

		Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
Antidote Therapeutics		
Acetaminophen Antidote		
<i>acetylcysteine inhalation</i>	T1	
Alcohol Deterrents (91:02)		
<i>acamprosate calcium</i>	T1	
<i>disulfiram oral</i>	T1	
<i>naltrexone hcl oral</i>	T1	
VIVITROL	T2	QL (1 EA per 28 days)
Antidote Therapeutics		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	
BAQSIMI ONE PACK	T2	QL
BAQSIMI TWO PACK	T2	QL
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
KLOXXADO	T2	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	
<i>naloxone hcl injection solution cartridge</i>	T1	
<i>naloxone hcl injection solution prefilled syringe</i>	T1	
<i>naloxone hcl nasal</i>	T1	
<i>penicillamine oral</i>	T1	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
REXTOVY	T2	
RIVIVE	T2	
Antidotes (91:04)		
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	
<i>naloxone hcl injection solution cartridge</i>	T1	
<i>naloxone hcl injection solution prefilled syringe</i>	T1	
<i>naltrexone hcl oral</i>	T1	
<i>sevelamer carbonate oral packet</i>	T1	PA
<i>sevelamer carbonate oral tablet</i>	T1	
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VIVITROL	T2	QL (1 EA per 28 days)
Chemotherapy		
Antidotes/Protectants		
<i>leucovorin calcium oral</i>	T1	
Antihistamine Drugs		
Antihistamine Drugs		
<i>promethazine hcl oral tablet 25 mg</i>	T1	
Ethanolamine Derivatives		
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
First Gen. Antihist. Derivatives, Misc.		
<i>cyproheptadine hcl oral</i>	T1	
First Generation Antihistamines		
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
<i>cyproheptadine hcl oral</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
<i>hydrocod poli-chlorphe poli er</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (50 ML per 5 days); AL (Min 18 Years and Max 999 Years)
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral</i>	T1	
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Other Antihistamines		
<i>bepotastine besilate</i>	T1	ST
<i>cimetidine oral</i>	T1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	T1	
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral</i>	T1	
LASTACRAFT	T3	
<i>nizatidine oral capsule</i>	T1	
<i>olopatadine hcl nasal</i>	T1	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	NDC 62332050203 is not on formulary. Use alternate NDC.
Phenothiazine Derivatives		
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	

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Propylamine Derivatives		
<i>hydrocod poli-chlorphe poli er</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (50 ML per 5 days); AL (Min 18 Years and Max 999 Years)
Second Generation Antihistamines		
<i>desloratadine oral tablet</i>	T1	
<i>epinastine hcl</i>	T1	ST
LASTACAFT	T3	
<i>levocetirizine dihydrochloride oral</i>	T1	
Anti-Infective Agents		
1St Generation Cephalosporin Antibiotics		
<i>cefadroxil</i>	T1	
<i>cephalexin oral capsule 250 mg, 500 mg</i>	T1	
<i>cephalexin oral suspension reconstituted</i>	T1	
<i>cephalexin oral tablet</i>	T1	
2Nd Generation Cephalosporin Antibiotics		
<i>cefaclor er</i>	T1	
<i>cefaclor oral capsule</i>	T1	
<i>cefprozil</i>	T1	
<i>cefuroxime axetil oral tablet</i>	T1	
3Rd Generation Cephalosporin Antibiotics		
<i>cefdinir</i>	T1	
<i>cefixime oral capsule</i>	T1	
<i>cefpodoxime proxetil</i>	T1	
Adamantane Antivirals		
<i>amantadine hcl oral capsule</i>	T1	
<i>amantadine hcl oral solution</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
GOCOVRI	T3	PA
Allylamine Antifungals		
<i>terbinafine hcl oral</i>	T1	
Amebicides		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>metronidazole oral capsule</i>	T1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
<i>metronidazole vaginal</i>	T1	
Aminoglycoside Antibiotics		
<i>gentamicin sulfate external</i>	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>neomycin sulfate oral</i>	T1	
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	T4	PA; SP
<i>tobramycin ophthalmic</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	QL (10 ML per 30 days)
Aminopenicillin Antibiotics		
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1	
<i>amoxicillin-pot clavulanate er</i>	T1	
<i>amoxicillin-pot clavulanate oral suspension reconstituted</i>	T1	
<i>amoxicillin-pot clavulanate oral tablet</i>	T1	
<i>ampicillin oral capsule 500 mg</i>	T1	
Anthelmintics		
<i>albendazole oral</i>	T1	
EMVERM	T3	

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Drug Name	Drug Tier	Requirements and Limits
<i>ivermectin oral tablet 3 mg</i>	T1	QL
<i>praziquantel oral</i>	T1	
Antifungals, Miscellaneous		
<i>griseofulvin microsize oral suspension</i>	T1	
Antileprosy Agents		
<i>dapsone oral</i>	T1	
Antimalarials		
<i>atovaquone-proguanil hcl</i>	T1	
<i>chloroquine phosphate oral</i>	T1	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
KRINTAFEL	T3	
<i>mefloquine hcl</i>	T1	
<i>minocycline hcl oral capsule</i>	T1	
<i>primaquine phosphate oral tablet 26.3 (15 base) mg</i>	T1	
<i>pyrimethamine oral</i>	T4	PA; SP
<i>quinidine gluconate er</i>	T1	
<i>quinidine sulfate oral</i>	T1	
<i>quinine sulfate oral</i>	T1	
<i>tetracycline hcl oral capsule</i>	T1	
Antimycobacterials, Miscellaneous		
<i>dapsone oral</i>	T1	
Antiprotozoals, Miscellaneous		
<i>atovaquone oral</i>	T1	
<i>benznidazole</i>	T1	
<i>dapsone oral</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits	
<i>metronidazole oral capsule</i>	T1		
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1		
<i>pentamidine isethionate inhalation</i>	T1		
SOLOSEC	T3	ST	
<i>sulfamethoxazole-trimethoprim oral</i>	T1		
<i>tinidazole oral</i>	T1		
Antiprotozoals,Nitroimidazole-Derivative			
<i>tinidazole oral</i>	T1		
Antituberculosis Agents			
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	T1		
<i>clarithromycin er</i>	T1		
<i>clarithromycin oral</i>	T1		
<i>ethambutol hcl oral</i>	T1		
<i>isoniazid oral tablet</i>	T1		
<i>levofloxacin oral</i>	T1		
<i>moxifloxacin hcl oral</i>	T1		
<i>pretomanid</i>	T1	PA	
PRIFTIN	T3		
<i>pyrazinamide oral</i>	T1		
<i>rifabutin</i>	T1		
<i>rifampin oral</i>	T1		
SIRTURO	T4	PA; SP	
Antivirals, Miscellaneous			
PAXLOVID (150/100)	T2	QL (20 EA per 180 days); AL (Min 12 Years and Max 999 Years)	
PAXLOVID (300/100 & 150/100)	T2	QL (11 EA per 180 days); AL (Min 12 Years)	
PAXLOVID (300/100)	T2	QL (30 EA per 180 days); AL (Min 12 Years and Max 999 Years)	

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Drug Name	Drug Tier	Requirements and Limits
PREVYMIS ORAL	T3	QL (4 packets per 1 day)
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T3	QL (1 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T3	QL (1 EA per 1 day)
Azole Antifungals		
CRESEMBA ORAL CAPSULE 186 MG	T3	PA
CRESEMBA ORAL CAPSULE 74.5 MG	T3	PA; SP
<i>fluconazole oral</i>	T1	
<i>itraconazole oral</i>	T1	PA
<i>ketoconazole external cream</i>	T1	
<i>ketoconazole external shampoo 2 %</i>	T1	
<i>ketoconazole oral</i>	T1	
<i>posaconazole oral</i>	T1	PA
<i>voriconazole oral suspension reconstituted</i>	T1	PA; AL (Max 12 Years)
<i>voriconazole oral tablet</i>	T1	PA
Bacitracin Antibiotics		
<i>bacitracin ophthalmic</i>	T1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
Carbapenem Antibiotics		
<i>ertapenem sodium</i>	T1	
Coronavirus (Covid-19)		
PAXLOVID (150/100)	T2	QL (20 EA per 180 days); AL (Min 12 Years and Max 999 Years)
PAXLOVID (300/100 & 150/100)	T2	QL (11 EA per 180 days); AL (Min 12 Years)
PAXLOVID (300/100)	T2	QL (30 EA per 180 days); AL (Min 12 Years and Max 999 Years)
Endonuclease Inhibitors		

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Drug Name	Drug Tier	Requirements and Limits
XOFLUZA (40 MG DOSE) ORAL TABLET THERAPY PACK 1 X 40 MG	T3	QL (1 EA per 1 day)
XOFLUZA (80 MG DOSE) ORAL TABLET THERAPY PACK 1 X 80 MG	T3	QL (1 EA per 1 day)
Erythromycin Antibiotics		
<i>erythromycin base oral tablet</i>	T1	
<i>erythromycin ethylsuccinate oral suspension reconstituted 200 mg/5ml</i>	T1	
<i>erythromycin ethylsuccinate oral tablet</i>	T1	
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
Glycopeptide Antibiotics		
<i>vancomycin hcl oral capsule</i>	T1	
Hcv Polymerase Inhibitor Antivirals		
EPCLUSA	T4	PA; SP
HARVONI	T4	PA; SP
<i>ledipasvir-sofosbuvir</i>	T2	PA; SP
<i>sofosbuvir-velpatasvir</i>	T2	PA; SP
VOSEVI	T2	PA; SP
Hcv Protease Inhibitor Antivirals		
MAVYRET	T2	PA; SP
VOSEVI	T2	PA; SP
Hcv Replication Complex Inhibitors		
EPCLUSA	T4	PA; SP
HARVONI	T4	PA; SP
<i>ledipasvir-sofosbuvir</i>	T2	PA; SP
MAVYRET	T2	PA; SP
<i>sofosbuvir-velpatasvir</i>	T2	PA; SP
VOSEVI	T2	PA; SP
Hiv Entry And Fusion Inhibitors		
FUZEON SUBCUTANEOUS SOLUTION RECONSTITUTED	T2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
<i>maraviroc</i>	T1	QL (60 EA per 30 days)
RUKOBIA	T3	QL (60 EA per 30 days)
SELZENTRY ORAL SOLUTION	T2	QL (920 ML per 30 days)
Hiv Integrase Inhibitor Antiretrovirals		
APRETUDE	T2	2 loading doses 1 month apart; 1 maintenance dose per 2 months.; QL (3 ML per 28 days)
BIKTARVY	T2	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	T2	QL (4 ml per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	T2	2 loading doses 1 month apart; 1 maintenance dose per 2 months.; QL (6 ML per 28 days)
DOVATO	T2	QL (30 EA per 30 days)
GENVOYA	T2	QL (30 EA per 30 days)
ISENTRESS HD	T2	QL (60 EA per 30 days)
ISENTRESS ORAL PACKET	T2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET	T2	QL (60 EA per 30 days)
ISENTRESS ORAL TABLET CHEWABLE	T2	QL (180 EA per 30 days)
JULUCA	T2	QL (30 EA per 30 days)
STRIBILD	T3	QL (30 EA per 30 days)
TIVICAY ORAL TABLET 50 MG	T2	QL (60 EA per 30 days)
TIVICAY PD	T2	QL (180 EA per 30 days)
TRIUMEQ	T2	QL (30 EA per 30 days)
<i>trumeq pd</i>	T2	QL (180 EA per 30 days)
VOCABRIA	T3	QL (30 EA per 30 days)
Hiv Nnucleoside Rev.Transcrip. Inhib.		
BIKTARVY	T2	QL (30 EA per 30 days)
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 400 & 600 MG/2ML	T2	QL (4 ml per 30 days)

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Drug Name	Drug Tier	Requirements and Limits	
CABENUVA INTRAMUSCULAR SUSPENSION EXTENDED RELEASE 600 & 900 MG/3ML	T2	2 loading doses 1 month apart; 1 maintenance dose per 2 months.; QL (6 ML per 28 days)	
DELSTRIGO	T2	QL (30 EA per 30 days)	
EDURANT	T3	QL (60 EA per 30 days)	
EDURANT PED	T3	QL (6 tablets per 1 day)	
<i>efavirenz oral tablet</i>	T1	QL (30 EA per 30 days)	
<i>efavirenz-emtricitab-tenofo df</i>	T1	QL (30 EA per 30 days)	
<i>efavirenz-lamivudine-tenofovir</i>	T1	QL (30 EA per 30 days)	
<i>emtricitab-rilpivir-tenofov df</i>	T1	QL (30 EA per 30 days)	
<i>etravirine oral tablet 100 mg</i>	T1	QL (120 EA per 30 days)	
<i>etravirine oral tablet 200 mg</i>	T1	QL (60 EA per 30 days)	
INTELENCE ORAL TABLET 25 MG	T2	QL (120 EA per 30 days)	
JULUCA	T2	QL (30 EA per 30 days)	
<i>methocarbamol oral tablet 500 mg</i>	T1	QL (480 EA per 30 days)	
<i>nevirapine er oral tablet extended release 24 hour 400 mg</i>	T1	QL (30 EA per 30 days)	
<i>nevirapine oral suspension</i>	T1	QL (1200 ML per 30 days)	
<i>nevirapine oral tablet</i>	T1	QL (60 EA per 30 days)	
ODEFSEY	T2	QL (30 EA per 30 days)	
PIFELTRO	T2	QL (30 EA per 30 days)	
Hiv Nucleoside, Nucleotide Rt Inhibitors			
<i>abacavir sulfate oral solution</i>	T1	QL (960 ML per 30 days)	
<i>abacavir sulfate oral tablet</i>	T1	QL (60 EA per 30 days)	
<i>abacavir sulfate-lamivudine</i>	T1	QL (30 EA per 30 days)	
BIKTARVY	T2	QL (30 EA per 30 days)	
CIMDUO	T3	QL (30 EA per 30 days)	
DELSTRIGO	T2	QL (30 EA per 30 days)	
DESCOVY	T2	QL (30 EA per 30 days)	
DOVATO	T2	QL (30 EA per 30 days)	
<i>efavirenz-emtricitab-tenofo df</i>	T1	QL (30 EA per 30 days)	

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Drug Name	Drug Tier	Requirements and Limits
<i>efavirenz-lamivudine-tenofovir</i>	T1	QL (30 EA per 30 days)
<i>emtricitabine</i>	T1	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df</i>	T1	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofovir df</i>	T1	QL (30 EA per 30 days)
EMTRIVA ORAL SOLUTION	T2	QL (720 ML per 30 days)
GENVOYA	T2	QL (30 EA per 30 days)
<i>lamivudine oral solution 10 mg/ml</i>	T1	QL (960 ML per 30 days)
<i>lamivudine oral tablet 100 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>lamivudine oral tablet 150 mg</i>	T1	QL (60 EA per 30 days)
<i>lamivudine-zidovudine</i>	T1	QL (60 EA per 30 days)
ODEFSEY	T2	QL (30 EA per 30 days)
STRIBILD	T3	QL (30 EA per 30 days)
SYMTUZA	T3	QL (30 EA per 30 days)
<i>tenofovir disoproxil fumarate</i>	T1	QL (30 EA per 30 days)
TRIUMEQ	T2	QL (30 EA per 30 days)
<i>trumeq pd</i>	T2	QL (180 EA per 30 days)
VIREAD ORAL POWDER	T2	QL (240 GM per 30 days)
VIREAD ORAL TABLET 150 MG, 200 MG, 250 MG	T2	QL (30 EA per 30 days)
<i>zidovudine oral capsule</i>	T1	QL (180 EA per 30 days)
<i>zidovudine oral syrup</i>	T1	QL (1680 ML per 28 days)
<i>zidovudine oral tablet</i>	T1	QL (60 EA per 30 days)
Hiv Protease Inhibitor Antiretrovirals		
APTIVUS ORAL CAPSULE	T2	QL (120 EA per 30 days)
<i>atazanavir sulfate oral capsule 150 mg, 300 mg</i>	T1	QL (30 EA per 30 days)
<i>atazanavir sulfate oral capsule 200 mg</i>	T1	QL (60 EA per 30 days)
<i>darunavir oral tablet 600 mg</i>	T1	QL (60 EA per 30 days)
<i>darunavir oral tablet 800 mg</i>	T1	QL (30 EA per 30 days)
EVOTAZ	T2	QL (30 EA per 30 days)
<i>fosamprenavir calcium</i>	T1	QL (120 EA per 30 days)

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<i>lopinavir-ritonavir oral tablet 100-25 mg</i>	T1	QL (300 EA per 30 days)
<i>lopinavir-ritonavir oral tablet 200-50 mg</i>	T1	QL (120 EA per 30 days)
NORVIR ORAL PACKET	T3	QL (360 EA per 30 days)
PREZCOBIX	T2	QL (30 EA per 30 days)
PREZISTA ORAL SUSPENSION	T2	QL (400 ML per 30 days)
PREZISTA ORAL TABLET 150 MG	T2	QL (180 EA per 30 days)
PREZISTA ORAL TABLET 75 MG	T2	QL (300 EA per 30 days)
REYATAZ ORAL PACKET	T2	QL (150 EA per 30 days)
<i>ritonavir</i>	T1	QL (360 EA per 30 days)
SYMTUZA	T3	QL (30 EA per 30 days)
VIRACEPT ORAL TABLET 250 MG	T2	QL (300 EA per 30 days)
VIRACEPT ORAL TABLET 625 MG	T2	QL (120 EA per 30 days)
Interferon Antivirals		
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Lincomycin Antibiotics		
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phos (once-daily)</i>	T1	
<i>clindamycin phos (twice-daily)</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
Monobactam Antibiotics		
CAYSTON	T4	PA; SP
Natural Penicillin Antibiotics		

		Requirements and Limits
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	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>penicillin v potassium oral solution reconstituted</i>	T1	AL (Max 12 Years)
<i>penicillin v potassium oral tablet</i>	T1	
Neuraminidase Inhibitor Antivirals		
<i>oseltamivir phosphate oral</i>	T1	QL
RELENZA DISKHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 5 MG/ACT	T3	QL
Nitroimidazole Derivative, Trypanocidal		
<i>benznidazole</i>	T1	
Nitroimidazole Derivatives, Misc		
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>metronidazole oral capsule</i>	T1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
<i>metronidazole vaginal</i>	T1	
Nucleoside And Nucleotide Antivirals		
<i>acyclovir external cream</i>	T1	PA
<i>acyclovir external ointment</i>	T1	
<i>acyclovir oral capsule</i>	T1	
<i>acyclovir oral suspension 200 mg/5ml</i>	T1	
<i>acyclovir oral tablet</i>	T1	
<i>adefovir dipivoxil</i>	T4	SP
BARACLUDE ORAL SOLUTION	T3	
DESCOVY	T2	QL (30 EA per 30 days)
<i>emtricitabine-tenofovir df</i>	T1	QL (30 EA per 30 days)
<i>emtricitab-rilpivir-tenofov df</i>	T1	QL (30 EA per 30 days)
<i>entecavir</i>	T1	
<i>famciclovir oral</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
LAGEVRIO	T2	QL (40 EA per 180 days); AL (Min 18 Years and Max 999 Years)
ODEFSEY	T2	QL (30 EA per 30 days)
<i>ribavirin oral capsule</i>	T1	
<i>ribavirin oral tablet 200 mg</i>	T1	
<i>valacyclovir hcl oral</i>	T1	
<i>valganciclovir hcl oral solution reconstituted</i>	T1	AL (Max 12 Years)
<i>valganciclovir hcl oral tablet</i>	T1	
VEMLIDY	T2	QL (30 EA per 30 days)
Other Macrolide Antibiotics		
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
DIFICID ORAL TABLET	T3	PA
Other Macrolides (8:12.12.92)		
<i>azithromycin oral suspension reconstituted</i>	T1	
<i>azithromycin oral tablet 250 mg, 500 mg, 600 mg</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
DIFICID ORAL TABLET	T3	PA
Oxazolidinone Antibiotics		
<i>linezolid oral suspension reconstituted</i>	T1	AL (Max 12 Years)
<i>linezolid oral tablet</i>	T1	
Penicillinase-Resistant Penicillins		
<i>dicloxacillin sodium</i>	T1	
Polyene Antifungals		
<i>nystatin external</i>	T1	
<i>nystatin mouth/throat</i>	T1	

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Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>nystatin oral tablet</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
Polymyxin Antibiotics		
<i>polymyxin b-trimethoprim</i>	T1	
Pyrimidine Antifungals		
<i>flucytosine oral</i>	T1	PA
Quinolone Antibiotics		
BAXDELA ORAL	T3	QL (2 EA per 1 day)
<i>ciprofloxacin hcl oral tablet 250 mg, 500 mg, 750 mg</i>	T1	
<i>levofloxacin oral</i>	T1	
<i>moxifloxacin hcl ophthalmic solution</i>	T1	QL (3 ML per 30 days)
<i>moxifloxacin hcl oral</i>	T1	
<i>ofloxacin ophthalmic</i>	T1	
<i>ofloxacin oral tablet 300 mg, 400 mg</i>	T1	
<i>ofloxacin otic</i>	T1	
Rifamycin Antibiotics		
PRIFTIN	T3	
<i>rifabutin</i>	T1	
<i>rifampin oral</i>	T1	
XIFAXAN	T3	PA
Sulfonamide Antibiotics (Systemic)		
<i>sulfadiazine oral</i>	T1	
<i>sulfamethoxazole-trimethoprim oral</i>	T1	
<i>sulfasalazine oral</i>	T1	
Tetracycline Antibiotics		
<i>demeclocycline hcl oral</i>	T1	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits	
<i>minocycline hcl oral capsule</i>	T1		
<i>tetracycline hcl oral capsule</i>	T1		
Urinary Anti-Infectives			
<i>fosfomycin tromethamine</i>	T1	QL (1 EA per 1 day)	
<i>methenamine hippurate</i>	T1		
<i>nitrofurantoin macrocrystal oral</i>	T1		
<i>nitrofurantoin monohyd macro</i>	T1		
<i>sulfamethoxazole-trimethoprim oral</i>	T1		
<i>trimethoprim oral</i>	T1		
Antineoplastic Agents			
Antineoplastic Agents			
<i>abiraterone acetate oral tablet 250 mg</i>	T4	QL (120 EA per 30 days)	
<i>abiraterone acetate oral tablet 500 mg</i>	T4	PA; QL (60 EA per 30 days)	
ABIRTEGA	T4	QL (120 EA per 30 days)	
ALECENSA	T4	PA; SP; QL (240 EA per 30 days)	
ALUNBRIG ORAL TABLET 180 MG, 90 MG	T4	PA; SP; QL (30 EA per 30 days)	
ALUNBRIG ORAL TABLET 30 MG	T4	PA; SP; QL (60 EA per 30 days)	
ALUNBRIG ORAL TABLET THERAPY PACK	T4	PA; SP; QL (30 EA per 30 days)	
<i>anastrozole oral</i>	T1		
AYVAKIT	T4	PA; SP; QL (30 EA per 30 days)	
BALVERSA ORAL TABLET 3 MG	T4	PA; SP; QL (90 EA per 30 days)	
BALVERSA ORAL TABLET 4 MG	T4	PA; SP; QL (60 EA per 30 days)	
BALVERSA ORAL TABLET 5 MG	T4	PA; SP; QL (30 EA per 30 days)	
<i>bexarotene oral</i>	T4	PA; SP	
<i>bicalutamide</i>	T1		

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Drug Name	Drug Tier	Requirements and Limits	
BOSULIF ORAL CAPSULE 100 MG	T4	PA; SP; QL (180 EA per 30 days)	
BOSULIF ORAL CAPSULE 50 MG	T4	PA; SP; QL (30 EA per 30 days)	
BOSULIF ORAL TABLET 100 MG	T4	PA; SP; QL (90 EA per 30 days)	
BOSULIF ORAL TABLET 400 MG, 500 MG	T4	PA; SP; QL (30 EA per 30 days)	
BRAFTOVI ORAL CAPSULE 75 MG	T4	PA; SP; QL (180 EA per 30 days)	
BRUKINSA ORAL CAPSULE	T4	PA; SP; QL (120 EA per 30 days)	
BRUKINSA ORAL TABLET	T4	PA; SP; QL (2 EA per 1 day)	
CABOMETYX	T4	PA; SP; QL (30 EA per 30 days)	
CALQUENCE ORAL TABLET	T4	PA; SP; QL (60 EA per 30 days)	
<i>capecitabine</i>	T1		
CAPRELSA ORAL TABLET 100 MG	T4	PA; SP; QL (60 EA per 30 days)	
CAPRELSA ORAL TABLET 300 MG	T4	PA; SP; QL (30 EA per 30 days)	
COMETRIQ (100 MG DAILY DOSE) ORAL KIT 80 & 20 MG	T4	PA; SP; QL (56 EA per 28 days)	
COMETRIQ (140 MG DAILY DOSE) ORAL KIT 3 X 20 MG & 80 MG	T4	PA; SP; QL (112 EA per 28 days)	
COMETRIQ (60 MG DAILY DOSE)	T4	PA; SP; QL (84 EA per 28 days)	
COPIKTRA	T4	PA; SP; QL (60 EA per 30 days)	
COTELLIC	T4	PA; SP; QL (84 EA per 28 days)	
<i>cyclophosphamide oral capsule</i>	T1		
<i>dasatinib oral tablet 100 mg, 140 mg, 50 mg, 70 mg, 80 mg</i>	T4	PA; SP; QL (30 EA per 30 days)	

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Drug Name	Drug Tier	Requirements and Limits	
<i>dasatinib oral tablet 20 mg</i>	T4	PA; SP; QL (90 EA per 30 days)	
DAURISMO ORAL TABLET 100 MG	T4	PA; SP; QL (30 EA per 30 days)	
DAURISMO ORAL TABLET 25 MG	T4	PA; SP; QL (60 EA per 30 days)	
DROXIA	T3		
ELIGARD	T4	PA; SP	
ERIVEDGE	T4	PA; SP; QL (30 EA per 30 days)	
ERLEADA ORAL TABLET 240 MG	T4	PA; SP; QL (30 EA per 30 days)	
ERLEADA ORAL TABLET 60 MG	T4	PA; SP; QL (90 EA per 30 days)	
<i>erlotinib hcl oral tablet 100 mg</i>	T4	PA; SP; QL (30 EA per 30 days)	
<i>erlotinib hcl oral tablet 150 mg</i>	T4	PA; SP; QL (90 EA per 30 days)	
<i>erlotinib hcl oral tablet 25 mg</i>	T4	PA; SP; QL (60 EA per 30 days)	
<i>etoposide oral</i>	T4	SP	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T4	SP	
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP; QL (30 EA per 30 days)	
<i>everolimus oral tablet soluble</i>	T4	PA; SP	
exemestane	T1		
<i>fluorouracil external cream 0.5 %</i>	T1		
<i>fluorouracil external cream 5 %</i>	T1	QL (40 g per 30 days)	
<i>fluorouracil external solution</i>	T1		
FOTIVDA	T4	PA; SP; QL (21 EA per 28 days)	
GAVRETO	T4	PA; SP; QL (120 EA per 30 days)	

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Drug Name	Drug Tier	Requirements and Limits	
<i>gefitinib</i>	T4	PA; SP; QL (30 EA per 30 days)	
GILOTRIF	T4	PA; SP; QL (30 EA per 30 days)	
GLEOSTINE ORAL CAPSULE 10 MG, 100 MG, 40 MG	T4	PA; SP	
HYCAMTIN ORAL	T4	SP	
<i>hydroxyurea oral</i>	T1		
IBRANCE	T4	PA; SP; QL (21 EA per 28 days)	
ICLUSIG	T4	PA; SP; QL (30 EA per 30 days)	
IDHIFA	T4	PA; SP; QL (30 EA per 30 days)	
<i>imatinib mesylate oral</i>	T1	PA; SP	
IMBRUVICA ORAL CAPSULE 140 MG	T4	PA; SP; QL (3 EA per 1 day)	
IMBRUVICA ORAL CAPSULE 70 MG	T4	PA; SP; QL (30 EA per 30 days)	
IMBRUVICA ORAL SUSPENSION	T4	PA; SP; QL (6 ML per 1 day)	
IMBRUVICA ORAL TABLET 140 MG	T4	PA; SP; QL (1 EA per 1 day)	
IMBRUVICA ORAL TABLET 280 MG, 420 MG	T4	PA; SP; QL (28 EA per 28 days)	
INLYTA ORAL TABLET 1 MG	T4	PA; SP; QL (180 EA per 30 days)	
INLYTA ORAL TABLET 5 MG	T4	PA; SP; QL (120 EA per 30 days)	
INQOVI	T4	PA; SP; QL (5 EA per 28 days)	
INREBIC	T4	PA; SP; QL (120 EA per 30 days)	
JAKAFI	T4	PA; SP; QL (60 EA per 30 days)	
JAYPIRCA ORAL TABLET 100 MG	T4	PA; SP; QL (60 EA per 30 days)	
JAYPIRCA ORAL TABLET 50 MG	T4	PA; SP; QL (30 EA per 30 days)	

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Drug Name	Drug Tier	Requirements and Limits	
KOSELUGO ORAL CAPSULE	T4	PA; SP	
KRAZATI	T4	PA; SP; QL (180 EA per 30 days)	
<i>lapatinib ditosylate</i>	T4	PA; SP; QL (180 EA per 30 days)	
<i>lenalidomide</i>	T4	PA; SP	
LENVIMA (10 MG DAILY DOSE)	T4	PA; SP; QL (30 EA per 30 days)	
LENVIMA (12 MG DAILY DOSE)	T4	PA; SP; QL (90 EA per 30 days)	
LENVIMA (14 MG DAILY DOSE)	T4	PA; SP; QL (60 EA per 30 days)	
LENVIMA (18 MG DAILY DOSE)	T4	PA; SP; QL (90 EA per 30 days)	
LENVIMA (20 MG DAILY DOSE)	T4	PA; SP; QL (60 EA per 30 days)	
LENVIMA (24 MG DAILY DOSE)	T4	PA; SP; QL (90 EA per 30 days)	
LENVIMA (4 MG DAILY DOSE)	T4	PA; SP; QL (30 EA per 30 days)	
LENVIMA (8 MG DAILY DOSE)	T4	PA; SP; QL (60 EA per 30 days)	
<i>letrozole oral</i>	T1		
LEUKERAN	T4		
<i>leuprolide acetate injection</i>	T4	SP	
LONSURF	T4	PA; SP	
LORBRENA ORAL TABLET 100 MG	T4	PA; SP; QL (30 EA per 30 days)	
LORBRENA ORAL TABLET 25 MG	T4	PA; SP; QL (90 EA per 30 days)	
LUMAKRAS ORAL TABLET 120 MG, 240 MG	T4	PA; SP; QL (4 EA per 1 day)	
LUMAKRAS ORAL TABLET 320 MG	T4	PA; SP; QL (90 EA per 30 days)	
LUPRON DEPOT (1-MONTH)	T4	PA; SP	

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Drug Name	Drug Tier	Requirements and Limits	
LUPRON DEPOT (3-MONTH)	T4	PA; SP	
LUPRON DEPOT (4-MONTH)	T4	PA; SP	
LUPRON DEPOT (6-MONTH)	T4	PA; SP	
LYNPARZA ORAL TABLET	T4	PA; SP; QL (120 EA per 30 days)	
LYSODREN	T4		
LYTGOBI (12 MG DAILY DOSE)	T4	PA; SP	
LYTGOBI (16 MG DAILY DOSE)	T4	PA; SP	
LYTGOBI (20 MG DAILY DOSE)	T4	PA; SP	
MATULANE	T4	SP	
MAVENCLAD (10 TABS)	T4	PA; SP	
MAVENCLAD (4 TABS)	T4	PA; SP	
MAVENCLAD (5 TABS)	T4	PA; SP	
MAVENCLAD (6 TABS)	T4	PA; SP	
MAVENCLAD (7 TABS)	T4	PA; SP	
MAVENCLAD (8 TABS)	T4	PA; SP	
MAVENCLAD (9 TABS)	T4	PA; SP	
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	T1		
<i>megestrol acetate oral tablet</i>	T1		
MEKINIST ORAL SOLUTION RECONSTITUTED	T4	PA; SP; QL (1200 ML per 30 days)	
MEKINIST ORAL TABLET 0.5 MG	T4	PA; SP; QL (90 EA per 30 days)	
MEKINIST ORAL TABLET 2 MG	T4	PA; SP; QL (30 EA per 30 days)	
MEKTOVI	T4	PA; SP; QL (180 EA per 30 days)	
<i>mercaptopurine oral suspension</i>	T1	SP	
<i>mercaptopurine oral tablet</i>	T1		
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1		
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1		

