179, 189, 200		
ZYDELIG.....	44		
ZYFLO.....	233		