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Drug Name	Drug Tier	Requirements and Limits	
<i>methotrexate sodium oral</i>	T1		
NERLYNX	T4	PA; SP; QL (180 EA per 30 days)	
<i>nilutamide</i>	T4	SP; QL (60 EA per 30 days)	
NINLARO	T4	PA; SP; QL (3 EA per 28 days)	
NUBEQA	T4	PA; SP; QL (120 EA per 30 days)	
ODOMZO	T4	PA; SP; QL (30 EA per 30 days)	
ONUREG	T4	PA; SP; QL (15 EA per 30 days)	
OPZELURA	T4	PA	
ORSERDU ORAL TABLET 345 MG	T4	PA; SP; QL (30 EA per 30 days)	
ORSERDU ORAL TABLET 86 MG	T4	PA; SP; QL (90 EA per 30 days)	
<i>pazopanib hcl</i>	T4	PA; SP; QL (120 EA per 30 days)	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
PEMAZYRE	T4	PA; SP; QL (1 EA per 1 day)	
PIQRAY (200 MG DAILY DOSE)	T4	PA; SP; QL (30 EA per 30 days)	
PIQRAY (250 MG DAILY DOSE)	T4	PA; SP; QL (56 EA per 30 days)	
PIQRAY (300 MG DAILY DOSE)	T4	PA; SP; QL (56 EA per 30 days)	
POMALYST	T4	PA; SP; QL (21 EA per 28 days)	
QINLOCK	T4	PA; SP; QL (90 EA per 30 days)	
RETEVMO ORAL TABLET 120 MG, 160 MG, 80 MG	T4	PA; SP; QL (60 EA per 30 days)	

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Drug Name	Drug Tier	Requirements and Limits	
RETEVMO ORAL TABLET 40 MG	T4	PA; SP; QL (90 EA per 30 days)	
REVLIMID	T4	PA; SP	
REZLIDHIA	T4	PA; SP; QL (60 EA per 30 days)	
ROZLYTREK ORAL CAPSULE 100 MG	T4	PA; SP; QL (30 EA per 30 days)	
ROZLYTREK ORAL CAPSULE 200 MG	T4	PA; SP; QL (90 EA per 30 days)	
ROZLYTREK ORAL PACKET	T4	PA; SP	
RUBRACA	T4	PA; SP; QL (120 EA per 30 days)	
RUXIENCE	T4	PA; SP	
RYDAPT	T4	PA; SP; QL (240 EA per 30 days)	
SCEMBLIX ORAL TABLET 100 MG	T4	PA; SP; QL (120 EA per 30 days)	
SCEMBLIX ORAL TABLET 20 MG, 40 MG	T4	PA; SP; QL (60 EA per 30 days)	
SOLTAMOX	T4	QL (600 ML per 30 days)	
<i>sorafenib tosylate</i>	T4	PA; SP; QL (120 EA per 30 days)	
STIVARGA	T4	PA; SP; QL (120 EA per 30 days)	
<i>sunitinib malate</i>	T4	PA; SP; QL (30 EA per 30 days)	
TABLOID	T4	PA; SP	
TABRECTA	T4	PA; SP; QL (120 EA per 30 days)	
TAFINLAR ORAL CAPSULE	T4	PA; SP; QL (120 EA per 30 days)	
TAFINLAR ORAL TABLET SOLUBLE	T4	PA; SP	
TAGRISSO	T4	PA; SP; QL (30 EA per 30 days)	

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Drug Name	Drug Tier	Requirements and Limits	
TALZENNA	T4	PA; SP; QL (30 EA per 30 days)	
<i>tamoxifen citrate oral</i>	T1		
TARGRETIN EXTERNAL	T4	PA; SP	
TASIGNA	T4	PA; SP; QL (120 EA per 30 days)	
TAZVERIK	T4	PA; SP; QL (240 EA per 30 days)	
TECVAYLI	T4	PA; SP	
TEPMETKO	T4	PA; SP; QL (60 EA per 30 days)	
THALOMID ORAL CAPSULE 100 MG, 50 MG	T4	PA; SP	
TIBSOVO	T4	PA; SP; QL (60 EA per 30 days)	
<i>toremifene citrate</i>	T1	SP	
TRELSTAR MIXJECT	T4	PA; SP	
<i>tretinoin external cream</i>	T1	AL (Max 30 Years)	
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL (Max 30 Years)	
<i>tretinoin oral</i>	T4	SP	
TRUXIMA	T4	PA; SP	
TUKYSA	T4	PA; SP; QL (120 EA per 30 days)	
TURALIO ORAL CAPSULE 125 MG	T4	PA; SP; QL (120 EA per 30 days)	
VENCLEXTA ORAL TABLET 10 MG	T4	PA; SP; QL (60 EA per 30 days)	
VENCLEXTA ORAL TABLET 100 MG	T4	PA; SP; QL (180 EA per 30 days)	
VENCLEXTA ORAL TABLET 50 MG	T4	PA; SP; QL (30 EA per 30 days)	
VENCLEXTA STARTING PACK	T4	PA; SP; QL (42 EA per 28 days)	
VERZENIO	T4	PA; SP; QL (60 EA per 30 days)	

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Drug Name	Drug Tier	Requirements and Limits	
VITRAKVI ORAL CAPSULE 100 MG	T4	PA; SP; QL (60 EA per 30 days)	
VITRAKVI ORAL CAPSULE 25 MG	T4	PA; SP; QL (180 EA per 30 days)	
VITRAKVI ORAL SOLUTION	T4	PA; SP; QL (300 ML per 30 days)	
VIZIMPRO	T4	PA; SP; QL (30 EA per 30 days)	
WELIREG	T4	PA; SP; QL (90 EA per 30 days)	
XALKORI ORAL CAPSULE	T4	PA; SP; QL (120 EA per 30 days)	
XALKORI ORAL CAPSULE SPRINKLE 150 MG	T4	PA; SP; QL (180 EA per 30 days)	
XALKORI ORAL CAPSULE SPRINKLE 20 MG	T4	PA; SP; QL (240 EA per 30 days)	
XALKORI ORAL CAPSULE SPRINKLE 50 MG	T4	PA; SP; QL (120 EA per 30 days)	
XATMEP	T3	PA	
XOSPATA	T4	PA; SP; QL (90 EA per 30 days)	
XPOVIO (100 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 50 MG	T4	PA; SP; QL (8 EA per 28 days)	
XPOVIO (40 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 10 MG	T4	PA; SP; QL (16 EA per 28 days)	
XPOVIO (40 MG TWICE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T4	PA; SP; QL (8 EA per 28 days)	
XPOVIO (60 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 60 MG	T4	PA; SP; QL (4 EA per 28 days)	
XPOVIO (60 MG TWICE WEEKLY)	T4	PA; SP; QL (24 EA per 28 days)	
XPOVIO (80 MG ONCE WEEKLY) ORAL TABLET THERAPY PACK 40 MG	T4	PA; SP; QL (8 EA per 28 days)	
XPOVIO (80 MG TWICE WEEKLY)	T4	PA; SP; QL (32 EA per 28 days)	

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Drug Name	Drug Tier	Requirements and Limits	
XTANDI ORAL CAPSULE	T4	PA; SP; QL (120 EA per 30 days)	
XTANDI ORAL TABLET 40 MG	T4	PA; SP; QL (120 EA per 30 days)	
XTANDI ORAL TABLET 80 MG	T4	PA; SP; QL (60 EA per 30 days)	
YONSA	T4	PA; SP; QL (120 EA per 30 days)	
ZEJULA ORAL TABLET	T4	PA; SP; QL (30 EA per 30 days)	
ZELBORAF	T4	PA; SP; QL (240 EA per 30 days)	
ZOLINZA	T4	PA; SP; QL (120 EA per 30 days)	
ZYDELIG	T4	PA; SP; QL (60 EA per 30 days)	
ZYKADIA ORAL TABLET	T4	PA; SP; QL (90 EA per 30 days)	
Antitoxins,Immune Glob,Toxoids,Vaccines			
Antitoxins And Immune Globulins			
ALYGLO	T4	PA; SP	
ASCENIV	T4	PA; SP	
BIVIGAM	T4	PA; SP	
CUTAQUIG	T4	PA; SP	
CUVITRU	T4	PA; SP	
FLEBOGAMMA DIF INTRAVENOUS SOLUTION 10 GM/200ML, 20 GM/400ML, 5 GM/100ML	T4	PA; SP	
GAMMAGARD	T4	PA; SP	
GAMMAGARD S/D LESS IGA	T4	PA; SP	
GAMMAKED INJECTION SOLUTION 1 GM/10ML, 10 GM/100ML, 20 GM/200ML, 5 GM/50ML	T4	PA; SP	

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Drug Name	Drug Tier	Requirements and Limits	
GAMMAPLEX INTRAVENOUS SOLUTION 10 GM/100ML, 10 GM/200ML, 20 GM/200ML, 20 GM/400ML, 5 GM/100ML, 5 GM/50ML	T4	PA; SP	
GAMUNEX-C	T4	PA; SP	
HIZENTRA SUBCUTANEOUS SOLUTION 1 GM/5ML, 10 GM/50ML, 2 GM/10ML, 4 GM/20ML	T4	PA; SP	
HIZENTRA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
HYQVIA	T4	PA; SP	
OCTAGAM INTRAVENOUS SOLUTION 1 GM/20ML, 10 GM/100ML, 10 GM/200ML, 2 GM/20ML, 2.5 GM/50ML, 20 GM/200ML, 30 GM/300ML, 5 GM/100ML, 5 GM/50ML	T4	PA; SP	
PANZYGA	T4	PA; SP	
PRIVIGEN	T4	PA; SP	
XEMBIFY	T4	PA; SP	
Toxoids			
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T2		
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2		
Vaccines			
ABRYSVO	T2	QL (1 dose per 2 years)	
ACTHIB	T2	AL (Min 19 Years)	
ADACEL INTRAMUSCULAR SUSPENSION 5-2-15.5 LF-MCG/0.5	T2		
ADACEL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2		
AFLURIA	T2		

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Drug Name	Drug Tier	Requirements and Limits	
AFLURIA PRESERVATIVE FREE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2		
AREXVY	T2	QL (1 dose per 2 years)	
BEXSERO	T2		
BOOSTRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2		
CAPVAXIVE	T2	QL (0.5 ML per 1 lifetime)	
COMIRNATY INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2		
ENGRIX-B INJECTION SUSPENSION 20 MCG/ML	T2		
ENGRIX-B INJECTION SUSPENSION PREFILLED SYRINGE	T2		
FLUAD	T2		
FLUARIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2		
FLUBLOK INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T2		
FLUCELVAX INTRAMUSCULAR SUSPENSION	T2		
FLUCELVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2		
FLULAVAL INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2		
FLUMIST	T2		
FLUZONE HIGH-DOSE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2		
FLUZONE INTRAMUSCULAR SUSPENSION	T2		
FLUZONE INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2		
GARDASIL 9	T2		
HAVRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 720 EL U/0.5ML	T2		

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Drug Name	Drug Tier	Requirements and Limits	
HEPLISAV-B INTRAMUSCULAR SOLUTION PREFILLED SYRINGE	T2		
HIBERIX INJECTION	T2	AL (Min 19 Years)	
IMOVAX RABIES INTRAMUSCULAR SUSPENSION RECONSTITUTED	T2		
IPOL INJECTION SUSPENSION	T2	AL (Min 19 Years)	
JYNNEOS	T2	AL (Min 18 Years)	
MENQUADFI INTRAMUSCULAR SOLUTION	T2		
MENVEO	T2		
M-M-R II INJECTION	T2		
MNEXSPIKE	T2		
MRESVIA	T2	QL (1 dose per 2 years)	
<i>nuvaxovid covid-19 vaccine</i>	T2		
PEDVAX HIB INTRAMUSCULAR SUSPENSION	T2	AL (Min 19 Years)	
PENBRAYA	T2	AL (Min 19 Years and Max 25 Years)	
<i>penmenvy</i>	T2	AL (Min 10 Years and Max 25 Years)	
PNEUMOVAX 23 INJECTION SOLUTION PREFILLED SYRINGE	T2	QL (0.5 ML per 1 lifetime)	
PREVNAR 20	T2	4 doses per 15 months for ages 0 to 5 years; 1 dose per lifetime for ages 6 years and older; QL (0.5 ML per 1 lifetime)	
PRIORIX	T2		
RABAVERT	T2		
RECOMBIVAX HB INJECTION SUSPENSION 10 MCG/ML, 40 MCG/ML, 5 MCG/0.5ML	T2		
RECOMBIVAX HB INJECTION SUSPENSION PREFILLED SYRINGE	T2		

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Drug Name	Drug Tier	Requirements and Limits
SHINGRIX INTRAMUSCULAR SUSPENSION RECONSTITUTED 50 MCG/0.5ML	T2	
SPIKEVAX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
TRUMENBA	T2	
TWINRIX INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
VAQTA INTRAMUSCULAR SUSPENSION 25 UNIT/0.5ML, 50 UNIT/ML	T2	
VAQTA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE	T2	
VARIVAX INJECTION	T2	
VAXNEUVANCE	T2	4 doses per 15 months for ages 0 to 5 years; 1 dose per lifetime for ages 6 years and older; QL (0.5 ML per 1 lifetime)
Autonomic Drugs		
Alpha- And Beta-Adrenergic Agonists		
<i>epinephrine injection solution auto-injector</i>	T1	QL
Alpha-Adrenergic Agonists		
<i>clonidine</i>	T1	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T1	QL (120 EA per 30 days)
<i>clonidine hcl oral</i>	T1	
<i>lofexidine hcl</i>	T4	
<i>methyldopa oral</i>	T1	
<i>midodrine hcl</i>	T1	
Antimuscarinics/Antispasmodics		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	
ATROVENT HFA	T3	QL (12.9 GM per 25 days)
BEVESPI AEROSPHERE	T2	QL (10.7 Inhaler per 30 days)
BREZTRI AEROSPHERE	T2	QL (1 Inhaler per 30 days)

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	T4 = Specialty	SP = Specialty Pharmacy
		ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
COMBIVENT RESPIMAT	T3	QL (1 Inhaler per 30 days)
<i>dicyclomine hcl oral capsule</i>	T1	
<i>dicyclomine hcl oral solution 10 mg/5ml</i>	T1	
<i>dicyclomine hcl oral tablet 20 mg</i>	T1	
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium bromide nasal</i>	T1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	T1	
<i>methscopolamine bromide oral</i>	T1	
<i>scopolamine</i>	T1	QL (10 EA per 30 days)
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
<i>tiotropium bromide</i>	T1	QL (30 EA per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST; QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 Inhaler per 30 days)
<i>umeclidinium-vilanterol</i>	T3	ST; QL (60 EA per 30 days)
Antiparkinsonian Agents		
<i>benztropine mesylate oral</i>	T1	
GOCOVRI	T3	PA
<i>trihexyphenidyl hcl</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
Autonomic Drugs, Miscellaneous		
<i>cvs nicotine mouth/throat lozenge</i>	T1	
<i>cvs nicotine polacrilex</i>	T1	
<i>cvs nicotine transdermal</i>	T1	
<i>eq nicotine mouth/throat lozenge</i>	T1	
<i>eq nicotine polacrilex</i>	T1	
<i>eq nicotine step 3</i>	T1	
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	T1	
<i>gnp nicotine polacrilex</i>	T1	
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	T1	
<i>goodsense nicotine</i>	T1	
KLS QUIT2	T1	
KLS QUIT4	T1	
NICORELIEF MOUTH/THROAT GUM 2 MG	T1	
<i>nicotine</i>	T1	
<i>nicotine mini</i>	T1	
<i>nicotine polacrilex mouth/throat</i>	T1	
<i>nicotine step 1</i>	T1	
<i>nicotine step 2</i>	T1	
<i>nicotine step 3</i>	T1	
NICOTROL NS	T2	
<i>sm nicotine mouth/throat</i>	T1	
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	T1	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	T1	QL (56 EA per 28 days)
Botulinum Toxins		
DYSPORT	T4	PA; SP
XEOMIN	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
Centrally Acting Skeletal Muscle Relaxant		
<i>carisoprodol oral tablet 350 mg</i>	T1	PA; QL (63 EA per 21 days)
<i>chlorzoxazone oral tablet 500 mg</i>	T1	QL (120 EA per 30 days)
<i>cyclobenzaprine hcl oral tablet 10 mg, 5 mg</i>	T1	QL (90 EA per 30 days)
<i>metaxalone oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)
<i>methocarbamol oral tablet 500 mg</i>	T1	QL (480 EA per 30 days)
<i>methocarbamol oral tablet 750 mg</i>	T1	QL (300 EA per 30 days)
<i>tizanidine hcl oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>tizanidine hcl oral tablet 4 mg</i>	T1	QL (240 EA per 30 days)
Direct-Acting Skeletal Muscle Relaxants		
<i>dantrolene sodium oral capsule 100 mg</i>	T1	QL (120 EA per 30 days)
<i>dantrolene sodium oral capsule 25 mg, 50 mg</i>	T1	QL (90 EA per 30 days)
Gaba-Derivative Skeletal Muscle Relaxant		
<i>baclofen oral tablet 10 mg, 20 mg</i>	T1	QL (120 EA per 30 days)
Indirect-Acting Skeletal Muscle Relaxant		
<i>orphenadrine citrate er</i>	T1	QL (60 EA per 30 days)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T1	QL (120 EA per 30 days)
Non-Sel. Beta-Adrenergic Blocking Agents		
<i>carvedilol</i>	T1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>nebivolol hcl</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
<i>propranolol hcl oral</i>	T1	
<i>sotalol hcl (af)</i>	T1	
<i>sotalol hcl oral</i>	T1	
<i>timolol maleate ophthalmic solution</i>	T1	
<i>timolol maleate oral</i>	T1	
Non-Sel.Alpha-1-Adrenergic Blocking Agts		
<i>doxazosin mesylate oral</i>	T1	
<i>prazosin hcl oral</i>	T1	
<i>terazosin hcl oral</i>	T1	
Non-Sel.Alpha-Adrenergic Blocking Agents		
<i>dihydroergotamine mesylate nasal</i>	T1	QL
ERGOMAR	T3	QL (5 EA per 30 days)
<i>ergotamine-caffeine</i>	T1	QL (40 EA per 30 days)
<i>phenoxybenzamine hcl oral</i>	T4	SP
Parasympathomimetic (Cholinergic Agents)		
<i>bethanechol chloride oral</i>	T1	
<i>cevimeline hcl</i>	T1	
<i>donepezil hcl</i>	T1	
FIRDAPSE	T4	PA; SP
<i>galantamine hydrobromide er</i>	T1	
<i>galantamine hydrobromide oral tablet</i>	T1	
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	
<i>pilocarpine hcl oral</i>	T1	
<i>pyridostigmine bromide er oral tablet extended release</i>	T1	
<i>pyridostigmine bromide oral tablet 60 mg</i>	T1	
QLOSI	T3	PA; QL (60 EA per 30 days)
<i>rivastigmine</i>	T1	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
<i>rivastigmine tartrate</i>	T1	
VUITY	T3	PA; QL (5 ML per 25 days)
Selective Alpha-1-Adrenergic Block.Agent		
<i>alfuzosin hcl er</i>	T1	QL (30 EA per 30 days)
<i>carvedilol</i>	T1	
<i>dutasteride-tamsulosin hcl</i>	T1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>silodosin</i>	T1	ST
<i>tamsulosin hcl</i>	T1	
Selective Beta-2-Adrenergic Agonists		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	NDC 66993001968 (albuterol authorized generic for Ventolin) is not on formulary. Use alternate NDC.
<i>albuterol sulfate inhalation</i>	T1	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	T1	
<i>albuterol sulfate oral tablet</i>	T1	
BEVESPI AEROSPHERE	T2	QL (10.7 Inhaler per 30 days)
BREZTRI AEROSPHERE	T2	QL (1 Inhaler per 30 days)
<i>budesonide-formoterol fumarate</i>	T2	QL (10.2 GM per 30 days)
COMBIVENT RESPIMAT	T3	QL (1 Inhaler per 30 days)
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T2	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T1	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 EA per 30 days)
<i>formoterol fumarate inhalation</i>	T1	QL (120 ml per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	T1	
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	ST
STIOLTO RESPIMAT INHALATION AEROSOL SOLUTION 2.5-2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
STRIVERDI RESPIMAT	T2	QL (4 GM per 30 days)
<i>terbutaline sulfate oral</i>	T1	
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST; QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 Inhaler per 30 days)
<i>umeclidinium-vilanterol</i>	T3	ST; QL (60 EA per 30 days)
Selective Beta-Adrenergic Blocking Agent		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
<i>betaxolol hcl</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
Skeletal Muscle Relaxants, Miscellaneous		
DYSPORT	T4	PA; SP
<i>orphenadrine citrate er</i>	T1	QL (60 EA per 30 days)
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T1	QL (120 EA per 30 days)
XEOMIN	T4	PA; SP
Smoking Cessation Agents		

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>bupropion hcl er (smoking det)</i>	T1	
<i>cvs nicotine mouth/throat lozenge</i>	T1	
<i>cvs nicotine polacrilex</i>	T1	
<i>cvs nicotine transdermal</i>	T1	
<i>eq nicotine mouth/throat lozenge</i>	T1	
<i>eq nicotine polacrilex</i>	T1	
<i>eq nicotine step 3</i>	T1	
<i>eq nicotine transdermal patch 24 hour 14 mg/24hr, 21 mg/24hr</i>	T1	
<i>gnp nicotine mini mouth/throat lozenge 2 mg</i>	T1	
<i>gnp nicotine polacrilex</i>	T1	
<i>gnp nicotine transdermal patch 24 hour 14 mg/24hr, 7 mg/24hr</i>	T1	
<i>goodsense nicotine</i>	T1	
KLS QUIT2	T1	
KLS QUIT4	T1	
<i>naltrexone hcl oral</i>	T1	
NICORELIEF MOUTH/THROAT GUM 2 MG	T1	
<i>nicotine</i>	T1	
<i>nicotine mini</i>	T1	
<i>nicotine polacrilex mouth/throat</i>	T1	
<i>nicotine step 1</i>	T1	
<i>nicotine step 2</i>	T1	
<i>nicotine step 3</i>	T1	
NICOTROL NS	T2	
<i>sm nicotine mouth/throat</i>	T1	
<i>sm nicotine polacrilex mouth/throat lozenge 4 mg</i>	T1	
<i>varenicline tartrate oral tablet 0.5 mg, 1 mg</i>	T1	QL (56 EA per 28 days)
VIVITROL	T2	QL (1 EA per 28 days)
Blood Formation, Coagulation, Thrombosis		

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
Antianemia Drugs		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T2	PA; SP
Anticoagulants, Miscellaneous		
<i>fondaparinux sodium</i>	T1	
Blood Form.,Coag,Thrombosis Agents Misc.		
PYRUKYND	T4	PA; SP
PYRUKYND TAPER PACK	T4	PA; SP
Coumarin Derivatives		
JANTOVEN	T1	
<i>warfarin sodium oral</i>	T1	
Direct Factor Xa Inhibitors		
ELIQUIS (1.5 MG PACK)	T2	
ELIQUIS (2 MG PACK)	T2	
ELIQUIS DVT/PE STARTER PACK ORAL TABLET THERAPY PACK	T2	QL (74 EA per 30 days)
ELIQUIS ORAL CAPSULE SPRINKLE	T2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET 2.5 MG	T2	QL (60 EA per 30 days)
ELIQUIS ORAL TABLET 5 MG	T2	QL (74 EA per 30 days)
ELIQUIS ORAL TABLET SOLUBLE	T2	
<i>rivaroxaban oral suspension reconstituted</i>	T1	QL (600 ML per 30 days); AL (Max 18 Years)
<i>rivaroxaban oral tablet</i>	T1	QL (60 EA per 30 days)
XARELTO ORAL TABLET 10 MG, 20 MG	T2	QL (30 EA per 30 days)
XARELTO ORAL TABLET 15 MG	T2	QL (42 EA per 30 days)

		Requirements and Limits
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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
XARELTO STARTER PACK	T2	QL (51 EA per 30 days)
Direct Thrombin Inhibitors		
<i>dabigatran etexilate mesylate</i>	T1	QL (60 EA per 30 days)
Hematopoietic Agents		
ARANESP (ALBUMIN FREE) INJECTION SOLUTION 100 MCG/ML, 200 MCG/ML, 25 MCG/ML, 40 MCG/ML, 60 MCG/ML	T4	PA; SP
ARANESP (ALBUMIN FREE) INJECTION SOLUTION PREFILLED SYRINGE	T4	PA; SP
DOPTELET ORAL TABLET 20 MG	T4	PA; SP
DOPTELET SPRINKLE	T4	PA; SP
<i>eltrombopag olamine</i>	T4	PA; SP
FULPHILA	T4	PA; SP
LEUKINE INJECTION SOLUTION RECONSTITUTED	T4	PA; SP
NIVESTYM	T4	PA; SP
<i>releuko subcutaneous</i>	T4	PA; SP
RETACRIT INJECTION SOLUTION 10000 UNIT/ML, 2000 UNIT/ML, 20000 UNIT/ML, 3000 UNIT/ML, 4000 UNIT/ML, 40000 UNIT/ML	T2	PA; SP
VAFSEO	T4	PA; SP
Hemorrhologic Agents		
<i>pentoxifylline er</i>	T1	
Hemostatics		
<i>aminocaproic acid oral tablet</i>	T1	
<i>desmopressin ace spray refrig</i>	T1	QL (15 ML per 30 days)
<i>desmopressin acetate oral</i>	T1	
<i>desmopressin acetate spray</i>	T1	QL (15 ML per 30 days)
<i>tranexamic acid oral</i>	T1	
Heparins		
<i>enoxaparin sodium injection solution prefilled syringe</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 10000 UNIT/ML	T3	QL (30 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12500 UNIT/0.5ML	T3	QL (15 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 15000 UNIT/0.6ML	T3	QL (18 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 18000 UNT/0.72ML	T3	QL (21.6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 2500 UNIT/0.2ML, 5000 UNIT/0.2ML	T3	QL (6 ML per 30 days)
FRAGMIN SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 7500 UNIT/0.3ML	T3	QL (9 ML per 30 days)
<i>heparin sodium (porcine) injection solution 1000 unit/ml, 10000 unit/ml, 20000 unit/ml, 5000 unit/ml</i>	T1	
<i>heparin sodium (porcine) pf</i>	T1	
Indirect Factor Xa Inhibitors		
<i>fondaparinux sodium</i>	T1	
Iron Preparations		
<i>m-natal plus</i>	T1	
<i>pnv prenatal plus multivitamin</i>	T1	
PRENATABS RX	T1	
<i>prenatal oral tablet 27-1 mg</i>	T1	
<i>westab plus</i>	T1	
Platelet-Aggregation Inhibitors		
<i>aspirin 81 oral tablet chewable</i>	T1	
<i>aspirin adult low dose</i>	T1	
<i>aspirin adult low strength oral tablet delayed release</i>	T1	
<i>aspirin childrens</i>	T1	
<i>aspirin ec adult low dose</i>	T1	
<i>aspirin ec low dose</i>	T1	
<i>aspirin ec low strength</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits	
<i>aspirin low dose oral tablet chewable</i>	T1		
<i>aspirin low dose oral tablet delayed release</i>	T1		
<i>aspirin low strength</i>	T1		
<i>aspirin oral tablet chewable</i>	T1		
<i>aspirin oral tablet delayed release 81 mg</i>	T1		
<i>aspirin-dipyridamole er</i>	T1		
<i>childrens aspirin</i>	T1		
<i>cilostazol</i>	T1		
<i>clopidogrel bisulfate oral tablet 75 mg</i>	T1		
<i>cvs aspirin adult low dose</i>	T1		
<i>cvs aspirin adult low strength</i>	T1		
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1		
<i>cvs aspirin low dose</i>	T1		
<i>cvs aspirin low strength oral tablet delayed release</i>	T1		
<i>dipyridamole oral</i>	T1		
<i>eq aspirin adult low dose</i>	T1		
<i>eq aspirin low dose oral tablet chewable</i>	T1		
<i>eq aspirin low dose</i>	T1		
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1		
<i>gnp aspirin low dose</i>	T1		
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1		
<i>goodsense aspirin low dose</i>	T1		
<i>goodsense aspirin oral tablet chewable</i>	T1		
<i>h-e-b aspirin</i>	T1		
<i>kls aspirin low dose</i>	T1		
<i>kp aspirin</i>	T1		
<i>prasugrel hcl</i>	T1		
<i>qc aspirin low dose</i>	T1		
<i>qc childrens aspirin</i>	T1		

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Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>sb childrens aspirin</i>	T1	
<i>sb low dose asa ec</i>	T1	
<i>ticagrelor</i>	T1	
ZONTIVITY	T3	PA
Platelet-Reducing Agents		
<i>anagrelide hcl</i>	T1	
Thrombolytic Agents		
<i>aspirin 81 oral tablet chewable</i>	T1	
<i>aspirin adult low dose</i>	T1	
<i>aspirin adult low strength oral tablet delayed release</i>	T1	
<i>aspirin childrens</i>	T1	
<i>aspirin ec adult low dose</i>	T1	
<i>aspirin ec low dose</i>	T1	
<i>aspirin ec low strength</i>	T1	
<i>aspirin low dose oral tablet chewable</i>	T1	
<i>aspirin low dose oral tablet delayed release</i>	T1	
<i>aspirin low strength</i>	T1	
<i>aspirin oral tablet chewable</i>	T1	
<i>aspirin oral tablet delayed release 81 mg</i>	T1	
<i>childrens aspirin</i>	T1	
<i>cvs aspirin adult low dose</i>	T1	
<i>cvs aspirin adult low strength</i>	T1	
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1	
<i>cvs aspirin low dose</i>	T1	
<i>cvs aspirin low strength oral tablet delayed release</i>	T1	
<i>eq aspirin adult low dose</i>	T1	
<i>eq aspirin low dose oral tablet chewable</i>	T1	
<i>eq aspirin low dose</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits	
gnp adult aspirin low strength oral tablet chewable	T1		
gnp aspirin low dose	T1		
gnp aspirin oral tablet delayed release 81 mg	T1		
goodsense aspirin low dose	T1		
goodsense aspirin oral tablet chewable	T1		
h-e-b aspirin	T1		
kls aspirin low dose	T1		
kp aspirin	T1		
qc aspirin low dose	T1		
qc childrens aspirin	T1		
sb childrens aspirin	T1		
sb low dose asa ec	T1		
Cardiovascular Drugs			
Acl Inhibitors			
NEXLETOL	T3	PA	
NEXLIZET	T3	PA	
Alpha-Adrenergic Blocking Agents			
doxazosin mesylate oral	T1		
nadolol oral tablet 20 mg, 40 mg, 80 mg	T1		
prazosin hcl oral	T1		
terazosin hcl oral	T1		
Alpha-Adrenergic Blocking Agt.(Hypoten)			
carvedilol	T1		
doxazosin mesylate oral	T1		
labetalol hcl oral tablet 100 mg, 200 mg, 300 mg	T1		
prazosin hcl oral	T1		
terazosin hcl oral	T1		
Angiotensin li Recep Antagonist/Neprollys			

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>sacubitril-valsartan</i>	T1	QL (60 EA per 30 days)
Angiotensin li Receptor Antagon.(Hypotn)		
<i>candesartan cilexetil</i>	T1	
<i>irbesartan</i>	T1	
<i>losartan potassium oral</i>	T1	
<i>olmesartan medoxomil oral</i>	T1	
<i>telmisartan</i>	T1	
<i>valsartan oral tablet</i>	T1	
Angiotensin li Receptor Antagonists		
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-olmesartan</i>	T1	
<i>candesartan cilexetil</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	
<i>irbesartan</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>losartan potassium oral</i>	T1	
<i>losartan potassium-hctz</i>	T1	
<i>olmesartan medoxomil oral</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>sacubitril-valsartan</i>	T1	QL (60 EA per 30 days)
<i>telmisartan</i>	T1	
<i>telmisartan-hctz</i>	T1	
<i>valsartan oral tablet</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
Angiotensin-Convert.Enzyme Inhib(Hypotn)		
<i>benazepril hcl oral</i>	T1	
<i>captopril oral</i>	T1	
<i>enalapril maleate oral tablet</i>	T1	
<i>fosinopril sodium</i>	T1	
<i>lisinopril oral</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits	
<i>moexipril hcl</i>	T1		
<i>perindopril erbumine</i>	T1		
<i>quinapril hcl</i>	T1		
<i>ramipril</i>	T1		
<i>trandolapril</i>	T1		
Angiotensin-Converting Enzyme Inhibitors			
<i>amlodipine besy-benazepril hcl</i>	T1		
<i>benazepril hcl oral</i>	T1		
<i>benazepril-hydrochlorothiazide</i>	T1		
<i>captopril oral</i>	T1		
<i>enalapril maleate oral tablet</i>	T1		
<i>enalapril-hydrochlorothiazide</i>	T1		
<i>fosinopril sodium</i>	T1		
<i>lisinopril oral</i>	T1		
<i>lisinopril-hydrochlorothiazide</i>	T1		
<i>moexipril hcl</i>	T1		
<i>perindopril erbumine</i>	T1		
<i>quinapril hcl</i>	T1		
<i>quinapril-hydrochlorothiazide</i>	T1		
<i>ramipril</i>	T1		
<i>trandolapril</i>	T1		
Antiarrhythmics, Miscellaneous			
DIGOX	T1		
<i>digoxin oral solution</i>	T1		
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1		
Antilipemic Agents, Miscellaneous			
<i>icosapent ethyl</i>	T1	PA	
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA; SP	
NEXLETOL	T3	PA	
NEXLIZET	T3	PA	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>niacin er (antihyperlipidemic)</i>	T1	
<i>omega-3-acid ethyl esters</i>	T1	
Beta-Adrenergic Blocking Agents		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
<i>betaxolol hcl oral</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
<i>carvedilol</i>	T1	
<i>doxazosin mesylate oral</i>	T1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>metoprolol-hydrochlorothiazide</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>nebivolol hcl</i>	T1	
<i>pindolol</i>	T1	
<i>prazosin hcl oral</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>sotalol hcl (af)</i>	T1	
<i>sotalol hcl oral</i>	T1	
<i>terazosin hcl oral</i>	T1	
<i>timolol maleate ophthalmic solution</i>	T1	
<i>timolol maleate oral</i>	T1	
Bile Acid Sequestrants		
<i>cholestyramine light</i>	T1	
<i>cholestyramine oral</i>	T1	
<i>colesevelam hcl</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>colestipol hcl</i>	T1	
Bradykinin Receptors Antagonists		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Calcium-Channel Block.Agt,Misc(Hypoten)		
CARTIA XT	T1	
<i>diltiazem hcl er beads</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
Calcium-Channel Blocking Agents		
CARTIA XT	T1	
<i>diltiazem hcl er beads</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
Calcium-Channel Blocking Agents, Misc.		
CARTIA XT	T1	
<i>diltiazem hcl er beads</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
Carbonic Anhydrase Inhibitors (24:36)		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>methazolamide oral</i>	T1	
Carbonic Anhydrase Inhibitors(Hypoten)		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>methazolamide oral</i>	T1	
Cardiac Drugs, Miscellaneous		
CAMZYOS	T4	PA
CORLANOR ORAL SOLUTION	T3	PA
<i>ivabradine hcl</i>	T1	PA

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	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>ranolazine er</i>	T1	
VYNDAMAX	T4	PA; SP; QL (30 EA per 30 days)
VYNDAQEL	T4	PA; SP
Cardiotonic Agents		
CORLANOR ORAL SOLUTION	T3	PA
DIGOX	T1	
<i>digoxin oral solution</i>	T1	
<i>digoxin oral tablet 125 mcg, 250 mcg</i>	T1	
<i>ivabradine hcl</i>	T1	PA
Central Alpha-Agonists		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
<i>atenolol-chlorthalidone</i>	T1	
<i>betaxolol hcl oral</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
<i>carvedilol</i>	T1	
<i>clonidine</i>	T1	
<i>clonidine hcl oral</i>	T1	
<i>guanfacine hcl oral</i>	T1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>methyldopa oral</i>	T1	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>metoprolol-hydrochlorothiazide</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>nebivolol hcl</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	

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Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>propranolol hcl oral</i>	T1	
<i>sotalol hcl (af)</i>	T1	
<i>sotalol hcl oral</i>	T1	
<i>timolol maleate oral</i>	T1	
Cgmp Synthesis Agent		
VERQUVO	T3	PA
Cholesterol Absorption Inhibitors		
<i>ezetimibe</i>	T1	
<i>ezetimibe-simvastatin</i>	T1	
NEXLIZET	T3	PA
Class Ia Antiarrhythmics		
<i>disopyramide phosphate oral</i>	T1	
NORPACE CR	T3	
<i>quinidine gluconate er</i>	T1	
<i>quinidine sulfate oral</i>	T1	
Class Ib Antiarrhythmics		
DILANTIN ORAL CAPSULE 30 MG	T3	
<i>mexiletine hcl oral</i>	T1	
PHENYTEK	T3	
<i>phenytoin oral</i>	T1	
<i>phenytoin sodium extended</i>	T1	
Class Ic Antiarrhythmics		
<i>flecainide acetate</i>	T1	
<i>propafenone hcl</i>	T1	
Class Ii Antiarrhythmics		
<i>acebutolol hcl oral</i>	T1	
<i>atenolol oral</i>	T1	
<i>betaxolol hcl</i>	T1	
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1	
<i>carvedilol</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
<i>nebivolol hcl</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>sotalol hcl (af)</i>	T1	
<i>sotalol hcl oral</i>	T1	
<i>timolol maleate ophthalmic solution</i>	T1	
<i>timolol maleate oral</i>	T1	
Class Iii Antiarrhythmics		
<i>amiodarone hcl oral</i>	T1	
<i>dofetilide</i>	T1	
MULTAQ	T3	
<i>sotalol hcl (af)</i>	T1	
<i>sotalol hcl oral</i>	T1	
Class Iv Antiarrhythmics		
CARTIA XT	T1	
<i>diltiazem hcl er beads</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
Dihydropyridines		
<i>amlodipine besy-benazepril hcl</i>	T1	
<i>amlodipine besylate oral</i>	T1	
<i>amlodipine besylate-valsartan</i>	T1	
<i>amlodipine-atorvastatin</i>	T1	ST
<i>amlodipine-olmesartan</i>	T1	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
<i>nicardipine hcl oral</i>	T1	
<i>nifedipine er</i>	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral capsule</i>	T1	
Dihydropyridines (Antihypertensive)		
<i>amlodipine besylate oral</i>	T1	
<i>felodipine er</i>	T1	
<i>isradipine</i>	T1	
<i>nicardipine hcl oral</i>	T1	
<i>nifedipine er</i>	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral capsule</i>	T1	
Direct Vasodilators		
<i>clonidine</i>	T1	
<i>clonidine hcl er oral tablet extended release 12 hour</i>	T1	QL (120 EA per 30 days)
<i>clonidine hcl oral</i>	T1	
<i>guanfacine hcl oral</i>	T1	
<i>hydralazine hcl oral</i>	T1	

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Drug Tier		
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Drug Name	Drug Tier	Requirements and Limits
<i>methyldopa oral</i>	T1	
<i>minoxidil oral</i>	T1	
Diuretics, Miscellaneous (Hypotensive)		
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	
<i>theophylline er oral tablet extended release 24 hour</i>	T1	
<i>theophylline oral</i>	T1	
Fibric Acid Derivatives		
<i>fenofibrate micronized oral capsule 134 mg, 200 mg, 43 mg, 67 mg</i>	T1	
<i>fenofibrate oral capsule 134 mg, 200 mg, 67 mg</i>	T1	
<i>fenofibrate oral tablet 145 mg, 160 mg, 48 mg, 54 mg</i>	T1	
<i>fenofibric acid oral capsule delayed release</i>	T1	
<i>fenofibric acid oral tablet 35 mg</i>	T1	
<i>gemfibrozil oral</i>	T1	
Hmg-Coa Reductase Inhibitors		
<i>amlodipine-atorvastatin</i>	T1	ST
<i>atorvastatin calcium oral</i>	T1	
<i>ezetimibe-simvastatin</i>	T1	
<i>lovastatin oral</i>	T1	
<i>pravastatin sodium</i>	T1	
<i>rosuvastatin calcium oral</i>	T1	
<i>simvastatin oral tablet</i>	T1	
Kallikrein Inhibitors (24:48:08)		
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP
TAKHZYRO	T4	PA; SP
Loop Diuretics (24:36)		

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Drug Name	Drug Tier	Requirements and Limits	
<i>bumetanide oral</i>	T1		
<i>ethacrynic acid oral</i>	T1	PA	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1		
<i>furosemide oral tablet</i>	T1		
<i>torsemide oral</i>	T1		
Loop Diuretics (Hypotensive Agents)			
<i>bumetanide oral</i>	T1		
<i>ethacrynic acid oral</i>	T1	PA	
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1		
<i>furosemide oral tablet</i>	T1		
<i>torsemide oral</i>	T1		
Mineralocorticoid (Aldosterone) Antagnts			
<i>eplerenone</i>	T1		
<i>spironolactone oral tablet</i>	T1		
<i>spironolactone-hctz</i>	T1		
Mineralocorticoid(Aldoster.)Antag(Hypot)			
<i>eplerenone</i>	T1		
<i>spironolactone oral tablet</i>	T1		
Mtp Protein Inhibitors			
JUXTAPID ORAL CAPSULE 10 MG, 20 MG, 30 MG, 5 MG	T4	PA; SP	
Nitrates And Nitrites			
<i>acebutolol hcl oral</i>	T1		
<i>atenolol oral</i>	T1		
<i>betaxolol hcl oral</i>	T1		
<i>bisoprolol fumarate oral tablet 10 mg, 5 mg</i>	T1		
<i>carvedilol</i>	T1		
<i>isosorbide dinitrate oral tablet 10 mg, 20 mg, 30 mg, 5 mg</i>	T1		

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Drug Name	Drug Tier	Requirements and Limits
<i>isosorbide mononitrate</i>	T1	
<i>isosorbide mononitrate er</i>	T1	
<i>labetalol hcl oral tablet 100 mg, 200 mg, 300 mg</i>	T1	
<i>metoprolol succinate er</i>	T1	
<i>metoprolol tartrate oral tablet 100 mg, 25 mg, 50 mg</i>	T1	
<i>nadolol oral tablet 20 mg, 40 mg, 80 mg</i>	T1	
NITRO-BID	T3	
NITRO-DUR TRANSDERMAL PATCH 24 HOUR 0.3 MG/HR, 0.8 MG/HR	T3	
<i>nitroglycerin rectal</i>	T3	
<i>nitroglycerin sublingual</i>	T1	
<i>nitroglycerin transdermal patch 24 hour</i>	T1	
<i>nitroglycerin translingual solution</i>	T1	
<i>pindolol</i>	T1	
<i>propranolol hcl er</i>	T1	
<i>propranolol hcl oral</i>	T1	
<i>sotalol hcl (af)</i>	T1	
<i>sotalol hcl oral</i>	T1	
<i>timolol maleate oral</i>	T1	
Omega-3-Mediated Antilipemics		
<i>icosapent ethyl</i>	T1	PA
<i>omega-3-acid ethyl esters</i>	T1	
Pcsk9 Inhibitors		
REPATHA	T2	PA
REPATHA SURECLICK	T2	PA
Phosphodiesterase Type 5 Inhibitors		
<i>aspirin-dipyridamole er</i>	T1	
<i>cilostazol</i>	T1	
<i>dipyridamole oral</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; SP
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; SP
<i>tadalafil (pah)</i>	T1	PA; SP
Potassium-Sparing Diuretic		
<i>amiloride hcl oral</i>	T1	
<i>eplerenone</i>	T1	
<i>spironolactone oral tablet</i>	T1	
<i>spironolactone-hctz</i>	T1	
Potassium-Sparing Diuretics (Hypoten)		
<i>amiloride hcl oral</i>	T1	
<i>eplerenone</i>	T1	
<i>spironolactone oral tablet</i>	T1	
Renin-Angioten.-Aldost. Sys. Inhib, Misc		
<i>sacubitril-valsartan</i>	T1	QL (60 EA per 30 days)
Steroidal Mineralocorticoid Receptor Ant		
<i>eplerenone</i>	T1	
<i>spironolactone oral tablet</i>	T1	
<i>spironolactone-hctz</i>	T1	
Thiazide Diuretics (24:36)		
<i>hydrochlorothiazide oral</i>	T1	
Thiazide Diuretics(Hypotensive Agents)		
<i>hydrochlorothiazide oral</i>	T1	
Thiazide-Like Diuretics (24:36)		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
<i>indapamide oral</i>	T1	
<i>metolazone</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
Thiazide-Like Diuretics(Hypotensive Agt)		
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
<i>indapamide oral</i>	T1	
<i>metolazone</i>	T1	
Vasodilating Agents, Miscellaneous		
<i>ambrisentan</i>	T4	PA; SP
<i>amlodipine besylate oral</i>	T1	
<i>bosentan</i>	T4	PA; SP
CARTIA XT	T1	
CORLANOR ORAL SOLUTION	T3	PA
<i>diltiazem hcl er beads</i>	T1	
<i>diltiazem hcl er coated beads oral capsule extended release 24 hour</i>	T1	
<i>diltiazem hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg</i>	T1	
<i>diltiazem hcl oral</i>	T1	
<i>dilt-xr</i>	T1	
<i>dipyridamole oral</i>	T1	
<i>ivabradine hcl</i>	T1	PA
<i>nicardipine hcl oral</i>	T1	
<i>nifedipine er</i>	T1	
<i>nifedipine er osmotic release</i>	T1	
<i>nifedipine oral</i>	T1	
<i>nimodipine oral capsule</i>	T1	
ORENITRAM	T4	PA; SP
ORENITRAM MONTH 1	T4	PA; SP
ORENITRAM MONTH 2	T4	PA; SP
ORENITRAM MONTH 3	T4	PA; SP
<i>phenoxybenzamine hcl oral</i>	T4	SP
TYVASO	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA; SP; QL (112 dose per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T4	PA; SP; QL (1 kit per 1 lifetime)
TYVASO REFILL KIT	T4	PA; SP
TYVASO STARTER KIT	T4	PA; SP
<i>verapamil hcl er oral capsule extended release 24 hour 120 mg, 180 mg, 240 mg, 360 mg</i>	T1	
<i>verapamil hcl er oral tablet extended release 120 mg, 180 mg, 240 mg</i>	T1	
<i>verapamil hcl oral</i>	T1	
VERQUVO	T3	PA
Central Nervous System Agents		
Adamantanes (Cns)		
<i>amantadine hcl oral capsule</i>	T1	
<i>amantadine hcl oral solution</i>	T1	
GOCOVRI	T3	PA
Amphetamines		
ADZENYS XR-ODT	T3	ST; QL (30 EA per 30 days); AL (Max 21 Years)
<i>amphetamine sulfate oral tablet 10 mg</i>	T1	ST; QL (180 EA per 30 days); AL (Max 21 Years)
<i>amphetamine sulfate oral tablet 5 mg</i>	T1	ST; QL (90 EA per 30 days); AL (Max 21 Years)
<i>amphetamine-dextroamphet er</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)
<i>amphetamine-dextroamphetamine oral tablet 10 mg, 12.5 mg, 15 mg, 20 mg, 5 mg, 7.5 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)
<i>amphetamine-dextroamphetamine oral tablet 30 mg</i>	T1	QL (60 EA per 30 days); AL (Max 21 Years)
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 10 mg, 15 mg</i>	T1	QL (120 EA per 30 days); AL (Max 21 Years)

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Drug Name	Drug Tier	Requirements and Limits	
<i>dextroamphetamine sulfate er oral capsule extended release 24 hour 5 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)	
<i>dextroamphetamine sulfate oral tablet 10 mg</i>	T1	QL (180 EA per 30 days); AL (Max 21 Years)	
<i>dextroamphetamine sulfate oral tablet 5 mg</i>	T1	QL (60 EA per 30 days); AL (Max 21 Years)	
<i>lisdexamfetamine dimesylate oral capsule</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)	
Amyotrophic Lateral Sclerosis(Als) Agent			
RADICAVA ORS	T4	PA; SP	
RADICAVA ORS STARTER KIT	T4	PA; SP	
<i>riluzole</i>	T1		
Analgesics And Antipyretics, Misc.			
<i>acetaminophen-codeine oral solution</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (4500 ML per 30 days); AL (Min 18 Years)	
<i>acetaminophen-codeine oral tablet</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (180 EA per 30 days); AL (Min 18 Years)	
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (36 EA per 30 days)	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL; AL (Min 18 Years)	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)	
<i>gabapentin oral capsule</i>	T1	QL (180 EA per 30 days)	
<i>gabapentin oral solution 250 mg/5ml</i>	T1	QL (2160 ML per 30 days); AL (Max 12 Years)	
<i>gabapentin oral solution 300 mg/6ml</i>	T1	QL (2160 ML per 30 days)	
<i>gabapentin oral tablet 600 mg</i>	T1	QL (180 EA per 30 days)	
<i>gabapentin oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)	

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Drug Name	Drug Tier	Requirements and Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.
<i>tramadol-acetaminophen</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (40 EA per 5 days)
Anticholinergic Agents (Cns)		
<i>benztropine mesylate oral</i>	T1	
<i>orphenadrine citrate er</i>	T1	QL (60 EA per 30 days)
<i>trihexyphenidyl hcl</i>	T1	
Anticonvulsants, Miscellaneous		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
APTOM ORAL TABLET 200 MG, 400 MG	T3	ST; QL (30 EA per 30 days)
APTOM ORAL TABLET 600 MG, 800 MG	T3	ST; QL (60 EA per 30 days)
BRIVIACT ORAL SOLUTION	T3	ST; QL (600 ML per 30 days)
BRIVIACT ORAL TABLET	T3	ST; QL (60 EA per 30 days)
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	T1	
<i>carbamazepine er oral tablet extended release 12 hour</i>	T1	
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1	AL (Max 12 Years)
<i>carbamazepine oral tablet</i>	T1	
<i>carbamazepine oral tablet chewable 100 mg</i>	T1	
DIACOMIT ORAL CAPSULE 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	T4	ST; SP; QL (6 EA per 1 day)
DIACOMIT ORAL PACKET 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL PACKET 500 MG	T4	ST; SP; QL (6 EA per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
EPIDIOLEX	T4	ST; SP; QL (500 ml per 28 days)
EQUETRO	T3	
<i>felbamate</i>	T1	
FINTEPLA	T4	ST; SP; QL (360 ml per 30 days)
FYCOMPA ORAL SUSPENSION	T3	ST; QL (720 ML per 30 days)
FYCOMPA ORAL TABLET	T3	ST; QL (30 EA per 30 days)
<i>gabapentin oral capsule</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
<i>gabapentin oral solution 300 mg/6ml</i>	T1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	T1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet</i>	T1	QL (60 EA per 30 days)
<i>lamotrigine er</i>	T1	
<i>lamotrigine oral tablet</i>	T1	
<i>lamotrigine oral tablet chewable</i>	T1	
<i>lamotrigine starter kit-blue</i>	T1	
<i>lamotrigine starter kit-green</i>	T1	
<i>lamotrigine starter kit-orange</i>	T1	
<i>levetiracetam er</i>	T1	
<i>levetiracetam oral solution</i>	T1	
<i>levetiracetam oral tablet</i>	T1	
<i>oxcarbazepine oral suspension</i>	T1	AL (Max 12 Years)
<i>oxcarbazepine oral tablet</i>	T1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T1	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits	
<i>pregabalin oral solution</i>	T1	QL (900 ML per 30 days)	
<i>rufinamide oral suspension</i>	T1	QL (2400 ML per 30 days); AL (Max 12 Years)	
<i>rufinamide oral tablet</i>	T1	ST; QL (240 EA per 30 days)	
<i>tiagabine hcl</i>	T1		
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	T1		
<i>topiramate oral tablet</i>	T1		
<i>valproic acid oral capsule</i>	T1		
<i>valproic acid oral solution 250 mg/5ml</i>	T1		
<i>vigabatrin</i>	T1	ST; SP; QL (180 EA per 30 days)	
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	ST; QL (56 EA per 28 days)	
XCOPRI (350 MG DAILY DOSE)	T3	ST; QL (56 EA per 28 days)	
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	T3	ST; QL (30 EA per 30 days)	
XCOPRI ORAL TABLET 200 MG	T3	ST; QL (60 EA per 30 days)	
XCOPRI ORAL TABLET THERAPY PACK	T3	ST; QL	
<i>zonisamide oral</i>	T1		
Antidepressants, Miscellaneous			
<i>bupropion hcl er (smoking det)</i>	T1		
<i>bupropion hcl er (sr)</i>	T1		
<i>bupropion hcl er (xl) oral tablet extended release 24 hour 150 mg, 300 mg</i>	T1		
<i>bupropion hcl oral</i>	T1		
<i>mirtazapine oral</i>	T1		
Antimanic Agents			
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	T2	QL (2.4 ML per 60 days)	
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	T2	QL (3.2 ML per 60 days)	
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T2	QL (1 EA per 28 days)	

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Drug Name	Drug Tier	Requirements and Limits	
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T2	QL (1 EA per 28 days)	
<i>aripiprazole oral solution</i>	T1	QL (750 ML per 30 days); AL (Max 12 Years)	
<i>aripiprazole oral tablet</i>	T1	QL (30 EA per 30 days)	
<i>aripiprazole oral tablet dispersible</i>	T1	QL (60 EA per 30 days); AL (Max 12 Years)	
ARISTADA INITIO	T2	QL	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	T2	QL (3.9 ML per 56 days)	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	T2	QL (1.6 ML per 28 days)	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	T2	QL (2.4 ML per 28 days)	
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	T2	QL (3.2 ML per 28 days)	
<i>asenapine maleate</i>	T1	ST; QL (60 EA per 30 days)	
<i>carbamazepine er oral capsule extended release 12 hour 300 mg</i>	T1		
<i>carbamazepine er oral tablet extended release 12 hour</i>	T1		
<i>carbamazepine oral suspension 100 mg/5ml</i>	T1	AL (Max 12 Years)	
<i>carbamazepine oral tablet</i>	T1		
<i>carbamazepine oral tablet chewable 100 mg</i>	T1		
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1		
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1		
<i>divalproex sodium oral tablet delayed release</i>	T1		
EQUETRO	T3		
<i>lamotrigine er</i>	T1		
<i>lamotrigine oral tablet</i>	T1		
<i>lamotrigine oral tablet chewable</i>	T1		
<i>lamotrigine starter kit-blue</i>	T1		

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Drug Name	Drug Tier	Requirements and Limits	
<i>lamotrigine starter kit-green</i>	T1		
<i>lamotrigine starter kit-orange</i>	T1		
<i>lithium carbonate er</i>	T1		
<i>lithium carbonate oral</i>	T1		
<i>olanzapine oral</i>	T1	QL (30 EA per 30 days)	
PERSERIS	T3	PA; QL (1 EA per 28 days)	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1	QL (30 EA per 30 days)	
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1	QL (60 EA per 30 days)	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	T1	QL (60 EA per 30 days)	
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	T1	QL (90 EA per 30 days)	
<i>risperidone microspheres er</i>	T1	QL (2 EA per 28 days)	
<i>risperidone oral solution</i>	T1	QL (480 ML per 30 days)	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	QL (60 EA per 30 days)	
<i>risperidone oral tablet 3 mg, 4 mg</i>	T1	QL (120 EA per 30 days)	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	QL (60 EA per 30 days)	
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	T1	QL (120 EA per 30 days)	
RYKINDO	T3	PA; QL (2 EA per 28 days)	
SECUADO	T3	ST; QL (30 EA per 30 days)	
<i>valproic acid oral capsule</i>	T1		
<i>valproic acid oral solution 250 mg/5ml</i>	T1		
<i>ziprasidone hcl</i>	T1	QL (60 EA per 30 days)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T2	QL (2 EA per 28 days)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T2	QL (1 EA per 28 days)	
Antimigraine Agents, Miscellaneous			
<i>aspirin 81 oral tablet chewable</i>	T1		
<i>aspirin adult low dose</i>	T1		

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Drug Name	Drug Tier	Requirements and Limits	
<i>aspirin adult low strength oral tablet delayed release</i>	T1		
<i>aspirin childrens</i>	T1		
<i>aspirin ec adult low dose</i>	T1		
<i>aspirin ec low dose</i>	T1		
<i>aspirin ec low strength</i>	T1		
<i>aspirin low dose oral tablet chewable</i>	T1		
<i>aspirin low dose oral tablet delayed release</i>	T1		
<i>aspirin low strength</i>	T1		
<i>aspirin oral tablet chewable</i>	T1		
<i>aspirin oral tablet delayed release 81 mg</i>	T1		
<i>butorphanol tartrate nasal</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (5 ML per 30 days)	
<i>childrens aspirin</i>	T1		
<i>cvs aspirin adult low dose</i>	T1		
<i>cvs aspirin adult low strength</i>	T1		
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1		
<i>cvs aspirin low dose</i>	T1		
<i>cvs aspirin low strength oral tablet delayed release</i>	T1		
<i>dihydroergotamine mesylate nasal</i>	T1	QL	
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1		
<i>divalproex sodium oral capsule delayed release sprinkle</i>	T1		
<i>divalproex sodium oral tablet delayed release</i>	T1		
<i>ec-naproxen oral tablet delayed release 500 mg</i>	T1		
<i>eq aspirin adult low dose</i>	T1		
<i>eq aspirin low dose oral tablet chewable</i>	T1		
<i>eq aspirin low dose</i>	T1		
ERGOMAR	T3	QL (5 EA per 30 days)	

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Drug Name	Drug Tier	Requirements and Limits	
<i>ergotamine-caffeine</i>	T1	QL (40 EA per 30 days)	
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1		
<i>gnp aspirin low dose</i>	T1		
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1		
<i>goodsense aspirin low dose</i>	T1		
<i>goodsense aspirin oral tablet chewable</i>	T1		
<i>h-e-b aspirin</i>	T1		
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1		
<i>ketoprofen oral capsule 25 mg</i>	T1		
<i>kls aspirin low dose</i>	T1		
<i>kp aspirin</i>	T1		
<i>naproxen oral tablet</i>	T1		
<i>naproxen oral tablet delayed release</i>	T1		
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1		
<i>propranolol hcl er</i>	T1		
<i>propranolol hcl oral</i>	T1		
<i>qc aspirin low dose</i>	T1		
<i>qc childrens aspirin</i>	T1		
<i>sb childrens aspirin</i>	T1		
<i>sb low dose asa ec</i>	T1		
<i>timolol maleate oral</i>	T1		
<i>topiramate oral capsule sprinkle 15 mg, 25 mg</i>	T1		
<i>topiramate oral tablet</i>	T1		
<i>valproic acid oral capsule</i>	T1		
<i>valproic acid oral solution 250 mg/5ml</i>	T1		
Antipsychotics, Miscellaneous			
<i>loxapine succinate oral</i>	T1		
<i>pimozide</i>	T1		

		Requirements and Limits
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	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
Anxiolytics, Sedatives, And Hypnotics, Misc		
BELSOMRA	T3	ST; QL (30 EA per 30 days)
<i>buspirone hcl oral</i>	T1	
DAYVIGO	T3	ST; QL (30 EA per 30 days)
<i>eszopiclone</i>	T1	QL (30 EA per 30 days)
HETLIOZ LQ	T4	PA; SP; QL (5 ml per 1 day)
<i>hydroxyzine hcl oral syrup</i>	T1	
<i>hydroxyzine hcl oral tablet</i>	T1	
<i>hydroxyzine pamoate oral</i>	T1	
<i>meprobamate</i>	T1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
<i>ramelteon</i>	T1	ST; QL (30 EA per 30 days)
<i>tasimelteon</i>	T4	PA; SP; QL (30 EA per 30 days)
<i>zaleplon</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	T1	QL (30 EA per 30 days)
Atypical Antipsychotics		
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 720 MG/2.4ML	T2	QL (2.4 ML per 60 days)
ABILIFY ASIMTUFII INTRAMUSCULAR PREFILLED SYRINGE 960 MG/3.2ML	T2	QL (3.2 ML per 60 days)
ABILIFY MAINTENA INTRAMUSCULAR PREFILLED SYRINGE	T2	QL (1 EA per 28 days)
ABILIFY MAINTENA INTRAMUSCULAR SUSPENSION RECONSTITUTED ER	T2	QL (1 EA per 28 days)

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Drug Name	Drug Tier	Requirements and Limits
<i>aripiprazole oral solution</i>	T1	QL (750 ML per 30 days); AL (Max 12 Years)
<i>aripiprazole oral tablet</i>	T1	QL (30 EA per 30 days)
<i>aripiprazole oral tablet dispersible</i>	T1	QL (60 EA per 30 days); AL (Max 12 Years)
ARISTADA INITIO	T2	QL
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 1064 MG/3.9ML	T2	QL (3.9 ML per 56 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 441 MG/1.6ML	T2	QL (1.6 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 662 MG/2.4ML	T2	QL (2.4 ML per 28 days)
ARISTADA INTRAMUSCULAR PREFILLED SYRINGE 882 MG/3.2ML	T2	QL (3.2 ML per 28 days)
<i>asenapine maleate</i>	T1	ST; QL (60 EA per 30 days)
CAPLYTA	T3	ST; QL (30 EA per 30 days)
<i>clozapine oral tablet 100 mg</i>	T1	QL (270 EA per 30 days)
<i>clozapine oral tablet 200 mg</i>	T1	QL (120 EA per 30 days)
<i>clozapine oral tablet 25 mg, 50 mg</i>	T1	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 100 mg</i>	T1	QL (270 EA per 30 days)
<i>clozapine oral tablet dispersible 12.5 mg, 25 mg</i>	T1	QL (90 EA per 30 days)
<i>clozapine oral tablet dispersible 150 mg</i>	T1	QL (180 EA per 30 days)
<i>clozapine oral tablet dispersible 200 mg</i>	T1	QL (120 EA per 30 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	T3	PA; QL (0.75 ml per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	T3	PA; QL (1 ml per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	T3	PA; QL (1.5 ml per 28 days)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 351 MG/2.25ML	T3	PA; QL (2.25 ML per 1 lifetime)
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	T3	PA; QL (0.25 ml per 28 days)

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Drug Name	Drug Tier	Requirements and Limits	
ERZOFRI INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	T3	PA; QL (0.5 ml per 28 days)	
FANAPT	T3	ST; QL (60 EA per 30 days)	
FANAPT TITRATION PACK A	T3	ST; QL	
FANAPT TITRATION PACK B ORAL TABLET	T3	ST; QL (1 kit per 1 lifetime)	
FANAPT TITRATION PACK C ORAL TABLET	T3	ST; QL (1 kit per 1 lifetime)	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1092 MG/3.5ML	T3	PA; QL (3.5 ML per 180 days)	
INVEGA HAFYERA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 1560 MG/5ML	T3	PA; QL (5 ML per 180 days)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 117 MG/0.75ML	T3	PA; QL (0.75 ML per 28 days)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 156 MG/ML	T3	PA; QL (1 ML per 28 days)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 234 MG/1.5ML	T3	PA; QL (1.5 ML per 28 days)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 39 MG/0.25ML	T3	PA; QL (0.25 ML per 28 days)	
INVEGA SUSTENNA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 78 MG/0.5ML	T3	PA; QL (0.5 ML per 28 days)	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 273 MG/0.88ML	T3	PA; QL (0.88 ML per 84 days)	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 410 MG/1.32ML	T3	PA; QL (1.32 ML per 84 days)	

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Drug Name	Drug Tier	Requirements and Limits	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 546 MG/1.75ML	T3	PA; QL (1.75 ML per 84 days)	
INVEGA TRINZA INTRAMUSCULAR SUSPENSION PREFILLED SYRINGE 819 MG/2.63ML	T3	PA; QL (2.63 ML per 84 days)	
<i>lurasidone hcl oral tablet 120 mg, 20 mg, 40 mg, 60 mg</i>	T1	ST; QL (30 EA per 30 days)	
<i>lurasidone hcl oral tablet 80 mg</i>	T1	ST; QL (60 EA per 30 days)	
NUPLAZID ORAL CAPSULE	T3	ST; QL (30 EA per 30 days)	
NUPLAZID ORAL TABLET 10 MG	T3	ST; QL (30 EA per 30 days)	
<i>olanzapine oral</i>	T1	QL (30 EA per 30 days)	
<i>paliperidone er oral tablet extended release 24 hour 1.5 mg, 3 mg, 9 mg</i>	T1	ST; QL (30 EA per 30 days)	
<i>paliperidone er oral tablet extended release 24 hour 6 mg</i>	T1	ST; QL (60 EA per 30 days)	
PERSERIS	T3	PA; QL (1 EA per 28 days)	
<i>quetiapine fumarate er oral tablet extended release 24 hour 150 mg, 200 mg</i>	T1	QL (30 EA per 30 days)	
<i>quetiapine fumarate er oral tablet extended release 24 hour 300 mg, 400 mg, 50 mg</i>	T1	QL (60 EA per 30 days)	
<i>quetiapine fumarate oral tablet 100 mg, 200 mg, 300 mg, 400 mg</i>	T1	QL (60 EA per 30 days)	
<i>quetiapine fumarate oral tablet 25 mg, 50 mg</i>	T1	QL (90 EA per 30 days)	
REXULTI	T3	ST; QL (30 EA per 30 days)	
<i>risperidone microspheres er</i>	T1	QL (2 EA per 28 days)	
<i>risperidone oral solution</i>	T1	QL (480 ML per 30 days)	
<i>risperidone oral tablet 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	QL (60 EA per 30 days)	
<i>risperidone oral tablet 3 mg, 4 mg</i>	T1	QL (120 EA per 30 days)	
<i>risperidone oral tablet dispersible 0.25 mg, 0.5 mg, 1 mg, 2 mg</i>	T1	QL (60 EA per 30 days)	
<i>risperidone oral tablet dispersible 3 mg, 4 mg</i>	T1	QL (120 EA per 30 days)	
RYKINDO	T3	PA; QL (2 EA per 28 days)	
SECUADO	T3	ST; QL (30 EA per 30 days)	

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Drug Name	Drug Tier	Requirements and Limits	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 100 MG/0.28ML	T3	PA; QL (0.28 ML per 30 days)	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 125 MG/0.35ML	T3	PA; QL (0.35 ML per 30 days)	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 150 MG/0.42ML	T3	PA; QL (0.42 ML per 60 days)	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 200 MG/0.56ML	T3	PA; QL (0.56 ML per 60 days)	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 250 MG/0.7ML	T3	PA; QL (0.7 ML per 60 days)	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 50 MG/0.14ML	T3	PA; QL (0.14 ML per 30 days)	
UZEDY SUBCUTANEOUS SUSPENSION PREFILLED SYRINGE 75 MG/0.21ML	T3	PA; QL (0.21 ML per 30 days)	
VERSACLOZ	T3	QL (540 ML per 30 days)	
VRAYLAR ORAL CAPSULE	T3	ST; QL (30 EA per 30 days)	
<i>ziprasidone hcl</i>	T1	QL (60 EA per 30 days)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T2	QL (2 EA per 28 days)	
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T2	QL (1 EA per 28 days)	
Barbiturates (Anticonvulsants)			
<i>phenobarbital oral elixir</i>	T1		
<i>phenobarbital oral tablet</i>	T1		
<i>primidone oral tablet 250 mg, 50 mg</i>	T1		
Barbiturates (Anxiolytic, Sedative/Hyp)			
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (36 EA per 30 days)	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL; AL (Min 18 Years)	
<i>butalbital-apap-caffeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)	

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	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (18 EA per 30 days)
<i>phenobarbital oral elixir</i>	T1	
<i>phenobarbital oral tablet</i>	T1	
Benzodiazepines (Anticonvulsants)		
<i>clobazam oral suspension 2.5 mg/ml</i>	T1	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	T1	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	T1	QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	T1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	T1	QL (90 EA per 30 days)
<i>diazepam oral concentrate</i>	T1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	T1	QL (1200 ML per 30 days)
<i>diazepam oral tablet</i>	T1	QL (120 EA per 30 days)
<i>diazepam rectal</i>	T1	
<i>lorazepam oral concentrate</i>	T1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	T1	QL (150 EA per 30 days)
NAYZILAM	T3	QL
SYMPAZAN	T3	ST; QL (60 EA per 30 days)
VALTOCO 10 MG DOSE	T3	QL
VALTOCO 15 MG DOSE NASAL LIQUID THERAPY PACK 2 X 7.5 MG/0.1ML	T3	QL
VALTOCO 20 MG DOSE NASAL LIQUID THERAPY PACK 2 X 10 MG/0.1ML	T3	QL
VALTOCO 5 MG DOSE	T3	QL
Benzodiazepines (Anxiolytic, Sedativ/Hyp)		
<i>alprazolam oral tablet 0.25 mg, 0.5 mg, 1 mg</i>	T1	QL (120 EA per 30 days)
<i>alprazolam oral tablet 2 mg</i>	T1	QL (150 EA per 30 days)

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier	AL = Age Limit
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>chlordiazepoxide hcl oral capsule 10 mg</i>	T1	QL (270 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 25 mg</i>	T1	QL (120 EA per 30 days)
<i>chlordiazepoxide hcl oral capsule 5 mg</i>	T1	QL (90 EA per 30 days)
<i>chlordiazepoxide-amitriptyline</i>	T1	
<i>clobazam oral suspension 2.5 mg/ml</i>	T1	QL (480 ML per 30 days)
<i>clobazam oral tablet</i>	T1	QL (60 EA per 30 days)
<i>clonazepam oral tablet 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet 2 mg</i>	T1	QL (120 EA per 30 days)
<i>clonazepam oral tablet dispersible 0.125 mg, 0.25 mg, 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>clonazepam oral tablet dispersible 2 mg</i>	T1	QL (120 EA per 30 days)
<i>clorazepate dipotassium oral tablet 15 mg</i>	T1	QL (180 EA per 30 days)
<i>clorazepate dipotassium oral tablet 3.75 mg, 7.5 mg</i>	T1	QL (90 EA per 30 days)
<i>diazepam oral concentrate</i>	T1	QL (240 ML per 30 days)
<i>diazepam oral solution 5 mg/5ml</i>	T1	QL (1200 ML per 30 days)
<i>diazepam oral tablet</i>	T1	QL (120 EA per 30 days)
<i>diazepam rectal</i>	T1	
<i>estazolam</i>	T1	QL (30 EA per 30 days)
<i>lorazepam oral concentrate</i>	T1	QL (150 ML per 30 days)
<i>lorazepam oral tablet 0.5 mg, 1 mg</i>	T1	QL (90 EA per 30 days)
<i>lorazepam oral tablet 2 mg</i>	T1	QL (150 EA per 30 days)
NAYZILAM	T3	QL
<i>oxazepam</i>	T1	QL (120 EA per 30 days)
<i>quazepam</i>	T1	QL (30 EA per 30 days)
SYMPAZAN	T3	ST; QL (60 EA per 30 days)
<i>temazepam</i>	T1	QL (30 EA per 30 days)
<i>triazolam</i>	T1	QL (30 EA per 30 days)
Butyrophenones		
<i>haloperidol decanoate intramuscular solution 100 mg/ml, 50 mg/ml</i>	T1	
<i>haloperidol lactate injection solution 5 mg/ml</i>	T1	

		Requirements and Limits
lowercase italics = Generic drugs	Drug Tier	AL = Age Limit
	T1 = Generic	PA = Prior Authorization
UPPERCASE = Brand name drugs	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>haloperidol lactate oral concentrate 2 mg/ml</i>	T1	
<i>haloperidol oral</i>	T1	
Calcitonin Gene-Related Peptide Antag.		
AIMOVIG	T3	PA; QL (1 ML per 30 days)
EMGALITY	T2	PA; QL (1 ML per 30 days)
EMGALITY (300 MG DOSE)	T2	PA; QL (1 ML per 30 days)
NURTEC	T3	PA; QL (16 EA per 30 days)
QULIPTA	T3	PA; QL (30 EA per 30 days)
UBRELVY	T2	PA; QL
Catechol-O-Methyltransferase(Comt)Inhib.		
<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>	T1	
<i>entacapone</i>	T1	
ONGENTYS	T3	PA
<i>tolcapone</i>	T1	
Central Nervous System Agents, Misc.		
<i>acamprosate calcium</i>	T1	
<i>atomoxetine hcl</i>	T1	
<i>guanfacine hcl er</i>	T1	
<i>guanfacine hcl oral</i>	T1	
<i>memantine hcl er</i>	T1	QL (30 EA per 30 days)
<i>memantine hcl oral tablet 10 mg, 5 mg</i>	T1	
<i>memantine hcl oral tablet 28 x 5 mg & 21 x 10 mg</i>	T1	QL
NUEDEXTA	T3	PA; QL (60 EA per 30 days)
RADICAVA ORS	T4	PA; SP
RADICAVA ORS STARTER KIT	T4	PA; SP
<i>riluzole</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>sodium oxybate</i>	T4	PA; SP; QL (540 ml per 30 days)
VYNDAMAX	T4	PA; SP; QL (30 EA per 30 days)
XYWAV	T4	PA; SP; QL (540 ml per 30 days)
Cyclooxygenase-2 (Cox-2) Inhibitors		
<i>celecoxib oral</i>	T1	
Dibenzoxapines		
<i>loxapine succinate oral</i>	T1	
Diphenylbutylperidines		
<i>pimozide</i>	T1	
Dopamine Precursors		
<i>carbidopa oral</i>	T1	
<i>carbidopa-levodopa</i>	T1	
<i>carbidopa-levodopa er oral tablet extended release 25-100 mg, 50-200 mg</i>	T1	
<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>	T1	
Ergot-Deriv. Dopamine Receptor Agonists		
<i>bromocriptine mesylate oral</i>	T1	
<i>cabergoline</i>	T1	
Fibromyalgia Agents		
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T1	
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T1	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	T1	QL (900 ML per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
SAVELLA ORAL TABLET 100 MG, 25 MG, 50 MG	T3	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 12.5 MG	T3	QL (30 EA per 30 days)
SAVELLA TITRATION PACK	T3	QL
Gaba-Mediated Anticonvulsants		
DIACOMIT ORAL CAPSULE 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL CAPSULE 500 MG	T4	ST; SP; QL (6 EA per 1 day)
DIACOMIT ORAL PACKET 250 MG	T4	ST; SP; QL (12 EA per 1 day)
DIACOMIT ORAL PACKET 500 MG	T4	ST; SP; QL (6 EA per 1 day)
<i>divalproex sodium er oral tablet extended release 24 hour</i>	T1	
<i>divalproex sodium oral tablet delayed release</i>	T1	
<i>gabapentin oral capsule</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral solution 250 mg/5ml</i>	T1	QL (2160 ML per 30 days); AL (Max 12 Years)
<i>gabapentin oral solution 300 mg/6ml</i>	T1	QL (2160 ML per 30 days)
<i>gabapentin oral tablet 600 mg</i>	T1	QL (180 EA per 30 days)
<i>gabapentin oral tablet 800 mg</i>	T1	QL (120 EA per 30 days)
<i>pregabalin oral capsule 100 mg, 150 mg, 200 mg, 25 mg, 50 mg, 75 mg</i>	T1	QL (90 EA per 30 days)
<i>pregabalin oral capsule 225 mg, 300 mg</i>	T1	QL (60 EA per 30 days)
<i>pregabalin oral solution</i>	T1	QL (900 ML per 30 days)
<i>tiagabine hcl</i>	T1	
<i>valproic acid oral solution 250 mg/5ml</i>	T1	
<i>vigabatrin</i>	T1	ST; SP; QL (180 EA per 30 days)
Hydantoins		
DILANTIN ORAL CAPSULE 30 MG	T3	
PHENYTEK	T3	
<i>phenytoin oral</i>	T1	
<i>phenytoin sodium extended</i>	T1	
Ion Channel Inhibition Agents		
APTOM ORAL TABLET 200 MG, 400 MG	T3	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
APTIOM ORAL TABLET 600 MG, 800 MG	T3	ST; QL (60 EA per 30 days)
<i>lacosamide oral solution 10 mg/ml</i>	T1	QL (1200 ML per 30 days)
<i>lacosamide oral tablet</i>	T1	QL (60 EA per 30 days)
<i>oxcarbazepine oral suspension</i>	T1	AL (Max 12 Years)
<i>oxcarbazepine oral tablet</i>	T1	
<i>rufinamide oral suspension</i>	T1	QL (2400 ML per 30 days); AL (Max 12 Years)
<i>rufinamide oral tablet</i>	T1	ST; QL (240 EA per 30 days)
XCOPRI (250 MG DAILY DOSE) ORAL TABLET THERAPY PACK 100 & 150 MG	T3	ST; QL (56 EA per 28 days)
XCOPRI (350 MG DAILY DOSE)	T3	ST; QL (56 EA per 28 days)
XCOPRI ORAL TABLET 100 MG, 150 MG, 25 MG, 50 MG	T3	ST; QL (30 EA per 30 days)
XCOPRI ORAL TABLET 200 MG	T3	ST; QL (60 EA per 30 days)
XCOPRI ORAL TABLET THERAPY PACK	T3	ST; QL
<i>zonisamide oral</i>	T1	
Melatonin Receptor Agonists		
HETLIOZ LQ	T4	PA; SP; QL (5 ml per 1 day)
<i>ramelteon</i>	T1	ST; QL (30 EA per 30 days)
<i>tasimelteon</i>	T4	PA; SP; QL (30 EA per 30 days)
Monoamine Oxidase B Inhibitors		
EMSAM	T3	
<i>rasagiline mesylate oral</i>	T1	
<i>selegiline hcl oral</i>	T1	
XADAGO	T3	PA
Monoamine Oxidase Inhibitors		
EMSAM	T3	
MARPLAN	T3	
<i>phenelzine sulfate oral</i>	T1	
<i>rasagiline mesylate oral</i>	T1	
<i>selegiline hcl oral</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
<i>tranylcypromine sulfate</i>	T1	
XADAGO	T3	PA
Non-Benzodiazepine Anxiolytics		
<i>buspirone hcl oral</i>	T1	
<i>meprobamate</i>	T1	
Non-Benzodiazepine Hypnotics		
<i>eszopiclone</i>	T1	QL (30 EA per 30 days)
<i>zaleplon</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate er</i>	T1	QL (30 EA per 30 days)
<i>zolpidem tartrate oral tablet</i>	T1	QL (30 EA per 30 days)
Nonergot-Deriv.Dopamine Receptor Agonist		
<i>apomorphine hcl subcutaneous</i>	T4	PA
NEUPRO	T3	
<i>pramipexole dihydrochloride</i>	T1	
<i>pramipexole dihydrochloride er</i>	T1	
<i>ropinirole hcl</i>	T1	
<i>ropinirole hcl er</i>	T1	
Non-Opioid Analgesics		
<i>acetaminophen-codeine oral solution</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (4500 ML per 30 days); AL (Min 18 Years)
<i>acetaminophen-codeine oral tablet</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (180 EA per 30 days); AL (Min 18 Years)
<i>butalbital-acetaminophen oral tablet 50-325 mg</i>	T1	QL (36 EA per 30 days)
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL; AL (Min 18 Years)
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.
<i>tramadol-acetaminophen</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (40 EA per 5 days)
Nonsteroidal Anti-Inflamm. Agents, Misc		
<i>diclofenac potassium oral tablet 50 mg</i>	T1	
<i>diclofenac sodium er</i>	T1	
<i>diclofenac sodium oral</i>	T1	
<i>diclofenac-misoprostol oral tablet delayed release</i>	T1	
<i>diflunisal oral</i>	T1	
<i>ec-naproxen oral tablet delayed release 500 mg</i>	T1	
<i>etodolac er</i>	T1	
<i>etodolac oral</i>	T1	
<i>flurbiprofen oral</i>	T1	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1	
<i>indomethacin er</i>	T1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
<i>ketoprofen oral capsule 25 mg</i>	T1	
<i>ketorolac tromethamine oral</i>	T1	QL
<i>meclofenamate sodium oral</i>	T1	
<i>mefenamic acid oral</i>	T1	
<i>meloxicam oral tablet</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits	
<i>nabumetone oral</i>	T1		
<i>naproxen oral tablet</i>	T1		
<i>naproxen oral tablet delayed release</i>	T1		
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1		
<i>oxaprozin oral tablet</i>	T1		
<i>piroxicam oral</i>	T1		
<i>sulindac oral</i>	T1		
Opioid Agonists (28:08)			
<i>acetaminophen-codeine oral solution</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (4500 ML per 30 days); AL (Min 18 Years)	
<i>acetaminophen-codeine oral tablet</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (180 EA per 30 days); AL (Min 18 Years)	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL; AL (Min 18 Years)	
<i>codeine sulfate oral tablet</i>	T1	PA; QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)	
<i>fentanyl</i>	T1	PA; QL (10 EA per 30 days)	
<i>hydrocodone bitartrate er oral tablet er 24 hour abuse-deterrent</i>	T1	PA	
<i>hydrocodone-acetaminophen oral tablet 10-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.	
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.	
<i>hydromorphone hcl er oral tablet extended release 24 hour</i>	T1	PA	
<i>hydromorphone hcl oral tablet</i>	T1	Prior authorization required for claims greater than 7 day supply.	

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Drug Name	Drug Tier	Requirements and Limits	
<i>levorphanol tartrate oral</i>	T1	PA	
<i>meperidine hcl oral tablet 50 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (180 EA per 30 days)	
<i>methadone hcl oral solution</i>	T1	PA	
<i>methadone hcl oral tablet</i>	T1	PA	
<i>morphine sulfate er oral tablet extended release</i>	T1	PA	
<i>morphine sulfate oral tablet</i>	T1	Prior authorization required for claims greater than 7 day supply.	
<i>oxycodone hcl oral solution</i>	T1	Prior authorization required for claims greater than 7 day supply.	
<i>oxycodone hcl oral tablet</i>	T1	Prior authorization required for claims greater than 7 day supply.	
<i>oxycodone hcl oral tablet abuse-deterrent 15 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.	
<i>oxycodone-acetaminophen oral tablet 10-325 mg, 2.5-325 mg, 5-325 mg, 7.5-325 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.	
<i>oxymorphone hcl</i>	T1	Prior authorization required for claims greater than 7 day supply.	
<i>oxymorphone hcl er</i>	T1	PA	
<i>tramadol hcl er oral tablet extended release 24 hour 100 mg</i>	T1	PA; QL (90 EA per 30 days)	
<i>tramadol hcl er oral tablet extended release 24 hour 200 mg</i>	T1	PA; QL (45 EA per 30 days)	
<i>tramadol hcl er oral tablet extended release 24 hour 300 mg</i>	T1	PA; QL (30 EA per 30 days)	

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Drug Name	Drug Tier	Requirements and Limits
<i>tramadol hcl oral tablet 50 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (240 EA per 30 days)
<i>tramadol-acetaminophen</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (40 EA per 5 days)
Opioid Antagonists (28:10)		
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL (90 EA per 30 days)
KLOXXADO	T2	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	
<i>naloxone hcl injection solution cartridge</i>	T1	
<i>naloxone hcl injection solution prefilled syringe</i>	T1	
<i>naloxone hcl nasal</i>	T1	
<i>naltrexone hcl oral</i>	T1	
<i>pentazocine-naloxone hcl</i>	T1	Prior authorization required for claims greater than 7 day supply.
RELISTOR ORAL	T3	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	T3	PA; QL (11.2 ML per 28 days)
REXTOVY	T2	
RIVIVE	T2	
VIVITROL	T2	QL (1 EA per 28 days)
Opioid Partial Agonists		

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>buprenorphine hcl sublingual</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 12-3 mg</i>	T1	QL (60 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual film 2-0.5 mg, 4-1 mg, 8-2 mg</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine hcl-naloxone hcl sublingual tablet sublingual</i>	T1	QL (90 EA per 30 days)
<i>buprenorphine transdermal</i>	T1	PA; QL (4 EA per 28 days)
<i>butorphanol tartrate nasal</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (5 ML per 30 days)
<i>pentazocine-naloxone hcl</i>	T1	Prior authorization required for claims greater than 7 day supply.
Orexin Receptor Antagonists		
BELSOMRA	T3	ST; QL (30 EA per 30 days)
DAYVIGO	T3	ST; QL (30 EA per 30 days)
Phenothiazines		
<i>chlorpromazine hcl oral concentrate</i>	T1	AL (Max 12 Years)
<i>chlorpromazine hcl oral tablet</i>	T1	
<i>fluphenazine decanoate injection</i>	T1	
<i>fluphenazine hcl oral</i>	T1	
<i>perphenazine oral</i>	T1	
<i>perphenazine-amitriptyline</i>	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
<i>thioridazine hcl oral</i>	T1	
<i>trifluoperazine hcl oral</i>	T1	
Respiratory And Cns Stimulants		
<i>atomoxetine hcl</i>	T1	
<i>butalbital-apap-caff-cod oral capsule 50-325-40-30 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL; AL (Min 18 Years)

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Drug Name	Drug Tier	Requirements and Limits	
<i>butalbital-apap-cafeine oral tablet 50-325-40 mg</i>	T1	QL (18 EA per 30 days)	
<i>butalbital-aspirin-cafeine oral capsule</i>	T1	QL (18 EA per 30 days)	
<i>dexmethylphenidate hcl er</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)	
<i>dexmethylphenidate hcl oral tablet 10 mg</i>	T1	QL (60 EA per 30 days); AL (Max 21 Years)	
<i>dexmethylphenidate hcl oral tablet 2.5 mg, 5 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)	
<i>ergotamine-cafeine</i>	T1	QL (40 EA per 30 days)	
<i>methylphenidate hcl er (cd)</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)	
<i>methylphenidate hcl er (la)</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)	
<i>methylphenidate hcl er (osm) oral tablet extended release 18 mg, 27 mg, 54 mg, 72 mg</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)	
<i>methylphenidate hcl er (osm) oral tablet extended release 36 mg</i>	T1	QL (60 EA per 30 days); AL (Max 21 Years)	
<i>methylphenidate hcl er (xr)</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)	
<i>methylphenidate hcl er oral tablet extended release 10 mg</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)	
<i>methylphenidate hcl er oral tablet extended release 20 mg</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)	
<i>methylphenidate hcl er oral tablet extended release 24 hour</i>	T1	QL (30 EA per 30 days); AL (Max 21 Years)	
<i>methylphenidate hcl oral solution 10 mg/5ml</i>	T1	QL (900 ML per 30 days); AL (Max 21 Years)	
<i>methylphenidate hcl oral solution 5 mg/5ml</i>	T1	QL (450 ML per 30 days); AL (Max 21 Years)	
<i>methylphenidate hcl oral tablet</i>	T1	QL (90 EA per 30 days); AL (Max 21 Years)	
<i>methylphenidate hcl oral tablet chewable 10 mg</i>	T1	ST; QL (180 EA per 30 days); AL (Max 21 Years)	

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Drug Name	Drug Tier	Requirements and Limits	
<i>methylphenidate hcl oral tablet chewable 2.5 mg, 5 mg</i>	T1	ST; QL (90 EA per 30 days); AL (Max 21 Years)	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T1	QL (120 EA per 30 days)	
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1		
<i>theophylline er oral tablet extended release 24 hour</i>	T1		
<i>theophylline oral</i>	T1		
Reversible Cox-1/Cox-2 Inhibitors			
<i>diclofenac sodium external gel 3 %</i>	T1	QL (100 g per 30 days)	
<i>diflunisal oral</i>	T1		
<i>ec-naproxen oral tablet delayed release 500 mg</i>	T1		
<i>etodolac er</i>	T1		
<i>etodolac oral</i>	T1		
<i>flurbiprofen oral</i>	T1		
<i>flurbiprofen sodium</i>	T1		
<i>hydrocodone-ibuprofen oral tablet 10-200 mg, 5-200 mg, 7.5-200 mg</i>	T1	Prior authorization required for claims greater than 7 day supply.	
<i>ibuprofen oral tablet 400 mg, 600 mg, 800 mg</i>	T1		
<i>indomethacin er</i>	T1		
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1		
<i>ketorolac tromethamine ophthalmic</i>	T1		
<i>ketorolac tromethamine oral</i>	T1	QL	
<i>meclofenamate sodium oral</i>	T1		
<i>mefenamic acid oral</i>	T1		
<i>meloxicam oral tablet</i>	T1		
<i>nabumetone oral</i>	T1		
<i>naproxen oral tablet</i>	T1		
<i>naproxen oral tablet delayed release</i>	T1		
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1		

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Drug Name	Drug Tier	Requirements and Limits	
<i>oxaprozin oral tablet</i>	T1		
<i>piroxicam oral</i>	T1		
<i>sulindac oral</i>	T1		
Salicylates			
<i>aspirin 81 oral tablet chewable</i>	T1		
<i>aspirin adult low dose</i>	T1		
<i>aspirin adult low strength oral tablet delayed release</i>	T1		
<i>aspirin childrens</i>	T1		
<i>aspirin ec adult low dose</i>	T1		
<i>aspirin ec low dose</i>	T1		
<i>aspirin ec low strength</i>	T1		
<i>aspirin low dose oral tablet chewable</i>	T1		
<i>aspirin low dose oral tablet delayed release</i>	T1		
<i>aspirin low strength</i>	T1		
<i>aspirin oral tablet chewable</i>	T1		
<i>aspirin oral tablet delayed release 81 mg</i>	T1		
<i>aspirin-dipyridamole er</i>	T1		
<i>butalbital-aspirin-caffeine oral capsule</i>	T1	QL (18 EA per 30 days)	
<i>childrens aspirin</i>	T1		
<i>cvs aspirin adult low dose</i>	T1		
<i>cvs aspirin adult low strength</i>	T1		
<i>cvs aspirin ec oral tablet delayed release 81 mg</i>	T1		
<i>cvs aspirin low dose</i>	T1		
<i>cvs aspirin low strength oral tablet delayed release</i>	T1		
<i>eq aspirin adult low dose</i>	T1		
<i>eq aspirin low dose oral tablet chewable</i>	T1		
<i>eql aspirin low dose</i>	T1		
<i>gnp adult aspirin low strength oral tablet chewable</i>	T1		
<i>gnp aspirin low dose</i>	T1		

		Requirements and Limits
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Drug Name	Drug Tier	Requirements and Limits
<i>gnp aspirin oral tablet delayed release 81 mg</i>	T1	
<i>goodsense aspirin low dose</i>	T1	
<i>goodsense aspirin oral tablet chewable</i>	T1	
<i>h-e-b aspirin</i>	T1	
<i>kls aspirin low dose</i>	T1	
<i>kp aspirin</i>	T1	
<i>orphenadrine-aspirin-caffeine oral tablet 25-385-30 mg</i>	T1	QL (120 EA per 30 days)
<i>qc aspirin low dose</i>	T1	
<i>qc childrens aspirin</i>	T1	
<i>sb childrens aspirin</i>	T1	
<i>sb low dose asa ec</i>	T1	
Sel.Serotonin,Norepi Reuptake Inhibitor		
<i>desvenlafaxine succinate er</i>	T1	
<i>duloxetine hcl oral capsule delayed release particles 20 mg, 30 mg, 60 mg</i>	T1	
FETZIMA	T3	QL (30 EA per 30 days)
FETZIMA TITRATION	T3	QL
SAVELLA ORAL TABLET 100 MG, 25 MG, 50 MG	T3	QL (60 EA per 30 days)
SAVELLA ORAL TABLET 12.5 MG	T3	QL (30 EA per 30 days)
SAVELLA TITRATION PACK	T3	QL
<i>venlafaxine hcl</i>	T1	
<i>venlafaxine hcl er oral capsule extended release 24 hour</i>	T1	
<i>venlafaxine hcl er oral tablet extended release 24 hour 150 mg, 37.5 mg, 75 mg</i>	T1	ST
<i>venlafaxine hcl er oral tablet extended release 24 hour 225 mg</i>	T1	
Selective Serotonin Agonists		
<i>almotriptan malate</i>	T1	ST; QL
<i>eletriptan hydrobromide</i>	T1	ST; QL

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>frovatriptan succinate</i>	T1	ST; QL
<i>naratriptan hcl</i>	T1	ST; QL
<i>rizatriptan benzoate</i>	T1	QL
<i>sumatriptan nasal</i>	T1	ST; QL
<i>sumatriptan succinate oral</i>	T1	QL
<i>sumatriptan succinate refill subcutaneous solution cartridge</i>	T1	ST; QL
<i>sumatriptan succinate subcutaneous solution 6 mg/0.5ml</i>	T1	ST; QL
<i>sumatriptan succinate subcutaneous solution auto-injector 4 mg/0.5ml, 6 mg/0.5ml</i>	T1	ST; QL
<i>zolmitriptan oral tablet</i>	T1	ST; QL
Selective-Serotonin Reuptake Inhibitors		
<i>citalopram hydrobromide oral solution</i>	T1	
<i>citalopram hydrobromide oral tablet</i>	T1	
<i>escitalopram oxalate oral solution 5 mg/5ml</i>	T1	AL (Max 12 Years)
<i>escitalopram oxalate oral tablet</i>	T1	
<i>fluoxetine hcl (pmdd) oral tablet</i>	T1	
<i>fluoxetine hcl oral capsule</i>	T1	
<i>fluoxetine hcl oral capsule delayed release</i>	T1	
<i>fluoxetine hcl oral solution</i>	T1	
<i>fluoxetine hcl oral tablet 10 mg, 20 mg</i>	T1	ST
<i>fluvoxamine maleate</i>	T1	
<i>paroxetine hcl</i>	T1	
<i>paroxetine hcl er</i>	T1	
<i>sertraline hcl oral concentrate</i>	T1	
<i>sertraline hcl oral tablet</i>	T1	
Serotonin Modulators		
<i>mirtazapine oral</i>	T1	
<i>nefazodone hcl</i>	T1	
<i>trazodone hcl oral</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits	
TRINTELLIX	T3		
<i>vilazodone hcl</i>	T1		
Succinimides			
<i>ethosuximide oral</i>	T1		
<i>methsuximide</i>	T1		
Thioxanthenes			
<i>thiothixene oral</i>	T1		
Tricyclics, Other Norepi-Ru Inhibitors			
<i>amitriptyline hcl oral</i>	T1		
<i>amoxapine</i>	T1		
<i>chlordiazepoxide-amitriptyline</i>	T1		
<i>clomipramine hcl oral</i>	T1		
<i>desipramine hcl oral</i>	T1		
<i>doxepin hcl external</i>	T1	ST; QL (45 GM per 30 days)	
<i>doxepin hcl oral capsule</i>	T1		
<i>doxepin hcl oral concentrate</i>	T1		
<i>doxepin hcl oral tablet</i>	T1	QL (30 EA per 30 days)	
<i>imipramine hcl oral</i>	T1		
<i>imipramine pamoate</i>	T1		
<i>nortriptyline hcl oral</i>	T1		
<i>perphenazine-amitriptyline</i>	T1		
<i>protriptyline hcl</i>	T1		
<i>trimipramine maleate oral</i>	T1		
Vesicular Monoamine Transport2 Inhibitor			
AUSTEDO	T4	PA; SP	
AUSTEDO XR	T4	PA; SP	
AUSTEDO XR PATIENT TITRATION ORAL TABLET EXTENDED RELEASE THERAPY PACK 12 & 18 & 24 & 30 MG	T4	PA; SP	
INGREZZA	T4	PA; SP	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
tetrabenazine	T1	SP
Wakefulness-Promoting Agents		
armodafinil	T1	PA
diclofenac sodium oral tablet delayed release 75 mg	T1	
modafinil oral	T1	PA
sodium oxybate	T4	PA; SP; QL (540 ml per 30 days)
SUNOSI	T3	PA
Dental Agents		
Dental Agents		
sf	T1	
sf 5000 plus	T1	
sodium fluoride 5000 plus	T1	
sodium fluoride 5000 ppm dental cream	T1	
sodium fluoride dental cream	T1	
sodium fluoride dental gel 1.1 %	T1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	AL (Max 17 Years)
sodium fluoride oral tablet 2.2 (1 f) mg	T1	AL (Max 17 Years)
sodium fluoride oral tablet chewable	T1	AL (Max 17 Years)
Nutritional Supplements		
sf	T1	
sf 5000 plus	T1	
sodium fluoride 5000 plus	T1	
sodium fluoride 5000 ppm dental cream	T1	
sodium fluoride dental cream	T1	
sodium fluoride dental gel 1.1 %	T1	
sodium fluoride oral solution 1.1 (0.5 f) mg/ml	T1	AL (Max 17 Years)
sodium fluoride oral tablet 2.2 (1 f) mg	T1	AL (Max 17 Years)
sodium fluoride oral tablet chewable	T1	AL (Max 17 Years)
Devices		

		Requirements and Limits
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	T1 = Generic	PA = Prior Authorization
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	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
Devices		
ACCU-CHEK AVIVA IN VITRO SOLUTION	T1	
ACCU-CHEK AVIVA PLUS	T1	QL (1 kit per 365 days)
ACCU-CHEK FASTCLIX LANCET	T1	
ACCU-CHEK FASTCLIX LANCETS	T1	
ACCU-CHEK GUIDE	T1	QL (1 kit per 365 days)
ACCU-CHEK GUIDE CONTROL	T1	
ACCU-CHEK GUIDE ME	T1	QL (1 kit per 365 days)
ACCU-CHEK SMARTVIEW CONTROL	T1	
ACCU-CHEK SOFTCLIX LANCET DEV KIT	T1	
ACCU-CHEK SOFTCLIX LANCETS	T1	
ADVOCATE ALCOHOL PREP PADS	T1	
AIRZONE PEAK FLOW METER	T1	QL (1 EA per 365 days)
<i>alcohol pads</i>	T1	
<i>alcohol prep</i>	T1	
<i>alcohol prep pads</i>	T1	
<i>alcohol swabs</i>	T1	
<i>alcohol swabstick pad</i>	T1	
ASSESS PEAK FLOW METER	T1	QL (1 EA per 365 days)
<i>aum alcohol prep pads</i>	T1	
BAND-AID GAUZE SMALL	T1	
BD AUTOSHIELD DUO	T1	
BD INS SYR ULTRAFINE 1/2UNIT	T1	
BD INSULIN SYRINGE U-500	T1	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.3 ML	T1	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 0.5 ML	T1	
BD INSULIN SYRINGE ULTRAFINE 30G X 1/2" 1 ML	T1	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.3 ML	T1	

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Drug Name	Drug Tier	Requirements and Limits	
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 0.5 ML	T1		
BD INSULIN SYRINGE ULTRAFINE 31G X 5/16" 1 ML	T1		
BD PEN NEEDLE MICRO ULTRAFINE	T1		
BD PEN NEEDLE MINI U/F	T1		
BD PEN NEEDLE MINI ULTRAFINE	T1		
BD PEN NEEDLE NANO 2ND GEN	T1		
BD PEN NEEDLE NANO ULTRAFINE 32G X 4 MM	T1		
BD PEN NEEDLE ORIG ULTRAFINE 29G X 12.7MM	T1		
BD PEN NEEDLE SHORT ULTRAFINE	T1		
BD SWAB SINGLE USE REGULAR	T1		
BD VEO INSULIN SYR U/F 1/2UNIT	T1		
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.3 ML	T1		
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 0.5 ML	T1		
BD VEO INSULIN SYR ULTRAFINE 31G X 15/64" 1 ML	T1		
CARETOUCH ALCOHOL PREP	T1		
COMFORT TOUCH ALCOHOL PREP	T1		
CURITY ALCOHOL PREPS	T1		
CURITY ALL PURPOSE SPONGES PAD 2"X2"	T1		
CURITY AMD ANTIMICROBIAL SPNGE PAD 2"X2"	T1		
CURITY GAUZE PAD 2"X2"	T1		
CURITY GAUZE SPONGE PAD 2"X2"	T1		
CURITY SPONGES PAD 2"X2"	T1		
<i>cvs alcohol prep pads</i>	T1		
<i>cvs antibacterial gauze</i>	T1		
<i>cvs gauze pad 2"x2"</i>	T1		

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Drug Name	Drug Tier	Requirements and Limits
<i>cvs prep</i>	T1	
DERMACEA GAUZE SPONGE PAD 2"X2"	T1	
DERMACEA IV DRAIN SPONGES PAD 2"X2"	T1	
DERMACEA IV SPONGES	T1	
DERMACEA NON-WOVEN SPONGES PAD 2"X2"	T1	
DERMACEA TYPE VII GAUZE PAD 2"X2"	T1	
DEXCOM G6 RECEIVER	T2	ST; QL
DEXCOM G6 SENSOR	T2	ST; QL
DEXCOM G6 TRANSMITTER	T2	ST; QL
DEXCOM G7 15 DAY SENSOR	T2	ST; QL (2 EA per 30 days)
DEXCOM G7 RECEIVER	T2	ST; QL
DEXCOM G7 SENSOR	T2	ST; QL
DROPSAFE ALCOHOL PREP	T1	
<i>easy comfort alcohol pads</i>	T1	
EASY TOUCH ALCOHOL PREP MEDIUM	T1	
EMBECTA AUTOSHIELD DUO	T1	
EMBECTA INS SYR U/F 1/2 UNIT	T1	
EMBECTA INSULIN SYR ULTRAFINE	T1	
EMBECTA INSULIN SYRINGE	T1	
EMBECTA INSULIN SYRINGE U-100	T1	
EMBECTA INSULIN SYRINGE U-500	T1	
EMBECTA PEN NEEDLE NANO	T1	
EMBECTA PEN NEEDLE NANO 2 GEN	T1	
EMBECTA PEN NEEDLE ULTRAFINE	T1	
<i>eql alcohol swabs</i>	T1	
<i>eql gauze pad 2"x2"</i>	T1	
EXCILON IV SPONGES	T1	
FIFTY50 ALCOHOL PREP	T1	
FREESTYLE LIBRE 14 DAY READER	T2	ST; QL
FREESTYLE LIBRE 14 DAY SENSOR	T2	ST; QL

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Drug Tier		
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Drug Name	Drug Tier	Requirements and Limits
FREESTYLE LIBRE 2 PLUS SENSOR	T2	ST; QL (2 EA per 30 days)
FREESTYLE LIBRE 2 READER	T2	ST; QL
FREESTYLE LIBRE 2 SENSOR	T2	ST; QL
FREESTYLE LIBRE 3 PLUS SENSOR	T2	ST; QL (2 EA per 30 days)
FREESTYLE LIBRE 3 READER	T2	ST; QL (1 EA per 365 days)
FREESTYLE LIBRE 3 SENSOR	T2	ST; QL
FREESTYLE LIBRE READER	T2	ST; QL (1 EA per 365 days)
<i>gauze pads pad 2"x2"</i>	T1	
<i>gauze type vii medi-pak</i>	T1	
<i>global alcohol prep ease</i>	T1	
<i>gnp alcohol swabs pad 70 %</i>	T1	
<i>gnp sterile gauze pad 2"x2"</i>	T1	
<i>goodsense alcohol swabs</i>	T1	
<i>h-e-b incontrol alcohol</i>	T1	
<i>hm sterile pads pad 2"x2"</i>	T1	
J & J GAUZE PAD 2"X2"	T1	
KENDALL HYDROPHILIC FOAM DRESS PAD 2"X2"	T1	
KENDALL HYDROPHILIC FOAM PLUS PAD 2"X2"	T1	
<i>lung perform peak flow meter</i>	T1	QL (1 EA per 365 days)
<i>meijer alcohol swabs</i>	T1	
MINI WRIGHT PEAK FLOW METER	T1	QL (1 EA per 365 days)
MIRASORB SPONGES 2"X2"	T1	
OMNIPOD 5 DEXG7G6 INTRO GEN 5	T2	QL
OMNIPOD 5 DEXG7G6 PODS GEN 5	T2	
OMNIPOD 5 LIBRE2 G6 INTRO GEN5	T2	QL
OMNIPOD 5 LIBRE2 PLUS G6 PODS	T2	
OMNIPOD DASH INTRO (GEN 4)	T2	QL (1 kit per 730 days)
OMNIPOD DASH PDM (GEN 4)	T2	QL
OMNIPOD DASH PODS (GEN 4)	T2	

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Drug Name	Drug Tier	Requirements and Limits
OPTICHAMBER DIAMOND	T2	QL (2 EA per 365 days); AL (Max 12 Years)
OPTICHAMBER DIAMOND-LG MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
OPTICHAMBER DIAMOND-MD MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
OPTICHAMBER DIAMOND-SM MASK	T2	QL (2 EA per 365 days); AL (Max 12 Years)
<i>peak a-i-r flow meter</i>	T1	QL (1 EA per 365 days)
PEAK AIR PEAK FLOW METER	T1	QL (1 EA per 365 days)
PHARMACIST CHOICE ALCOHOL	T1	
POCKET PEAK FLOW METER	T1	QL (1 EA per 365 days)
POCKETPEAK PEAK FLOW METER	T1	QL (1 EA per 365 days)
<i>pro comfort alcohol</i>	T1	
<i>pure comfort alcohol prep</i>	T1	
<i>qc alcohol swabs</i>	T1	
<i>qc border island gauze</i>	T1	
<i>qc sterile pads pad 2"x2"</i>	T1	
<i>reality swabs</i>	T1	
RELION ALCOHOL SWABS	T1	
RESTORE CONTACT LAYER PAD 2"X2"	T1	
<i>saps care alcohol prep</i>	T1	
<i>saps health alcohol prep</i>	T1	
<i>saps health care alcohol prep</i>	T1	
<i>sb alcohol prep</i>	T1	
SILIGENTLE FOAM DRESSING PAD 2"X2"	T1	
<i>sm sterile pad 2"x2"</i>	T1	
<i>sterile gauze pad 2"x2"</i>	T1	
<i>sterile pad 2"x2"</i>	T1	
<i>sure comfort alcohol prep</i>	T1	
<i>surgical gauze sponge</i>	T1	
THERAGAUZE PAD 2"X2"	T1	
<i>true comfort alcohol prep pads</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
<i>true comfort pro alcohol prep</i>	T1	
TRUZONE PEAK FLOW METER	T1	QL (1 EA per 365 days)
ULTICARE ALCOHOL SWABS	T1	
<i>ultilet alcohol swabs</i>	T1	
<i>ultra-care alcohol prep pads</i>	T1	
WEBCOL ALCOHOL PREP LARGE	T1	
WEBCOL ALCOHOL PREP MEDIUM	T1	
<i>zevrx sterile alcohol prep pad</i>	T1	
Diagnostic Agents		
Adrenocortical Insufficiency		
ACTHAR	T4	PA; SP
CORTROPHIN	T4	PA; SP
CORTROPHIN GEL	T4	PA
Cardiac Function		
<i>aspirin-dipyridamole er</i>	T1	
<i>dipyridamole oral</i>	T1	
Diabetes Mellitus		
ACCU-CHEK AVIVA PLUS IN VITRO	T1	
ACCU-CHEK GUIDE TEST	T1	Only NDCs 65702071110 and 65702071210 are covered.
ACCU-CHEK SMARTVIEW	T1	
Diagnostic Agents		
<i>advin covid-19 antigen test</i>	T1	Only NDC 60010003312 is covered.; QL (1 EA per 120 days)
<i>fastep covid-19 antigen test</i>	T1	Only NDC 10022063031 is covered.; QL (1 EA per 120 days)
FLOWFLEX COVID-19 AG HOME TEST	T1	Only NDC 82607066026 is covered.; QL (1 EA per 120 days)

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
ON/GO ONE COVID-19 HOME TEST	T1	Only NDC 60007093040 is covered.; QL (1 EA per 120 days)
SPEEDY SWAB COVID-19 ANTIGEN	T1	Only NDCs 60009074320 and 74012067713 are covered.; QL (1 EA per 120 days)
Thyroid Function		
THYROGEN INTRAMUSCULAR SOLUTION RECONSTITUTED 0.9 MG	T4	SP
Electrolytic, Caloric, And Water Balance		
Alkalinizing Agents		
<i>potassium citrate er</i>	T1	
Ammonia Detoxicants		
<i>carglumic acid oral tablet soluble</i>	T4	SP
<i>constulose</i>	T1	
<i>enulose</i>	T1	
<i>generlac</i>	T1	
<i>lactulose encephalopathy oral solution 10 gm/15ml</i>	T1	
<i>lactulose oral solution</i>	T1	
Caloric Agents		
<i>cvs glucose oral tablet chewable 4-6 gm-mg</i>	T1	QL (200 EA per 30 days)
<i>glucose oral tablet chewable 4-6 gm-mg</i>	T1	QL (200 EA per 30 days)
<i>hy-vee glucose</i>	T1	QL (200 EA per 30 days)
<i>meijer glucose oral tablet chewable 4-6 gm-mg</i>	T1	QL (200 EA per 30 days)
RELION GLUCOSE ORAL TABLET CHEWABLE	T1	QL (200 EA per 30 days)
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM	T1	QL (200 EA per 30 days)
Carbonic Anhydrase Inhibitors		
<i>acetazolamide er</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>acetazolamide oral</i>	T1	
Diuretics, Miscellaneous		
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	
<i>theophylline er oral tablet extended release 24 hour</i>	T1	
<i>theophylline oral</i>	T1	
Irrigating Solutions		
RENACIDIN	T3	
Loop Diuretics (40:28)		
<i>bumetanide oral</i>	T1	
<i>ethacrynic acid oral</i>	T1	PA
<i>furosemide oral solution 10 mg/ml, 8 mg/ml</i>	T1	
<i>furosemide oral tablet</i>	T1	
<i>torseamide oral</i>	T1	
Phosphate-Removing Agents		
<i>calcium acetate (phos binder) oral capsule</i>	T1	
FOSRENOL ORAL PACKET	T3	PA
<i>lanthanum carbonate</i>	T1	PA
<i>sevelamer carbonate oral packet</i>	T1	PA
<i>sevelamer carbonate oral tablet</i>	T1	
VELPHORO	T3	PA
Potassium-Removing Agents		
LOKELMA	T3	PA
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VELTASSA	T3	PA; SP
Potassium-Sparing Diuretics		
<i>amiloride hcl oral</i>	T1	
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>eplerenone</i>	T1	

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Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>spironolactone oral tablet</i>	T1	
<i>spironolactone-hctz</i>	T1	
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
Replacement Preparations		
<i>calcium acetate (phos binder) oral capsule</i>	T1	
KLOR-CON 10	T2	
KLOR-CON M10	T2	
KLOR-CON M15	T2	
KLOR-CON M20	T2	
KLOR-CON ORAL TABLET EXTENDED RELEASE	T2	
<i>potassium chloride crys er oral tablet extended release 10 meq, 20 meq</i>	T1	
<i>potassium chloride er</i>	T1	
<i>potassium chloride oral solution 20 meq/15ml (10%), 40 meq/15ml (20%)</i>	T1	
Thiazide Diuretics		
<i>amiloride-hydrochlorothiazide</i>	T1	
<i>benazepril-hydrochlorothiazide</i>	T1	
<i>bisoprolol-hydrochlorothiazide</i>	T1	
<i>candesartan cilexetil-hctz</i>	T1	
<i>enalapril-hydrochlorothiazide</i>	T1	
<i>hydrochlorothiazide oral</i>	T1	
<i>irbesartan-hydrochlorothiazide</i>	T1	
<i>lisinopril-hydrochlorothiazide</i>	T1	
<i>losartan potassium-hctz</i>	T1	
<i>metoprolol-hydrochlorothiazide</i>	T1	
<i>olmesartan medoxomil-hctz</i>	T1	
<i>quinapril-hydrochlorothiazide</i>	T1	
<i>spironolactone-hctz</i>	T1	
<i>telmisartan-hctz</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>triamterene-hctz oral capsule 37.5-25 mg</i>	T1	
<i>triamterene-hctz oral tablet</i>	T1	
<i>valsartan-hydrochlorothiazide</i>	T1	
Thiazide-Like Diuretics		
<i>atenolol-chlorthalidone</i>	T1	
<i>chlorthalidone oral tablet 25 mg, 50 mg</i>	T1	
<i>indapamide oral</i>	T1	
<i>metolazone</i>	T1	
Uricosuric Agents		
<i>colchicine-probenecid</i>	T1	
<i>probenecid oral</i>	T1	
Vasopressin Antagonists		
<i>tolvaptan oral tablet 15 mg, 30 mg</i>	T4	PA; SP
<i>tolvaptan oral tablet therapy pack</i>	T4	PA; SP
Enzymes		
Enzyme Cofactors/Chaperones		
GALAFOLD	T4	PA; SP
<i>sapropterin dihydrochloride oral packet</i>	T4	PA; SP
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP
Enzyme Inhibitors		
CERDELGA	T4	PA; SP
<i>miglustat</i>	T4	PA; SP
<i>nitisinone</i>	T4	PA; SP
NITYR	T4	PA; SP
ORFADIN ORAL SUSPENSION	T4	PA; SP
Enzymes		
CEREZYME INTRAVENOUS SOLUTION RECONSTITUTED 400 UNIT	T4	PA; SP
CREON	T2	
ELELYSO	T4	PA; SP
HYQVIA	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP
SANTYL	T3	PA; QL (90 GM per 30 days)
SUCRAID	T4	PA; SP
VPRIV	T4	PA; SP
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, 60000-189600 UNIT	T2	
Eye, Ear, Nose And Throat (Eent) Preps.		
Alpha-Adrenergic Agonists (Eent)		
<i>apraclonidine hcl</i>	T1	ST
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	ST
SIMBRINZA	T2	QL (8 ML per 25 days)
Antiallergic Agents		
ALOCRI	T3	
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	T1	
<i>azelastine hcl ophthalmic</i>	T1	
<i>bepotastine besilate</i>	T1	ST
<i>cromolyn sodium inhalation</i>	T1	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T1	
<i>epinastine hcl</i>	T1	ST
LASTACFT	T3	
<i>olopatadine hcl nasal</i>	T1	
<i>olopatadine hcl ophthalmic solution 0.2 %</i>	T1	NDC 62332050203 is not on formulary. Use alternate NDC.

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Drug Name	Drug Tier	Requirements and Limits
Antibacterials (52:04)		
AZASITE	T3	
<i>bacitracin ophthalmic</i>	T1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
BESIVANCE	T3	
CIPRO HC	T3	
<i>ciprofloxacin hcl ophthalmic</i>	T1	
<i>ciprofloxacin hcl otic</i>	T1	ST
<i>ciprofloxacin-dexamethasone</i>	T1	ST
<i>ciprofloxacin-fluocinolone pf</i>	T1	ST
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<i>erythromycin ophthalmic</i>	T1	
<i>gatifloxacin ophthalmic</i>	T1	
<i>gentamicin sulfate external</i>	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>minocycline hcl oral capsule</i>	T1	
<i>moxifloxacin hcl ophthalmic solution</i>	T1	QL (3 ML per 30 days)
<i>neomycin sulfate oral</i>	T1	
<i>neomycin-bacitracin zn-polymyx ophthalmic ointment 5-400-10000</i>	T1	
<i>neomycin-polymyxin-dexameth</i>	T1	
<i>neomycin-polymyxin-gramicidin ophthalmic solution 1.75-10000-.025</i>	T1	
<i>neomycin-polymyxin-hc otic</i>	T1	
<i>ofloxacin ophthalmic</i>	T1	
<i>ofloxacin otic</i>	T1	
<i>polymyxin b-trimethoprim</i>	T1	
<i>sulfacetamide sodium ophthalmic</i>	T1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
<i>tobramycin inhalation nebulization solution 300 mg/5ml</i>	T4	PA; SP
<i>tobramycin ophthalmic</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	QL (10 ML per 30 days)
ZYLET	T3	
Antifungals (Eent)		
NATACYN	T3	
Anti-Infectives, Miscellaneous (52:04)		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
Anti-Inflammatory Agents (Eent)		
<i>cyclosporine modified</i>	T1	
<i>cyclosporine ophthalmic</i>	T1	ST; QL (60 EA per 30 days)
<i>cyclosporine oral capsule</i>	T1	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION	T2	
OXERVATE	T4	PA; SP
XIIDRA	T3	PA; QL (60 EA per 30 days)
Antivirals (Eent)		
<i>trifluridine ophthalmic</i>	T1	
Astringents (52:04)		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
Beta-Adrenergic Blocking Agents (Eent)		
<i>betaxolol hcl ophthalmic</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	ST
<i>carteolol hcl</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
<i>levobunolol hcl ophthalmic solution 0.5 %</i>	T1	
<i>timolol maleate ophthalmic solution</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
Carbonic Anhydrase Inhibitors (Eent)		
<i>acetazolamide er</i>	T1	
<i>acetazolamide oral</i>	T1	
<i>brinzolamide</i>	T1	ST
<i>dorzolamide hcl ophthalmic</i>	T1	
<i>dorzolamide hcl-timolol mal</i>	T1	
<i>methazolamide oral</i>	T1	
SIMBRINZA	T2	QL (8 ML per 25 days)
Corticosteroids (Eent)		
ARNUITY ELLIPTA	T2	QL (30 Inhaler per 30 days)
CIPRO HC	T3	
<i>ciprofloxacin-dexamethasone</i>	T1	ST
<i>ciprofloxacin-fluocinolone pf</i>	T1	ST
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>dexamethasone sodium phosphate ophthalmic</i>	T1	
<i>difluprednate</i>	T1	ST
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	
<i>fluocinolone acetonide external cream 0.01 %</i>	T1	ST
<i>fluocinolone acetonide external cream 0.025 %</i>	T1	
<i>fluocinolone acetonide external ointment</i>	T1	
<i>fluocinolone acetonide external solution</i>	T1	
<i>fluocinolone acetonide otic</i>	T1	
<i>fluorometholone ophthalmic</i>	T1	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T2	QL (60 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits	
<i>fluticasone propionate diskus</i>	T2	QL (60 Inhaler per 30 days)	
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	T2	QL (12 GM per 30 days)	
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	T2	QL (24 GM per 30 days)	
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	T2	QL (10.6 GM per 30 days)	
<i>fluticasone propionate nasal</i>	T1		
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T1	QL (60 EA per 30 days)	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 EA per 30 days)	
FML FORTE	T2		
<i>hydrocortisone (perianal)</i>	T1		
<i>hydrocortisone butyrate external</i>	T1	ST	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	T1		
<i>hydrocortisone external lotion 2.5 %</i>	T1		
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	T1		
<i>hydrocortisone oral</i>	T1		
<i>hydrocortisone rectal enema</i>	T1		
<i>hydrocortisone valerate external cream</i>	T1		
<i>hydrocortisone valerate external ointment</i>	T1	ST	
<i>hydrocortisone-acetic acid</i>	T1		
<i>loteprednol etabonate ophthalmic suspension 0.5 %</i>	T1	ST	
MEDPURA HYDROCORTISONE	T1		
<i>mometasone furoate external</i>	T1		
<i>mometasone furoate nasal</i>	T1		
<i>neomycin-polymyxin-dexameth</i>	T1		
<i>neomycin-polymyxin-hc otic</i>	T1		
<i>prednisolone acetate ophthalmic</i>	T1		
<i>prednisolone oral solution</i>	T1		

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Drug Tier T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	T1	
<i>sulfacetamide-prednisolone ophthalmic solution</i>	T1	
<i>tobramycin-dexamethasone</i>	T1	QL (10 ML per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST; QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 Inhaler per 30 days)
ZYLET	T3	
Eent Anti-Inflammatory Agents, Misc.		
<i>cyclosporine ophthalmic</i>	T1	ST; QL (60 EA per 30 days)
XIIDRA	T3	PA; QL (60 EA per 30 days)
Eent Drugs, Miscellaneous		
<i>acetic acid otic</i>	T1	
ADVANCED EYE RELIEF OPHTHALMIC SOLUTION 1-0.3 %	T1	
<i>apraclonidine hcl</i>	T1	ST
<i>artificial tears ophthalmic solution 0.1-0.3 %</i>	T1	
<i>artificial tears pf</i>	T1	
<i>carboxymethylcellulose sodium ophthalmic solution 0.5 %</i>	T1	
<i>cromolyn sodium inhalation</i>	T1	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T1	
<i>eq artificial tears ophthalmic solution 1-0.3 %</i>	T1	
<i>eq restore tears</i>	T1	
GENTEAL TEARS	T1	
GENTEAL TEARS PF	T1	

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Drug Name	Drug Tier	Requirements and Limits
<i>hydrocortisone-acetic acid</i>	T1	
<i>just tears eye drops</i>	T1	
<i>lubricant eye drops ophthalmic solution 0.5 %</i>	T1	
OXERVATE	T4	PA; SP
<i>polyvinyl alcohol ophthalmic</i>	T1	
PURE & GENTLE LUBRICANT OPHTHALMIC SOLUTION 3 MG/ML	T1	
REFRESH TEARS	T1	
SOOTHE HYDRATION	T1	
SOOTHE XP	T1	
SOOTHE XP XTRA PROTECTION	T1	
SYSTANE CONTACTS	T1	
ULTRA FRESH	T1	
Eent Nonsteroidal Anti-Inflam. Agents		
<i>bromfenac sodium (once-daily)</i>	T1	ST
<i>diclofenac sodium ophthalmic</i>	T1	
<i>flurbiprofen oral</i>	T1	
<i>flurbiprofen sodium</i>	T1	
<i>ketorolac tromethamine ophthalmic</i>	T1	
<i>ketorolac tromethamine oral</i>	T1	QL
NEVANAC	T3	
Local Anesthetics (Eent)		
<i>lidocaine hcl mouth/throat</i>	T1	
<i>lidocaine viscous hcl</i>	T1	
<i>proparacaine hcl ophthalmic</i>	T1	
Miotics		
<i>pilocarpine hcl ophthalmic solution 1 %, 2 %, 4 %</i>	T1	
<i>pilocarpine hcl oral</i>	T1	
QLOSI	T3	PA; QL (60 EA per 30 days)
VUITY	T3	PA; QL (5 ML per 25 days)

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Drug Name	Drug Tier	Requirements and Limits
Mydriatics		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	
Prostaglandin Analogs		
<i>latanoprost ophthalmic</i>	T1	
LUMIGAN OPTHALMIC SOLUTION 0.01 %	T2	QL (2.5 ML per 25 days)
<i>tafluprost (pf)</i>	T1	ST
<i>travoprost (bak free)</i>	T1	ST
Rho Kinase Inhibitors		
RHOPRESSA	T3	QL (2.5 ML per 25 days)
Vascular Endothelial Growth Factor Antag		
CIMERLI	T4	PA; SP
Gastrointestinal Drugs		
5-Ht3 Receptor Antagonists		
AKYNZEO ORAL	T3	PA
<i>granisetron hcl oral</i>	T1	QL (2 EA per 1 day)
<i>ondansetron hcl oral solution</i>	T1	QL (30 ML per 1 day)
<i>ondansetron hcl oral tablet 24 mg</i>	T1	QL (1 EA per 1 day)
<i>ondansetron hcl oral tablet 4 mg, 8 mg</i>	T1	QL (3 EA per 1 day)
<i>ondansetron oral tablet dispersible 4 mg, 8 mg</i>	T1	QL (3 EA per 1 day)
Antacids And Adsorbents		
<i>omeprazole-sodium bicarbonate oral capsule</i>	T1	ST
<i>omeprazole-sodium bicarbonate oral packet</i>	T1	ST; AL (Max 12 Years)
Antidiarrhea Agents		
<i>diphenoxylate-atropine oral liquid</i>	T1	
<i>diphenoxylate-atropine oral tablet 2.5-0.025 mg</i>	T1	
<i>loperamide hcl oral capsule</i>	T1	
XERMELO	T4	PA; SP

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
Antiemetics, Miscellaneous		
<i>dronabinol</i>	T1	
<i>olanzapine oral</i>	T1	QL (30 EA per 30 days)
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	T1	
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
<i>scopolamine</i>	T1	QL (10 EA per 30 days)
SYNDROS	T3	AL (Max 12 Years)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 210 MG, 300 MG	T2	QL (2 EA per 28 days)
ZYPREXA RELPREVV INTRAMUSCULAR SUSPENSION RECONSTITUTED 405 MG	T2	QL (1 EA per 28 days)
Antihistamines (Gi Drugs)		
<i>doxylamine-pyridoxine</i>	T1	PA
<i>meclizine hcl oral tablet 12.5 mg, 25 mg</i>	T1	
<i>prochlorperazine</i>	T1	
<i>prochlorperazine maleate oral</i>	T1	
<i>trimethobenzamide hcl oral</i>	T1	
Anti-Inflammatory Agents (Gi Drugs)		
<i>alosetron hcl</i>	T1	QL (60 EA per 30 days)
<i>balsalazide disodium</i>	T1	
DIPENTUM	T3	
<i>mesalamine er oral capsule extended release 24 hour</i>	T1	
<i>mesalamine oral capsule delayed release</i>	T1	
<i>mesalamine oral tablet delayed release 1.2 gm</i>	T1	
<i>mesalamine rectal</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
<i>mesalamine-cleanser</i>	T1	
<i>sulfasalazine oral</i>	T1	
Antiulcer Agents And Acid Suppressants		
<i>amoxicillin oral capsule</i>	T1	
<i>amoxicillin oral suspension reconstituted</i>	T1	
<i>amoxicillin oral tablet</i>	T1	
<i>amoxicillin oral tablet chewable 125 mg, 250 mg</i>	T1	
<i>clarithromycin er</i>	T1	
<i>clarithromycin oral</i>	T1	
<i>metronidazole oral capsule</i>	T1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
<i>tetracycline hcl oral capsule</i>	T1	
Cathartics And Laxatives		
GAVILYTE-C	T1	
GAVILYTE-G	T1	
GAVILYTE-N WITH FLAVOR PACK	T1	
<i>na sulfate-k sulfate-mg sulf oral solution 17.5-3.13-1.6 gm/177ml</i>	T1	PA
<i>peg 3350-kcl-na bicarb-nacl</i>	T1	
<i>peg-3350/electrolytes</i>	T1	
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	PA
<i>polyethylene glycol 3350 oral packet 17 gm</i>	T1	
<i>polyethylene glycol 3350 oral powder</i>	T1	
<i>polyethylene glycol 3350 powder</i>	T1	
Chloride Channel Activators		
<i>lubiprostone</i>	T1	QL (60 EA per 30 days)
Cholelitholytic Agents		
BYLVAY	T4	PA; SP
BYLVAY (PELLETS)	T4	PA; SP
LIVMARLI	T4	PA; SP

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
OICALIVA	T4	PA; SP
<i>ursodiol oral capsule 300 mg</i>	T1	
<i>ursodiol oral tablet</i>	T1	
Digestants		
CREON	T2	
GATTEX	T4	PA; SP
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, 60000-189600 UNIT	T2	
Dopamine Receptor Antagonists		
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Gi Drugs, Miscellaneous		
ABRILADA (1 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 SYRINGE)	T4	PA; Only NDCs starting with 00025 are covered.; SP
<i>adalimumab-aaty (1 pen)</i>	T4	PA; SP
<i>adalimumab-aaty (2 pen)</i>	T4	PA; SP
<i>adalimumab-aaty (2 syringe)</i>	T4	PA; SP
<i>adalimumab-aaty cd/uc/hs start</i>	T4	PA; SP
<i>adalimumab-fkjp (2 pen)</i>	T4	PA; SP
<i>adalimumab-fkjp (2 syringe)</i>	T4	PA; SP
BYLVAY	T4	PA; SP
BYLVAY (PELLETS)	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
CIMZIA-STARTER	T4	PA; SP
<i>dronabinol</i>	T1	
GATTEX	T4	PA; SP
HADLIMA	T4	PA; SP
HADLIMA PUSHTOUCH	T4	PA; SP
LINZESS	T2	ST; QL (30 EA per 30 days)
LIVMARLI ORAL SOLUTION 9.5 MG/ML	T4	PA; SP
<i>lubiprostone</i>	T1	QL (60 EA per 30 days)
MOVANTIK	T2	ST; QL (30 EA per 30 days)
OICALIVA	T4	PA; SP
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	PA; SP
<i>octreotide acetate intramuscular</i>	T4	PA; SP
<i>octreotide acetate subcutaneous</i>	T4	PA; SP
RELISTOR ORAL	T3	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	T3	PA; QL (11.2 ML per 28 days)
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T4	PA; SP
SIMLANDI (2 PEN)	T4	PA; SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
SKYRIZI INTRAVENOUS	T4	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
SYMPROIC	T2	ST; QL (30 EA per 30 days)
SYNDROS	T3	AL (Max 12 Years)
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
Guanylate Cyclase C (Gcc) Recept Agonist		
LINZESS	T2	ST; QL (30 EA per 30 days)
Histamine H2-Antagonists		
<i>cimetidine oral</i>	T1	
<i>famotidine oral tablet 20 mg, 40 mg</i>	T1	
<i>nizatidine oral capsule</i>	T1	
Lipotropic Agents		
<i>scopolamine</i>	T1	QL (10 EA per 30 days)
Neurokinin-1 Receptor Antagonists		
AKYNZEO ORAL	T3	PA
<i>aprepitant oral capsule 125 mg</i>	T1	QL (1 EA per 1 day)
<i>aprepitant oral capsule 40 mg</i>	T1	QL (4 EA per 2 days)
<i>aprepitant oral capsule 80 & 125 mg</i>	T1	QL (3 EA per 3 days)
<i>aprepitant oral capsule 80 mg</i>	T1	QL (2 EA per 2 days)
EMEND ORAL SUSPENSION RECONSTITUTED	T3	PA
VARUBI (180 MG DOSE)	T3	PA
Opioid Antagonists (56:18)		
MOVANTIK	T2	ST; QL (30 EA per 30 days)
RELISTOR ORAL	T3	PA; QL (90 EA per 30 days)
RELISTOR SUBCUTANEOUS SOLUTION 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 12 MG/0.6ML	T3	PA; QL (16.8 ML per 28 days)
RELISTOR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 8 MG/0.4ML	T3	PA; QL (11.2 ML per 28 days)
SYMPROIC	T2	ST; QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits
Prokinetic Agents		
<i>metoclopramide hcl oral solution 10 mg/10ml, 5 mg/5ml</i>	T1	
<i>metoclopramide hcl oral tablet</i>	T1	
Prostaglandins		
<i>diclofenac-misoprostol oral tablet delayed release</i>	T1	
<i>misoprostol oral</i>	T1	
Protectants		
<i>sucralfate oral tablet</i>	T1	
Proton-Pump Inhibitors		
<i>dexlansoprazole</i>	T1	PA
<i>esomeprazole magnesium oral capsule delayed release</i>	T1	ST
<i>lansoprazole oral capsule delayed release</i>	T1	ST
<i>omeprazole oral capsule delayed release</i>	T1	
<i>omeprazole-sodium bicarbonate oral capsule</i>	T1	ST
<i>omeprazole-sodium bicarbonate oral packet</i>	T1	ST; AL (Max 12 Years)
<i>pantoprazole sodium oral tablet delayed release</i>	T1	
<i>rabeprazole sodium oral tablet delayed release</i>	T1	ST
Heavy Metal Antagonists		
Heavy Metal Antagonists		
<i>deferasirox granules</i>	T4	PA; SP
<i>deferasirox oral tablet</i>	T4	PA; SP
<i>deferasirox oral tablet soluble</i>	T4	PA; SP
<i>deferiprone</i>	T4	PA
FERRIPROX TWICE-A-DAY	T4	PA
<i>penicillamine oral</i>	T1	PA; SP
<i>trientine hcl oral capsule 250 mg</i>	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
Hormones And Synthetic Substitutes		
Adrenals		
ARNUITY ELLIPTA	T2	QL (30 Inhaler per 30 days)
ASMANEX (120 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2	QL (1 Inhaler per 30 days)
ASMANEX (30 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 110 MCG/ACT, 220 MCG/ACT	T2	QL (1 Inhaler per 30 days)
ASMANEX (60 METERED DOSES) INHALATION AEROSOL POWDER BREATH ACTIVATED 220 MCG/ACT	T2	QL (1 Inhaler per 30 days)
ASMANEX HFA	T2	QL (13 Inhaler per 30 days)
<i>betamethasone dipropionate aug</i>	T1	
<i>betamethasone dipropionate external</i>	T1	
<i>betamethasone valerate external cream</i>	T1	
<i>betamethasone valerate external lotion</i>	T1	
<i>betamethasone valerate external ointment</i>	T1	
BREZTRI AEROSPHERE	T2	QL (1 Inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	T1	QL (120 ml per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	T1	QL (60 ML per 30 days)
<i>budesonide oral</i>	T1	
<i>budesonide-formoterol fumarate</i>	T2	QL (10.2 GM per 30 days)
<i>dexamethasone oral elixir</i>	T1	
<i>dexamethasone oral solution</i>	T1	
<i>dexamethasone oral tablet</i>	T1	
<i>fludrocortisone acetate oral</i>	T1	
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T2	QL (60 EA per 30 days)	
<i>fluticasone propionate diskus</i>	T2	QL (60 Inhaler per 30 days)	
<i>fluticasone propionate external cream</i>	T1		
<i>fluticasone propionate external lotion</i>	T1	ST	
<i>fluticasone propionate external ointment</i>	T1		
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	T2	QL (12 GM per 30 days)	
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	T2	QL (24 GM per 30 days)	
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	T2	QL (10.6 GM per 30 days)	
<i>fluticasone propionate nasal</i>	T1		
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T1	QL (60 EA per 30 days)	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 EA per 30 days)	
<i>hydrocortisone (perianal)</i>	T1		
<i>hydrocortisone butyrate external</i>	T1	ST	
<i>hydrocortisone external cream 1 %, 2.5 %</i>	T1		
<i>hydrocortisone external lotion 2.5 %</i>	T1		
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	T1		
<i>hydrocortisone oral</i>	T1		
<i>hydrocortisone rectal enema</i>	T1		
<i>hydrocortisone valerate external cream</i>	T1		
<i>hydrocortisone valerate external ointment</i>	T1	ST	
<i>hydrocortisone-acetic acid</i>	T1		
ISTURISA ORAL TABLET 1 MG, 5 MG	T4	PA; SP	
MEDPURA HYDROCORTISONE	T1		
<i>methylprednisolone oral</i>	T1		
<i>mometasone furoate external</i>	T1		

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Drug Name	Drug Tier	Requirements and Limits
<i>mometasone furoate nasal</i>	T1	
<i>prednisolone acetate ophthalmic</i>	T1	
<i>prednisolone oral solution</i>	T1	
<i>prednisolone sodium phosphate ophthalmic</i>	T1	
<i>prednisolone sodium phosphate oral solution 15 mg/5ml, 25 mg/5ml, 5 mg/5ml</i>	T1	
<i>prednisone oral</i>	T1	
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	T2	QL (2 Inhaler per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	T2	QL (1 Inhaler per 30 days)
QVAR REDHALER	T2	QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST; QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 Inhaler per 30 days)
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment</i>	T1	
Alpha-Glucosidase Inhibitors		
<i>acarbose oral</i>	T1	
Androgens		
<i>danazol oral</i>	T1	
<i>methyltestosterone oral</i>	T1	PA
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	T1	QL (10 ML per 30 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	T1	QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>	T1	QL (5 ML per 28 days)

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Drug Name	Drug Tier	Requirements and Limits
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	T1	PA
<i>testosterone transdermal solution</i>	T1	PA
Antidiabetic Agents, Miscellaneous		
<i>colesevelam hcl</i>	T1	
<i>mifepristone oral tablet 300 mg</i>	T4	SP
Antiestrogens		
<i>anastrozole oral</i>	T1	
<i>exemestane</i>	T1	
<i>letrozole oral</i>	T1	
Antigonadotropins		
<i>cetrorelix acetate</i>	T4	PA; SP
ECONTRA ONE-STEP	T1	QL (2 EA per 1 day)
<i>ganirelix acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	QL (2 EA per 1 day)
MY CHOICE	T1	QL (2 EA per 1 day)
MY WAY	T1	QL (2 EA per 1 day)
NEW DAY	T1	QL (2 EA per 1 day)
OPCICON ONE-STEP	T1	QL (2 EA per 1 day)
OPTION 2	T1	QL (2 EA per 1 day)
ORILISSA	T3	PA
TAKE ACTION	T1	QL (2 EA per 1 day)
<i>testosterone cypionate intramuscular solution 100 mg/ml</i>	T1	QL (10 ML per 30 days)
<i>testosterone cypionate intramuscular solution 200 mg/ml</i>	T1	QL (4 ML per 28 days)
<i>testosterone enanthate intramuscular solution</i>	T1	QL (5 ML per 28 days)

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Drug Name	Drug Tier	Requirements and Limits
<i>testosterone transdermal gel 1.62 %, 12.5 mg/act (1%), 20.25 mg/1.25gm (1.62%), 20.25 mg/act (1.62%), 25 mg/2.5gm (1%), 40.5 mg/2.5gm (1.62%), 50 mg/5gm (1%)</i>	T1	PA
<i>testosterone transdermal solution</i>	T1	PA
Antihypoglycemic Agents, Miscellaneous		
<i>cvs glucose oral tablet chewable</i>	T1	QL (200 EA per 30 days)
<i>glucose oral tablet chewable</i>	T1	QL (200 EA per 30 days)
<i>gnp glucose oral tablet chewable 4 gm</i>	T1	QL (200 EA per 30 days)
<i>hy-vee glucose</i>	T1	QL (200 EA per 30 days)
<i>meijer glucose oral tablet chewable 4-6 gm-mg</i>	T1	QL (200 EA per 30 days)
RELION GLUCOSE ORAL TABLET CHEWABLE	T1	QL (200 EA per 30 days)
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM	T1	QL (200 EA per 30 days)
<i>walgreens glucose oral tablet chewable 4 gm</i>	T1	QL (200 EA per 30 days)
Antiparathyroid Agents		
<i>calcitonin (salmon) nasal</i>	T1	QL (3.7 ML per 30 days)
<i>cinacalcet hcl oral tablet 30 mg, 60 mg</i>	T1	QL (60 EA per 30 days)
<i>cinacalcet hcl oral tablet 90 mg</i>	T1	QL (120 EA per 30 days)
Antithyroid Agents		
<i>methimazole oral</i>	T1	
<i>propylthiouracil oral</i>	T1	
Biguanides		
<i>alogliptin-metformin hcl</i>	T1	QL (60 EA per 30 days)
<i>glipizide-metformin hcl</i>	T1	
<i>glyburide-metformin</i>	T1	
JANUMET	T2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 EA per 30 days)

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Drug Name	Drug Tier	Requirements and Limits	
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 EA per 30 days)	
<i>metformin hcl er</i>	T1		
<i>metformin hcl oral tablet 1000 mg, 500 mg, 850 mg</i>	T1		
<i>pioglitazone hcl-metformin hcl</i>	T1		
SYNJARDY	T2	QL (60 EA per 30 days)	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 EA per 30 days)	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 EA per 30 days)	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 EA per 30 days)	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 EA per 30 days)	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T2	QL (30 EA per 30 days)	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T2	QL (60 EA per 30 days)	
Contraceptives			
AFIRMELLE	T1		
ALTAVERA	T1		
<i>alyacen 1/35</i>	T1		
<i>alyacen 7/7/7</i>	T1		
AMETHYST	T1		
APRI	T1		
ARANELLE	T1		
ASHLYNA	T1		

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Drug Name	Drug Tier	Requirements and Limits	
AUBRA EQ	T1		
AUROVELA 1.5/30	T1		
AUROVELA 1/20	T1		
AUROVELA 24 FE	T1		
AUROVELA FE 1.5/30	T1		
AUROVELA FE 1/20	T1		
AVERI	T1		
AVIANE	T1		
AYUNA	T1		
AZURETTE	T1		
BALZIVA	T1		
BLISOVI 24 FE	T1		
BLISOVI FE 1.5/30	T1		
BLISOVI FE 1/20	T1		
<i>briellyn</i>	T1		
CAMILA	T1		
CAMRESE	T1		
CAMRESE LO	T1		
CHARLOTTE 24 FE	T1		
CHATEAL EQ	T1		
CRYSELLE-28	T1		
CYRED EQ	T1		
DASETTA 1/35 (28)	T1		
DASETTA 7/7/7	T1		
DAYSEE	T1		
DEBLITANE	T1		
DELYLA	T1		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	T1		
DOLISHALE	T1		
<i>drospiren-eth estrad-levomefol</i>	T1		
<i>drospirenone-ethinyl estradiol</i>	T1		

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Drug Name	Drug Tier	Requirements and Limits	
ECONTRA ONE-STEP	T1	QL (2 EA per 1 day)	
ELINEST	T1		
ELLA	T2		
ELURYNG	T1		
EMZAHH	T1		
ENILLORING	T1		
ENPRESSE-28	T1		
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1		
ERRIN	T1		
ESTARYLLA	T1		
<i>ethynodiol diac-eth estradiol</i>	T1		
<i>etonogestrel-ethinyl estradiol</i>	T1		
FALMINA	T1		
FEIRZA 1.5/30	T1		
FEIRZA 1/20	T1		
FINZALA	T1		
GALBRIELA	T1		
GEMMILY	T1		
HAILEY 1.5/30	T1		
HAILEY 24 FE	T1		
HAILEY FE 1.5/30	T1		
HAILEY FE 1/20	T1		
HALOETTE	T1		
HEATHER	T1		
ICLEVIA	T1		
INCASSIA	T1		
INTROVALE	T1		
ISIBLOOM	T1		
JAIMIESS	T1		
JASMIEL	T1		
JENCYCLA	T1		
JOLESSA	T1		

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Drug Name	Drug Tier	Requirements and Limits	
JULEBER	T1		
JUNEL 1.5/30	T1		
JUNEL 1/20	T1		
JUNEL FE 1.5/30	T1		
JUNEL FE 1/20	T1		
JUNEL FE 24	T1		
KAITLIB FE	T1		
KALLIGA	T1		
KARIVA	T1		
KELNOR 1/35	T1		
KURVELO	T1		
LARIN 1.5/30	T1		
LARIN 1/20	T1		
LARIN 24 FE	T1		
LARIN FE 1.5/30	T1		
LARIN FE 1/20	T1		
LEENA	T1		
LESSINA	T1		
LEVONEST	T1		
<i>levonorgest-eth est & eth est</i>	T1		
<i>levonorgest-eth estrad 91-day</i>	T1		
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	QL (2 EA per 1 day)	
<i>levonorgestrel-ethinyl estrad</i>	T1		
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T1		
LEVORA 0.15/30 (28)	T1		
LOJAIMIESS	T1		
LORYNA	T1		
LOW-OGESTREL	T1		
LO-ZUMANDIMINE	T1		
LUIZZA 1.5/30	T1		
LUIZZA 1/20	T1		

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Drug Name	Drug Tier	Requirements and Limits	
LUTERA	T1		
LYLEQ	T1		
LYZA	T1		
<i>marlissa</i>	T1		
<i>medroxyprogesterone acetate intramuscular</i>	T1		
MELEYA	T1		
MIBELAS 24 FE	T1		
MICROGESTIN 1.5/30	T1		
MICROGESTIN 1/20	T1		
MICROGESTIN FE 1.5/30	T1		
MICROGESTIN FE 1/20	T1		
MILI	T1		
MONO-LINYAH	T1		
MY CHOICE	T1	QL (2 EA per 1 day)	
MY WAY	T1	QL (2 EA per 1 day)	
NECON 0.5/35 (28)	T1		
NECON 1/35 (28)	T1		
NEW DAY	T1	QL (2 EA per 1 day)	
NIKKI	T1		
NORA-BE	T1		
<i>norelgestromin-eth estradiol</i>	T1		
<i>norethin ace-eth estrad-fe oral capsule</i>	T1		
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	T1		
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1		
<i>norethindrone acet-ethinyl est oral tablet</i>	T1		
<i>norethindrone oral</i>	T1		
<i>norethin-eth estradiol-fe</i>	T1		
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	T1		
<i>norgestim-eth estrad triphasic</i>	T1		

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Drug Name	Drug Tier	Requirements and Limits	
NORLYDA	T1		
NORLYROC	T1		
NORTREL 0.5/35 (28)	T1		
NORTREL 1/35 (21)	T1		
NORTREL 1/35 (28)	T1		
NORTREL 7/7/7	T1		
NYLIA 1/35	T1		
NYLIA 7/7/7	T1		
OPCICON ONE-STEP	T1	QL (2 EA per 1 day)	
OPILL	T1	QL (28 EA per 28 days)	
OPTION 2	T1	QL (2 EA per 1 day)	
ORSYTHIA	T1		
PHILITH	T1		
PIMTREA	T1		
PIRMELLA 7/7/7	T1		
PORTIA-28	T1		
RECLIPSEN	T1		
RIVELSA	T1		
ROSYRAH	T1		
SETLAKIN	T1		
SHAROBEL	T1		
SIMLIYA	T1		
SIMPESSE	T1		
SOLIA	T1		
SPRINTEC 28	T1		
SRONYX	T1		
SYEDA	T1		
TAKE ACTION	T1	QL (2 EA per 1 day)	
TARINA 24 FE	T1		
TARINA FE 1/20 EQ	T1		
TAYSOFY	T1		
TILIA FE	T1		

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Drug Name	Drug Tier	Requirements and Limits	
TRI FEMYNOR	T1		
TRI-ESTARYLLA	T1		
TRI-LEGEST FE	T1		
TRI-LINYAH	T1		
TRI-LO-ESTARYLLA	T1		
TRI-LO-MARZIA	T1		
TRI-LO-MILI	T1		
TRI-LO-SPRINTEC	T1		
TRI-MILI	T1		
TRINESSA (28)	T1		
TRI-SPRINTEC	T1		
TRIVORA (28)	T1		
TRI-VYLIBRA	T1		
TRI-VYLIBRA LO	T1		
TURQOZ	T1		
TYBLUME ORAL TABLET CHEWABLE	T2		
TYDEMY	T1		
VALTYA 1/50	T1		
VELIVET	T1		
VESTURA	T1		
VIENVA	T1		
<i>viorele</i>	T1		
VOLNEA	T1		
VYFEMLA	T1		
VYLIBRA	T1		
WERA	T1		
WYMZYA FE	T1		
XARAH FE	T1		
XELRIA FE	T1		
XULANE	T1		
ZAFEMY	T1		
ZOVIA 1/35 (28)	T1		

		Requirements and Limits
lowercase <i>italics</i> = Generic drugs UPPERCASE = Brand name drugs	Drug Tier	AL = Age Limit
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
ZUMANDIMINE	T1	
Dipeptidyl Peptidase-4(Dpp-4) Inhibitors		
<i>alogliptin benzoate</i>	T1	QL (30 EA per 30 days)
<i>alogliptin-metformin hcl</i>	T1	QL (60 EA per 30 days)
GLYXAMBI	T2	QL (30 EA per 30 days)
JANUMET	T2	QL (60 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 100-1000 MG	T2	QL (30 EA per 30 days)
JANUMET XR ORAL TABLET EXTENDED RELEASE 24 HOUR 50-1000 MG, 50-500 MG	T2	QL (60 EA per 30 days)
JANUVIA	T2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 EA per 30 days)
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 EA per 30 days)
Estrogen Agonist-Antagonists		
<i>clomiphene citrate oral</i>	T1	PA; QL (10 EA per 30 days)
DUAVEE	T3	ST
OSPHENA	T3	
<i>raloxifene hcl</i>	T1	
SOLTAMOX	T4	QL (600 ML per 30 days)
<i>tamoxifen citrate oral</i>	T1	
<i>toremifene citrate</i>	T1	SP
Estrogens		
AFIRMELLE	T1	
ALTAVERA	T1	
<i>alyacen 1/35</i>	T1	
<i>alyacen 7/7/7</i>	T1	
AMETHYST	T1	

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Drug Name	Drug Tier	Requirements and Limits	
APRI	T1		
ARANELLE	T1		
ASHLYNA	T1		
AUBRA EQ	T1		
AUROVELA 1.5/30	T1		
AUROVELA 1/20	T1		
AUROVELA 24 FE	T1		
AUROVELA FE 1.5/30	T1		
AUROVELA FE 1/20	T1		
AVERI	T1		
AVIANE	T1		
AYUNA	T1		
AZURETTE	T1		
BALZIVA	T1		
BIJUVA	T3	QL (30 EA per 30 days)	
BLISOVI 24 FE	T1		
BLISOVI FE 1.5/30	T1		
BLISOVI FE 1/20	T1		
<i>briellyn</i>	T1		
CAMRESE	T1		
CAMRESE LO	T1		
CHARLOTTE 24 FE	T1		
CHATEAL EQ	T1		
COMBIPATCH	T3		
CRYSELLE-28	T1		
CYRED EQ	T1		
DASETTA 1/35 (28)	T1		
DASETTA 7/7/7	T1		
DAYSEE	T1		
DELYLA	T1		
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	T1		

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Drug Name	Drug Tier	Requirements and Limits	
DOLISHALE	T1		
<i>drospiren-eth estrad-levomefol</i>	T1		
<i>drospirenone-ethinyl estradiol</i>	T1		
DUAVEE	T3	ST	
ELINEST	T1		
ELURYNG	T1		
ENILLORING	T1		
ENPRESSE-28	T1		
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1		
ESTARYLLA	T1		
<i>estradiol oral</i>	T1		
<i>estradiol transdermal patch twice weekly</i>	T1		
<i>estradiol transdermal patch weekly</i>	T1		
<i>estradiol vaginal tablet</i>	T1		
<i>estradiol valerate intramuscular</i>	T1		
<i>estradiol-norethindrone acet</i>	T1		
<i>ethynodiol diac-eth estradiol</i>	T1		
<i>etonogestrel-ethinyl estradiol</i>	T1		
FALMINA	T1		
FEIRZA 1.5/30	T1		
FEIRZA 1/20	T1		
FINZALA	T1		
FYAVOLV	T1		
GALBRIELA	T1		
GEMMILY	T1		
HAILEY 1.5/30	T1		
HAILEY 24 FE	T1		
HAILEY FE 1.5/30	T1		
HAILEY FE 1/20	T1		
HALOETTE	T1		
ICLEVIA	T1		
INTROVALE	T1		

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Drug Name	Drug Tier	Requirements and Limits	
ISIBLOOM	T1		
JAIMIESS	T1		
JASMIEL	T1		
JINTELI	T1		
JOLESSA	T1		
JULEBER	T1		
JUNEL 1.5/30	T1		
JUNEL 1/20	T1		
JUNEL FE 1.5/30	T1		
JUNEL FE 1/20	T1		
JUNEL FE 24	T1		
KAITLIB FE	T1		
KALLIGA	T1		
KARIVA	T1		
KELNOR 1/35	T1		
KURVELO	T1		
LARIN 1.5/30	T1		
LARIN 1/20	T1		
LARIN 24 FE	T1		
LARIN FE 1.5/30	T1		
LARIN FE 1/20	T1		
LEENA	T1		
LESSINA	T1		
LEVONEST	T1		
<i>levonorgest-eth est & eth est</i>	T1		
<i>levonorgest-eth estrad 91-day</i>	T1		
<i>levonorgestrel-ethinyl estrad</i>	T1		
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T1		
LEVORA 0.15/30 (28)	T1		
LOJAIMIESS	T1		
LORYNA	T1		

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Drug Name	Drug Tier	Requirements and Limits	
LOW-OGESTREL	T1		
LO-ZUMANDIMINE	T1		
LUIZZA 1.5/30	T1		
LUIZZA 1/20	T1		
LUTERA	T1		
<i>marlissa</i>	T1		
MIBELAS 24 FE	T1		
MICROGESTIN 1.5/30	T1		
MICROGESTIN 1/20	T1		
MICROGESTIN FE 1.5/30	T1		
MICROGESTIN FE 1/20	T1		
MILI	T1		
MIMVEY	T1		
MONO-LINYAH	T1		
NECON 0.5/35 (28)	T1		
NECON 1/35 (28)	T1		
NIKKI	T1		
<i>norelgestromin-eth estradiol</i>	T1		
<i>norethin ace-eth estrad-fe oral capsule</i>	T1		
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	T1		
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1		
<i>norethindrone acet-ethinyl est oral tablet</i>	T1		
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1		
<i>norethin-eth estradiol-fe</i>	T1		
<i>norgestimate-eth estradiol oral tablet 0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	T1		
<i>norgestim-eth estrad triphasic</i>	T1		
NORTREL 0.5/35 (28)	T1		
NORTREL 1/35 (21)	T1		
NORTREL 1/35 (28)	T1		

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Drug Name	Drug Tier	Requirements and Limits	
NORTREL 7/7/7	T1		
NYLIA 1/35	T1		
NYLIA 7/7/7	T1		
ORSYTHIA	T1		
PHILITH	T1		
PIMTREA	T1		
PIRMELLA 7/7/7	T1		
PORTIA-28	T1		
PREMARIN ORAL	T3	ST	
PREMARIN VAGINAL	T3		
PREMPHASE	T3		
PREMPRO	T3		
RECLIPSEN	T1		
RIVELSA	T1		
ROSYRAH	T1		
SETLAKIN	T1		
SIMLIYA	T1		
SIMPESSE	T1		
SOLIA	T1		
SPRINTEC 28	T1		
SRONYX	T1		
SYEDA	T1		
TARINA 24 FE	T1		
TARINA FE 1/20 EQ	T1		
TAYSOFY	T1		
TILIA FE	T1		
TRI FEMYNOR	T1		
TRI-ESTARYLLA	T1		
TRI-LEGEST FE	T1		
TRI-LINYAH	T1		
TRI-LO-ESTARYLLA	T1		
TRI-LO-MARZIA	T1		

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Drug Name	Drug Tier	Requirements and Limits	
TRI-LO-MILI	T1		
TRI-LO-SPRINTEC	T1		
TRI-MILI	T1		
TRINESSA (28)	T1		
TRI-SPRINTEC	T1		
TRIVORA (28)	T1		
TRI-VYLIBRA	T1		
TRI-VYLIBRA LO	T1		
TURQOZ	T1		
TYBLUME ORAL TABLET CHEWABLE	T2		
TYDEMY	T1		
VALTYA 1/50	T1		
VELIVET	T1		
VESTURA	T1		
VIENVA	T1		
<i>viorele</i>	T1		
VOLNEA	T1		
VYFEMLA	T1		
VYLIBRA	T1		
WERA	T1		
WYMZYA FE	T1		
XARAH FE	T1		
XELRIA FE	T1		
XULANE	T1		
YUVAFEM	T1		
ZAFEMY	T1		
ZOVIA 1/35 (28)	T1		
ZUMANDIMINE	T1		
Glycogenolytic Agents			
BAQSIMI ONE PACK	T2	QL	
BAQSIMI TWO PACK	T2	QL	

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Drug Name	Drug Tier	Requirements and Limits
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
Gonadotropins		
<i>chorionic gonadotropin intramuscular</i>	T4	PA; SP
ELIGARD	T4	PA; SP
FOLLISTIM AQ SUBCUTANEOUS	T4	PA; SP
GONAL-F INJECTION SOLUTION RECONSTITUTED 450 UNIT	T4	PA; SP
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR 300 UNT/0.48ML, 450 UNT/0.72ML, 900 UNT/1.44ML	T4	PA; SP
<i>leuprolide acetate injection</i>	T4	SP
LUPRON DEPOT (1-MONTH)	T4	PA; SP
LUPRON DEPOT (3-MONTH)	T4	PA; SP
LUPRON DEPOT (4-MONTH)	T4	PA; SP
LUPRON DEPOT (6-MONTH)	T4	PA; SP
LUPRON DEPOT-PED (1-MONTH)	T4	PA; SP
LUPRON DEPOT-PED (3-MONTH)	T4	PA; SP
LUPRON DEPOT-PED (6-MONTH)	T4	PA; SP
MENOPUR	T4	PA; SP

		Requirements and Limits
lowercase italics = Generic drugs UPPERCASE = Brand name drugs	Drug Tier	AL = Age Limit
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
NOVAREL INTRAMUSCULAR SOLUTION RECONSTITUTED 5000 UNIT	T4	PA; SP
OVIDREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
PREGNYL	T4	PA; SP
SYNAREL	T4	PA; SP
TRELSTAR MIXJECT	T4	PA; SP
Incretin Mimetics		
MOUNJARO SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (2 ML per 28 days)
OZEMPIC (0.25 OR 0.5 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 2 MG/3ML	T2	PA; QL (3 ML per 28 days)
OZEMPIC (1 MG/DOSE) SUBCUTANEOUS SOLUTION PEN-INJECTOR 4 MG/3ML	T2	PA; QL (3 ML per 28 days)
OZEMPIC (2 MG/DOSE)	T2	PA; QL (3 ML per 28 days)
RYBELSUS	T2	PA; QL (30 EA per 30 days)
SOLIQUA	T2	ST; QL (30 ML per 30 days)
TRULICITY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T2	PA; QL (2 ML per 28 days)
XULTOPHY	T3	ST; QL
Intermediate-Acting Insulins		
HUMULIN 70/30	T2	
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
HUMULIN N	T2	
HUMULIN N KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2	
Long-Acting Insulins		
<i>insulin degludec</i>	T2	ST
<i>insulin degludec flextouch</i>	T2	ST
<i>insulin glargine-yfgh</i>	T1	
LANTUS	T2	

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Drug Name	Drug Tier	Requirements and Limits	
LANTUS SOLOSTAR SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		
REZVOGLAR KWIKPEN	T1		
SOLIQUA	T2	ST; QL (30 ML per 30 days)	
TOUJEO MAX SOLOSTAR	T2	ST	
TOUJEO SOLOSTAR	T2	ST	
XULTOPHY	T3	ST; QL	
Meglitinides			
<i>nateglinide</i>	T1		
<i>repaglinide</i>	T1		
Parathyroid Agents			
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	T4	PA; SP	
TYMLOS	T4	PA; SP	
Pituitary			
ACTHAR	T4	PA; SP	
CORTROPHIN	T4	PA; SP	
CORTROPHIN GEL	T4	PA	
<i>desmopressin ace spray refrig</i>	T1	QL (15 ML per 30 days)	
<i>desmopressin acetate oral</i>	T1		
<i>desmopressin acetate spray</i>	T1	QL (15 ML per 30 days)	
GENOTROPIN MINIQUEL SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP	
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP	
HUMATROPE INJECTION CARTRIDGE	T4	PA; SP	
NORDITROPIN FLEXPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP	
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP	

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Drug Name	Drug Tier	Requirements and Limits	
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP	
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP	
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP	
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP	
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T4	PA; SP	
Progestins			
AFIRMELLE	T1		
ALTAVERA	T1		
<i>alyacen 1/35</i>	T1		
<i>alyacen 7/7/7</i>	T1		
AMETHYST	T1		
APRI	T1		
ARANELLE	T1		
ASHLYNA	T1		
AUBRA EQ	T1		
AUROVELA 1.5/30	T1		
AUROVELA 1/20	T1		
AUROVELA 24 FE	T1		
AUROVELA FE 1.5/30	T1		
AUROVELA FE 1/20	T1		
AVERI	T1		
AVIANE	T1		
AYUNA	T1		
AZURETTE	T1		
BALZIVA	T1		
BIJUVA	T3	QL (30 EA per 30 days)	

		Requirements and Limits
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		AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
BLISOVI 24 FE	T1	
BLISOVI FE 1.5/30	T1	
BLISOVI FE 1/20	T1	
<i>briellyn</i>	T1	
CAMILA	T1	
CAMRESE	T1	
CAMRESE LO	T1	
CHARLOTTE 24 FE	T1	
CHATEAL EQ	T1	
COMBIPATCH	T3	
CRINONE	T3	PA
CRYSELLE-28	T1	
CYRED EQ	T1	
DASETTA 1/35 (28)	T1	
DASETTA 7/7/7	T1	
DAYSEE	T1	
DEBLITANE	T1	
DELYLA	T1	
<i>desogestrel-ethinyl estradiol oral tablet 0.15-0.02/0.01 mg (21/5)</i>	T1	
DOLISHALE	T1	
<i>drospiren-eth estrad-levomefol</i>	T1	
<i>drospirenone-ethinyl estradiol</i>	T1	
ECONTRA ONE-STEP	T1	QL (2 EA per 1 day)
ELINEST	T1	
ELLA	T2	
ELURYNG	T1	
EMZAHH	T1	
ENDOMETRIN	T2	PA
ENILLORING	T1	
ENPRESSE-28	T1	
ENSKYCE ORAL TABLET 0.15-30 MG-MCG	T1	

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Drug Name	Drug Tier	Requirements and Limits	
ERRIN	T1		
ESTARYLLA	T1		
<i>estradiol-norethindrone acet</i>	T1		
<i>ethynodiol diac-eth estradiol</i>	T1		
<i>etonogestrel-ethinyl estradiol</i>	T1		
FALMINA	T1		
FEIRZA 1.5/30	T1		
FEIRZA 1/20	T1		
FINZALA	T1		
FYAVOLV	T1		
GALBRIELA	T1		
GEMMILY	T1		
HAILEY 1.5/30	T1		
HAILEY 24 FE	T1		
HAILEY FE 1.5/30	T1		
HAILEY FE 1/20	T1		
HALOETTE	T1		
HEATHER	T1		
ICLEVIA	T1		
INCASSIA	T1		
INTROVALE	T1		
ISIBLOOM	T1		
JAIMIESS	T1		
JASMIEL	T1		
JENCYCLA	T1		
JINTELI	T1		
JOLESSA	T1		
JULEBER	T1		
JUNEL 1.5/30	T1		
JUNEL 1/20	T1		
JUNEL FE 1.5/30	T1		
JUNEL FE 1/20	T1		

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Drug Name	Drug Tier	Requirements and Limits	
JUNEL FE 24	T1		
KAITLIB FE	T1		
KALLIGA	T1		
KARIVA	T1		
KELNOR 1/35	T1		
KURVELO	T1		
LARIN 1.5/30	T1		
LARIN 1/20	T1		
LARIN 24 FE	T1		
LARIN FE 1.5/30	T1		
LARIN FE 1/20	T1		
LEENA	T1		
LESSINA	T1		
LEVONEST	T1		
<i>levonorgest-eth est & eth est</i>	T1		
<i>levonorgest-eth estrad 91-day</i>	T1		
<i>levonorgestrel oral tablet 1.5 mg</i>	T1	QL (2 EA per 1 day)	
<i>levonorgestrel-ethinyl estrad</i>	T1		
<i>levonorg-eth estrad triphasic oral tablet 50-30/75-40/ 125-30 mcg</i>	T1		
LEVORA 0.15/30 (28)	T1		
LOJAIMIESS	T1		
LORYNA	T1		
LOW-OGESTREL	T1		
LO-ZUMANDIMINE	T1		
LUIZZA 1.5/30	T1		
LUIZZA 1/20	T1		
LUTERA	T1		
LYLEQ	T1		
LYZA	T1		
<i>marlissa</i>	T1		
<i>medroxyprogesterone acetate intramuscular</i>	T1		

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Drug Name	Drug Tier	Requirements and Limits	
<i>medroxyprogesterone acetate oral</i>	T1		
<i>megestrol acetate oral suspension 40 mg/ml, 400 mg/10ml, 625 mg/5ml</i>	T1		
<i>megestrol acetate oral tablet</i>	T1		
MELEYA	T1		
MIBELAS 24 FE	T1		
MICROGESTIN 1.5/30	T1		
MICROGESTIN 1/20	T1		
MICROGESTIN FE 1.5/30	T1		
MICROGESTIN FE 1/20	T1		
MILI	T1		
MIMVEY	T1		
MONO-LINYAH	T1		
MY CHOICE	T1	QL (2 EA per 1 day)	
MY WAY	T1	QL (2 EA per 1 day)	
NECON 0.5/35 (28)	T1		
NECON 1/35 (28)	T1		
NEW DAY	T1	QL (2 EA per 1 day)	
NIKKI	T1		
NORA-BE	T1		
<i>norelgestromin-eth estradiol</i>	T1		
<i>norethin ace-eth estrad-fe oral capsule</i>	T1		
<i>norethin ace-eth estrad-fe oral tablet 1.5-30 mg-mcg</i>	T1		
<i>norethin ace-eth estrad-fe oral tablet chewable</i>	T1		
<i>norethindrone acetate oral</i>	T1		
<i>norethindrone acet-ethinyl est oral tablet</i>	T1		
<i>norethindrone oral</i>	T1		
<i>norethindrone-eth estradiol oral tablet 0.5-2.5 mg-mcg</i>	T1		
<i>norethin-eth estradiol-fe</i>	T1		

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Drug Name	Drug Tier	Requirements and Limits	
<i>norgestimate-eth estradiol oral tablet</i> <i>0.18/0.215/0.25 mg-25 mcg, 0.25-35 mg-mcg</i>	T1		
<i>norgestim-eth estrad triphasic</i>	T1		
NORLYDA	T1		
NORLYROC	T1		
NORTREL 0.5/35 (28)	T1		
NORTREL 1/35 (21)	T1		
NORTREL 1/35 (28)	T1		
NORTREL 7/7/7	T1		
NYLIA 1/35	T1		
NYLIA 7/7/7	T1		
OPCICON ONE-STEP	T1	QL (2 EA per 1 day)	
OPILL	T1	QL (28 EA per 28 days)	
OPTION 2	T1	QL (2 EA per 1 day)	
ORSYTHIA	T1		
PHILITH	T1		
PIMTREA	T1		
PIRMELLA 7/7/7	T1		
PORTIA-28	T1		
PREMPHASE	T3		
PREMPRO	T3		
<i>progesterone oral</i>	T1		
RECLIPSEN	T1		
RIVELSA	T1		
ROSYRAH	T1		
SETLAKIN	T1		
SHAROBEL	T1		
SIMLIYA	T1		
SIMPESSE	T1		
SOLIA	T1		
SPRINTEC 28	T1		
SRONYX	T1		

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Drug Name	Drug Tier	Requirements and Limits	
SYEDA	T1		
TAKE ACTION	T1	QL (2 EA per 1 day)	
TARINA 24 FE	T1		
TARINA FE 1/20 EQ	T1		
TAYSOFY	T1		
TILIA FE	T1		
TRI FEMYNOR	T1		
TRI-ESTARYLLA	T1		
TRI-LEGEST FE	T1		
TRI-LINYAH	T1		
TRI-LO-ESTARYLLA	T1		
TRI-LO-MARZIA	T1		
TRI-LO-MILI	T1		
TRI-LO-SPRINTEC	T1		
TRI-MILI	T1		
TRINESSA (28)	T1		
TRI-SPRINTEC	T1		
TRIVORA (28)	T1		
TRI-VYLIBRA	T1		
TRI-VYLIBRA LO	T1		
TURQOZ	T1		
TYBLUME ORAL TABLET CHEWABLE	T2		
TYDEMY	T1		
VALTYA 1/50	T1		
VELIVET	T1		
VESTURA	T1		
VIENVA	T1		
<i>viorele</i>	T1		
VOLNEA	T1		
VYFEMLA	T1		
VYLIBRA	T1		
WERA	T1		

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Drug Name	Drug Tier	Requirements and Limits	
WYMZYA FE	T1		
XARAH FE	T1		
XELRIA FE	T1		
XULANE	T1		
ZAFEMY	T1		
ZOVIA 1/35 (28)	T1		
ZUMANDIMINE	T1		
Rapid-Acting Insulins			
HUMALOG KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR 200 UNIT/ML	T2		
HUMALOG MIX 50/50 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		
HUMALOG MIX 75/25	T2		
HUMALOG MIX 75/25 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		
HUMALOG SUBCUTANEOUS SOLUTION CARTRIDGE	T2		
insulin aspart flexpen	T2	ST	
insulin aspart injection	T2	ST	
insulin lispro (1 unit dial)	T1		
insulin lispro injection	T1		
insulin lispro junior kwikpen	T1		
KIRSTY	T2	ST	
MERILOG	T2	ST	
MERILOG SOLOSTAR	T2	ST	
Short-Acting Insulins			
HUMULIN 70/30	T2		
HUMULIN 70/30 KWIKPEN SUBCUTANEOUS SUSPENSION PEN-INJECTOR	T2		
HUMULIN R	T2		

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Drug Name	Drug Tier	Requirements and Limits	
HUMULIN R U-500 KWIKPEN SUBCUTANEOUS SOLUTION PEN-INJECTOR	T2		
Sodium-Gluc Cotransport 2 (Sglt2) Inhib			
BRENZAVVY	T3	PA; QL (30 EA per 30 days)	
FARXIGA	T2	QL (30 EA per 30 days)	
GLYXAMBI	T2	QL (30 EA per 30 days)	
JARDIANCE	T2	QL (30 EA per 30 days)	
SYNJARDY	T2	QL (60 EA per 30 days)	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 25-1000 MG	T2	QL (30 EA per 30 days)	
SYNJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-1000 MG, 5-1000 MG	T2	QL (60 EA per 30 days)	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-5-1000 MG, 25-5-1000 MG	T2	QL (30 EA per 30 days)	
TRIJARDY XR ORAL TABLET EXTENDED RELEASE 24 HOUR 12.5-2.5-1000 MG, 5-2.5-1000 MG	T2	QL (60 EA per 30 days)	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 10-1000 MG, 10-500 MG, 5-500 MG	T2	QL (30 EA per 30 days)	
XIGDUO XR ORAL TABLET EXTENDED RELEASE 24 HOUR 2.5-1000 MG, 5-1000 MG	T2	QL (60 EA per 30 days)	
Somatostatin Agonists			
<i>lanreotide acetate</i>	T4	PA; SP	
<i>octreotide acetate injection solution 100 mcg/ml, 1000 mcg/ml, 200 mcg/ml, 50 mcg/ml, 500 mcg/ml</i>	T4	PA; SP	
<i>octreotide acetate intramuscular</i>	T4	PA; SP	
<i>octreotide acetate subcutaneous</i>	T4	PA; SP	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
SIGNIFOR	T4	PA; SP
SOMATULINE DEPOT SUBCUTANEOUS SOLUTION 60 MG/0.2ML, 90 MG/0.3ML	T4	PA; SP
Somatotropin Agonists		
EGRIFTA SV	T4	PA; SP
EGRIFTA WR	T4	PA; SP
GENOTROPIN MINIQUICK SUBCUTANEOUS PREFILLED SYRINGE	T4	PA; SP
GENOTROPIN SUBCUTANEOUS CARTRIDGE	T4	PA; SP
HUMATROPE INJECTION CARTRIDGE	T4	PA; SP
INCRELEX	T4	PA; SP
NORDITROPIN FLEXPPO SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 10 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 20 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
NUTROPIN AQ NUSPIN 5 SUBCUTANEOUS SOLUTION PEN-INJECTOR	T4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION CARTRIDGE	T4	PA; SP
OMNITROPE SUBCUTANEOUS SOLUTION RECONSTITUTED	T4	PA; SP
SEROSTIM SUBCUTANEOUS SOLUTION RECONSTITUTED 4 MG, 5 MG, 6 MG	T4	PA; SP
Somatotropin Antagonists		
SOMAVERT	T4	PA; SP
Sulfonylureas		
<i>glimepiride oral tablet 1 mg, 2 mg, 4 mg</i>	T1	
<i>glipizide er</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>glipizide oral</i>	T1	
<i>glipizide-metformin hcl</i>	T1	
<i>glyburide micronized</i>	T1	
<i>glyburide oral</i>	T1	
<i>glyburide-metformin</i>	T1	
Thiazolidinediones		
<i>pioglitazone hcl</i>	T1	
<i>pioglitazone hcl-metformin hcl</i>	T1	
Thyroid Agents		
<i>levothyroxine sodium oral tablet</i>	T1	
LEVOXYL	T2	
<i>liothyronine sodium oral</i>	T1	
SYNTHROID	T2	
UNITHROID ORAL TABLET 100 MCG, 112 MCG, 125 MCG, 150 MCG, 175 MCG, 200 MCG, 25 MCG, 300 MCG, 50 MCG, 75 MCG, 88 MCG	T3	
Immunomodulatory Agents (90:00)		
Amino Acid Polymers		
<i>glatiramer acetate</i>	T4	PA; SP
GLATOPA	T4	PA; SP
Antimetabolites		
MAVENCLAD (10 TABS)	T4	PA; SP
MAVENCLAD (4 TABS)	T4	PA; SP
MAVENCLAD (5 TABS)	T4	PA; SP
MAVENCLAD (6 TABS)	T4	PA; SP
MAVENCLAD (7 TABS)	T4	PA; SP
MAVENCLAD (8 TABS)	T4	PA; SP
MAVENCLAD (9 TABS)	T4	PA; SP
<i>teriflunomide</i>	T1	PA; QL (1 EA per 1 day)
Antimetabolites, Immunosupp Therapy Misc		

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>azathioprine oral tablet 50 mg</i>	T1	
<i>mycophenolate mofetil oral capsule</i>	T1	
Bone-Modifying Agents		
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Calcineurin Inhibitors, Misc (90:28)		
ASTAGRAF XL	T4	SP
<i>cyclosporine modified</i>	T1	
<i>cyclosporine ophthalmic</i>	T1	ST; QL (60 EA per 30 days)
<i>cyclosporine oral capsule</i>	T1	
ENVARUSUS XR	T4	SP
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION	T2	
PROGRAF ORAL PACKET	T3	
<i>tacrolimus external ointment</i>	T1	ST
<i>tacrolimus oral</i>	T1	
Complement Inhibitor Agents (90:20)		
TAVNEOS	T4	PA; SP
Disease-Modifying Antirheumat Drugs Misc		
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Disease-Modifying Antirheumatic Drugs		
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP
CIMZIA-STARTER	T4	PA; SP
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1	
<i>methotrexate sodium oral</i>	T1	
<i>sulfasalazine oral</i>	T1	
TREMFYA INTRAVENOUS	T4	PA; SP
TREMFYA PEN	T4	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
TREMFYA-CD/UC INDUCTION	T4	PA; SP
XATMEP	T3	PA
Fumarates		
BAFIERTAM	T4	PA; SP
<i>dimethyl fumarate oral</i>	T1	PA
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1	PA
VUMERITY	T4	PA; SP
Igg1 Monoclonal Antibodies		
BENLYSTA SUBCUTANEOUS	T4	PA; SP
Immunomodulatory Agents (90:00)		
<i>cyclophosphamide oral capsule</i>	T1	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T4	SP
<i>everolimus oral tablet 10 mg, 2.5 mg, 5 mg, 7.5 mg</i>	T4	PA; SP; QL (30 EA per 30 days)
<i>everolimus oral tablet soluble</i>	T4	PA; SP
<i>mercaptopurine oral suspension</i>	T1	SP
<i>mercaptopurine oral tablet</i>	T1	
Interferons		
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	PA; SP	
BETASERON SUBCUTANEOUS KIT	T4	PA; SP	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
Interleukin Inhibitor Agents, Misc			
XOLAIR	T4	PA; SP	
Interleukin-Mediated Agents, Misc			
ACTEMRA ACTPEN	T4	PA; SP	
ACTEMRA SUBCUTANEOUS	T4	PA; SP	
COSENTYX	T4	PA; SP	
COSENTYX (300 MG DOSE)	T4	PA; SP	
COSENTYX SENSOREADY (300 MG)	T4	PA; SP	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP	
COSENTYX UNOREADY	T4	PA; SP	
IMULDOSA SUBCUTANEOUS	T4	PA; SP	
KEVZARA	T4	PA; SP	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
OTULFI SUBCUTANEOUS	T4	PA; SP	
SELARSDI SUBCUTANEOUS	T4	PA; SP	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
STEQEYMA SUBCUTANEOUS	T4	PA; SP
TALTZ	T4	PA; SP
YESINTEK SUBCUTANEOUS	T4	PA; SP
Janus Kinase Inhibitors, Miscellaneous		
CIBINQO	T4	PA; SP
OLUMIANT	T4	PA; SP
RINVOQ	T4	PA; SP
RINVOQ LQ	T4	PA; SP
XELJANZ	T4	PA; SP
XELJANZ XR	T4	PA; SP
Monocarboxylic Acid Amide Agents		
<i>leflunomide oral</i>	T1	
Mtor Inhibitors, Miscellaneous		
HYFTOR	T4	PA; SP
<i>sirolimus oral</i>	T1	
Phosphodiesterase-4 Inhibitors, Misc		
OTEZLA ORAL TABLET	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP
OTEZLA XR	T4	PA; SP
OTEZLA/OTEZLA XR INITIATION PK	T4	PA; SP
Sphingosine 1-Phosphate (S1p) Agents		
<i>fingolimod hcl</i>	T1	PA
MAYZENT	T4	PA; SP
MAYZENT STARTER PACK	T4	PA; SP
TASCENSO ODT	T4	PA; SP
T-Cell Blockers (90:24)		
LUPKYNIS	T4	PA; SP

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
Tumor Necrosis Factor Inhibitors, Misc		
ABRILADA (1 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP
ABRILADA (2 SYRINGE)	T4	PA; Only NDCs starting with 00025 are covered.; SP
<i>adalimumab-aaty (1 pen)</i>	T4	PA; SP
<i>adalimumab-aaty (2 pen)</i>	T4	PA; SP
<i>adalimumab-aaty (2 syringe)</i>	T4	PA; SP
<i>adalimumab-aaty cd/uc/hs start</i>	T4	PA; SP
<i>adalimumab-fkjp (2 pen)</i>	T4	PA; SP
<i>adalimumab-fkjp (2 syringe)</i>	T4	PA; SP
CIMZIA (2 SYRINGE)	T4	PA; SP
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP
CIMZIA-STARTER	T4	PA; SP
ENBREL MINI	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
HADLIMA	T4	PA; SP
HADLIMA PUSHTOUCH	T4	PA; SP
SIMLANDI (1 PEN)	T4	PA; SP
SIMLANDI (2 PEN)	T4	PA; SP
SIMLANDI (2 SYRINGE)	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
Local Anesthetics		
Local Anesthetics		
ZTLIDO	T3	PA
Miscellaneous Therapeutic Agents		
5-Alpha-Reductase Inhibitors		
<i>dutasteride oral</i>	T1	
<i>dutasteride-tamsulosin hcl</i>	T1	
<i>finasteride oral tablet 5 mg</i>	T1	
5-Alpha-Reductase Inhibitors (92:04)		
<i>disulfiram oral</i>	T1	
<i>dutasteride oral</i>	T1	
<i>dutasteride-tamsulosin hcl</i>	T1	
<i>finasteride oral tablet 5 mg</i>	T1	
<i>naltrexone hcl oral</i>	T1	
VIVITROL	T2	QL (1 EA per 28 days)
Antidotes (92:12)		
<i>acetylcysteine inhalation</i>	T1	
BAQSIMI ONE PACK	T2	QL
BAQSIMI TWO PACK	T2	QL
FOSRENOL ORAL PACKET	T3	PA
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)
GVOKE HYPOPEN 1-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 0.5 MG/0.1ML	T3	QL (0.4 ML per 30 days)

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
GVOKE HYPOPEN 2-PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
GVOKE KIT	T3	QL (0.8 ML per 30 days)
GVOKE PFS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 1 MG/0.2ML	T3	QL (0.8 ML per 30 days)
<i>lanthanum carbonate</i>	T1	PA
<i>leucovorin calcium oral</i>	T1	
<i>naloxone hcl injection solution 0.4 mg/ml</i>	T1	
<i>naloxone hcl injection solution cartridge</i>	T1	
<i>naloxone hcl injection solution prefilled syringe</i>	T1	
<i>naltrexone hcl oral</i>	T1	
<i>sevelamer carbonate oral packet</i>	T1	PA
<i>sevelamer carbonate oral tablet</i>	T1	
<i>sodium polystyrene sulfonate oral powder</i>	T1	
SPS (SODIUM POLYSTYRENE SULF)	T3	
VIVITROL	T2	QL (1 EA per 28 days)
Antigout Agents		
<i>allopurinol oral tablet 100 mg, 300 mg</i>	T1	
<i>colchicine oral tablet</i>	T1	
<i>colchicine-probenecid</i>	T1	
<i>ec-naproxen oral tablet delayed release 500 mg</i>	T1	
<i>febuxostat</i>	T1	ST
<i>indomethacin er</i>	T1	
<i>indomethacin oral capsule 25 mg, 50 mg</i>	T1	
<i>naproxen oral tablet</i>	T1	
<i>naproxen oral tablet delayed release</i>	T1	
<i>naproxen sodium oral tablet 275 mg, 550 mg</i>	T1	
<i>probenecid oral</i>	T1	
Antisense Oligonucleotides		

		Requirements and Limits
lowercase <i>italics</i> = Generic drugs UPPERCASE = Brand name drugs	Drug Tier	AL = Age Limit
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>sodium oxybate</i>	T4	PA; SP; QL (540 ml per 30 days)
Bone Anabolic Agents		
<i>teriparatide subcutaneous solution pen-injector 560 mcg/2.24ml</i>	T4	PA; SP
TYMLOS	T4	PA; SP
Bone Resorption Inhibitors		
<i>alendronate sodium oral tablet 10 mg, 35 mg, 70 mg</i>	T1	
<i>calcitonin (salmon) nasal</i>	T1	QL (3.7 ML per 30 days)
<i>estradiol oral</i>	T1	
<i>estradiol transdermal patch twice weekly</i>	T1	
<i>estradiol transdermal patch weekly</i>	T1	
<i>estradiol vaginal tablet</i>	T1	
<i>estradiol valerate intramuscular</i>	T1	
<i>ibandronate sodium oral</i>	T1	
PREMARIN ORAL	T3	ST
PREMARIN VAGINAL	T3	
PROLIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<i>raloxifene hcl</i>	T1	
<i>risedronate sodium oral tablet 150 mg, 30 mg, 35 mg, 5 mg</i>	T1	
YUVAFEM	T1	
Bradykinin Receptor Antagonists		
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
Cariostatic Agents		
<i>sf</i>	T1	
<i>sf 5000 plus</i>	T1	
<i>sodium fluoride 5000 plus</i>	T1	

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	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>sodium fluoride 5000 ppm dental cream</i>	T1	
<i>sodium fluoride dental cream</i>	T1	
<i>sodium fluoride dental gel 1.1 %</i>	T1	
<i>sodium fluoride oral solution 1.1 (0.5 f) mg/ml</i>	T1	AL (Max 17 Years)
<i>sodium fluoride oral tablet 2.2 (1 f) mg</i>	T1	AL (Max 17 Years)
<i>sodium fluoride oral tablet chewable</i>	T1	AL (Max 17 Years)
Complement Inhibitors		
BERINERT	T4	PA; SP
CINRYZE	T4	PA; SP
EMPAVELI	T4	PA; SP
HAEGARDA	T4	PA; SP
RUCONEST	T4	PA; SP
TAVNEOS	T4	PA; SP
Complement Inhibitors (92:32)		
BERINERT	T4	PA; SP
CINRYZE	T4	PA; SP
EMPAVELI	T4	PA; SP
HAEGARDA	T4	PA; SP
<i>icatibant acetate subcutaneous solution prefilled syringe</i>	T4	PA; SP
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP
RUCONEST	T4	PA; SP
SAJAZIR SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
TAKHZYRO SUBCUTANEOUS SOLUTION	T4	PA; SP
TAVNEOS	T4	PA; SP
Disease-Modifying Antirheumatic Agents		
ABRILADA (1 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP

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Drug Name	Drug Tier	Requirements and Limits	
ABRILADA (2 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP	
ABRILADA (2 SYRINGE)	T4	PA; Only NDCs starting with 00025 are covered.; SP	
ACTEMRA ACTPEN	T4	PA; SP	
ACTEMRA SUBCUTANEOUS	T4	PA; SP	
<i>adalimumab-aaty (1 pen)</i>	T4	PA; SP	
<i>adalimumab-aaty (2 pen)</i>	T4	PA; SP	
<i>adalimumab-aaty (2 syringe)</i>	T4	PA; SP	
<i>adalimumab-aaty cd/uc/hs start</i>	T4	PA; SP	
<i>adalimumab-fkjp (2 pen)</i>	T4	PA; SP	
<i>adalimumab-fkjp (2 syringe)</i>	T4	PA; SP	
<i>azathioprine oral tablet 50 mg</i>	T1		
CIBINQO	T4	PA; SP	
CIMZIA (2 SYRINGE)	T4	PA; SP	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP	
CIMZIA-STARTER	T4	PA; SP	
COSENTYX	T4	PA; SP	
COSENTYX (300 MG DOSE)	T4	PA; SP	
COSENTYX SENSOREADY (300 MG)	T4	PA; SP	
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP	
COSENTYX UNOREADY	T4	PA; SP	
<i>cyclosporine modified</i>	T1		
<i>cyclosporine oral capsule</i>	T1		
ENBREL MINI	T4	PA; SP	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP	

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Drug Name	Drug Tier	Requirements and Limits
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2	
GENGRAF ORAL SOLUTION	T2	
HADLIMA	T4	PA; SP
HADLIMA PUSHTOUCH	T4	PA; SP
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1	
KEVZARA	T4	PA; SP
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<i>leflunomide oral</i>	T1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1	
<i>methotrexate sodium oral</i>	T1	
OLUMIANT	T4	PA; SP
ORENCIA CLICKJECT	T4	PA; SP
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
OTEZLA ORAL TABLET 30 MG	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK 10 & 20 & 30 MG	T4	PA; SP
<i>penicillamine oral</i>	T1	PA; SP
RINVOQ	T4	PA; SP
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T4	PA; SP
SIMLANDI (2 PEN)	T4	PA; SP
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits	
<i>sulfasalazine oral</i>	T1		
XATMEP	T3	PA	
XELJANZ	T4	PA; SP	
XELJANZ XR	T4	PA; SP	
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP	
Immunomodulatory Agents			
ABRILADA (1 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP	
ABRILADA (2 PEN)	T4	PA; Only NDCs starting with 00025 are covered.; SP	
ABRILADA (2 SYRINGE)	T4	PA; Only NDCs starting with 00025 are covered.; SP	
ACTEMRA ACTPEN	T4	PA; SP	
ACTEMRA SUBCUTANEOUS	T4	PA; SP	
ACTIMMUNE	T4	PA; SP	
<i>adalimumab-aaty (1 pen)</i>	T4	PA; SP	
<i>adalimumab-aaty (2 pen)</i>	T4	PA; SP	
<i>adalimumab-aaty (2 syringe)</i>	T4	PA; SP	
<i>adalimumab-aaty cd/uc/hs start</i>	T4	PA; SP	
<i>adalimumab-fkjp (2 pen)</i>	T4	PA; SP	
<i>adalimumab-fkjp (2 syringe)</i>	T4	PA; SP	
AVONEX PEN INTRAMUSCULAR AUTO-INJECTOR KIT	T4	PA; SP	
AVONEX PREFILLED INTRAMUSCULAR PREFILLED SYRINGE KIT	T4	PA; SP	
<i>azathioprine oral tablet 50 mg</i>	T1		
BAFIERTAM	T4	PA; SP	
BETASERON SUBCUTANEOUS KIT	T4	PA; SP	
CIMZIA (2 SYRINGE)	T4	PA; SP	
CIMZIA SUBCUTANEOUS KIT 2 X 200 MG	T4	PA; SP	
CIMZIA-STARTER	T4	PA; SP	
<i>cyclosporine modified</i>	T1		

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Drug Name	Drug Tier	Requirements and Limits	
<i>cyclosporine oral capsule</i>	T1		
<i>dimethyl fumarate oral</i>	T1	PA	
<i>dimethyl fumarate starter pack oral capsule delayed release therapy pack</i>	T1	PA	
ENBREL MINI	T4	PA; SP	
ENBREL SUBCUTANEOUS SOLUTION 25 MG/0.5ML	T4	PA; SP	
ENBREL SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
ENBREL SURECLICK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP	
<i>fingolimod hcl</i>	T1	PA	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2		
GENGRAF ORAL SOLUTION	T2		
<i>glatiramer acetate</i>	T4	PA; SP	
GLATOPIA	T4	PA; SP	
HADLIMA	T4	PA; SP	
HADLIMA PUSHTOUCH	T4	PA; SP	
<i>hydroxychloroquine sulfate oral tablet 200 mg</i>	T1		
KESIMPTA	T4	PA; SP	
KINERET SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
<i>leflunomide oral</i>	T1		
<i>lenalidomide</i>	T4	PA; SP	
MAVENCLAD (10 TABS)	T4	PA; SP	
MAVENCLAD (4 TABS)	T4	PA; SP	
MAVENCLAD (5 TABS)	T4	PA; SP	
MAVENCLAD (6 TABS)	T4	PA; SP	
MAVENCLAD (7 TABS)	T4	PA; SP	
MAVENCLAD (8 TABS)	T4	PA; SP	
MAVENCLAD (9 TABS)	T4	PA; SP	

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Drug Name	Drug Tier	Requirements and Limits	
MAYZENT	T4	PA; SP	
MAYZENT STARTER PACK	T4	PA; SP	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1		
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1		
<i>methotrexate sodium oral</i>	T1		
ORENCIA CLICKJECT	T4	PA; SP	
ORENCIA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
OTEZLA ORAL TABLET	T4	PA; SP	
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP	
PEGASYS SUBCUTANEOUS SOLUTION 180 MCG/ML	T4	PA; SP	
PEGASYS SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
POMALYST	T4	PA; SP; QL (21 EA per 28 days)	
REBIF REBIDOSE SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP	
REBIF REBIDOSE TITRATION PACK SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP	
REBIF SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
REBIF TITRATION PACK SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
REVLIMID	T4	PA; SP	
SIMLANDI (1 PEN) SUBCUTANEOUS AUTO-INJECTOR KIT 40 MG/0.4ML	T4	PA; SP	
SIMLANDI (2 PEN)	T4	PA; SP	
SIMLANDI (2 SYRINGE) SUBCUTANEOUS PREFILLED SYRINGE KIT 40 MG/0.4ML	T4	PA; SP	
SIMPONI SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP	

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Drug Name	Drug Tier	Requirements and Limits	
SIMPONI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP	
<i>sulfasalazine oral</i>	T1		
TASCENSO ODT	T4	PA; SP	
<i>teriflunomide</i>	T1	PA; QL (1 EA per 1 day)	
THALOMID ORAL CAPSULE 100 MG, 50 MG	T4	PA; SP	
VUMERITY	T4	PA; SP	
XATMEP	T3	PA	
YUSIMRY SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP	
ZEPOSIA	T4	PA; SP	
ZEPOSIA 7-DAY STARTER PACK	T4	PA; SP	
ZEPOSIA STARTER KIT ORAL CAPSULE THERAPY PACK 0.23MG &0.46MG 0.92MG(21)	T4	PA; SP	
Immunosuppressive Agents			
ASTAGRAF XL	T4	SP	
<i>azathioprine oral tablet 50 mg</i>	T1		
BENLYSTA SUBCUTANEOUS	T4	PA; SP	
<i>cyclophosphamide oral capsule</i>	T1		
<i>cyclosporine modified</i>	T1		
<i>cyclosporine oral capsule</i>	T1		
ENVARUSUS XR	T4	SP	
<i>everolimus oral tablet 0.25 mg, 0.5 mg, 0.75 mg, 1 mg</i>	T4	SP	
GENGRAF ORAL CAPSULE 100 MG, 25 MG	T2		
GENGRAF ORAL SOLUTION	T2		
HYFTOR	T4	PA; SP	
<i>leflunomide oral</i>	T1		
LUPKYNIS	T4	PA; SP	
MAVENCLAD (10 TABS)	T4	PA; SP	

		Requirements and Limits
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Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
MAVENCLAD (4 TABS)	T4	PA; SP
MAVENCLAD (5 TABS)	T4	PA; SP
MAVENCLAD (6 TABS)	T4	PA; SP
MAVENCLAD (7 TABS)	T4	PA; SP
MAVENCLAD (8 TABS)	T4	PA; SP
MAVENCLAD (9 TABS)	T4	PA; SP
<i>mercaptopurine oral suspension</i>	T1	SP
<i>mercaptopurine oral tablet</i>	T1	
<i>methotrexate sodium (pf) injection solution 50 mg/2ml</i>	T1	
<i>methotrexate sodium injection solution 250 mg/10ml, 50 mg/2ml</i>	T1	
<i>methotrexate sodium oral</i>	T1	
<i>mycophenolate mofetil oral</i>	T1	
<i>mycophenolate sodium</i>	T1	
<i>pimecrolimus</i>	T1	ST
PROGRAF ORAL PACKET	T3	
<i>sirolimus oral</i>	T1	
<i>tacrolimus external ointment</i>	T1	ST
<i>tacrolimus oral</i>	T1	
XATMEP	T3	PA
Kallikrein Inhibitors		
KALBITOR	T4	PA; SP
ORLADEYO	T4	PA; SP
TAKHZYRO	T4	PA; SP
Other Miscellaneous Therapeutic Agents		
<i>betaine</i>	T4	SP
CERDELGA	T4	PA; SP
CYSTAGON	T4	SP
<i>dalfampridine er</i>	T1	PA; SP
DYSPORT	T4	PA; SP

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Drug Name	Drug Tier	Requirements and Limits	
ELMIRON	T3	PA	
EUFLEXXA INTRA-ARTICULAR SOLUTION PREFILLED SYRINGE	T4	PA; SP	
EVOTAZ	T2	QL (30 EA per 30 days)	
EVRYSDI	T4	PA; SP	
FIRDAPSE	T4	PA; SP	
GALAFOLD	T4	PA; SP	
GELSYN-3	T4	PA; SP	
ISTURISA ORAL TABLET 1 MG, 5 MG	T4	PA; SP	
<i>levocarnitine oral solution</i>	T1		
<i>levocarnitine oral tablet</i>	T1		
<i>levocarnitine sf</i>	T1		
<i>l-glutamine oral packet</i>	T4	PA; SP	
<i>miglustat</i>	T4	PA; SP	
<i>nitisinone</i>	T4	PA; SP	
NITYR	T4	PA; SP	
ORFADIN ORAL SUSPENSION	T4	PA; SP	
PREZCOBIX	T2	QL (30 EA per 30 days)	
REZUROCK	T4	PA; SP	
<i>sapropterin dihydrochloride oral packet</i>	T4	PA; SP	
<i>sapropterin dihydrochloride oral tablet</i>	T4	PA; SP	
STRIBILD	T3	QL (30 EA per 30 days)	
SYMTUZA	T3	QL (30 EA per 30 days)	
<i>tiopronin oral tablet delayed release</i>	T4	SP	
TYBOST	T2	QL (30 EA per 30 days)	
VYNDAMAX	T4	PA; SP; QL (30 EA per 30 days)	
VYNDAQEL	T4	PA; SP	
XEOMIN	T4	PA; SP	
Protective Agents			
<i>adapalene external gel 0.1 %</i>	T1		

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	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>dalfampridine er</i>	T1	PA; SP
<i>mesna oral</i>	T1	
Nonhormonal Contraceptives		
Nonhormonal Contraceptives		
CAYA	T2	
DUREX REALFEEL	T2	QL (12 EA per 30 days)
ENCARE VAGINAL SUPPOSITORY	T2	QL (12 EA per 30 days)
FANTASY LUBRICATED	T2	QL (12 EA per 30 days)
FANTASY LUBRICATED/SPERMICIDE	T2	QL (12 EA per 30 days)
FC2 FEMALE CONDOM	T2	QL (12 EA per 90 days)
FEMCAP	T2	
OMNIFLEX DIAPHRAGM	T2	
PHEXXI	T2	QL (60 GM per 30 days)
TODAY SPONGE	T2	QL (3 EA per 30 days)
TRUSTEX LUB/RIBBED/STUDDERED	T2	QL (12 EA per 30 days)
TRUSTEX LUB/SPERMICIDE EX ST	T2	QL (12 EA per 30 days)
TRUSTEX LUB/SPERMICIDE XL	T2	QL (12 EA per 30 days)
TRUSTEX LUBRICATED EX LARGE	T2	QL (12 EA per 30 days)
TRUSTEX NON-LUBRICATED	T2	QL (12 EA per 30 days)
TRUSTEX RIA NON-LUBRICATED	T2	QL (12 EA per 30 days)
TRUSTEX-NONOXYNOL-9/RIB/STUD	T2	QL (12 EA per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL FILM	T2	QL (9 EA per 30 days)
VCF VAGINAL CONTRACEPTIVE VAGINAL GEL	T2	QL (25.5 GM per 30 days)
WIDE-SEAL DIAPHRAGM 60	T2	
WIDE-SEAL DIAPHRAGM 65	T2	
WIDE-SEAL DIAPHRAGM 70	T2	
WIDE-SEAL DIAPHRAGM 75	T2	
WIDE-SEAL DIAPHRAGM 80	T2	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
WIDE-SEAL DIAPHRAGM 85	T2	
WIDE-SEAL DIAPHRAGM 90	T2	
WIDE-SEAL DIAPHRAGM 95	T2	
Oxytocics		
Oxytocics		
<i>mifepristone oral tablet 200 mg</i>	T1	
Respiratory Tract Agents		
Alpha And Beta Adrenergic Agonist(Respr)		
<i>epinephrine injection solution auto-injector</i>	T1	QL
Anticholinergic Agents (Respir.Tract)		
<i>atropine sulfate ophthalmic solution 1 %</i>	T1	
ATROVENT HFA	T3	QL (12.9 GM per 25 days)
COMBIVENT RESPIMAT	T3	QL (1 Inhaler per 30 days)
INCRUSE ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 62.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
<i>ipratropium bromide inhalation</i>	T1	
<i>ipratropium bromide nasal</i>	T1	
<i>ipratropium-albuterol inhalation solution 0.5-2.5 (3) mg/3ml</i>	T1	
SPIRIVA RESPIMAT INHALATION AEROSOL SOLUTION 1.25 MCG/ACT, 2.5 MCG/ACT	T2	QL (1 Inhaler per 30 days)
<i>tiotropium bromide</i>	T1	QL (30 EA per 30 days)
Antifibrotic Agents		
OFEV	T4	PA; SP
<i>pirfenidone oral capsule</i>	T4	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	T4	PA; SP
Anti-Inflammatory Agents (Respiratory)		

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Drug Name	Drug Tier	Requirements and Limits
NUCALA	T4	PA; SP
Antitussives		
<i>codeine sulfate oral tablet</i>	T1	PA; QL (180 EA per 30 days); AL (Min 18 Years and Max 999 Years)
<i>hydrocod poli-chlorphe poli er</i>	T1	Prior authorization required for claims greater than 7 day supply.; QL (50 ML per 5 days); AL (Min 18 Years and Max 999 Years)
Corticosteroids (Respiratory Tract)		
ARNUITY ELLIPTA	T2	QL (30 Inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	T1	QL (120 ml per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	T1	QL (60 ML per 30 days)
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	
<i>fluticasone furoate-vilanterol inhalation aerosol powder breath activated 100-25 mcg/act, 200-25 mcg/act</i>	T2	QL (60 EA per 30 days)
<i>fluticasone propionate diskus</i>	T2	QL (60 Inhaler per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	T2	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	T2	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	T2	QL (10.6 GM per 30 days)
<i>fluticasone propionate nasal</i>	T1	
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 100-50 mcg/act, 250-50 mcg/act, 500-50 mcg/act</i>	T1	QL (60 EA per 30 days)
<i>fluticasone-salmeterol inhalation aerosol powder breath activated 113-14 mcg/act, 232-14 mcg/act, 55-14 mcg/act</i>	T1	QL (1 EA per 30 days)
<i>mometasone furoate external</i>	T1	
<i>mometasone furoate nasal</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	T2	QL (2 Inhaler per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	T2	QL (1 Inhaler per 30 days)
QVAR REDIHALER	T2	QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 100-62.5-25 MCG/ACT	T3	ST; QL (1 Inhaler per 30 days)
TRELEGY ELLIPTA INHALATION AEROSOL POWDER BREATH ACTIVATED 200-62.5-25 MCG/ACT	T3	QL (1 Inhaler per 30 days)
Cystic Fibrosis (Cftr) Correctors		
ALYFTREK	T4	PA; SP
ORKAMBI	T4	PA; SP
SYMDEKO	T4	PA; SP
TRIKAFTA	T4	PA; SP
Cystic Fibrosis (Cftr) Potentiators		
ALYFTREK	T4	PA; SP
KALYDECO	T4	PA; SP
ORKAMBI	T4	PA; SP
SYMDEKO	T4	PA; SP
TRIKAFTA	T4	PA; SP
Endothelin Receptor Antagonists		
<i>ambrisentan</i>	T4	PA; SP
<i>bosentan</i>	T4	PA; SP
First Generation Antihist.(Respir Tract)		
<i>carbinoxamine maleate oral tablet 4 mg</i>	T1	
<i>clemastine fumarate oral tablet 2.68 mg</i>	T1	
<i>cyproheptadine hcl oral</i>	T1	
<i>promethazine hcl oral solution 6.25 mg/5ml</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>promethazine hcl oral tablet</i>	T1	
<i>promethazine hcl rectal suppository 12.5 mg, 25 mg</i>	T1	
PROMETHEGAN RECTAL SUPPOSITORY 50 MG	T3	
Interleukin Antagonists		
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML	T4	PA; SP
FASENRA	T4	PA; SP
FASENRA PEN	T4	PA; SP
TEZSPIRE	T4	PA; SP
Leukotriene Modifiers		
<i>montelukast sodium oral</i>	T1	
<i>zafirlukast</i>	T1	ST
<i>zileuton er</i>	T1	ST
Mast-Cell Stabilizers		
ALOCRIL	T3	
<i>cromolyn sodium inhalation</i>	T1	
<i>cromolyn sodium ophthalmic</i>	T1	
<i>cromolyn sodium oral</i>	T1	
Mucolytic Agents		
<i>acetylcysteine inhalation</i>	T1	
PULMOZYME INHALATION SOLUTION 2.5 MG/2.5ML	T4	PA; SP
<i>sodium chloride inhalation nebulization solution 3 %, 7 %</i>	T1	
Nasal Preparations (Steroids)		
<i>flunisolide nasal solution 25 mcg/act (0.025%)</i>	T1	
<i>fluticasone propionate nasal</i>	T1	
<i>mometasone furoate nasal</i>	T1	
Orally Inhaled Preparations (Steroids)		

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
ARNUITY ELLIPTA	T2	QL (30 Inhaler per 30 days)
<i>budesonide inhalation suspension 0.25 mg/2ml, 0.5 mg/2ml</i>	T1	QL (120 ml per 30 days)
<i>budesonide inhalation suspension 1 mg/2ml</i>	T1	QL (60 ML per 30 days)
<i>fluticasone propionate diskus</i>	T2	QL (60 Inhaler per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 110 mcg/act</i>	T2	QL (12 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 220 mcg/act</i>	T2	QL (24 GM per 30 days)
<i>fluticasone propionate hfa inhalation aerosol 44 mcg/act</i>	T2	QL (10.6 GM per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 180 MCG/ACT	T2	QL (2 Inhaler per 30 days)
PULMICORT FLEXHALER INHALATION AEROSOL POWDER BREATH ACTIVATED 90 MCG/ACT	T2	QL (1 Inhaler per 30 days)
QVAR REDHALER	T2	QL (1 Inhaler per 30 days)
Phosphodiesterase Type 4 Inhibitors		
<i>roflumilast</i>	T1	PA
Phosphodiesterase-5 Inhibitors (Respir)		
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; SP
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; SP
<i>tadalafil (pah)</i>	T1	PA; SP
Prostacyclin & Prostacyclin Derivatives		
ORENITRAM	T4	PA; SP
ORENITRAM MONTH 1	T4	PA; SP
ORENITRAM MONTH 2	T4	PA; SP
ORENITRAM MONTH 3	T4	PA; SP
TYVASO	T4	PA; SP

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA; SP; QL (112 dose per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T4	PA; SP; QL (1 kit per 1 lifetime)
TYVASO REFILL KIT	T4	PA; SP
TYVASO STARTER KIT	T4	PA; SP
Respiratory Tract Agents, Miscellaneous		
<i>pirfenidone oral capsule</i>	T4	PA; SP
<i>pirfenidone oral tablet 267 mg, 801 mg</i>	T4	PA; SP
TEZSPIRE	T4	PA; SP
XOLAIR	T4	PA; SP
Second Generation Antihist(Respir Tract)		
<i>azelastine hcl nasal solution 0.1 %, 137 mcg/spray</i>	T1	
<i>azelastine hcl ophthalmic</i>	T1	
<i>desloratadine oral tablet</i>	T1	
Select.Beta-2-Adrenergic Agonist(Respir)		
<i>albuterol sulfate hfa inhalation aerosol solution 108 (90 base) mcg/act</i>	T1	NDC 66993001968 (albuterol authorized generic for Ventolin) is not on formulary. Use alternate NDC.
<i>albuterol sulfate inhalation</i>	T1	
<i>albuterol sulfate oral syrup 2 mg/5ml</i>	T1	
<i>albuterol sulfate oral tablet</i>	T1	
<i>formoterol fumarate inhalation</i>	T1	QL (120 ml per 30 days)
<i>levalbuterol hcl inhalation nebulization solution 0.31 mg/3ml, 0.63 mg/3ml, 1.25 mg/3ml</i>	T1	ST
STRIVERDI RESPIMAT	T2	QL (4 GM per 30 days)
<i>terbutaline sulfate oral</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
Vasodilating Agents (Respiratory Tract)		
ADEMPAS	T4	PA; SP; QL (3 tablet per 1 day)
<i>ambrisentan</i>	T4	PA; SP
<i>bosentan</i>	T4	PA; SP
ORENITRAM	T4	PA; SP
ORENITRAM MONTH 1	T4	PA; SP
ORENITRAM MONTH 2	T4	PA; SP
ORENITRAM MONTH 3	T4	PA; SP
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; SP
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; SP
<i>tadalafil (pah)</i>	T1	PA; SP
TYVASO	T4	PA; SP
TYVASO DPI MAINTENANCE KIT INHALATION POWDER 16 MCG, 32 MCG, 48 MCG, 64 MCG	T4	PA; SP; QL (112 dose per 28 days)
TYVASO DPI TITRATION KIT INHALATION POWDER 16 & 32 & 48 MCG	T4	PA; SP; QL (1 kit per 1 lifetime)
TYVASO REFILL KIT	T4	PA; SP
TYVASO STARTER KIT	T4	PA; SP
UPTRAVI ORAL	T4	PA; SP; QL (2 tablet per 1 day)
UPTRAVI TITRATION	T4	PA; SP; QL (1 pack per 1 lifetime)
Vasodilating Agents, Misc		
ADEMPAS	T4	PA; SP; QL (3 tablet per 1 day)
UPTRAVI ORAL	T4	PA; SP; QL (2 tablet per 1 day)
UPTRAVI TITRATION	T4	PA; SP; QL (1 pack per 1 lifetime)
Xanthine Derivatives		
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>theophylline er oral tablet extended release 24 hour</i>	T1	
<i>theophylline oral</i>	T1	
Skin And Mucous Membrane Agents		
Adrenergic Agonists		
<i>brimonidine tartrate ophthalmic solution 0.1 %, 0.2 %</i>	T1	
<i>brimonidine tartrate-timolol</i>	T1	ST
Allylamines (Skin And Mucous Membrane)		
<i>naftifine hcl external cream</i>	T1	PA
Antibacterials (84:04)		
<i>azelaic acid external</i>	T1	
<i>bacitracin ophthalmic</i>	T1	
<i>bacitracin-polymyxin b ophthalmic ointment 500-10000 unit/gm</i>	T1	
<i>benzoyl peroxide-erythromycin</i>	T1	
<i>clindamycin hcl oral</i>	T1	
<i>clindamycin palmitate hcl</i>	T1	
<i>clindamycin phos (once-daily)</i>	T1	
<i>clindamycin phos (twice-daily)</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	T1	
<i>clindamycin phosphate external lotion</i>	T1	
<i>clindamycin phosphate external solution</i>	T1	
<i>clindamycin phosphate external swab</i>	T1	
<i>clindamycin phosphate vaginal</i>	T1	
<i>dapsone oral</i>	T1	
<i>doxycycline hyclate oral capsule</i>	T1	
<i>doxycycline hyclate oral tablet 100 mg, 20 mg</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits
<i>doxycycline monohydrate oral capsule 100 mg, 50 mg</i>	T1	
<i>erythromycin external gel</i>	T1	
<i>erythromycin external solution</i>	T1	
<i>gentamicin sulfate external</i>	T1	
<i>gentamicin sulfate ophthalmic solution</i>	T1	
<i>levofloxacin oral</i>	T1	
<i>metronidazole external cream</i>	T1	
<i>metronidazole external gel</i>	T1	
<i>metronidazole oral capsule</i>	T1	
<i>metronidazole oral tablet 250 mg, 500 mg</i>	T1	
<i>metronidazole vaginal</i>	T1	
<i>minocycline hcl oral capsule</i>	T1	
<i>moxifloxacin hcl oral</i>	T1	
<i>mupirocin external</i>	T1	QL (88 GM per 30 days)
<i>neomycin sulfate oral</i>	T1	
<i>polymyxin b-trimethoprim</i>	T1	
<i>sulfacetamide sodium (acne)</i>	T1	
SULFAMYLON EXTERNAL CREAM	T3	
<i>tetracycline hcl oral capsule</i>	T1	
Anti-Inflammatory Agents, Misc (Skin)		
EUCRISA	T3	PA
Antiproliferants		
<i>bexarotene oral</i>	T4	PA; SP
<i>fluorouracil external cream 0.5 %</i>	T1	
<i>fluorouracil external cream 5 %</i>	T1	QL (40 g per 30 days)
<i>fluorouracil external solution</i>	T1	
<i>imiquimod external cream 5 %</i>	T1	QL (24 EA per 30 days)
PANRETIN	T4	PA; SP
TARGRETIN EXTERNAL	T4	PA; SP
VALCHLOR	T4	PA; SP

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
Antipruritics And Local Anesthetics		
<i>doxepin hcl external</i>	T1	ST; QL (45 GM per 30 days)
<i>doxepin hcl oral capsule</i>	T1	
<i>doxepin hcl oral concentrate</i>	T1	
<i>doxepin hcl oral tablet</i>	T1	QL (30 EA per 30 days)
<i>lidocaine external ointment 5 %</i>	T1	
<i>lidocaine external patch 5 %</i>	T1	PA; QL (90 EA per 30 days)
<i>lidocaine hcl external solution</i>	T1	
<i>lidocaine-prilocaine</i>	T1	
ZTLIDO	T3	PA
Antivirals (Skin And Mucous Membrane)		
<i>acyclovir external cream</i>	T1	PA
<i>acyclovir external ointment</i>	T1	
<i>acyclovir oral capsule</i>	T1	
<i>acyclovir oral suspension 200 mg/5ml</i>	T1	
<i>acyclovir oral tablet</i>	T1	
<i>penciclovir</i>	T1	PA
Astringents (84:12)		
BEVESPI AEROSPHERE	T2	QL (10.7 Inhaler per 30 days)
<i>glycopyrrolate oral tablet 1 mg, 2 mg</i>	T1	
Astringents, Anti-Infective		
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>selenium sulfide external lotion</i>	T1	
<i>silver sulfadiazine external</i>	T1	
SSD	T3	
Azoles (Skin And Mucous Membrane)		
<i>clotrimazole anti-fungal</i>	T1	
<i>clotrimazole external cream</i>	T1	
<i>clotrimazole external solution</i>	T1	

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	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>clotrimazole mouth/throat troche</i>	T1	
<i>clotrimazole-betamethasone</i>	T1	
<i>econazole nitrate external cream</i>	T1	
GYNAZOLE-1	T3	
JUBLIA	T3	PA; QL (8 ml per 30 days)
<i>ketconazole external cream</i>	T1	
<i>ketconazole external shampoo 2 %</i>	T1	
<i>luliconazole</i>	T1	PA
<i>oxiconazole nitrate</i>	T1	PA
<i>sulconazole nitrate external cream</i>	T1	QL (60 GM per 30 days)
<i>terconazole</i>	T1	
Basic Lotions And Liniments		
<i>ammonium lactate external</i>	T1	
Basic Ointments And Protectants		
<i>calcipotriene external cream</i>	T1	
<i>calcipotriene external ointment</i>	T1	
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T1	ST
<i>hydrocortisone external cream 1 %</i>	T1	
<i>nitroglycerin rectal</i>	T3	
SANTYL	T3	PA; QL (90 GM per 30 days)
Cell Stimulants And Proliferants		
<i>finasteride oral tablet 5 mg</i>	T1	
<i>minoxidil oral</i>	T1	
<i>tretinoin external cream</i>	T1	AL (Max 30 Years)
<i>tretinoin external gel 0.01 %, 0.025 %</i>	T1	AL (Max 30 Years)
<i>tretinoin oral</i>	T4	SP
Corticosteroids (Skin, Mucous Membrane)		
<i>alclometasone dipropionate</i>	T1	
<i>betamethasone dipropionate aug</i>	T1	

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Drug Name	Drug Tier	Requirements and Limits	
<i>betamethasone dipropionate external</i>	T1		
<i>betamethasone valerate external cream</i>	T1		
<i>betamethasone valerate external lotion</i>	T1		
<i>betamethasone valerate external ointment</i>	T1		
<i>calcipotriene-betameth diprop external ointment</i>	T1	ST	
<i>clobetasol propionate e</i>	T1		
<i>clobetasol propionate external cream 0.05 %</i>	T1		
<i>clobetasol propionate external gel</i>	T1		
<i>clobetasol propionate external ointment</i>	T1		
<i>clobetasol propionate external solution</i>	T1		
<i>clocortolone pivalate</i>	T1	ST	
<i>clotrimazole-betamethasone</i>	T1		
<i>desonide external cream</i>	T1		
<i>desonide external lotion</i>	T1	ST	
<i>desonide external ointment</i>	T1		
<i>desoximetasone external cream 0.05 %</i>	T1	ST	
<i>desoximetasone external cream 0.25 %</i>	T1		
<i>desoximetasone external gel</i>	T1	ST	
<i>desoximetasone external liquid</i>	T1	ST	
<i>desoximetasone external ointment 0.05 %</i>	T1	ST	
<i>desoximetasone external ointment 0.25 %</i>	T1		
<i>fluocinolone acetonide external cream 0.01 %</i>	T1	ST	
<i>fluocinolone acetonide external cream 0.025 %</i>	T1		
<i>fluocinolone acetonide external ointment</i>	T1		
<i>fluocinolone acetonide external solution</i>	T1		
<i>fluocinolone acetonide otic</i>	T1		
<i>fluocinonide emulsified base</i>	T1		
<i>fluocinonide external gel</i>	T1		
<i>fluocinonide external ointment</i>	T1		

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		AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>fluocinonide external solution</i>	T1	
<i>fluticasone propionate external cream</i>	T1	
<i>fluticasone propionate external lotion</i>	T1	ST
<i>fluticasone propionate external ointment</i>	T1	
<i>halcinonide external cream</i>	T1	ST
<i>halobetasol propionate external cream</i>	T1	
<i>halobetasol propionate external foam</i>	T1	ST
<i>halobetasol propionate external ointment</i>	T1	
<i>hydrocortisone (perianal)</i>	T1	
<i>hydrocortisone butyrate external</i>	T1	ST
<i>hydrocortisone external cream 1 %, 2.5 %</i>	T1	
<i>hydrocortisone external lotion 2.5 %</i>	T1	
<i>hydrocortisone external ointment 1 %, 2.5 %</i>	T1	
<i>hydrocortisone oral</i>	T1	
<i>hydrocortisone rectal enema</i>	T1	
<i>hydrocortisone valerate external cream</i>	T1	
<i>hydrocortisone valerate external ointment</i>	T1	ST
<i>hydrocortisone-acetic acid</i>	T1	
MEDPURA HYDROCORTISONE	T1	
<i>mometasone furoate external</i>	T1	
<i>nystatin-triamcinolone</i>	T1	
<i>triamcinolone acetonide external cream</i>	T1	
<i>triamcinolone acetonide external lotion</i>	T1	
<i>triamcinolone acetonide external ointment</i>	T1	
<i>triamcinolone acetonide mouth/throat</i>	T1	
Hydroxypyridones (Skin, Mucous Membrane)		
<i>ciclopirox external solution</i>	T1	
<i>ciclopirox olamine external</i>	T1	
Immunomodulatory Agents (84:06)		
ASTAGRAF XL	T4	SP

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Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 200 MG/1.14ML, 300 MG/2ML	T4	PA; SP
ENVARUSUS XR	T4	SP
HYFTOR	T4	PA; SP
ILUMYA	T4	PA; SP
<i>pimecrolimus</i>	T1	ST
PROGRAF ORAL PACKET	T3	
SILIQ	T4	PA; SP
<i>sirolimus oral</i>	T1	
SKYRIZI PEN	T4	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
<i>tacrolimus external ointment</i>	T1	ST
<i>tacrolimus oral</i>	T1	
TREMFYA INTRAVENOUS	T4	PA; SP
TREMFYA PEN	T4	PA; SP
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
TREMFYA-CD/UC INDUCTION	T4	PA; SP
Janus Kinase Inhibitors (84:06)		
CIBINQO	T4	PA; SP
JAKAFI	T4	PA; SP; QL (60 EA per 30 days)
OPZELURA	T4	PA
<i>roflumilast</i>	T1	PA
SOTYKTU	T4	PA; SP
Keratolytic Agents		
<i>acitretin</i>	T1	PA
<i>adapalene external gel 0.1 %</i>	T1	

		Requirements and Limits
lowercase <i>italics</i> = Generic drugs UPPERCASE = Brand name drugs	Drug Tier	AL = Age Limit
	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>isotretinoin oral</i>	T1	PA; QL (60 EA per 30 days)
<i>podofilox external solution</i>	T1	
<i>tazarotene external cream</i>	T1	
<i>tazarotene external gel</i>	T1	
Local Anti-Infectives, Miscellaneous		
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>benzoyl peroxide-erythromycin</i>	T1	
<i>chlorhexidine gluconate mouth/throat</i>	T1	
<i>clindamycin phos-benzoyl perox external gel 1-5 %, 1.2-2.5 %, 1.2-5 %</i>	T1	
<i>selenium sulfide external lotion</i>	T1	
<i>silver sulfadiazine external</i>	T1	
SSD	T3	
SULFAMYLON EXTERNAL CREAM	T3	
Nonsteroidal Anti-Inflammat.Agents(Skin)		
<i>diclofenac sodium external gel 1 %</i>	T1	
<i>diclofenac sodium external gel 3 %</i>	T1	QL (100 g per 30 days)
Phosphodiesterase-4 Inhibitors (84:06)		
EUCRISA	T3	PA
<i>roflumilast</i>	T1	PA
Pigmenting Agents		
<i>methoxsalen rapid</i>	T4	QL (84 EA per 30 days)
Polyenes (Skin And Mucous Membrane)		
<i>nystatin external</i>	T1	
<i>nystatin mouth/throat</i>	T1	
<i>nystatin-triamcinolone</i>	T1	

		Requirements and Limits
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	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
Scabicides And Pediculicides		
CROTAN	T3	
<i>ivermectin external cream</i>	T1	ST
<i>malathion external</i>	T1	
<i>permethrin external cream</i>	T1	
<i>spinosad</i>	T1	
Skin And Mucous Membrane Agents, Misc.		
<i>acitretin</i>	T1	PA
<i>adapalene external gel 0.1 %</i>	T1	
<i>adapalene-benzoyl peroxide external gel 0.1-2.5 %</i>	T1	
<i>azelaic acid external</i>	T1	
<i>calcipotriene external cream</i>	T1	
<i>calcipotriene external ointment</i>	T1	
<i>calcipotriene external solution</i>	T1	
<i>calcipotriene-betameth diprop external ointment</i>	T1	ST
<i>calcitriol external</i>	T1	QL (800 GM per 28 days)
CIBINQO	T4	PA; SP
COSENTYX	T4	PA; SP
COSENTYX (300 MG DOSE)	T4	PA; SP
COSENTYX SENSOREADY (300 MG)	T4	PA; SP
COSENTYX SENSOREADY PEN SUBCUTANEOUS SOLUTION AUTO-INJECTOR 150 MG/ML	T4	PA; SP
COSENTYX UNOREADY	T4	PA; SP
<i>dapsone oral</i>	T1	
<i>diclofenac sodium external gel 1 %</i>	T1	
DUPIXENT SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
DUPIXENT SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 300 MG/2ML	T4	PA; SP

		Requirements and Limits
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		AL = Age Limit PA = Prior Authorization QL = Quantity Limit SP = Specialty Pharmacy ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>fluorouracil external cream 0.5 %</i>	T1	
<i>fluorouracil external cream 5 %</i>	T1	QL (40 g per 30 days)
<i>fluorouracil external solution</i>	T1	
HYFTOR	T4	PA; SP
ILUMYA	T4	PA; SP
<i>imiquimod external cream 5 %</i>	T1	QL (24 EA per 30 days)
<i>isotretinoin oral</i>	T1	PA; QL (60 EA per 30 days)
<i>l-glutamine oral packet</i>	T4	PA; SP
<i>nitroglycerin rectal</i>	T3	
OPZELURA	T4	PA
OTEZLA ORAL TABLET	T4	PA; SP
OTEZLA ORAL TABLET THERAPY PACK	T4	PA; SP
PANRETIN	T4	PA; SP
<i>pimecrolimus</i>	T1	ST
<i>podofilox external solution</i>	T1	
SANTYL	T3	PA; QL (90 GM per 30 days)
SILIQ	T4	PA; SP
SKYRIZI PEN	T4	PA; SP
SKYRIZI SUBCUTANEOUS SOLUTION PREFILLED SYRINGE	T4	PA; SP
SOTYKTU	T4	PA; SP
<i>tacrolimus external ointment</i>	T1	ST
TALTZ SUBCUTANEOUS SOLUTION AUTO-INJECTOR	T4	PA; SP
TALTZ SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 80 MG/ML	T4	PA; SP
TARGRETIN EXTERNAL	T4	PA; SP
<i>tazarotene external cream</i>	T1	
<i>tazarotene external gel</i>	T1	
TREMFYA SUBCUTANEOUS SOLUTION PREFILLED SYRINGE 100 MG/ML	T4	PA; SP
VALCHLOR	T4	PA; SP
Smooth Muscle Relaxants		

		Requirements and Limits
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	T1 = Generic	PA = Prior Authorization
	T2 = Preferred Brand	QL = Quantity Limit
	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
Antimuscarinics		
<i>darifenacin hydrobromide er</i>	T1	ST
<i>fesoterodine fumarate er</i>	T1	ST
<i>flavoxate hcl</i>	T1	
<i>oxybutynin chloride er</i>	T1	
<i>oxybutynin chloride oral solution</i>	T1	
<i>oxybutynin chloride oral tablet 5 mg</i>	T1	
<i>solifenacin succinate</i>	T1	
<i>tolterodine tartrate</i>	T1	
<i>tolterodine tartrate er</i>	T1	ST
<i>trospium chloride</i>	T1	
<i>trospium chloride er</i>	T1	ST
Respiratory Smooth Muscle Relaxants		
<i>sildenafil citrate oral suspension reconstituted</i>	T1	PA; SP
<i>sildenafil citrate oral tablet 20 mg</i>	T1	PA; SP
<i>theophylline er oral tablet extended release 12 hour 300 mg, 450 mg</i>	T1	
<i>theophylline er oral tablet extended release 24 hour</i>	T1	
<i>theophylline oral</i>	T1	
Selective Beta-3-Adrenergic Agonists		
<i>mirabegron er</i>	T3	QL (30 EA per 30 days)
MYRBETRIQ ORAL SUSPENSION RECONSTITUTED ER	T3	QL (300 ML per 30 days); AL (Min 3 Years and Max 18 Years)
MYRBETRIQ ORAL TABLET EXTENDED RELEASE 24 HOUR	T3	QL (30 EA per 30 days)
Vitamins		
Multivitamin Preparations		
<i>m-natal plus</i>	T1	

		Requirements and Limits
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	T3 = Non-Preferred Brand	SP = Specialty Pharmacy
	T4 = Specialty	ST = Step Therapy
Drug Name	Drug Tier	Requirements and Limits
<i>pnv prenatal plus multivitamin</i>	T1	
PRENATABS RX	T1	
<i>prenatal oral tablet 27-1 mg</i>	T1	
<i>westab plus</i>	T1	
Vitamin B Complex		
<i>cvs folic acid oral tablet 800 mcg</i>	T1	
<i>drospiren-eth estrad-levomefol</i>	T1	
<i>folic acid oral capsule 0.8 mg</i>	T1	
<i>folic acid oral tablet 1 mg, 400 mcg, 800 mcg</i>	T1	
<i>gnp folic acid</i>	T1	
<i>kp folic acid oral tablet 800 mcg</i>	T1	
<i>leucovorin calcium oral</i>	T1	
<i>m-natal plus</i>	T1	
<i>niacin er (antihyperlipidemic)</i>	T1	
<i>pnv prenatal plus multivitamin</i>	T1	
PRENATABS RX	T1	
<i>prenatal oral tablet 27-1 mg</i>	T1	
<i>qc folic acid</i>	T1	
TYDEMY	T1	
<i>westab plus</i>	T1	
<i>yl folic acid</i>	T1	
Vitamin C		
<i>cvs glucose oral tablet chewable 4-6 gm-mg</i>	T1	QL (200 EA per 30 days)
<i>glucose oral tablet chewable 4-6 gm-mg</i>	T1	QL (200 EA per 30 days)
<i>hy-vee glucose</i>	T1	QL (200 EA per 30 days)
<i>meijer glucose oral tablet chewable 4-6 gm-mg</i>	T1	QL (200 EA per 30 days)
<i>peg-kcl-nacl-nasulf-na asc-c</i>	T1	PA
RELION GLUCOSE ORAL TABLET CHEWABLE	T1	QL (200 EA per 30 days)
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM	T1	QL (200 EA per 30 days)

		Requirements and Limits
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Drug Tier		
T1 = Generic T2 = Preferred Brand T3 = Non-Preferred Brand T4 = Specialty		
Drug Name	Drug Tier	Requirements and Limits
Vitamin D		
<i>calcitriol oral</i>	T1	
<i>doxercalciferol oral</i>	T1	
<i>paricalcitol oral</i>	T1	
TRUEPLUS GLUCOSE ORAL TABLET CHEWABLE 4 GM	T1	QL (200 EA per 30 days)
<i>vitamin d (ergocalciferol) oral capsule 1.25 mg (50000 ut)</i>	T1	

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